Virginia Medicaid and FAMIS Appeal Overview

Appeal Review

Your appeal request will be reviewed… to see if a hearing can be granted or if more information is needed.

You may request to have your coverage continued… during the appeal process if you file your appeal request before the date coverage is terminated or within 10 days of the date stated on the notice of action you are appealing. Not every case qualifies for continued coverage. You may have to repay Medicaid for the coverage you received if you lose your appeal.

If you submitted your appeal request after the deadline… which in most cases is 30 days after receiving the notice of action you are appealing, and you did not give an explanation for your late appeal, you will receive a letter with instructions on how to provide a reason for the delay called, "good cause". Whether there is "good cause" for a late appeal will be decided by a Hearing Officer based upon regulations. Please note, MCO (Managed Care Organization) appeals have different deadlines and rules; including when they must be submitted and when decisions are issued.

If your appeal request did not clearly explain your reason for appealing… you will receive a letter with instructions on how to properly file your appeal request and what information you need to include.

If your appeal request was filed by a person other than you and without that person having proper authorization… you will be sent a letter with instructions on how to authorize that person to act on your behalf.

***This is an overview of the appeal process. For more detailed information on the appeal process and information relating to your appeal request, visit our website at* www.DMAS.Virginia.Gov *or call* 804-371-8488**

Appeal Fair Hearing

If your appeal request is eligible for a hearing… your hearing will be scheduled with the agency that took the action you are appealing. You and the agency will be notified in writing of the date, time and location of your hearing. Some hearings can be conducted by phone; it is important that we have the correct phone number to reach you.

Before your hearing you will receive an appeal summary… from the agency that took the action you are appealing. It will provide supporting documentation and explain the reasons for the agency's action. If you do not receive the appeal summary before the hearing, let the agency know and call the DMAS Appeals Division so that we may work to have your hearing take place on time.

If you no longer want to appeal… submit your withdrawal request in writing or call the DMAS Appeals Division to explain why you want to withdraw your appeal. You will receive a letter confirming your withdrawal.

An appeal hearing is… where all participants are sworn in and the hearing is recorded. The Hearing Officer will state the issue being appealed, and will allow each side to present its case. You will be allowed to ask questions of the agency and dispute any testimony and evidence presented. The Hearing Officer reviews the evidence and decides whether your case was properly evaluated based on applicable law and policy.

Appeal Decision Timeframe

The Hearing Officer will make a decision within 90 days from the date you filed your appeal request. Delays requested or caused by you or your authorized representative may extend the 90-day timeframe. The 90-day extension date will be determined by the number of days and reason for the delay. As stated above, timeframes are different for MCO appeals.

If you do not receive a decision within 90 days or by the extended delay date, if applicable, you or your authorized representative may call the Medicaid Appeal Line at 804-786-6048 to request help. Within 3 days, an appeals representative will notify you or your authorized representative on the status of your appeal request. For legal assistance, you may contact an attorney or your local legal aid office.

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Appeals Division | Phone 804-371-8488 Fax 804-452-5454