CONTACTING THE APPEALS DIVISION

The Appeals Division of the Virginia Department of Medical Assistance Services (DMAS) makes it easy for you to contact us. Use any of the methods listed below. Our business hours are 8:00am – 5:00pm, Monday – Friday.

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<th>DMAS Appeals Division</th>
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You can use the AIMS portal to file an appeal, track the status of your appeal, submit documents, and view all appeal documents, including decisions. The AIMS portal is available 24 hours a day, is easy to use, and includes step-by-step instructions to walk you through the process. While we hope you will use the portal, we will also continue to be available by email, fax, mail, and phone.

OTHER IMPORTANT INFORMATION

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.

You have the right to represent yourself or be represented by someone else during the appeal such as legal counsel (attorney), a relative, a friend or other spokesperson. If you would like to appoint someone to represent you, that appointment must be made in writing with the DMAS Appeals Division.

We may reach out for additional information, so it is important to frequently check your mail or email, depending on how you asked us to contact you. Make sure to pay attention to deadlines in our letters and submit the information by the deadline date. Include the appeal number on documents you send us.

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 with DMAS. Some hearings can be conducted by phone; it is important that we have the correct phone number to reach you.

The standard decision timeframe is 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 extended 90-day date will be determined by the number of days and reason for the delay. Timeframes are different for appeals of Managed Care Organization (MCO) actions. If you do not receive a decision by the deadline date, then 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 of the status of your appeal request. For legal assistance, you may contact an attorney or your local legal aid office.

For more information about the appeal process visit: [https://www.dmas.virginia.gov/appeals/](https://www.dmas.virginia.gov/appeals/)