BMAS ORIENTATION

KAREN KIMSEY

DIRECTOR

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

APRIL 28, 2021

Agenda

- **Medicaid Overview**
  - DMAS Mission and Values
  - Organization Chart
  - Medicaid and CHIP Authority
  - Waivers
  - Who We Cover
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  - How to Apply
  - Enrollment SFY 21
  - Medicaid Expansion
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  - Medallion and CCC Plus
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- **Agency Priority Initiatives**
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  - Access to Affordable, Quality Health Coverage
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  - New Dental Benefit
  - Project BRAVO
  - Cardinal Care
- **Resources**
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MEDICAID OVERVIEW

DMAS Mission

Our Mission & Values

To improve the health and well-being of Virginians through access to high-quality health care coverage

Service

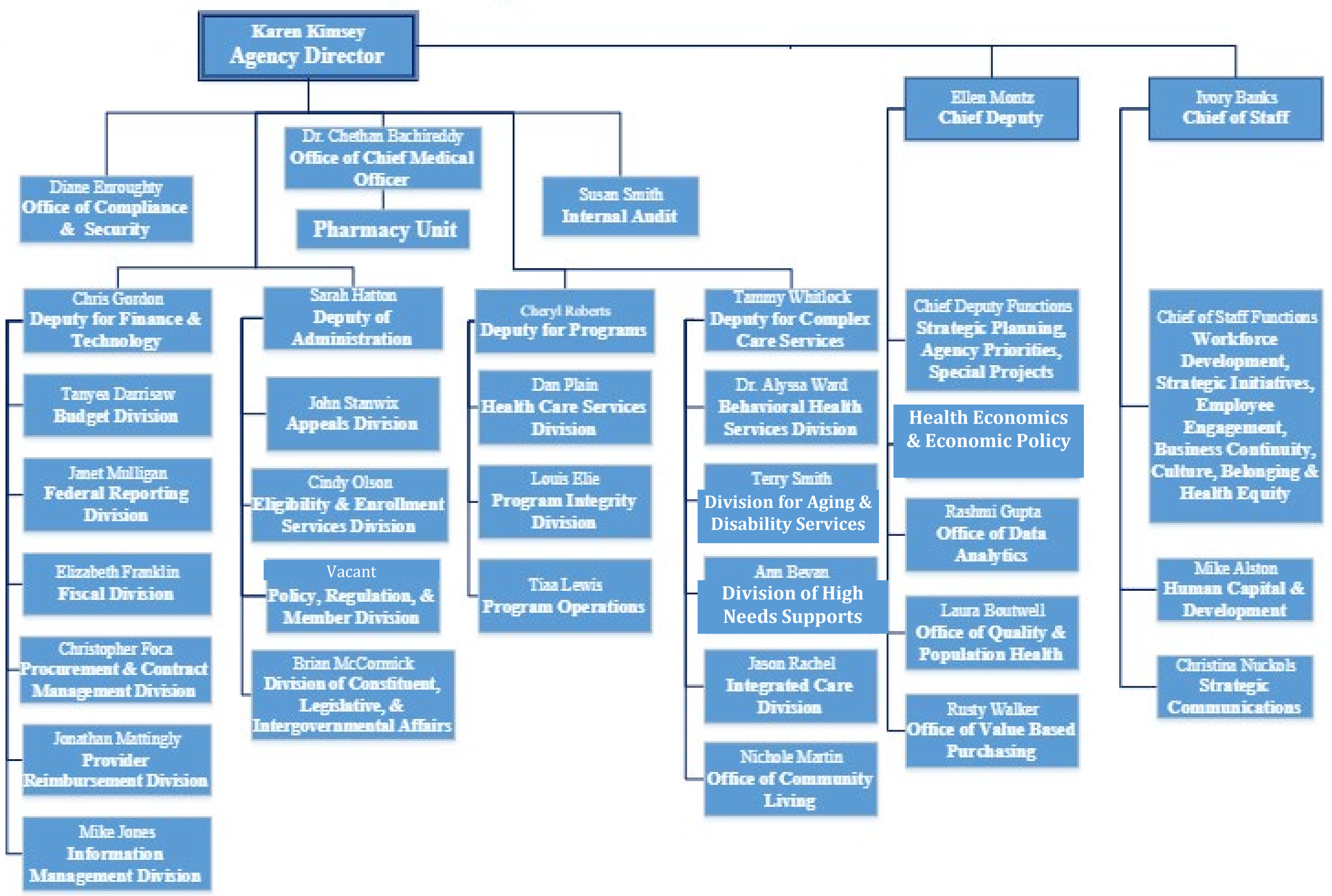
Collaboration

Trust

Adaptability

Problem Solving

Organization Chart



Medicaid and CHIP (FAMIS) Authority

Medicaid is a joint federal and state program authorized under Title XIX of the Social Security Act

Federal oversight is provided by the Centers for Medicare and Medicaid Service (CMS)

State programs are based on a CMS approved "State Plan" or Waivers

DMAS is designated as the single state agency to administer the Medicaid program in Virginia

Waivers

Waivers give the State authority to waive select federal Medicaid rules

- **Waivers require federal approval.**
  - A waiver is a state request that the U.S. Secretary of Health and Human Services (HHS) waive select provisions of the Social Security Act (SSA) to authorize Medicaid program changes that are not otherwise allowed under the federal rules.
- **Waivers allow exceptions to normal Medicaid rules.**
  - E.g. to require enrollment in managed care programs, provide services not otherwise covered to a targeted population, or to cap enrollment
- **Waivers are time-limited.**
  - Generally approved for three to five years, and can be renewed
- **Waivers are distinct from State Plan Amendments (SPAs)**
  - SPAs are used for changes to the Medicaid State Plan that may address program administration (e.g. eligibility, benefits, services, provider payments), but that change must comply with federal rules.
  - If the program change deviates from federal rules, then the State must apply for a waiver.

Waiver Types

Medicaid Waivers

§1915(b): Provide services through contracted Managed Care Organizations (e.g., Medallion 3.0 and CCC Plus)

§1915(c): Provide long-term services and supports in the community in lieu of an institution (e.g., CCC Plus Waiver, Developmental Disability Waivers)

§1115: Demonstrate and test new models of care delivery or financing (e.g., High Needs Supports and ARTS)

Other Waivers

§1332 Waivers are also known as a State Innovation Waiver

Under a **§1332** waiver, states may request permission from the federal government to change elements of the Affordable Care Act that apply to private health insurance coverage

- **§1332** Waivers can be combined with an **§1115** Waiver, but will be evaluated separately by the federal government
- **§1135** Waiver for the Stafford Act or National Emergencies Act and the HHS Secretary declares a public health emergency under Section 319 of the Public Health Service Act

Who We Cover

Medicaid coverage is primarily available to Virginians who meet specific income thresholds and other eligibility criteria, including:

Children

Pregnant Members

Aged, Blind, and Disabled

Adults

VIRGINIA'S MEDICAID PROGRAM DMAS

Medicaid Eligibility

Medicaid Eligibility is complex, but DMAS works closely with sister agencies and advocates to simplify the process

- Eligibility determinations are made based on a review of both non-financial and financial requirements.
- Non-financial requirements include things such as residency and citizenship
- Financial requirements include a review of income and resources (where applicable). A household's income is compared to the Federal Poverty Level (FPL) in order to determine eligibility for Medicaid.

Virginia's State-Sponsored Health Insurance Programs

These numbers are effective January 13, 2021

	New Health Coverage for Adults *up to 138% FPL*** *Gross Income*		FAMIS Plus & Medicaid for Pregnant Women *up to 148% FPL*** *Gross Income*		FAMIS, FAMIS MOMS, & Plan First *up to 205% FPL*** *Gross Income*	
Household Size	**Monthly**	**Yearly**	**Monthly**	**Yearly**	**Monthly**	**Yearly**
1	$1,482	$17,775	$1,589	$19,063	$2,201	$26,404
2	$2,004	$24,040	$2,149	$25,782	$2,976	$35,711
3	$2,526	$30,305	$2,709	$32,501	$3,752	$45,018
4	$3,048	$36,570	$3,269	$39,220	$4,528	$54,325
5	$3,570	$42,836	$3,829	$45,940	$5,303	$63,632
6	$4,092	$49,101	$4,389	$52,659	$6,079	$72,939
7	$4,614	$55,366	$4,949	$59,378	$6,854	$82,246
8	$5,136	$61,631	$5,509	$66,097	$7,630	$91,553
Additional person add	$523	$6,266	$560	$6,720	$776	$9,307
	Income Guidelines					

Applying for Medicaid

Virginia offers many ways to apply for Medicaid:

Apply by calling Cover Virginia at 1-855-242-8282
(TDD: 1-888-221-1590)

Apply online at **www.commonhelp.virginia.gov**

Apply online at the Health Insurance Marketplace
www.healthcare.gov

Mail or drop off a paper application to your local Department of Social Services (note: may take longer than other methods)

Enrollment

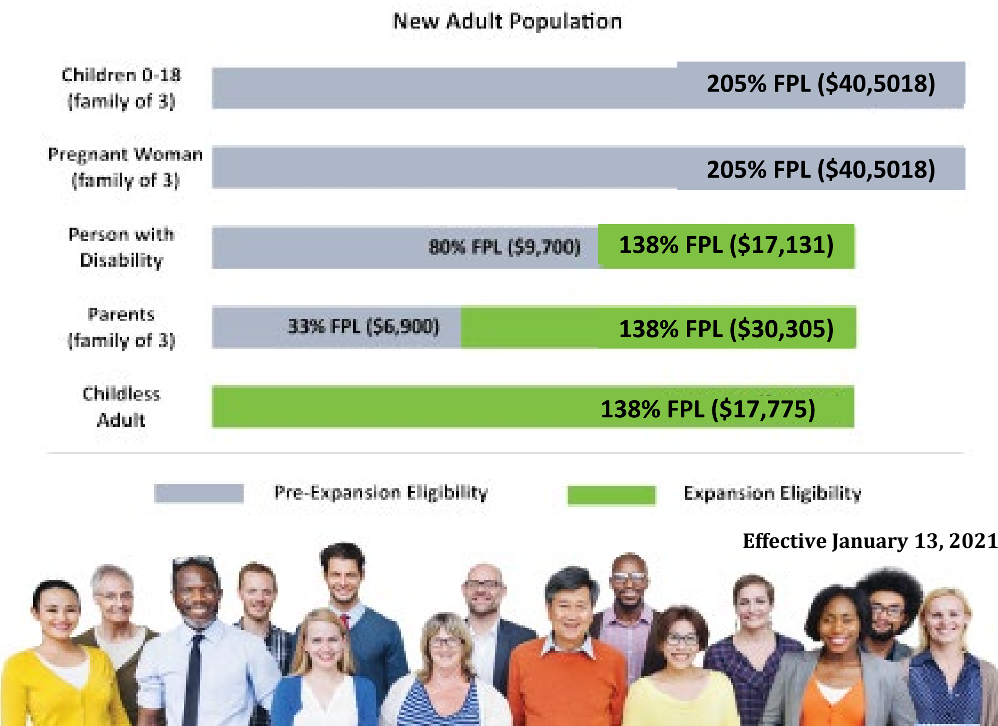
Medicaid plays a critical role in the lives of more than 1.8 million Virginians

Group	Enrollment
Children	764,909
Pregnant Women	24,247
Older Adults	80,292
Individuals with Disabilities	152,089
Expansion Adults	542,389
Other Adults	134,202

Enrollment as of 4/1/21

Medicaid Expansion

- Virginia expanded its Medicaid program on January 1, 2019
- Virginia adults may now be eligible if they are between the ages of 19 and 64, are not receiving or eligible to receive Medicare, and meet income eligibility rules.
- As of April 1, 2021, **more than 542,000 Virginia adults are enrolled** and receiving services



Medicaid Expansion

BEFORE MEDICAID EXPANSION	ONE YEAR AFTER EXPANSION
62% of Virginians surveyed went without needed medical care	**80%** of newly enrolled adults have used at least one Medicaid service
1 in 4 paid more than $500 in out-of-pocket medical costs	More than **60%** of new members have had a general office visit
25% relied on the emergency department for regular care	**2 out of 3** members filled a prescription
37% reported having a health condition that prevented part-or full-time employment	More than **10%** have required emergency dental services
	More than **5,000** members have received treatment for cancer

Source: VCU School of Medicine independent evaluation of Medicaid expansion for the Department of Medical Assistance Services - Experiences Prior to Enrollment in Medicaid New Medicaid Expansion Members Describe Health and Health Care Experiences from the Year Before Enrolling. October 2019

For more information on the impact of Medicaid Expansion, visit the Expansion Enrollment Dashboard at (www.dmas.virginia.gov/#/dashboard) and the Expansion Access Dashboard (www.dmas.virginia.gov/#/ accessdashboard).

Medicaid Expansion Update

- During the COVID-19 public health emergency, DMAS has implemented a number of policy and procedural changes to **improve coverage**, enable **new flexibilities to expedite enrollment**, ensure members **maintain health care coverage**, and provide an even greater level of support.
- Medicaid expansion is providing health and economic security to **over 542,000 Virginians**.

At Least One Office Visit	At Least One Prescription	Treated for High Blood Pressure	Treated for Diabetes
448,041	451,721	93,040	48,151
Treated for Asthma	**Treated for Cancer**	**Treated for COPD**	**Received ARTS**
22,569	11,749	14,586	46,212

Data from DMAS online public dashboard 4/15/21

PROGRAMS AND BENEFITS

Medicaid Services

Primary Care: Primary medical care services, including preventive care services.

Acute Care: Inpatient services in an acute care facility, such as a hospital.

Behavioral Health: Inpatient and outpatient services that provide behavioral health support.

Addiction and Recovery Treatment Services (ARTS) Benefit: Comprehensive addiction and recovery treatment services based on the American Society for Addiction Medicine (ASAM) service continuum.

Long-term Services and Supports (LTSS): Long-term care services at a nursing facility, through the Program for All-Inclusive Care for the Elderly (PACE) or through a home and community-based waiver.

Pharmacy: Coverage of all drugs that are FDA-approved, medically necessary and manufactured by a pharmaceutical company participating in the Medicaid Drug Rebate Program.

Dental Care: Comprehensive dental services to children through age 20, and pregnant members. Adults are limited to medically necessary treatment. (Full dental coverage will begin on July 1, 2021)

Financing Care Delivery

DMAS uses two methods to pay Medicaid providers

Fee-For-Service (FFS)

DMAS pays providers directly for every Medicaid eligible service rendered to Medicaid members

Managed Care

DMAS pays MCOs a set payment for each enrolled member every month. The MCO is responsible for delivering health benefits to their enrolled Medicaid members

Currently, 95% of full-benefit Medicaid coverage is paid through Medicaid Managed Care

VIRGINIA'S MEDICAID PROGRAM DMAS

Transition to Managed Care

Two managed care programs focused on the diverse needs of the populations serving 90% of the population through six Statewide managed care plans

Medallion 4.0

- Serving infants, children, pregnant women, adults including most Medicaid expansion
- Acute, chronic, primary care and pharmacy services, for adults and children, and also includes SUD, and behavioral health services, excludes LTSS
- Implementation statewide August 2018

CCC Plus

- Serving older adults and disabled individuals Includes Medicaid-Medicare eligible
- Full continuum of services (same as Medallion), but also includes long-term services and supports (LTSS) in the community and in nursing facilities and hospice
- Implemented statewide in January 2018

Incorporating the best care networks in our state to improve access, increase cost predictability and provide a platform for future innovations

Home and Community-Based Services Waivers

The Medicaid home and community based waivers (§1915(c)) offer individuals who require assistance with activities of daily living and/or supportive services the opportunity to receive care in the community rather than in a facility setting

Waiver	Features
Community Living Waiver	Provides 24/7 services and supports for adults and some children with exceptional medical and/or behavioral support needs. This includes residential supports and a full array of medical, behavioral and non-medical supports.
Family and Individual Supports Waiver	Provides supports for children and adults living with their families, friends, or in their own homes, including supports for those with some medical or behavioral needs.
Building Independence Waiver	Provides supports for adults able to live independently in the community with housing subsidies and/or other types of support. The supports available in this waiver will be periodic or provided on a regular basis as needed.
Commonwealth Coordinated Care Plus Waiver	Provides supports for elderly and disabled individuals including adult day health care; medication monitoring, personal care services; respite care; and personal emergency response systems. Also provides supports for children and adults who are chronically ill or severely impaired and require both a medical device and substantial and ongoing skilled nursing care to avert further disability or to sustain their lives

Specialized Medicaid Programs

The following specialized Medicaid benefits and programs target certain services and interventions to designated populations

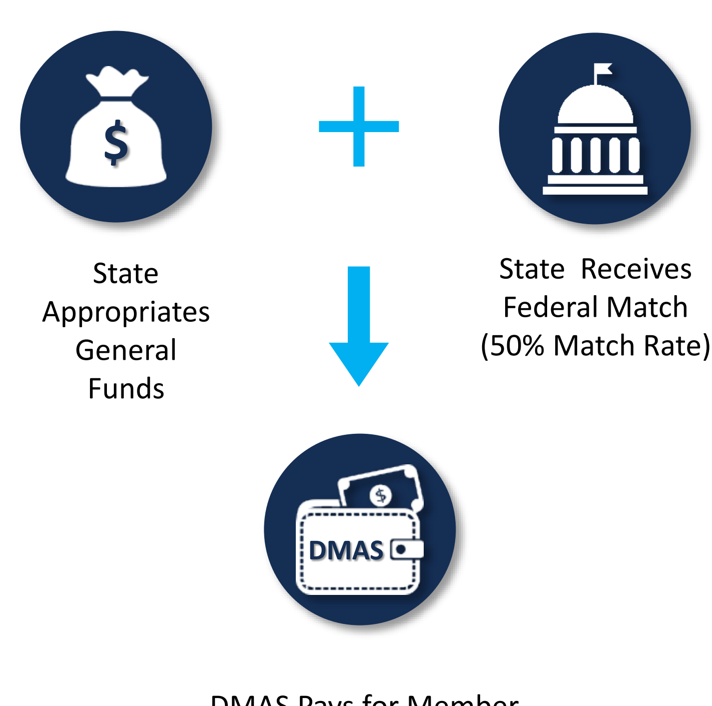
Program	Features
Program of All-Inclusive Care for the Elderly (PACE)	The Program of All-Inclusive Care for the Elderly (PACE) is a community-based program that serves individuals receiving Medicare and Medicaid who are age 55 or older and qualify for nursing facility level of care. Through an interdisciplinary care model, the PACE program offers a community alternative to nursing facility care and provides the full continuum of medical and social supports for older adults.
Addiction and Recovery Treatment Services (ARTS)	In response to the statewide opioid epidemic, DMAS launched the Addiction and Recovery Treatment Services (ARTS) benefit April 1, 2017. The ARTS benefit provides the full continuum of evidence-based addiction treatment to any of the 1.8 million Medicaid and FAMIS members who need treatment.
Early Intervention Services	Early Intervention Services (EIS) are defined as services provided through Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1431 et seq.), designed to meet the developmental needs of each child and the needs of the family, to enhance the child's development. Early Intervention Services must be provided in natural environments for the child, such as the home and community settings. Services consist of Speech, Physical and Occupational Therapies, along with individualized Developmental programming and coordination.

MEDICAID FUNDING

Medicaid Funding

- Medicaid and CHIP (known in Virginia as Family Access to Medical Insurance Security, or FAMIS) are jointly funded by Virginia and the federal government under Title XIX and Title XXI of the Social Security Act.

- Virginia generally receives a dollar-for-dollar federal spending match in the Medicaid program.



Enrollment vs. Expenditures SFY20

Enrollment vs. Expenditure SFY 2020

	ENROLLMENT	
Individuals with Disabilities	11%	35%
Older Adults	6%	18%
Parents, Caregivers & Pregnant Women	9%	8%
Children in Low Income Families	49%	18%
Medicaid Expansion	26%	22%

100%, 80%, 60%, 40%, 20%, 0%

17% of the Medicaid population **Drives** **53% of total expenditures**

Services for Individuals with Disabilities and Older Adults Drive Medicaid Spending

DMAS Total Budget Mix - $17.4 Billion

Only 1.8% of the total DMAS budget is for administrative expenses

State Fiscal Year 2021

Medical Services – 96.8%

$16.8 Billion

Administrative Services – 1.8%

$318 Million

Cares Relief Fund – 1.4%

$238 Million

DMAS Administrative Budget - $318 Million

State Fiscal Year 2021

48%

CONTRACTUAL SERVICES

31%

INFORMATION TECHNOLOGY

19%

SALARIES & BENEFITS

2%

AGENCY OPERATIONS

AGENCY PRIORITY INITIATIVES

Maternal and Child Health Initiatives

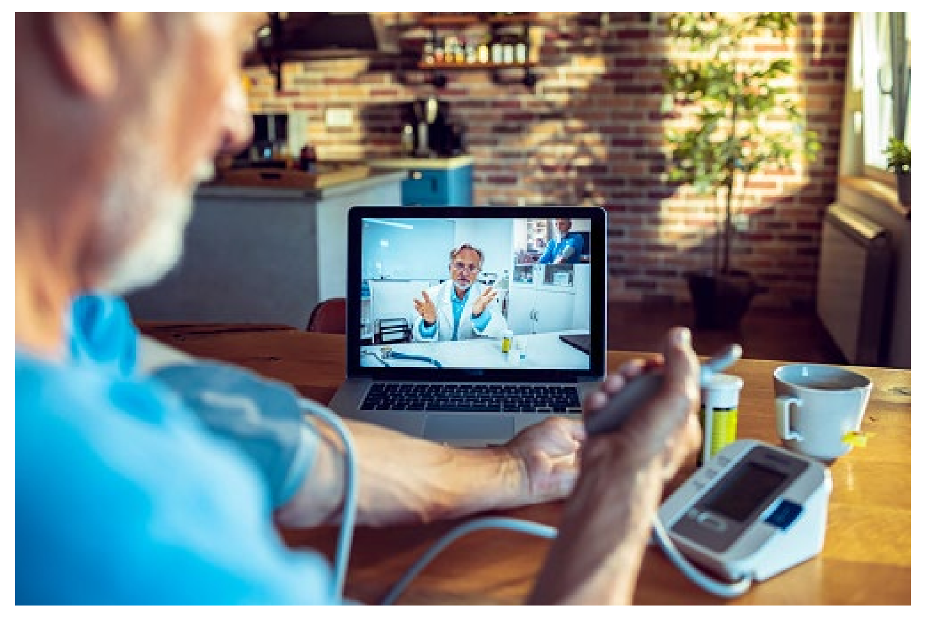
- Baby Steps VA
- Extending coverage for one year post partum
- Providing FAMIS MOMS access to SUD Treatment
- Coverage of prenatal care for individuals regardless of citizenship status
- Doula services for pregnant members
- Plan for home visiting Medicaid benefit
- Maternal Health Data and Quality Measure – Analysis and Task Force
- One of eight states selected to join the National Association of Healthcare Professional's (NASHP's) Maternal and Child Health Policy Innovation Program Policy Academy to Address Maternal Mortality

Access to Affordable, Quality Health Care Coverage Initiatives

- Improving member notices and letters
- Providing communication in multiple languages
- Language access plan and member engagement strategy/Member Advisory Committee
- Implementation of federal client appeals requirements
- Removal of 40 quarters work requirement for green card holders

Expanding and Improving Services

- Authorizing 12 month prescriptions of contraceptives
- Post PHE telehealth
- Expanding Remote Patient Monitoring Services
- Allowing pharmacy immunizations
- Expanding addiction treatment beyond opioids
- Expanding Tobacco Cessation



Other Major Agency Priority Initiatives

- Medicaid Enterprise System (MES) Implementation
- Cardinal Care Implementation
- Medicaid Call Center - One Number
- New DMAS and Cover Virginia/Cubre Virginia Websites
- Cover Virginia Call Center and Operations Improvements
- Project BRAVO: Behavioral Health Services

Adult Dental Benefit 2021- Overview

Effective Date

July 1, 2021

New Population

Approximately 750,000 adults , Medicaid expansion and special needs populations

Benefit Model

Comprehensive benefits based on a preventive, restorative model

Strategic Partnership

Work with key partners to assist with design, delivery of new services and provider recruitment

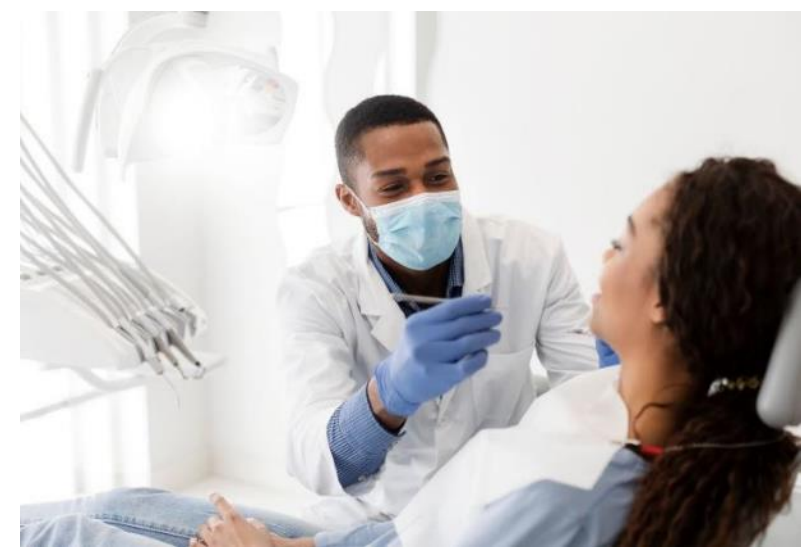
Implementation Steps:

- Federal Approval
- New Benefit Package
- Provider Recruitment
- System Changes
- Vendor Contract Changes
- Member & Provider Education
- Stakeholder Engagement

Adult Dental Benefit

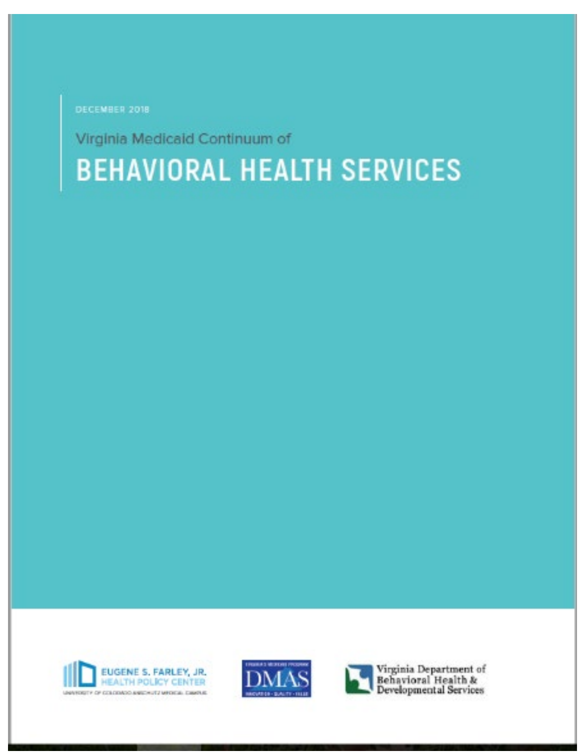
Covers 750,000 adult Medicaid recipients on July 1, 2021

- Closing health disparities
- Supporting Medicaid Expansion
- DentaQuest contract extended



Project BRAVO:

Behavioral Health Redesign for Access, Value and Outcomes



Continuum Proposal

https://www.dmas.virginia.gov/#/behavioralenhancement

Cardinal Care

Streamlining and aligning managed care contract requirements & MCO administrative tasks, such as reporting requirements

Rebranding the fee-for-service & managed care programs under a single name, Cardinal Care Virginia

Strategically aligning care management and models of care

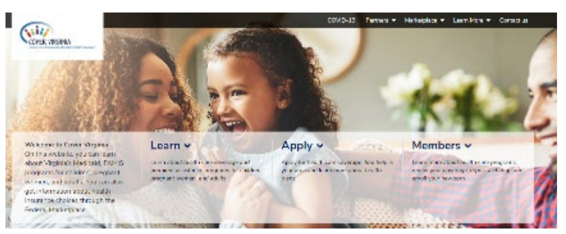
Setting rates based on population characteristics as opposed to program; combining medical loss ratios (MLRs) and underwriting gain provisions

Streamlining managed care enrollment at initial enrollment, open enrollment and renewal

RESOURCES

Resources: Digital Communications

DMAS website
www.dmas.virginia.gov



CoverVA website
www.coverva.org

CubreVirginia website
www.cubrevirginia.org

Email
dmas.info@dmas.virginia.gov

CoverVA Facebook
https://www.facebook.com/coverva/

YouTube
https://www.youtube.com/channel/UCbE_bPvIPQTJfCS2MfCmVHA

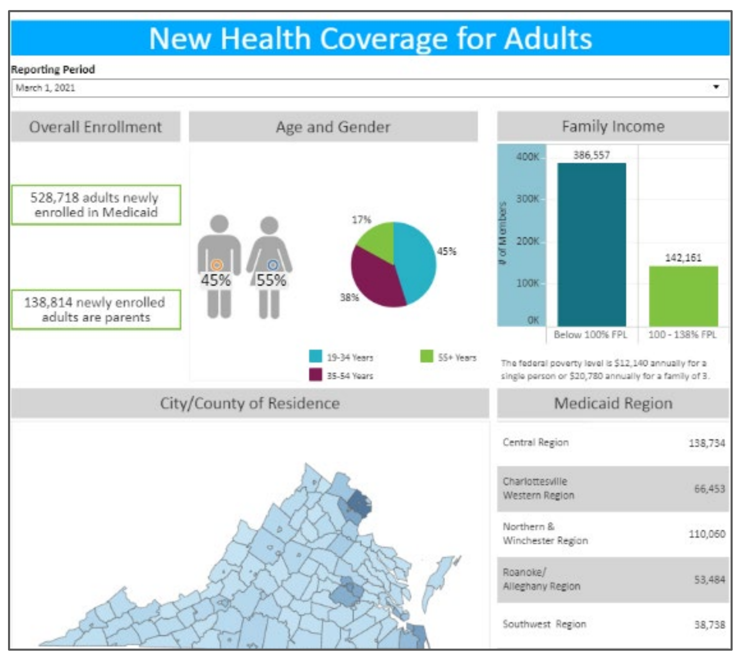
Twitter
https://twitter.com/VaMedicaidDir

Instagram
https://www.instagram.com/cover_va/

Email/text campaigns
Sign up at www.coverva.org

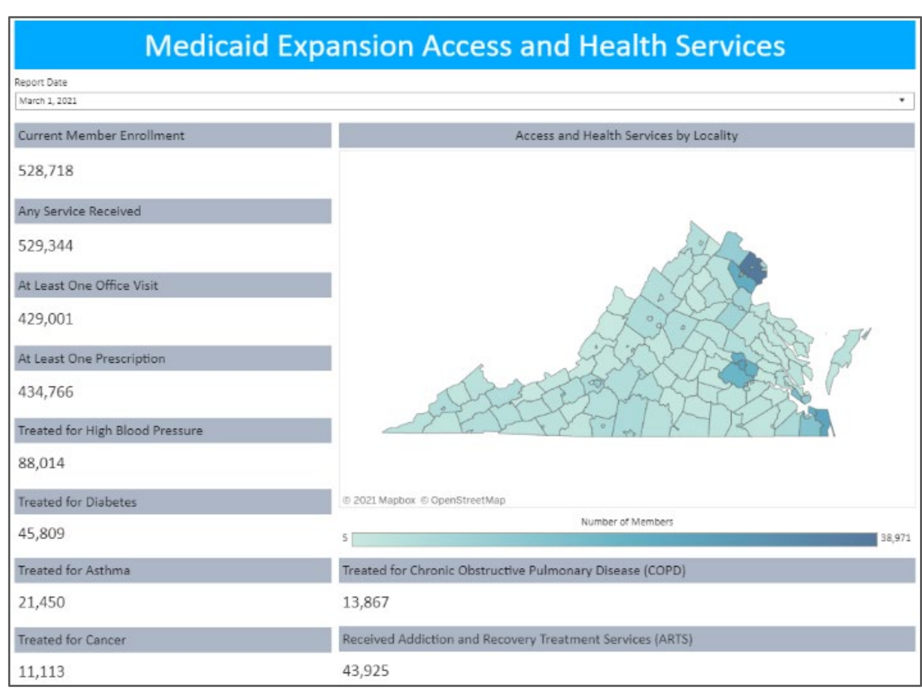
Resources: Medicaid Expansion Dashboards

Expansion Enrollment Dashboard



https://www.dmas.virginia.gov/#/dashboard

Expansion Access Dashboard

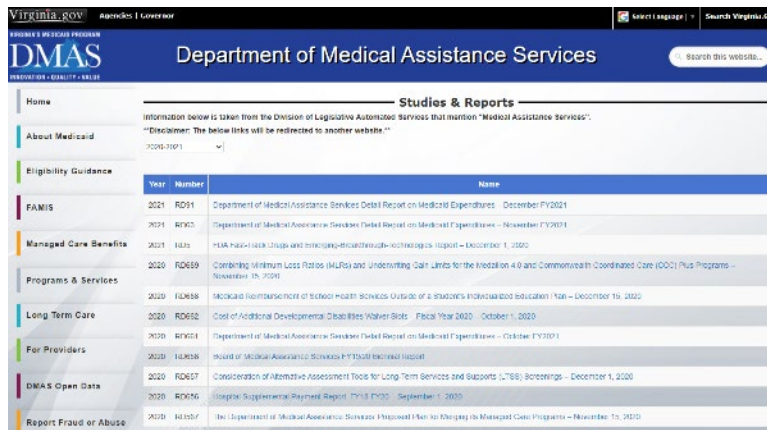


https://www.dmas.virginia.gov/#/accessdashboard

Resources

Board Meeting Materials

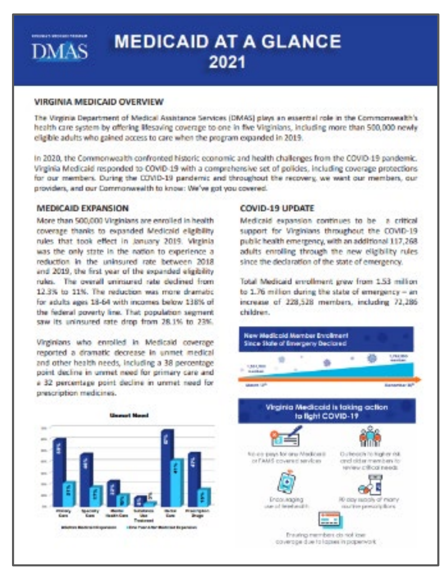
https://www.dmas.virginia.gov/#/aboutBmas



Studies and Reports

https://www.dmas.virginia.gov/#/reportsandstudies

Resources: Publications



MEDICAID AT A GLANCE
2021

VIRGINIA MEDICAID OVERVIEW

The Virginia Department of Medical Assistance Services (DMAS) plays an essential role in the Commonwealth's health care system by offering lifesaving coverage to one in five Virginians, including more than 500,000 newly eligible adults who gained access to care when the program expanded in 2019.

In 2020, the Commonwealth confronted historic economic and health challenges from the COVID-19 pandemic. Virginia Medicaid responded to COVID-19 with a comprehensive set of policies, including coverage protections for our members. During the COVID-19 pandemic and throughout the recovery, we want our members, our providers, and our Commonwealth to know: We've got you covered.

MEDICAID EXPANSION

More than 500,000 Virginians are enrolled in health coverage thanks to expanded Medicaid eligibility rules that took effect in January 2019. Virginia was the only state in the nation to experience a reduction in the uninsured rate between 2018 and 2019, the first year of the expanded eligibility rules. The overall uninsured rate declined from 12.3% to 11%. The reduction was more dramatic for adults ages 18-64 with incomes below 138% of the federal poverty line. That population segment saw its uninsured rate drop from 28.1% to 23%.

Virginians who enrolled in Medicaid coverage reported a dramatic decrease in unmet medical and other health needs, including a 38 percentage point decline in unmet need for primary care and a 32 percentage point decline in unmet need for prescription medicines.

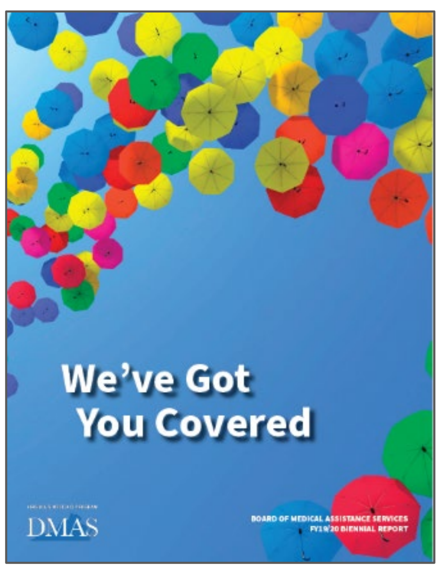
COVID-19 UPDATE

Medicaid expansion continues to be a critical support for Virginians throughout the COVID-19 public health emergency, with an additional 117,268 adults enrolling through the new eligibility rules since the declaration of the state of emergency.

Total Medicaid enrollment grew from 1.53 million to 1.76 million during the state of emergency – an increase of 228,528 members, including 72,286 children.

New Medicaid Member Enrollment Since State of Emergency Declared

Virginia Medicaid is taking action to fight COVID-19



2021 Medicaid At A Glance

https://www.dmas.virginia.gov/files/links/5792/MAG%202021%202_22_21%20FINAL.pdf

FY 19-20 Biennial Report

https://www.dmas.virginia.gov/#/aboutBmas

Faces of Virginia Medicaid

https://www.dmas.virginia.gov/files/links/5848/Faces%20of%20Medicaid%20E%20Version%20FINAL%20(1).pdf

APPENDIX A: DIVISION DESCRIPTIONS

Director’s Office

Internal Audit Division

The Internal Audit Division reports directly to the Agency Director. The purpose of the Internal Audit Division is to provide independent and objective assurance and consulting services that are designed to add value and improve operations. Internal Audit assists DMAS in accomplishing its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of the agency’s risk management, control, and governance processes.

Office of Compliance and Security

The Office of Compliance and Security (OCS) reports to the Agency Director. The mission of the Office of Compliance and Security (OCS) is to provide guidance to all DMAS divisions to mitigate risks to the availability, confidentiality, and integrity of all DMAS information and to ensure compliance with all applicable federal and state legislation. OCS is responsible for planning, governance, incident reporting, and oversight of a comprehensive privacy, information security, and physical security program for the agency.

Chief Deputy

Ellen Montz
Chief Deputy

Chief Deputy Functions
Strategic Planning, Agency Priorities, Special Projects

Health Economics and Economic Policy

Rashmi Gupta
Office of Data Analytics

Laura Boutwell
Office of Quality & Population Health

Rusty Walker
Office of Value Based Purchasing

Health Economics and Economic Policy

The Division of Health Economics and Economic Policy (HEEP) is led by the Chief Health Economist. The division includes the Office of Data Analytics, the Office of Value-Based Purchasing, and the Office of Quality and Population Health. HEEP and its team of economic, policy, and data analyst professionals provide analysis, policy development, and strategic guidance related to economic trends, insurance markets, service utilization and provider and insurer payment incentives to improve member outcomes and program efficiency.

Office of Quality and Population Health

The Office of Quality and Population Health (OQPH) reports to the Chief Deputy Director. The office advises the Chief Deputy on strategic policy initiatives that improve quality and population health outcomes and reduce the cost of care for the over 1.8 million members of Virginia's Medicaid program. The program provides executive leadership, strategic planning, and overall direction to the agency's quality and population health programs. The team acts as an advocate and supports the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) quality and population health business by serving as a quality champion through measuring and monitoring the quality and effectiveness of the care and services provided to our members. OQPH provides oversight of quality programs throughout the agency and spearheads projects that enable DMAS to measure, monitor, and improve the quality of the care and services provided to its members. The Office consults across functional areas to influence and promote change in order to continually deliver quality, equitable services to our internal and external customers.

Chief Deputy (continued)

Office of Value-Based Purchasing

The Office of Value-Based Purchasing (OVBP) is a division of the Health Economics & Economic Policy (HEEP) Department and reports to the Deputy Director/Chief Health Economist. The OVBP is responsible for the development and execution of policies that encourage effective and efficient provision of care to Medicaid members through both financial and non-financial incentives. This includes systemic payment and contract policy innovations that integrate performance accountability into various facets of Virginia Medicaid, including managed care plans, providers, and delivery systems.

Office of Data Analytics

The Office of Data Analytics (ODA) reports to the Chief Health Economist as part of the Health Economics and Economic Policy Division. The mission of the Office of Data Analytics is to empower data-driven decision-making. The Office of Data Analytics is comprised of three units: (1) the Data Management Unit, (2) the Advanced Analytics Unit and (3) the Data Warehouse Unit. The ODA engages in two key functions: analysis and analytics. The analysis focuses on understanding the past, and the Data Management Unit provides critical historic analyses essential to understanding the impact of agency activities on our members, providers and sister agencies. Such ad hoc analyses answer the 'what happened' questions that drive policy evaluation and performance improvement. The Data Management Unit also provides technical support of the SAS analytics platform.

Chief of Staff

Ivory Banks
Chief of Staff

Chief of Staff Functions
Workforce Development, Strategic Initiatives, Employee Engagement, Business Continuity, Culture, Belonging & Health Equity

Mike Alston
Human Capital & Development

Christina Nuckols
Strategic Communications

Chief of Staff Office

The Chief of Staff reports to the DMAS agency Director and is responsible for providing coordinated oversight of all operations and projects within the agency, with a particular focus on workforce development, business continuity, and strategic communications. Core functions of the Chief of Staff office include managing the priorities of the Director's Office, overseeing the Human Capital and Development Division, overseeing agency performance and major initiatives, and leading strategic communications. The office ensures streamlined activities within the agency based on the priorities of the agency Director.

Human Capital & Development Division

The Human Capital and Development (HCD) Division reports to the DMAS Chief of Staff. Human Capital and Development is dedicated to excellent, timely customer service in support of the agency's values and mission. The HCD team is comprised of trusted HR professionals available to provide guidance and assistance to staff on a myriad of HR programs and policies. The HCD Division consists of five units: Compensation and Classification, Talent Acquisition, Talent Development, Operations and Benefits, and DMAS Reception and HR Support. The Division Director is responsible for the overall management of the HR team, policy development, interpretation and guidance, legal compliance, investigating allegations of discrimination, employee relations matters requiring corrective action, and employee engagement.

Office of Strategic Communications

The Office of Strategic Communications provides support to the Director, Chief of Staff and all ELT members on high-priority issues, handles all media inquiries and events, and social media for the agency. The Chief of Staff works with the Strategic Communications Director to promote "one voice" with internal and external stakeholders, increasing transparency and awareness across the agency.

Chief Medical Officer

Office of the Chief Medical Officer
The Office of the Chief Medical Officer reports to the Agency Director for DMAS. The primary responsibility of the Office of the Chief Medical Officer (OCMO) is to improve the health and well-being of those in the Medicaid Program. The office achieves this goal through four distinct functions: clinical consultation and guidance, pharmacy policy and operations, healthcare quality, and innovation. The Office of the Chief Medical Officer is comprised of two units: The Medical Support Unit (MSU) and the Pharmacy Unit.

Chief of Finance

Budget Division
The division's primary role is to support the agency's mission by securing and managing appropriations in compliance with state and federal regulations and providing well-informed, timely and accurate budgetary information to all stakeholders. The division consists of three units: Budget Operations, Federal Finance, and the Forecast and Cost Estimate Unit.

Federal Reporting Division
The division manages and directs all aspects of the agency's financial reporting to the Federal Government. The division is responsible for directing the compilation and submission of the following reporting to the Federal Government: CMS-64, CMS-21, and the Cost Allocation Plan and Amendments. The division processes quarterly cost allocations in accordance with the Cost Allocation Plan. The division is responsible for acting as the primary point of contact with the Federal financial reviewers and auditors. The division develops and implements policies, procedures, and internal controls infrastructure in relation to federal financial reporting functions and provides guidance and information to internal staff and auditors.

Fiscal Division
The division consists of six units: Accounts Payable & Disbursements, Accounts Receivable, Cash Management, General Ledger & Reporting, Grants Management, and Third Party Liability. The Fiscal Division is the agency's center for business transactions. The division is responsible for overseeing, evaluating, and reporting on agency financial accountability and compliance with the Department of Accounts' Commonwealth Accounting Policies and Procedures, with the goal of assisting managers and staff of DMAS in meeting their responsibilities for protecting the resources of the Commonwealth.

Procurement & Contract Management Division
The division directs the agency's procurement and contracting activities with third parties, and all agreements between the agency and other state entities. The division assures contracting actions are completed in accordance with all governing authorities including the Virginia Public Procurement Act and the Agency Purchasing and Surplus Property Manual, as well as federal law and regulations. The division consists of four subunits: Procurement, Contract Management, Financial Management and Small Purchasing.

VIRGINIA'S MEDICAID PROGRAM DMAS

Chief of Finance (continued)

Provider Reimbursement Division

The division is responsible for determining the payments for participating providers in Virginia Medicaid, including calculating, reviewing, and updating Medicaid capitation and provider payment rates. In addition, the division calculates and administers supplemental payments to hospitals, nursing care facilities, and physicians. An important part of this work includes the settlement and auditing of institutional providers' cost reports and utilizing both regulatory and market information to determine appropriate and allowable payments. There are three units within PRD (Provider Rate Setting, Managed Care Rate Setting, Cost Settlement and Audit) and a project management team that work collaboratively to accomplish this detailed and essential work.

Information Management Division

The Division of Information Management (IM) reports to the Deputy Director of Finance and Technology. The IM Division is responsible for managing the day-to-day activities of Medicaid Management Information System (MMIS) with the fiscal agent. This includes provider enrollment, member enrollment, Fee-for-Service (FFS) and Encounter adjudication, payment to FFS providers and MCOs and administrative service organizations (ASOs) like consumer directed services vendor, dental, behavioral health services administrators and most all other vendors that do business with the agency. IM also supports federal reporting needs and manages the financials system that interface with Department of Accounts' Cardinal System. IM sends enrollment data to all the MCOs, ASOs and other vendors that need the data to run the daily operations. In addition, the IM Division also supports a provider call center and member call center related to enrollment and claims activity.

Office of Enterprise Project Management

The Enterprise Project Management Office (PMO) is comprised of a PMO Director, a team of Project Managers, and a support team consisting of a Deliverable Manager, a Technical Writer, and Business Analysts. The mission of the PMO is to provide an enterprise wide approach to identify, prioritize, and successfully execute and manage a technology portfolio of programs and projects that are aligned with and support the agency's strategic business plan. The PMO is governed by the Virginia Information Technologies Agency that sets standards and approval processes for initiation and planning, execution and control, implementation and project closeout phases. The PMO provides technical services to procurements and contracts, project advisory consultation to budget for advanced planning documents, vendor management and project management best practices to DMAS staff and vendor project teams.

Deputy of Administration

Sarah Hatton
Deputy of Administration

John Stanwix
Appeals Division

Cindy Olson
Eligibility & Enrollment Services Division

Policy, Regulations, and Member Engagement Division

Brian McCormick
Division of Legislation and Intergovernmental Affairs

Appeals Division

The mission of the Appeals Division is to provide a neutral forum where Virginians and healthcare providers can understand and challenge adverse decisions made by DMAS or its contractors and receive due process in a fair and just manner. The purpose of Appeals is to provide due process to applicants, members, and providers; afford an opportunity to be heard; guarantee a neutral review of agency action; and to render a decision in accordance with state and federal law. The Appeals Division has two core functions/units of responsibility: Client Appeals and Provider Appeals. There is one level of appeal for client cases (the State Fair Hearing) and two levels of appeal for provider cases (informal appeal and formal appeal). Providers and clients have the right to appeal to the court system after DMAS issues its final decision. The DMAS Civil Rights Coordinator also reports to the Appeals Division Director.

Eligibility and Enrollment Services Division

The Eligibility and Enrollment Services (EES) division is responsible for the development and implementation of eligibility policies and programs to ensure the highest level of performance in the determination of eligibility for DMAS programs. This includes eligibility policy, eligibility enrollment, and eligibility systems functionalities, as well as Cover Virginia operations. The EES also works in close collaboration with the Department of Social Services to ensure eligibility and enrollment policies are in compliance with state and federal requirements and are administered in conformance with the mission and goals of DMAS.

Division of Legislation and Intergovernmental Affairs

The mission of the Division of Legislation and Intergovernmental Affairs (LIA) is to provide excellent customer service to our internal and external customers to ensure DMAS fulfills its mission. The division is responsible for the coordination and tracking of all legislation affecting DMAS, constituent requests and responses, and tracking agency progress and responses in completing studies and reports originating from legislative direction. The LIA reviews all regulatory and State Plan actions, serves as the agency's tribal liaison, and handles all record management/retention/disposition policies. The LIA also provides guidance and recommendations for data privacy and lends legal expertise and guidance to all FOIA/data requests.

Deputy of Administration (continued)

Policy, Regulations, and Member Engagement Division
The Policy, Regulations and Member Engagement (PRME) Division's core function is to promote an efficient, effective, and proactive agency response to federal policy requirements. The division includes two main units: Regulations and Manuals Unit, and the Consumer Engagement Unit. The division provides guidance and assistance to the agency through cross-divisional policy planning and management, providing transparent, consistent availability of information through collection, storage, and maintenance of digital content. The division provides agency support through policy and special project planning and research, policy statements, reports and background documents, regulatory and State Plan Amendment coordination. The Consumer Engagement Unit provides outreach to Virginians through member and community education, application assistance, and oversight of the Member Advisory Committee (MAC) and the DMAS Support Team for Application Assistance Response (STARs) Committee.

Deputy of Complex Care

Behavioral Health Services Division

The Behavioral Health (BH) Division is comprised of two units: Mental Health and Substance Use. These units are responsible for statewide policy development and implementation related to behavioral health (mental health and substance use) related services.

Division of Aging and Disability Services

DADS is responsible for agency directed long-term services, supports and programs statewide. This includes the agency's fee-for-service components. Within the division, there are numerous staff members that form teams of expertise on a variety of programs including:

- Program of All Inclusive Care for the Elderly (PACE)
- Screening for Long-Term Services and Supports
- Civil Money Penalty Funds (CMP)
- Policy Unit Level of Care (LOC)
- Electronic Visit Verification (EVV)

Division of High Needs Supports

The Division of High Needs Supports is responsible for the statewide oversight of the Developmental Disabilities Waivers (DDW), statewide policy related to developmental disabilities and oversight of housing and employment services within DMAS. This division develops all federal amendments, regulations, provider manuals and Medicaid memos for the DDW services, as well as case management services. It also provides Quality Management Reviews from the DDWs across all provider categories and assures compliance with the home and community based services (HCBS) settings rule through those waivers. It provides administrative oversight and technical assistance related to the DDWs to the Department of Behavioral Health and Developmental Services, which provides operational oversight.

Deputy of Complex Care (continued)

Integrated Care Division
This division provides direct oversight and management of the Commonwealth Coordinated Care Plus (CCC Plus) Program, which began in August 2017. The CCC Plus Program is an integrated health care delivery model that includes medical services, behavioral health services, and long-term services and supports (LTSS). The CCC Plus Program also encompasses care coordination services to develop a person-centered plan of care that addresses the needs of members with disabilities and medically complex members to ensure timely access to appropriate services. The Integrated Care Division's core functions include support to CCC Plus members, providers and contractors; oversight and administration of the CCC Plus contracts; focus on care coordination to improve the quality of life for our members; compliance monitoring and enforcement; and systems and reporting support, including data exchange between DMAS and the health plans.

Office of Community Living
The Office of Community Living provides administrative oversight of the Commonwealth's 1915 (c) home and community based waivers. Additionally, OCL provides program operations for the Commonwealth Coordinated Care Waiver and consumer directed services. OCL serves as the contract administrator for the fiscal employer agent for consumer direction.

Deputy of Programs

Health Care Services Division

The mission of HCS is to deliver Medicaid Managed Care to eligible Medallion members by collaborating with key stakeholders, providers, sister agencies and DMAS divisions to support consistent, high quality, cost effective, compassionate health care across the Commonwealth. The division's core function is to provide support to Medallion 4.0 members and providers. The division facilitates member case management, oversees and administers the managed care organization contracts, focuses on improving maternal and child health, compliance enforcement, and systems and reporting support for managed care. HCS also oversees the Virginia Medicaid dental program.

Program Integrity Division

The Program Integrity Division (PID) is entrusted with the responsibility of identifying fraud, waste, and abuse within the Virginia Medicaid program and referring potentially fraudulent providers and recipients to the proper law enforcement entity. The PID is comprised of two main units: the Recipient Review Unit (RAU) and the Provider Review Unit.

Program Operations Division

The Program Operations Division is the operational backbone of the Virginia Medicaid Fee-for-Service (FFS) delivery system and serves as the gateway to managed care. Enrollees are placed in FFS at the beginning of their Medicaid enrollment and again when the plan assignment changes. Program Operations is divided into five units: Member Services, Provider Services, Non-Emergency Medical Transportation, Service Authorization- Payment Processing, and Systems and Reporting.