

Virginia Medicaid Formal Provider Appeals: At-A-Glance



STEP 1

The provider has 30 days from the date of the informal appeal decision to file a request for a formal appeal with the DMAS Appeals Division.

STEP 2

The DMAS Appeals Division notifies DMAS or its contractor of the formal appeal request. DMAS is represented by a staff attorney.

STEP 3

A hearing officer is appointed by the Executive Secretary of the Virginia Supreme Court to preside over the appeal.

STEP 4

Within 21 days of the formal appeal being filed, DMAS and the provider must file with the Appeals Division the evidence they would like considered in the case. A copy must also be transmitted to the hearing officer and opposing party.

STEP 5

A pre-hearing telephone conference is typically held to introduce the parties and the hearing officer, outline the issue(s) in the case, and set a hearing date.

STEP 6

Within 45 days of the appeal being filed, a formal administrative hearing is held. Testimony is taken from both parties. Opening and closing remarks may also be made.

STEP 7

After the hearing, both parties are offered the opportunity to submit an opening brief and reply brief. The deadlines are set by the Hearing Officer.

STEP 8

Within 120 days of the formal appeal being filed, the Hearing Officer sends a recommended decision to the DMAS Director outlining their recommended findings and conclusions.

STEP 9

The provider and DMAS have 14 days to file exceptions to the recommended decision.

STEP 10

The DMAS Director issues the Final Agency Decision within 60 days from when the recommended decision is received.

STEP 11

The provider has the right to appeal the Final Agency Decision to the Circuit Court.