



# Appeals Information Management System (AIMS) Portal User Guide

*For Clients*



*DMAS created the AIMS Portal to help you or your authorized representative file a request for an appeal. You can also track the status of your appeal, ask to reschedule a hearing, upload documents, review documents related to your appeal, and withdraw your appeal request.*

*This guide leads you through how to use the AIMS Portal with clear, illustrated instructions.*

## Introduction

The Appeals Information Management System, or AIMS, was created to help process client and provider appeals in a timely manner, according to regulations governing Medicaid appeals.

You, the Client (and your authorized representative, if you have one), can sign up for online access to AIMS through this online portal.

With your registered account on the portal, you or your authorized representative can create appeals, track the status of appeals, upload documents, review DMAS appeal documents, withdraw your appeal request, and request to reschedule an appeal hearing.

Even though we encourage you to use AIMS to file and manage your appeals, the DMAS Appeals Division will continue to accept appeals via other channels: mail, email, fax, in person, and over the phone.

### Who is a “Client”?



A Client is a person filing an appeal because their application for Medicaid coverage or services was denied, or because Medicaid coverage or services have been reduced or terminated.

This AIMS User Guide for Clients shows you how to use the portal. Click on any of the following topics to go to that section:

- [AIMS Account Registration and Login](#)
- [Navigating AIMS](#)
- [Create and Submit a New Appeal \(for Yourself\)](#)
- [Create and Submit a New Appeal \(as an Authorized Representative\)](#)
- [My Appeals](#)
- [Viewing an Appeal](#)
- [Withdraw an Appeal or Request to Reschedule a Hearing](#)
- [Upload and Download Documents](#)
- [Account Maintenance](#)
- [Need Support?](#)

## AIMS Account Registration and Login

You and/or your authorized representative can register and create an online account. This gives you easy and secure access to the portal. Each person registering must provide their own unique email address and create a password for security.

To register and create your new account, follow these steps.

1. Go to the following website address: <https://vamedicaid.dmas.virginia.gov/training/appeals>. Read about the portal on the screen and note the phone number (804-486-2865) to call if you need help.
2. Go to the following website address to register and create an online account: <https://appeals-registration.dmas.virginia.gov/client>.
3. Complete the **First Name**, **Last Name** fields, enter your email address and then confirm it by re-entering it in the **Confirm Email Address** field.
4. Below the **Confirm Email Address** field, read the *Attestation Statement*. If you agree, check the checkbox. **Note:** Your registration is NOT complete until you check the checkbox.
5. Check the **I'm not a robot** security checkbox.
6. Finally, click the **Register** button.
7. A message displays that your registration request was received. The system sends notifications to the email address you provided for your new account.
8. For security, you will receive your username and temporary password in separate emails. Change your password when you log in.

## Log In

The AIMS portal is a secure web-based system and is safe for you to upload personal health information.

1. To log in to AIMS, press and hold the control key on your keyboard, and click the following URL while holding the control key: <https://login.vamedicaid.dmas.virginia.gov>. Once you get to the landing page, your first step is to set your new password. The **Change Password** page appears so you can enter your temporary password in the **Current Password** field.
2. Next, enter a new password in the **New Password** field.



**Note:** Your new password must meet these requirements.

### Password Requirements

- MUST include a minimum of 12 characters
- MUST contain at least one uppercase or lowercase letter
- MUST contain at least one number
- MUST NOT contain any of these special characters: " # ( ) { -
- Cannot match any of the last 24 passwords used

3. Click the **Set Password** button.
4. Agree to the terms of use page that appears by selecting the statement "I accept the terms of the license agreement."



**Note:** You will see this page each time you log in.

5. Click the **Submit** button.



**Note:** The *Verify Your Identity* page displays for you to request a code. As a non-DMAS user accessing MES, you will be prompted to perform additional authentication to verify your identity for security purposes. This added step in the login process, called Multi-Factor Authentication, MFA, is required each time you log in.

6. Choose whether you want to receive the code by email or text.
7. Click the **Request Code** button.



**Note:** The *OTP Login* page displays.

8. Enter the code you received in the space provided on this page.

9. Click the **Submit Code** button.



**Note:** If you copy the code from your email and paste it into this box, be sure that when you copy the numbers that you do not also copy extra spaces. These extra spaces result in an error.

10. The dashboard displays, and you can log into AIMS.

11. Enter your username (your email address) in the **Username** field.

12. Enter your password in the **Password** field.

13. Click the **Sign-In** button.



14. On the **MES** dashboard, click the arrow on the **Appeals** tile to expand.



15. Click the Appeals Information Management System (AIMS) link. Your dashboard (Homepage) displays.

HOME

Home »

DMAS 10.2 - sw.clientEfiler (Client eFiler)

Virginia Department of Medical Assistance Services  
Appeals Division  
600 E Broad St  
Richmond VA 23219  
Phone Number: 804-371-8488  
Fax: 804-452-5454

Create New Appeal

My Profile


My Appeals

Show 10 entries


Appeal Number	Filed Date	Agency	Program	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005259	08/12/2020	Accomack Department of Social Services	eFiler	Not Requested	Closed	Phone	09/03/2021	01:00 pm	11/24/2020	11/17/2020	
C-000005260	08/12/2020	Accomack Department of Social Services	eFiler	Approved	Scheduled	Phone	07/12/2021	08:00 am	08/24/2020		
C-000005260	08/12/2020	Accomack Department of Social Services	eFiler	Approved	Scheduled	Phone	07/12/2021	08:00 am	08/24/2020		

## Create My Profile

After the initial login, AIMS will direct you to the **Client** tab to update your user profile. Your user profile tells the DMAS Appeals Division who you are. If you are filing an appeal for yourself, enter all your information. DMAS uses the information you give to contact you during the appeal process. If you are an individual or group filing for someone else, enter your information so DMAS will know how to contact you about this appeal. You will add information about the person you are filing for on the **Create New Appeal** form after saving your profile.


 **Note:** Complete all the required fields and click **Save**. If you move away from this screen, just click the **My Profile** icon on your dashboard.

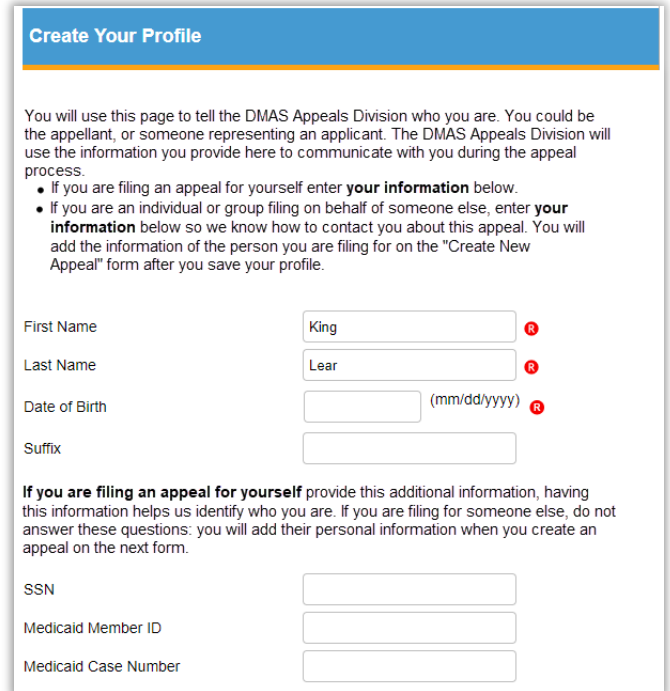
1. In the **Create Your Profile** section, confirm and complete all fields that you can.

 **Note:** Complete all required fields (R), including First Name, Last Name, and Date of Birth.

Some information may already be listed based on information entered during account registration.

2. Under **Communication Preferences**, enter your mailing address and other communication details.
3. Use the dropdown arrows next to each field to select your Preferred Mode of Communication (email or regular mail), Preferred Written Language, and Preferred Spoken Language.

 **Note:** Choosing **Email** for communication enables you to receive an email alert anytime a change is made to your appeal file, reminding you to check the most current status of your appeal and any new documents added. If you choose “Email” for your **Preferred Mode of Communication**, you will not receive copies of appeal documents through regular U.S. mail.



**Create Your Profile**

You will use this page to tell the DMAS Appeals Division who you are. You could be the appellant, or someone representing an applicant. The DMAS Appeals Division will use the information you provide here to communicate with you during the appeal process.

- If you are filing an appeal for yourself enter **your information** below.
- If you are an individual or group filing on behalf of someone else, enter **your information** below so we know how to contact you about this appeal. You will add the information of the person you are filing for on the "Create New Appeal" form after you save your profile.

First Name  R

Last Name  R

Date of Birth  (mm/dd/yyyy) R

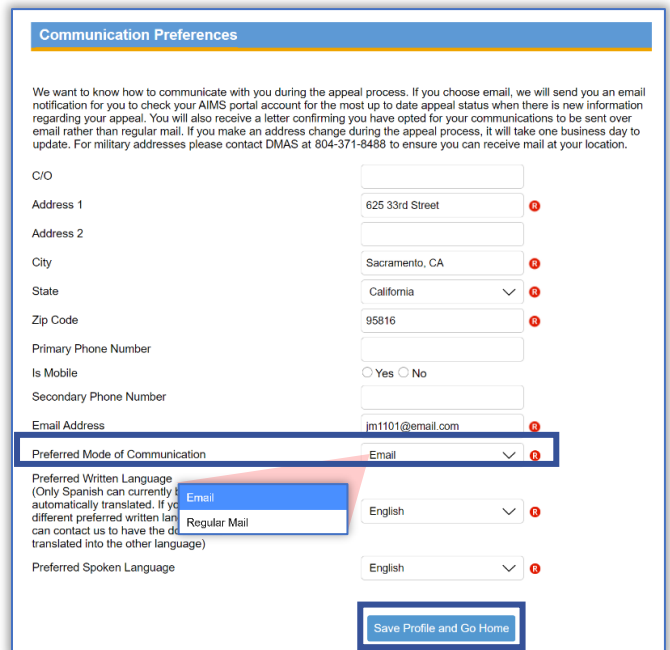
Suffix

**If you are filing an appeal for yourself** provide this additional information, having this information helps us identify who you are. If you are filing for someone else, do not answer these questions: you will add their personal information when you create an appeal on the next form.

SSN

Medicaid Member ID

Medicaid Case Number



**Communication Preferences**

We want to know how to communicate with you during the appeal process. If you choose email, we will send you an email notification for you to check your AIMS portal account for the most up to date appeal status when there is new information regarding your appeal. You will also receive a letter confirming you have opted for your communications to be sent over email rather than regular mail. If you make an address change during the appeal process, it will take one business day to update. For military addresses please contact DMAS at 804-371-8468 to ensure you can receive mail at your location.

C/O

Address 1  R

Address 2

City  R

State  R

Zip Code  R

Primary Phone Number

Is Mobile ☐ Yes ☐ No

Secondary Phone Number

Email Address  R

Preferred Mode of Communication  R

Preferred Written Language (Only Spanish can currently be automatically translated. If you have a different preferred written language, please contact us to have the document translated into the other language)  R

Preferred Spoken Language  R

**Save Profile and Go Home**

4. To save the information and return to your dashboard or home screen, click the **Save Profile and Go Home** button.
5. A popup displays two options to select from **Save address as Entered** or **Save as Validated**. Once you make a selection, the system saves your information and returns you to your dashboard (also called your **Home** screen).

The screenshot shows a web form for address entry. Fields include Address 1, City, State, Zip Code, and Address Line 2. A modal window is open with two buttons: 'Save as Entered' and 'Save as Validated'. The 'Save as Validated' button is highlighted in blue, indicating it is the selected option.

## Navigating AIMS

Use the AIMS portal to submit client appeal requests online. For any appeal you submit, the AIMS portal lets you quickly access and monitor your appeals as they move through the process. AIMS helps you upload documents needed for your appeal. You can also withdraw an appeal and view existing documents on an appeal.

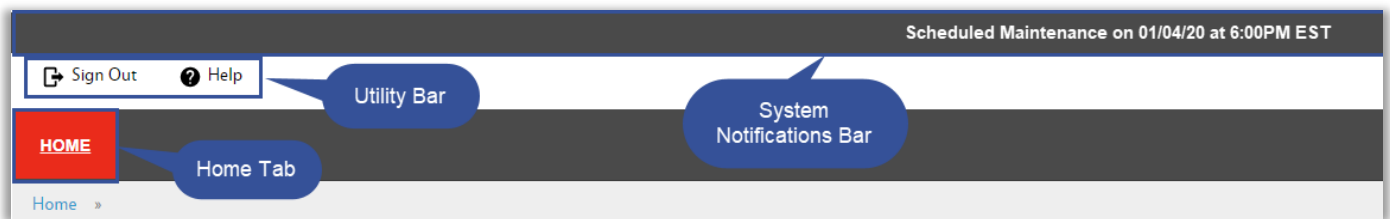


**Information:** AIMS is a dynamic system, which means as you enter information or make selections in the portal, new fields or options may pop up (depending on the choices you make).

Some fields display a red "R" icon (R) next to the field in the AIMS portal. This icon means it is a required field. You must complete all the required fields before saving or submitting a form or document.

## Dashboard and General Navigation

After logging in, your **Home** screen (or dashboard) displays. Navigation bars and tabs on this screen also appear on screens throughout the AIMS portal, such as the **Home** tab, **Utility** bar, and **System Notifications** bar.



## System Notifications Bar


The **System Notifications** bar at the top of your screen shows time-sensitive notices about the system. Usually, this notifies you of brief maintenance shutdowns.




## Utility Bar

The **Utility** bar, located just below the **System Notifications** bar, is available throughout the portal. There are two (2) options on the **Utility** bar.

**Sign Out:** To log off of the AIMS portal.

 Sign Out

 Help

**Help:** Displays a popup where you can search for page-specific help and links to other resources.

## Home Tab

The **Home** tab is located just below the **Utility** bar and displays on every page in AIMS. No matter where you are in the system, click **Home** to return to your dashboard.

## Dashboard Icons

Dashboard icons give you an easy path to submit a new client appeal or to update your profile when changes are needed.

**Create New Appeal:** Click this icon to create and submit a new client appeal.

**My Profile:** Click this icon to update your profile.



Create New Appeal



My Profile

## Create and Submit a New Appeal (for Yourself)

The first step in the appeals process is to submit an appeal request. To create and submit a new client appeal for yourself, click the **Create New Appeal** icon on your dashboard and complete the following steps.



**Note:** To file an appeal for someone else, please go to the Create and Submit a New Appeal (as an Authorized Representative), later in this document.



Create New Appeal

1. Click the **Create New Appeal** icon.
2. The first section is information about **Your Right To Appeal**. Please review this information before going to the next section on the screen. For more information about the appeals process, click the [DMAS Appeal Resources](#) link.

### Your Right To Appeal

You have the right to request an appeal of any action related to an initial application for Medicaid, FAMIS, or Plan First, or any action affecting your continued eligibility for Medicaid, FAMIS, or Plan First. This includes delayed processing of your application, actions to deny or reduce your request for medical services, or an action to reduce or terminate coverage after your eligibility has been determined.

On this page, be specific about what action or decision you wish to appeal. **It is very important to include a copy of the notice about the action if you have one.**

The DMAS Appeals Division will review your request to determine whether you submitted all of the necessary information needed for your appeal to continue. If your appeal does not meet the requirements for a state fair hearing, you will be notified.

If your request meets the requirements for a state fair hearing, you will receive a notice of the date, time, and the phone number or location of the scheduled hearing. Most hearings can be held by telephone. After the hearing, the Hearing Officer will write a decision about your appeal. The Hearing Officer's decision is the final administrative decision rendered by the Department of Medical Assistance Services. However, if you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

For more information about the appeals process, visit [DMAS Appeal Resources](#)



3. In the **Create An Appeal** section, select the **No** radio button for *Are you filing for someone else?* You are selecting “No” because you are filing for yourself.
4. In the next section, **Continued Coverage**, select **Yes** or **No** to answer the question about continued coverage.
5. If you choose **Yes** for Continued Coverage, enter your **initials** to confirm the request. If you choose No, move to Step 6.

Create An Appeal

In this section, provide more information on the person who received the adverse action. An adverse action could be a denial of benefits, eligibility, service hours or another action for which you are appealing. The information in this section could be you or someone else. If you are filing an appeal for another person who received an adverse action, give us their information in this section.

Are you Filing for Someone Else?
☐ Yes
☒ No

Continued Coverage

If you are appealing because benefits are being terminated or reduced, you may ask to have the coverage continued during the appeal. In order to continue the coverage, you must file the appeal before the date that the coverage ends or within 10 days of the date on the letter that terminated or reduced the benefits. Not every case qualifies for continued coverage.

**Important Information if Requesting Continued Coverage**

If continued coverage is received during the appeal and the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage.

If the member had Medicaid coverage before the benefits were cancelled or reduced, do you want to continue coverage through the appeal process if the member qualifies?

☒ Yes
☐ No

Provide your initials to confirm you want to continue receiving coverage through the appeal process.

RP

6. In the **Appeal Information: What Are You Appealing?** section, next to: *Provide the Agency or MCO name that sent the adverse action...*, enter the name of the Agency or MCO (*Managed Care Organization*).

“Adverse action” refers to the denial or termination that you are appealing, which was included in the Notice of Action document you received from an Agency or MCO.



**Information:** A Managed Care Organization is a health care company that agrees to provide most Medicaid benefits.

Appeal Information: What Are You Appealing?

Provide the Agency or MCO name that sent the adverse action or failed to act on your request.

Example Agency

If you received a Notice of Action, provide the date on the document.

09/01/2020 (mm/dd/yyyy)

If you received a Final MCO Decision, provide the date on the document.

11/30/2020 (mm/dd/yyyy)

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received.

Enter specifics about why you want a hearing...

**Are you a community spouse appealing the income or resource determination for your spouse?**  
(A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.)

☐ Yes
☒ No

Upload a Copy of your Notice

Browse

7. Enter the date on the *Notice of Action* you received, if known. The *Notice of Action* is the document that notified you of the adverse action you are appealing.

If you received a Notice of Action, provide the date on the document.


09/01/2020  (mm/dd/yyyy)



**Note:** If you enter a date for receiving a Notice of Action, the system adds a field to *Upload a Copy of Your Notice*. Click the **Browse** button to find the document on your computer. Then, click **Open** to select it.

8. Enter the date on the *Final MCO Decision* you received, if known. If you are not appealing an MCO action, skip this question.

If you received a Final MCO Decision, provide the date on the document.

11/30/2020  (mm/dd/yyyy)

9. In the next text field, explain why you are filing an appeal.

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received.

Enter specifics about why you want a hearing...

10. If you are a community spouse appealing the income or resource determination for your spouse, click the **Yes** radio button.

Otherwise, click **No**.

**Are you a community spouse appealing the income or resource determination for your spouse?**

(A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.)

☐ Yes ☒ No 



**Information:** A Community Spouse is an individual married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.

11. In the **Authorized Representative** section, select the **No** radio button if you do not have an Authorized Representative.

If you are planning to represent yourself, choose "No" here. If you would like to assign someone to represent you in the appeal process, choose "Yes," and fill in the Authorized Representative's information in the fields provided. You will still receive copies of all communications related to your appeal, even if you are assisted by an Authorized Representative.

#### Authorized Representative

If you are filing an appeal for yourself, you can have someone help you. This person can be a family member, friend or attorney authorized to act on your behalf. If you designate an authorized representative, they may file an appeal, receive appeal documentation, request continued coverage, attend the hearing, withdraw your appeal, and receive your decision for you. You will be copied on any correspondence that is sent to your authorized representative.

**Do you have someone you want to help you with your appeal as an Authorized Representative?**


☐ Yes ☒ No 

12. Use the **Additional Documentation** section to upload documents supporting your appeal request.

Use a file browser on your computer or device to find the file you want, then drag the document to the “Drop files here to upload” area. Or, click anywhere in the rectangle to open a file browser and find and select a document to upload.

13. After adding documents to the upload area, append them to the appeal by clicking the **Upload** button. To start over, you can click **Remove** to clear all documents added before uploading them.

14. Once you have completed all sections and required information, click the **Submit** button.

 **Note:** When you click the **Upload** button, the document icon disappears, and you will see the following message: “Files Uploaded Successfully.”

Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

Drop files here to upload

Additional Documentation

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

11.8 KB

test.docx

Please click the "Upload" button to upload your files.

Upload

Remove

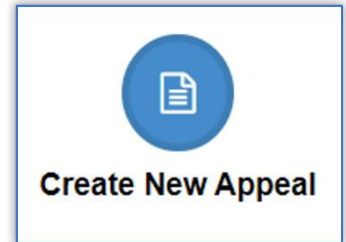
Submit

## Create and Submit a New Appeal (as an Authorized Representative)

To create and submit a new client appeal as an authorized representative, click the **Create New Appeal** icon on your dashboard. When creating a new appeal, you can file for someone else as an authorized representative.

We may ask you to submit an additional document with a signature from the appellant telling us you can represent them. You can also submit a Client Authorized Representative Form, available on the DMAS website at <https://www.dmas.virginia.gov/appeals/>.

1. Click the **Create New Appeal** icon.



2. The first section is information about **Your Right To Appeal**. Please review this before going to the next section on the screen.

For more information about the appeals process, click the [DMAS Appeal Resources](#) link.

**Your Right To Appeal**

You have the right to request an appeal of any action related to an initial application for Medicaid, FAMIS, or Plan First, or any action affecting your continued eligibility for Medicaid, FAMIS, or Plan First. This includes delayed processing of your application, actions to deny or reduce your request for medical services, or an action to reduce or terminate coverage after your eligibility has been determined.

On this page, be specific about what action or decision you wish to appeal. **It is very important to include a copy of the notice about the action if you have one.**

The DMAS Appeals Division will review your request to determine whether you submitted all of the necessary information needed for your appeal to continue. If your appeal does not meet the requirements for a state fair hearing, you will be notified.

If your request meets the requirements for a state fair hearing, you will receive a notice of the date, time, and the phone number or location of the scheduled hearing. Most hearings can be held by telephone. After the hearing, the Hearing Officer will write a decision about your appeal. The Hearing Officer's decision is the final administrative decision rendered by the Department of Medical Assistance Services. However, if you disagree with the Hearing Officer's decision, you may appeal it to your local circuit court.

For more information about the appeals process, visit [DMAS Appeal Resources](#)

3. In the **Create An Appeal** section, select the **Yes** radio button for “Are you filing for someone else?”
4. After selecting **Yes**, additional fields and checkboxes display.
5. If you select **Yes** to “Is the Appellant Deceased?,” you may need to provide additional documents authorizing you to represent the Appellant’s estate.
6. If you select **Yes** to “Do you have authorized representative documents...,” an additional field lets you upload Authorized Representative Documents.
7. In the **Appellant Information** section provide information about the Appellant. Enter your answer to each item in the text box.

You must complete all required (R) fields, which include First Name, Last Name, Address information, and Date of Birth.

8. In the next section, **Continued Coverage**, select **Yes** or **No** to answer the question about continued coverage.
9. If you choose **Yes** for Continued Coverage, another field pops up for the Authorized Representative to enter their initials to confirm the request.

Create An Appeal

In this section, provide more information on the person who received the adverse action. An adverse action could be a denial of benefits, eligibility, service hours or another action for which you are appealing. The information in this section could be you or someone else. If you are filing an appeal for another person who received an adverse action, give us their information in this section.

Are you Filing for Someone Else? ☒ Yes ☐ No

This is called an authorized representative. We may need to send you a document that will need a signature from the appellant telling us you can represent them. You will be notified if we need this document signed.

Your relationship to the appellant Attorney

Is the Appellant Deceased? ☒ Yes ☐ No

If the answer to this question is yes, you may have to provide additional documents showing you are authorized to represent the Appellant's estate.

Do you have authorized representative documents you would like to include? ☒ Yes ☐ No

Authorized Representative Documents

Appellant Information

Provide information on the person who received the adverse action:

First Name

Last Name

C/O

Address 1

Address 2

City

State

Zip Code

Phone Number

Secondary Phone Number

Email Address

Date of Birth  (mm/dd/yyyy)

Social Security Number

Medicaid Member ID

## Continued Coverage

If you are appealing because benefits are being terminated or reduced, you may ask to have the coverage continued during the appeal. In order to continue the coverage, you must file the appeal before the date that the coverage ends or within 10 days of the date on the letter that terminated or reduced the benefits. Not every case qualifies for continued coverage.

### Important Information if Requesting Continued Coverage

If continued coverage is received during the appeal and the final appeal decision supports the agency's action, you may be expected to repay DMAS for all services received during the appeal process. For this reason, you may choose not to receive continued coverage.

If the member had Medicaid coverage before the benefits were cancelled or reduced, do you want to continue coverage through the appeal process if the member qualifies?

Provide your initials to confirm you want to continue receiving coverage through the appeal process.

☒ Yes ☐ No

10. In the **What Are You Appealing?** section, enter the Agency or MCO Name in the first field.

11. Enter the date on the *Notice of Action* you received, if known. The *Notice of Action* is the document that notified you of the decision you are appealing.

12. Enter the date on the *Final MCO Decision* you received, if known. If you are not appealing an MCO action, skip this question.

13. In the next text field, explain why you are filing an appeal.

14. If you are a community spouse appealing the income or resource determination for your spouse, click the **Yes** radio button.

Otherwise, click **No**.



**Information:** A Community Spouse is an individual married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.

Appeal Information: What Are You Appealing?

Provide the Agency or MCO name that sent the adverse action or failed to act on your request.

If you received a Notice of Action, provide the date on the document.

(mm/dd/yyyy)

If you received a Final MCO Decision, provide the date on the document.

(mm/dd/yyyy)

Explain why you want a hearing. Be specific to help us understand why you are unhappy with the decision you received.

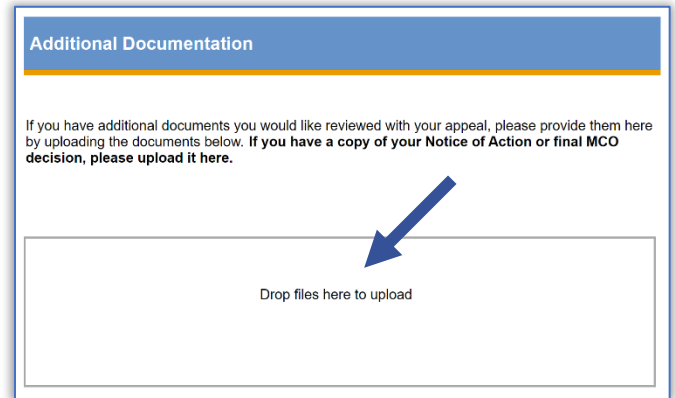
Are you a community spouse appealing the income or resource determination for your spouse? (A Community Spouse is married to a person applying for or receiving Long Term Care (LTC) Medicaid Services.)

☐ Yes

☐ No

1. Use the **Additional Documentation** section to upload documents supporting your appeal request.

Use a file browser on your computer or device to find the file you want, then drag the document to the “Drop files here to upload” area. Or, click anywhere in the rectangle to open a file browser and find and select a document to upload.



**Additional Documentation**

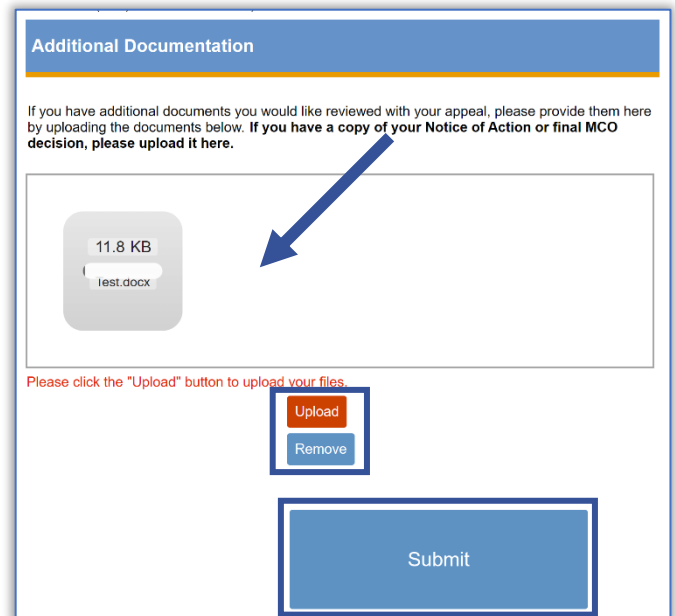
If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

Drop files here to upload

2. After adding documents to the upload area, append them to the appeal by clicking the **Upload** button.

To start over, you can click **Remove** to clear all documents added before uploading them.

3. Once you have completed all sections and required information, click the **Submit** button.



**Additional Documentation**

If you have additional documents you would like reviewed with your appeal, please provide them here by uploading the documents below. **If you have a copy of your Notice of Action or final MCO decision, please upload it here.**

11.8 KB  
test.docx

Please click the "Upload" button to upload your files.

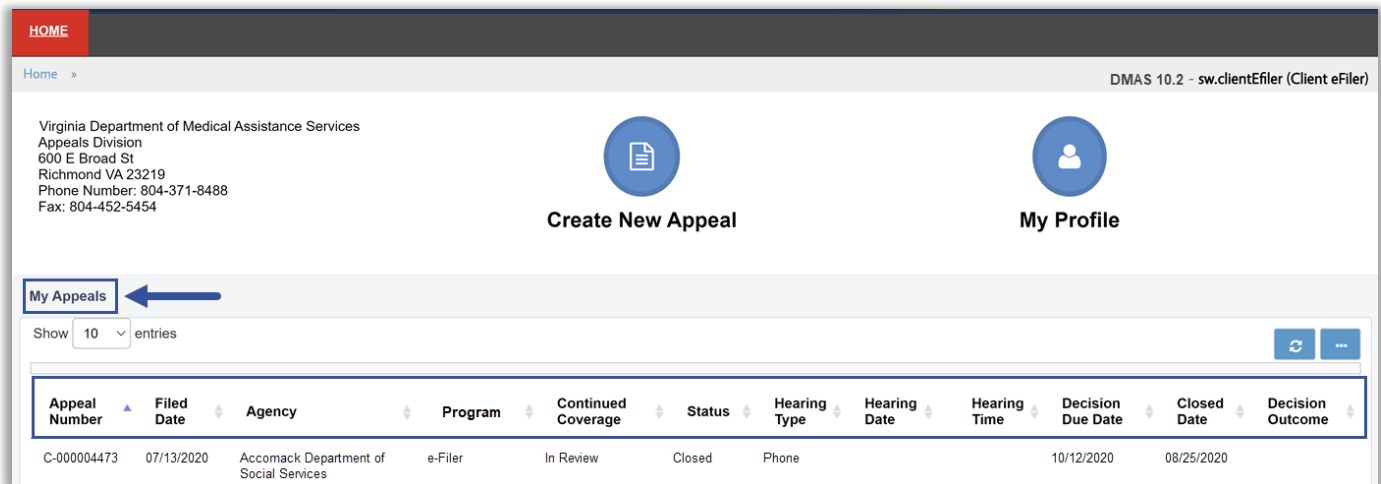
Upload  
Remove

Submit



## My Appeals

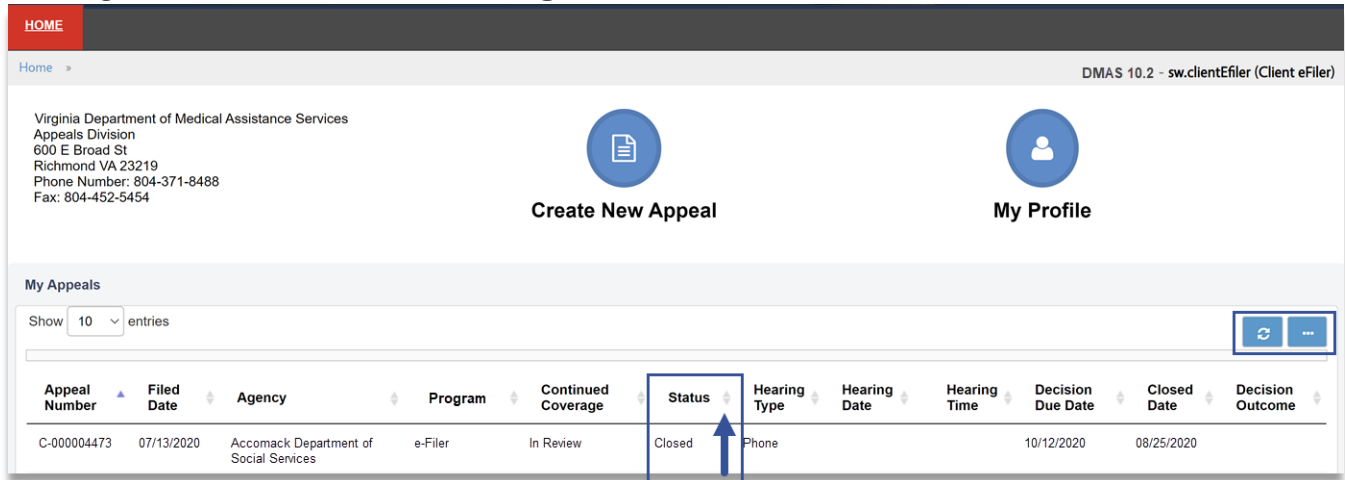
On your Home screen, or dashboard, the section titled **My Appeals** lists all appeals you have filed with DMAS through the AIMS portal. The **My Appeals** queue displays the status of each appeal, for easy tracking. The list includes appeal number, filed date, agency, continued coverage, status, hearing type, date and time, a decision due date, closed date, and final decision.



Screen Heading	Description
<b>Appeal Number</b>	AIMS automatically assigns an Appeal Number after you submit your appeal request.
<b>Filed Date</b>	The date your appeal request is filed (received) by DMAS.
<b>Agency</b>	The Agency whose action you are appealing.
<b>Program</b>	The Medicaid coverage group you are assigned. (This field will show “eFiler” until you are assigned a Medicaid coverage group during DMAS’ review of your appeal.)
<b>Continued Coverage</b>	If your Medicaid coverage has been cancelled or reduced and you wish to have coverage through the appeal process, you would include a request for Continued Coverage.
<b>Status</b>	Identifies the processing stage your appeal is in, such as Open, Pending Review, Pending Scheduling, Scheduled, or Closed. If you have questions about your status, you can call (804) 371-8488.
<b>Hearing Type</b>	The type of hearing your appeal is scheduled for is listed here. Options: Face-to-face, Phone, At the Agency, or Virtual.
<b>Hearing Date</b>	The date the hearing is scheduled.
<b>Hearing Time</b>	The time the hearing is scheduled.
<b>Decision Due Date</b>	The date a final decision is due.
<b>Closed Date</b>	The date your appeal closed.
<b>Decision Outcome</b>	The outcome of the decision is shown in this column.



## Sort Your Appeals

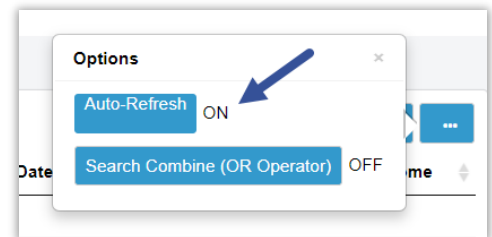
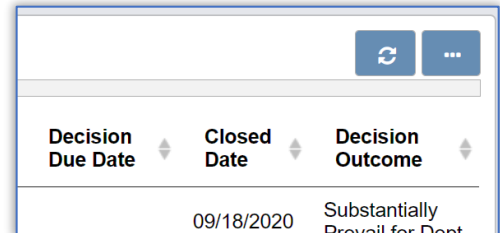
If you have multiple appeals, the AIMS portal makes it easier to find and view them in several ways. For example, you can sort the list by column. To sort on a column, and toggle between ascending or descending, click on the **Column Heading**.



## Refresh Your Appeals

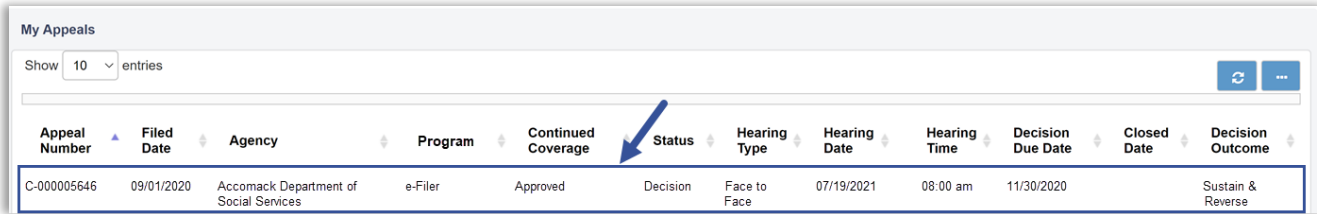
The AIMS portal refreshes the *My Appeals* queue automatically, but you can turn the refresh on or off. You may also refresh the queue on demand.

1. To refresh the *My Appeals* queue, click the **Refresh**  button.
2. To turn **OFF** the automatic refresh function, click the **Ellipsis**  button.
3. Click the **Auto-Refresh** button to toggle between auto-refresh ON or OFF.



## Viewing an Appeal

To view an appeal, select the record from **My Appeals** queue on your Home screen. The information you see may vary, based on the status of the appeal. To select a record, click anywhere in that record's row.



Appeal Number	Filed Date	Agency	Program	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005646	09/01/2020	Accomack Department of Social Services	e-File	Approved	Decision	Face to Face	07/19/2021	08:00 am	11/30/2020		Sustain & Reverse

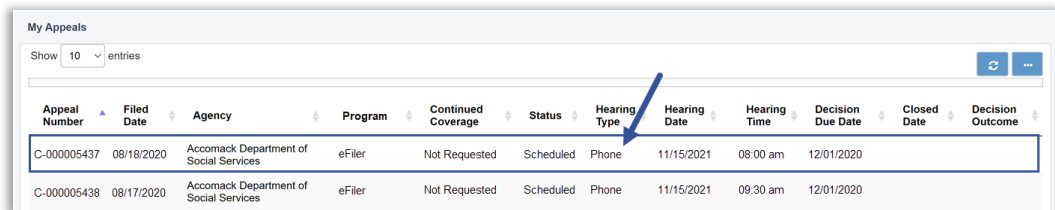
The screen refreshes and displays the **Appeal** screen when you select an appeal from the *My Appeals* list. The sections that display on the **Appeal** screen vary based on the appeal status. See the following sections for more information on the **Appeal** screen.

## Withdraw an Appeal or Request to Reschedule a Hearing

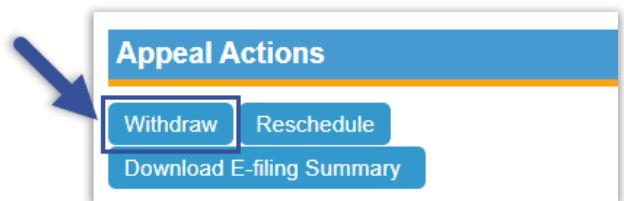

After you submit an appeal, you can withdraw an open appeal at any time. Once a hearing date and time are scheduled, you may request to reschedule the hearing. To complete either of these actions, you start by selecting the appeal you wish to withdraw or the hearing you are requesting to reschedule from *My Appeals*.

### Withdraw Your Appeal

1. From *My Appeals*, select the appeal you want to withdraw. Click anywhere in the record's row to open it.
2. In the **Appeal Actions** section, click the **Withdraw** button.
3. A popup message displays asking you to confirm or cancel the **Withdraw**. To confirm, click the "OK" button. To cancel, click the "X" in the top right corner of the message and close this popup.



Appeal Number	Filed Date	Agency	Program	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005437	08/18/2020	Accomack Department of Social Services	e-File	Not Requested	Scheduled	Phone	11/15/2021	08:00 am	12/01/2020		
C-000005438	08/17/2020	Accomack Department of Social Services	e-File	Not Requested	Scheduled	Phone	11/15/2021	09:30 am	12/01/2020		

**message**

By submitting this form you are officially withdrawing your case. This means you will not have a hearing to challenge the action you appealed. Any scheduled hearing associated with this appeal will be cancelled. Please confirm you would like to withdraw your appeal. This is the final action that will be taken on your appeal. I confirm I want to withdraw my appeal.

OK

- After you click **OK**, the page refreshes. The **Upload a Document** and **Appeal Actions** sections no longer show on the **Appeals** screen.

No further actions can be taken on appeals that are closed. The withdrawn appeal displays in the list with a status of "Closed." A letter will be added to your document list confirming your withdrawal request.

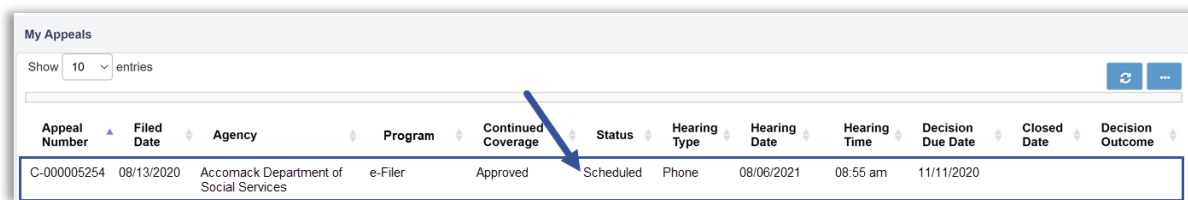
- Return to the dashboard by clicking **Home**.

## Reschedule Your Hearing

To reschedule an appeal, it must already be in the status **Scheduled** and have a hearing scheduled in the future. Open the appeal by clicking anywhere in its row.

The section titled **Appeal Actions** shows the **Reschedule** button. Under current regulations, an appeal can only be rescheduled twice absent special reasons.

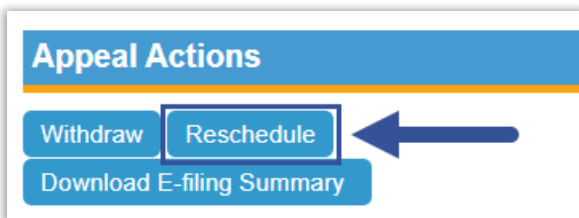
- From *My Appeals*, select the row of the appeal to reschedule.



The screenshot shows a table titled "My Appeals" with a "Show 10 entries" dropdown. The table has columns: Appeal Number, Filed Date, Agency, Program, Continued Coverage, Status, Hearing Type, Hearing Date, Hearing Time, Decision Due Date, Closed Date, and Decision Outcome. An arrow points to the "Status" column of the first row, which is "Scheduled".

Appeal Number	Filed Date	Agency	Program	Continued Coverage	Status	Hearing Type	Hearing Date	Hearing Time	Decision Due Date	Closed Date	Decision Outcome
C-000005254	08/13/2020	Accomack Department of Social Services	e-Filer	Approved	Scheduled	Phone	08/06/2021	08:55 am	11/11/2020		

- Click the **Reschedule** button.

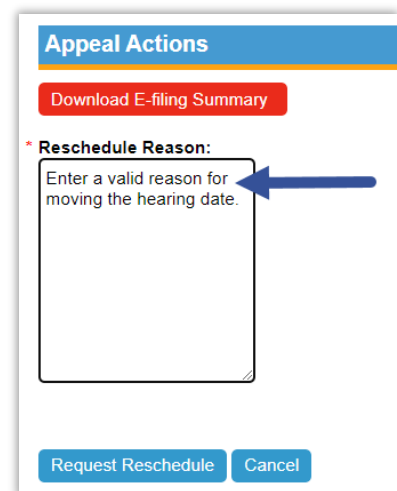


- Type the **Reschedule Reason** in the text box. This will be reviewed by DMAS staff, so please include a detailed reason for why you are requesting to reschedule your hearing.

Keep in mind that rescheduling a hearing may result in a longer decision deadline for the case.

- Then click the **Request Reschedule** button.

To cancel the reschedule request, click the **Cancel** button.



The screenshot shows the "Appeal Actions" form with a "Download E-filing Summary" button and a "Reschedule Reason:" section. The "Reschedule Reason:" section has a text box with the placeholder text "Enter a valid reason for moving the hearing date." and an arrow pointing to it. At the bottom are "Request Reschedule" and "Cancel" buttons.

## Upload and Download Documents

When you open an appeal from the *My Appeals* queue, you can upload, download, or print a document.

You must follow the regulations and appeal process timeline set by the Hearing Officer when you add documents to an appeal. You can print or download documents related to your appeal, such as your Client eFile Appeal Request. To print documents already associated with your appeal, go to the **Existing Documents** section and open a document to download or print.

### Upload Documents

1. To upload documents to your appeal request, use a file browser on your computer or device to find the file you want, then drag the document to the “Drop files here to upload” area.

Or, just click anywhere in the rectangle to open a file browser, then locate and select a document to upload.

AIMS will capture the file type and the file name after you select the document.

2. After your document appears in the upload rectangle, click the **Upload** button to attach it to your appeal record.



**Note:** If you selected the wrong document to upload, you can click the **Remove All** button *before* you upload the document. The system removes all the documents that have not been uploaded yet. You can then select the correct documents for upload.

3. A popup message to confirm your action displays after clicking **Upload**. Click **OK** to continue uploading the document.

Home >

Cherry Valance C-000006254 Primary Agency: Accomack Department of Social Services

Drop files here to upload

Accepted file types for upload are DOC, DOCX, PDF, JPG, PNG, GIF, and BMP. If the file you want to upload is not accepted, contact DMAS Appeals at 804-371-8488.

**Appeal Actions**

Withdraw Reschedule

**Existing Documents**

Document Created Date	Document Name	Category	Type
11/16/2020	Client - Schedule Letter - No Phone-English.pdf	Letters/Notifications	Client - No Phone Hearing
11/15/2020	Client - Acknowledgement Letter-English.pdf	Letters/Notifications	Client Acknowledgement Letter

33.9 KB

ServiceDocu...

Please click the "Upload" button to upload your files.

Upload

Remove All

33.9 KB

ServiceDocu...

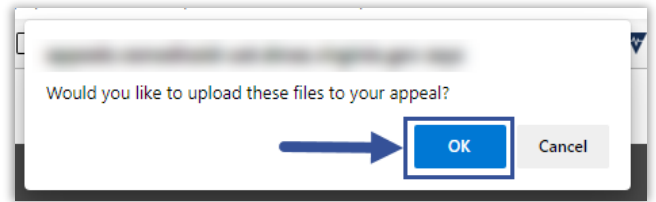
Please click the "Upload" button to upload your files.

Upload

Remove All



**Important:** Accepted file types for upload are DOC, DOCX, PDF, JPG, PNG, GIF, and BMP. If the file you want to upload is not accepted, contact the AIMS Help Desk at 804-486-2865.



4. The document displays in the **Existing Documents** section once it is uploaded.

Existing Documents			
Document Created Date	Document Name	Category	Type
12/06/2021	<a href="#">ServiceDocumentation.pdf</a>	Case Documents	eFiler Submitted
11/16/2020	<a href="#">Client - Schedule Letter - No Phone-English.pdf</a>	Letters/Notifications	Client - No Phone Hearing
11/15/2020	<a href="#">Client - Acknowledgment Letter-English.pdf</a>	Letters/Notifications	Client Acknowledgement Letter

## Download Documents

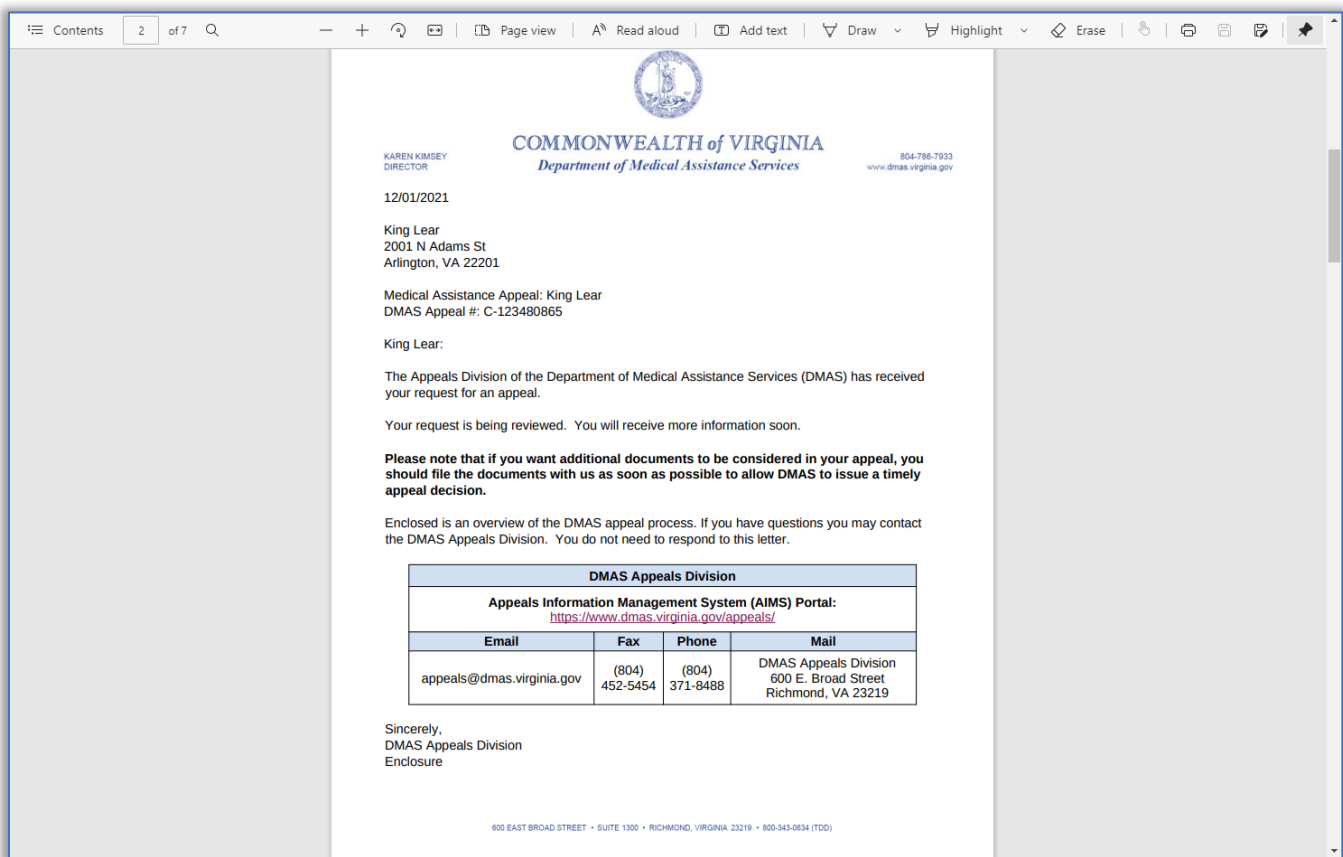
You can download documents already associated with your appeal from this section of the **Appeal** screen. After opening a document, you can save or print it.

In the appeal record, the **Existing Documents** section at the bottom of the screen lists the **Document Created Date**, **Document Name**, **Category**, and **Type** for each document.

1. In the **Existing Documents** section, click the **Document Name Link** you wish to download.

Existing Documents			
Document Created Date	Document Name	Category	Type
11/30/2021	<a href="#">Client - Acknowledgement Letter-English.pdf</a>	Letters/Notifications	Client Acknowledgement Letter
12/07/2021	<a href="#">Client - Client Withdrawal Letter-English.pdf</a>	Letters/Notifications	Withdrawal Letter

2. Depending on the type of file, the document displays on a separate browser tab or in Adobe Acrobat Reader.



Most documents display in PDF file format, which includes text formatting and images. You can download and save the document to your computer and print a copy as needed. To print from the Adobe Reader application, select the printer icon.

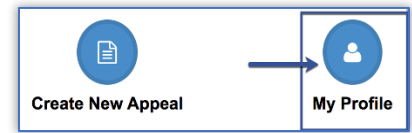


# Account Maintenance

## Update My Profile

Follow these steps to update your profile.

1. Select the **My Profile** icon from your dashboard.



2. In the **Create Your Profile** and **Communication Preferences** sections, update any relevant fields.
3. To save the updated information and return to your dashboard or home screen, click the **Save Profile and Go Home** button.

Client

Create Your Profile

You will use this page to tell the DMAS Appeals Division...

First Name

King

Last Name

Lear

Date of Birth

11/12/1968

(mm/dd/yyyy)

Suffix

If you are filing an appeal for yourself...

SSN

XXX-XX-1111

Medicaid Member ID

100-100100-100

Medicaid Case Number

Communication Preferences

We want to know how to communicate...

C/O

Address 1

2001 N Adams St

Address 2

Apt 678

City

Arlington

State

Virginia

Zip Code

22201

Primary Phone Number

(111)123-5555

Extension

Is Mobile

☒ Yes ☐ No

Secondary Phone Number

Email Address

KLear@yopmail.com

Preferred Mode of Communication

Email

Preferred Written Language  
Only Spanish can currently be automatically translated...

English

Preferred Spoken Language

English

Save Profile and Go Home

## Need Support?

If you need technical support while accessing or using the AIMS portal, call 804-486-2865. If you have questions regarding an appeal, call the DMAS Appeals Division at 804-371-8488.