**Consumer Appeals Process**

**What are my Appeal Rights?**

The Department of Medical Assistance Services (DMAS) offers a process for Medicaid Individuals to appeal decisions made by DMAS and its contractors.

**Who can submit an Appeal?**

An appeal may be sent, to DMAS, by the Medicaid Individual.

**What can I Appeal?**

You may appeal an attendant’s denial of employment, by PPL, if the attendant has been excluded by the United States Department of Health and Human Services, Office of Inspector General (HHS-OIG) from working in all federal health care programs.

Medicaid payments cannot be made to an excluded person who is named in the federal List of Excluded Individuals/Entities (LEIE) database kept by HHS-OIG.

**How will I know if my attendant has been excluded from participation in federal health care programs?**

PPL will mail you a letter if the attendant is denied employment due to being named in the federal List of Excluded Individuals/Entities (LEIE) database kept by HHS-OIG.

**How can I submit an Appeal to DMAS?**

Appeals can be sent in writing to DMAS by fax or mail.

Fax: 1-804-371-8491

Mail: Appeals Division

Department of Medical Assistance Services

600 E. Broad Street

Richmond, Virginia 23219

(804) 371-8488

Appeals must be received by DMAS within 30 days from the date on the letter from PPL denying the attendant’s employment.

**Where can I find more information?**

You can find more information about appeals on the DMAS website URL - <http://www.dmas.virginia.gov/Content_pgs/appeal-home.aspx>

You can find more information about the LEIE database on the HHS-OIG website URL- [www.oig.hhs.gov](http://www.oig.hhs.gov) under “Exclusions Program”