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The Department of Medical Assistance Services, as the single state agency, is responsible for administration and management of the Commonwealth's Medical Assistance Program (Medicaid) and for integration and coordination of that Program with other State and Federal programs which provide health care and financial assistance.

The Department:

makes health care services available to financially and medically indigent individuals;

makes prompt appropriate and equitable payments for medical services and ensures that all other payments resources are exhausted;

ensures that services are medically necessary and of acceptable quality;

ensures that services and payments are in compliance with State, Federal, and Program regulations.

The Department is composed of four (4) principal service divisions, which are:

the Division of Medical Social Services;
the Division of Health Services Review;
the Division of Operations and Provider Services;
the Division of Provider Reimbursement.

Administrative services to all divisions are provided by Support Services.

DIVISION OF MEDICAL SOCIAL SERVICES

This division ensures that recipients of medical assistance appropriately receive medical benefits to which they are entitled in accordance with Federal and State law and regulations, and serves as liaison with other human service agencies to coordinate activities of medical concern and involvement.

This division accomplishes this by performing the following functions:

supervision of the administration of the eligibility requirements of the State Plan for Medical Assistance;

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administration of a system of fair and impartial hearings for Medicaid recipients;

administration of a program of nursing home preadmission screening;

administration of an institutional long-term care quality assurance and utilization review program;

investigation and reply to all inquiries from or about recipients of medical assistance;

provision of information and consultation to other divisions of the Virginia Medical Assistance Program and other human service agencies about Medicaid recipients, eligibility and long-term care issues.

DIVISION OF HEALTH SERVICES REVIEW

This division plans, coordinates and maintains comprehensive prepayment and postpayment utilization review activities and ensures proper use of available funding.

This division accomplishes this by performing the following functions:

monitoring and evaluation of hospital utilization review functions to ensure that inpatient care is medically necessary;

preauthorization of certain dental services and conducting onsite clinical reviews including "in the mouth" examination of recipients served;

identification and evaluation of utilization review patterns which result in recommendations for policy and procedure modifications designed to curtail fraud and abuse;

conducting prepayment and postpayment review and onsite audits to evaluate medical necessity and quality of care of services provided in non-institutional and institutional settings;

identify and correcting inappropriate recipient utilization of services;

investigating and resolving allegations of recipient fraud.

DIVISION OF OPERATIONS AND PROVIDER SERVICES

This division establishes and maintains an effective provider relations program, a certified Medicaid Management Information System (MMIS) and a cost effective system to ensure that Medicaid is the payor of last resort.

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The division accomplishes these goals by:

providing training and advisory services to participating providers on a continual Statewide basis;

conducting claims research and resolving provider billing and payment problems;

maintaining a certified Medicaid Management Information System (MMIS);

recovering funds from third party sources in instances where other insurance is available as a resource;

performing claims processing and third party liability reviews on randomly selected cases in order to determine the effectiveness of our claims processing system;

coordinating data processing activities between the fiscal agent and the Program's operational Divisions;

certifying and executing provider participation agreements;

accumulating and disseminating public information relative to Program operations.

DIVISION OF PROVIDER REIMBURSEMENT

This division maintains and operates an auditing system to determine the propriety, necessity, and reasonableness of reimbursable costs for participating hospitals, nursing homes, clinics, and home health agencies.

This division accomplishes this by:

interpreting, adapting and applying Federal and State principles of reimbursement;

auditing costs reports;

developing and implementing final settlements;

providing statistical cost data;

drafting and proposing cost reimbursement formulas;

providing first level appeals process for institutional providers.

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SUPPORT SERVICES

This unit provides administrative and financial services in support of the Program's operational Divisions. The unit's functions are as follows:

preparation and monitoring administrative and Program budgets and reports;

developing and interpreting fiscal policy and procedures for budget and accounting functions in compliance with the Appropriation Act;

administering the personnel, planning and policy development activities;

reviewing and maintaining service contracts with outside contractors;

establishing and maintaining standards for records management and administrative reporting within the Program;

developing and maintaining standards pertaining to the quality of health and medical care, Medicaid eligibility, control of costs, and medical care utilization.

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Department of Medical Assistance Services
March 1, 1985