

Provider appeals involve issues regarding reimbursement to health care providers for medical services that have already been provided. Provider appeals involve every type of provider with which the Department contracts, including physicians, hospitals, and nursing homes. If a provider has rendered services to a client enrolled in Medicaid or another program administered by the Department and has either been denied reimbursement for the services or has received reduced reimbursement, that provider can request an appeal of the denied or reduced reimbursement.

There are two levels of administrative appeal, first the informal fact finding conference and then the formal evidentiary hearing. The informal fact finding conference is before an informal appeals agent employed by the Department. The evidentiary hearing is before a hearing officer appointed by the Supreme Court of Virginia, and the Supreme Court hearing officer writes a recommended decision for use by the Director of the Department in issuing the final agency decision. Final agency decisions can be appealed to court for review of the record.

The Virginia Code has requirements at Va. Code §2.2-4019 for informal appeals and at Va. Code §2.2-4020 for formal appeals and at Va. Code §32.1-325.1 for both informal and formal appeals. The Department also has regulations addressing provider appeals in the Virginia Administrative Code at 12 VAC 30-20-500 through 12 VAC 30-20-560.