Our Mission & Values

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

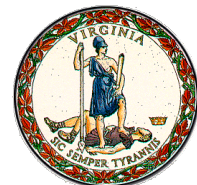Service   Collaboration   Trust   Adaptability   Problem Solving

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) ANNUAL ORGANIZATIONAL REPORT FOR FYE 2022

VIRGINIA'S MEDICAID PROGRAM

DMAS

DRAFT DMAS Annual Organizational Report FYE 2022

August 15, 2022

Summary

The following annual report provides a detailed accounting of the agency's organization and operations through fiscal year-end 2022.

The report provides summary information by each Division/Office along with unit responsibilities and/or core functions. An organizational chart for each Division/Office follows each summary. The organizational chart displays all full and part-time positions, including a position number just below the position name. Each position number is five characters in length and all part-time positions begin with a 'W.' Part-time positions, also referred to as wage positions supplement the classified (or full-time) positions and are restricted to 1500 hours per year.

Finally, the report provides a summary of all organizational changes made throughout fiscal year 2022. This includes organizational structure changes and staff changes, including filled positions and separations.

The mission of the Virginia Medicaid agency is to improve the health and well-being of Virginians through access to high-quality health care coverage.

The Department of Medical Assistance Services (DMAS) administers Virginia's Medicaid and CHIP programs for 2 million Virginians.

Members have access to primary and specialty health services, inpatient care, dental, behavioral health as well as addiction and recovery treatment services. In addition, Medicaid long-term services and supports enable thousands of Virginians to remain in their homes or to access residential and nursing home care.

Medicaid members historically have included children, pregnant individuals, parents and caretakers, older adults, and individuals with disabilities. In 2019, Virginia expanded the Medicaid eligibility rules to make health care coverage available to more than 600,000 low-income adults.

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. Medicaid expansion qualifies the Commonwealth for a federal funding match of no less than 90% for newly eligible adults, generating cost savings that benefit the overall state budget.

DMAS Overall Agency Organizational Chart

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

DMAS — VIRGINIA'S MEDICAID PROGRAM — INNOVATION · QUALITY · VALUE

EXECUTIVE TEAM

- Senior Advisor 00807
- Senior Advisor 00901
- **Agency Director 00001**
- Chief Deputy 00900
- Agency Priority & Special Project
- Agency Strategic Planning

Executive Team (reporting to Agency Director):

- **Chief of Staff 00471**
- **Deputy Director for Complex Care Services 00820**
- **Chief Medical Officer 00519**
- **Deputy Director for Programs 00455**
- **Deputy Director of Administration 00301**
- **Deputy for Finance and Technology 00791**
- **Chief Health Economist 01099**

DIVISIONS

Chief of Staff 00471
- Business Functions: Emergency Preparedness & Continuity; Business Efficiencies; Workforce Development & Engagement; Employee Relations & Agency Policies
- Public Relations & Strategic Communications 00829
- Human Resource Operations 00203
- Risk Management Internal Audit 00201

Deputy Director for Complex Care Services 00820
- Behavioral Health Services 01046
- Division of Aging & Disability Services 00401
- High Needs Supports 01073
- Integrated Care 00823
- Office of Community Living 01108

Chief Medical Officer 00519
- Medical Support Unit 01092
- Pharmacy Unit 00135

Deputy Director for Programs 00455
- Health Care Services 00557
- Program Integrity 00214
- Program Operations 00421

Deputy Director of Administration 00301
- Appeals 00788
- Eligibility & Enrollment 00128
- Policy, Regulation, & Member 01048
- Constituent, Legislative & Intergovernmental Affairs 00582

Deputy for Finance and Technology 00791
- Federal Reporting 00220
- Fiscal 00650
- Information Management 00512
- Budget 00397
- Provider Reimbursement 00132
- Procurement & Contract Management 01040

Chief Health Economist 01099
- Office of Data Analytics 01071
- Office of Quality & Health Population 01135
- Office of Value Based Purchasing 00772

Appeals Division

The Appeals Division reports to the Deputy of Administration. 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.

➢ **Client Appeals**
Client appeals involve eligibility for Medicaid or FAMIS benefits and medical necessity for every service / equipment that Medicaid covers. Client appeals include individuals enrolled with Virginia Medicaid or seeking enrollment and case types include eligibility for Medicaid and medical benefits. There is one level of appeal with DMAS for eligibility appeals and the first level of appeal is conducted by the Managed Care Organization (MCO) for medical MCO appeals. In October 2020, DMAS began conducting all client appeals as *de novo* hearings in order to comply with federal law. In a *de novo* hearing, all relevant information and documents submitted during the client appeal are considered to determine if coverage can be approved, even if that information was not available during the initial request for coverage.
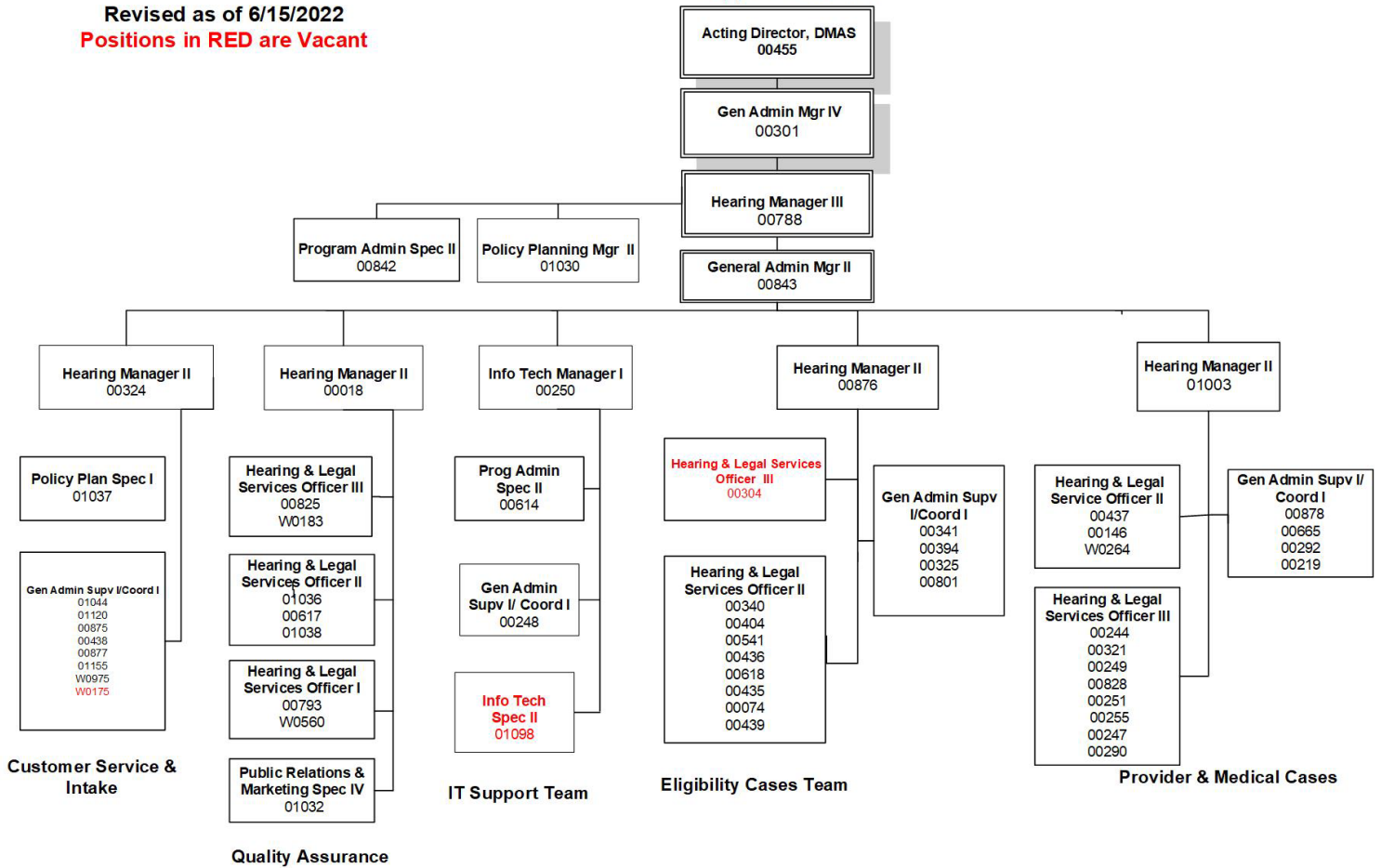
➢ **Provider Appeals:**
Provider appeals occur after services have already been rendered and the provider is seeking payment. Provider appeals involve every type of provider with whom the Agency contracts, including physicians, hospitals, residential treatment facilities, nursing homes, adult care residences, home health agencies, durable medical equipment suppliers, pharmacists, etc. Provider appeals stem from providers who are enrolled with Virginia Medicaid or are seeking enrollment. The case types include service authorization, billing, enrollment, and audits. There are two levels of appeal with DMAS: Informal and Formal appeals.

The DMAS Civil Rights Coordinator also reports to the Appeals Division Director. The Civil Rights Coordinator ensures DMAS complies with language access and disability access requirements for the Virginia Medicaid program. Additionally, the Civil Rights Coordinator investigates grievances from the public alleging violations of civil rights laws.

Virginia Department of Medical Assistance Services
Appeals Division

Revised as of 6/15/2022
Positions in RED are Vacant

Acting Director, DMAS
00455

Gen Admin Mgr IV
00301

Hearing Manager III
00788

General Admin Mgr II
00843

Program Admin Spec II
00842

Policy Planning Mgr II
01030

Hearing Manager II
00324

Hearing Manager II
00018

Info Tech Manager I
00250

Hearing Manager II
00876

Hearing Manager II
01003

Policy Plan Spec I
01037

Gen Admin Supv I/Coord I
01044
01120
00875
00438
00877
01155
W0975
W0175

Customer Service & Intake

Hearing & Legal Services Officer III
00825
W0183

Hearing & Legal Services Officer II
01036
00617
01038

Hearing & Legal Services Officer I
00793
W0560

Public Relations & Marketing Spec IV
01032

Quality Assurance

Prog Admin Spec II
00614

Gen Admin Supv I/ Coord I
00248

Info Tech Spec II
01098

IT Support Team

Hearing & Legal Services Officer III
00304

Hearing & Legal Services Officer II
00340
00404
00541
00436
00618
00435
00074
00439

Gen Admin Supv I/Coord I
00341
00394
00325
00801

Eligibility Cases Team

Hearing & Legal Service Officer II
00437
00146
W0264

Hearing & Legal Services Officer III
00244
00321
00249
00828
00251
00255
00247
00290

Gen Admin Supv I/ Coord I
00878
00665
00292
00219

Provider & Medical Cases

DMAS
VIRGINIA'S MEDICAID PROGRAM
INNOVATION · QUALITY · VALUE

Behavioral Health Division

The Behavioral Health (BH) Division comprises two units: Mental Health; and Substance Use Disorder (SUD) Treatment and Recovery. These units serve as agency subject matter experts for behavioral health policy and are responsible for statewide policy development and implementation related to behavioral health (mental health and substance use disorder) services. The responsibilities of this division and its composite units are as follows:

Provide statewide oversight of Medicaid-funded behavioral health services, which includes:

- Establish, update, and clarify behavioral health policies, regulations, manuals and other policy communications related to new and existing behavioral health programs and services.
- Facilitate stakeholder communications, presentations, trainings, and technical assistance; and assist with resolution of issues between behavioral health stakeholders, the Behavioral Health Services Administrator (BHSA) and MCO entities.
- Co-lead facilitation of the General Assembly-mandated MCO Resolution Panel.
- Track and analyze the impact of Virginia legislative initiatives in coordination with the Policy Division and the Legislative and Intergovernmental Affairs Division.
- Work collaboratively with leadership of other major behavioral health initiatives to assure alignment in systems reform efforts, including:
  - Behavioral Health Redesign for Access, Value and Outcomes (Project BRAVO)/Behavioral Health Enhancement (Department of Behavioral Health and Developmental Services (DBHDS))
  - Family First Prevention Services Act (Department of Social Services (DSS) and Office of Children's Services)
  - System Transformation Excellence and Performance (STEP-VA) (DBHDS)
- Monitor behavioral health quality management reviews.
- Monitor BHSA contract for administering fee-for-service (FFS) community mental health and Addiction and Recovery Treatment Services (ARTS) benefit; children's residential services and treatment; and foster care case management.

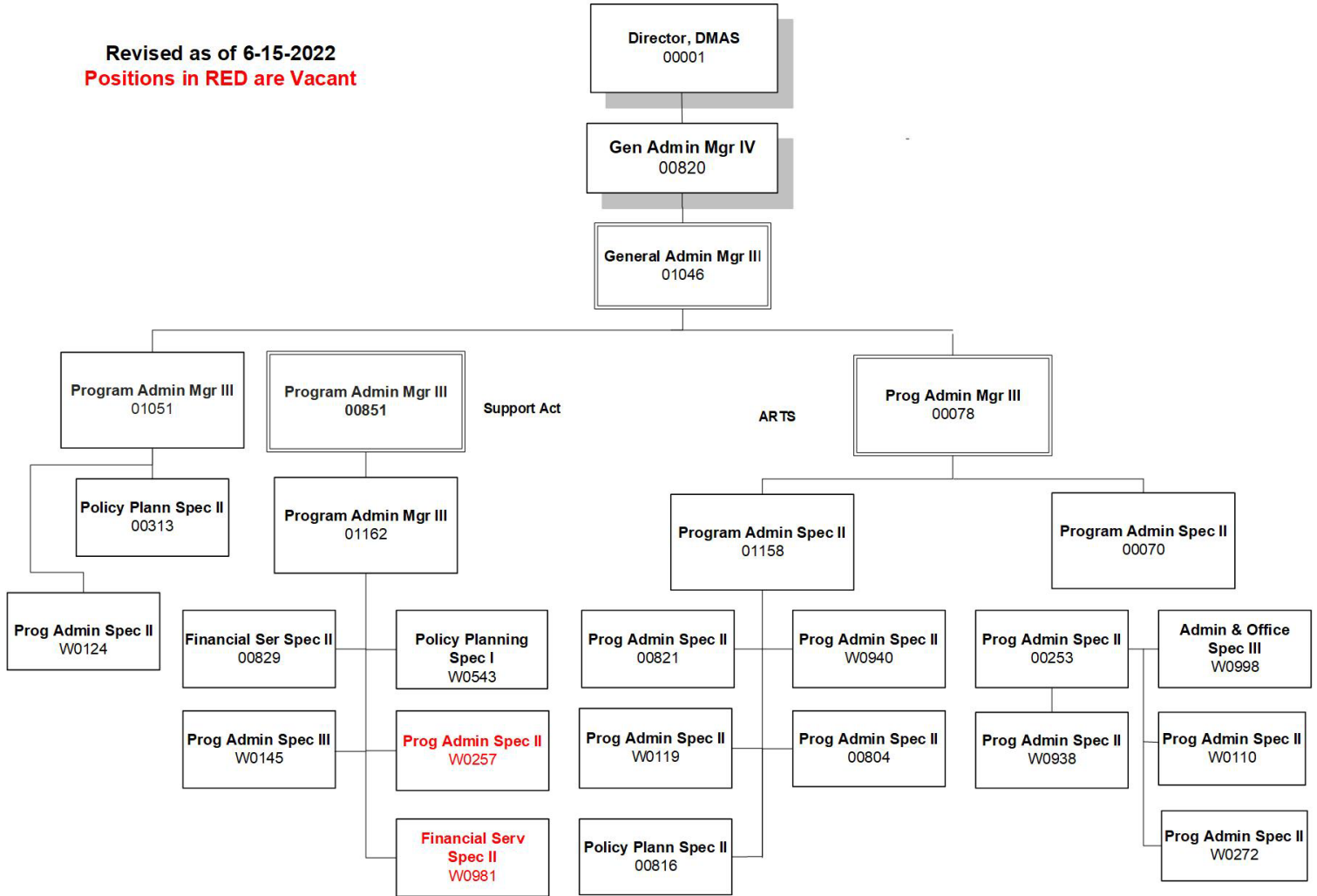**Provide statewide oversight of the ARTS 1115 Demonstration waiver, which includes:**

- Management of the required waiver evaluation with the evaluation contractor.
- Preparation and submission of required Centers for Medicare and Medicaid Services (CMS) reports.
- Participation in monthly CMS calls for the 1115 Demonstration Wavier.

Provide statewide oversight of the $4.9 million Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT Act) Planning Grant, which includes:

- Conducting a comprehensive needs assessment of SUD treatment for the Commonwealth.
- Completing a strengths-based assessment to identify communities' positive SUD-related outcomes.
- Implementing medication assisted treatment and peer recovery services across the continuum of care to bridge treatment and recovery from emergency departments to community providers, including leveraging telemedicine.
- Conducting a comprehensive assessment of the strengths and challenges of the legal/carceral and treatment systems for members who are transitioning into and out of carceral settings.
- Funding community-level awards to expand SUD treatment capacity, especially for pregnant and parenting members and individuals with legal/carceral experience.
- Training and technical assistance for SUD treatment providers.
- Expanding use of SUD peer recovery services.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Complex Care Services
Behavioral Health Division

Revised as of 6-15-2022
Positions in RED are Vacant

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                          Director, DMAS
                             00001

                          Gen Admin Mgr IV
                             00820

                          General Admin Mgr III
                             01046
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| Program Admin Mgr III 01051 | Program Admin Mgr III 00851 Support Act | ARTS | Prog Admin Mgr III 00078 |

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Program Admin Mgr III          Program Admin Mgr III
    01051                          00851

Policy Plann Spec II           Program Admin Mgr III
    00313                          01162
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Program Admin Mgr III 01051

Policy Plann Spec II 00313

Prog Admin Spec II W0124

Program Admin Mgr III 00851 — Support Act

Program Admin Mgr III 01162

Financial Ser Spec II 00829

Policy Planning Spec I W0543

Prog Admin Spec III W0145

Prog Admin Spec II W0257

Financial Serv Spec II W0981

Prog Admin Mgr III 00078 — ARTS

Program Admin Spec II 01158

Program Admin Spec II 00070

Prog Admin Spec II 00821

Prog Admin Spec II W0940

Prog Admin Spec II W0119

Prog Admin Spec II 00804

Policy Plann Spec II 00816

Prog Admin Spec II 00253

Admin & Office Spec III W0998

Prog Admin Spec II W0938

Prog Admin Spec II W0110

Prog Admin Spec II W0272

Budget Division

The Budget Division reports to the Deputy Director of Finance and Technology. The Budget 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.

Key functions of the Budget Division:

> ➢ Develop and implement the administrative and medical appropriation for Title XIX (Medicaid), Title XXI (Child Health Insurance Program) and other state-funded health programs.

> ➢ Monitor and report the administrative and medical revenues and expenditures for Title XIX (Medicaid), Title XXI (Child Health Insurance Program), and other state-funded health programs.

The Budget Division comprises three units: Budget Operations – Administration; Budget Operations – Medical; and the Forecast and Cost Estimate unit.

> ➢ **Budget Operations - Administration**
> The Budget Operations - Administration (Admin) unit is responsible for budget development for administrative and support services, which includes coordinating the development and submission of decision packages, coordinating the completion of fiscal impact statements, and monitoring/implementing administrative-related General Assembly actions. The Budget Operations Admin unit is also responsible for budget administration. This includes monitoring/reporting administrative revenues/expenditures; monitoring of contracts and invoices to ensure proper accounting/funding; and monitoring cash to ensure agency spending is below appropriation.

> ➢ **Budget Operations - Medical**
> The Budget Operations - Medical unit is responsible for assisting with budget development of medical-related services, which includes coordinating the development and submission of decision packages, coordinating the completion of fiscal impact statements, and monitoring/implementing medical-related General Assembly actions. In addition, the Budget Operations - Medical unit is responsible for monitoring/reporting medical-related revenues/expenditures and monitoring contracts and invoices to ensure proper accounting/funding. This involves ensuring costs are accurately monitored/reported within state/federal budgets and complying with federal regulations, as well as ensuring adequate funding is available. This unit also prepares quarterly reports to meet federal reporting requirements.

> ➢ **Forecast and Cost Estimate**
> The Forecast and Cost Estimate unit is responsible for developing the agency forecast and monitoring funding needs for all medical services. The unit is also responsible for providing medical cost estimates as needed for internal and external requests, along with data management, which entails collecting, managing, and reporting expenditure and member data.

Virginia Department of Medical Assistance Services
Deputy Director for Finance and Technology
Budget Division

Revised as of 6-15-2022
Positions in RED are Vacant

Director, DMAS
00001

Gen. Admin Mgr IV
00791

Gen Admin Mgr III
00397

Program Admin Mgr III
01121

Financial Ser. Mgr II
01020

Policy Planning Mgr II
00122

Financial Ser Mgr II
00354

Financial Serv Spec II
00155

Policy Planning Mgr II
00320

Financial Serv Spec II
00395

Financial Serv Spec II
01150

Policy & Plan Spec II
00069

**Budget Operations
Medical**

**Budget Operations
Administrative**

Financial Serv Spec II
00227

Info Tech Spec II
00316
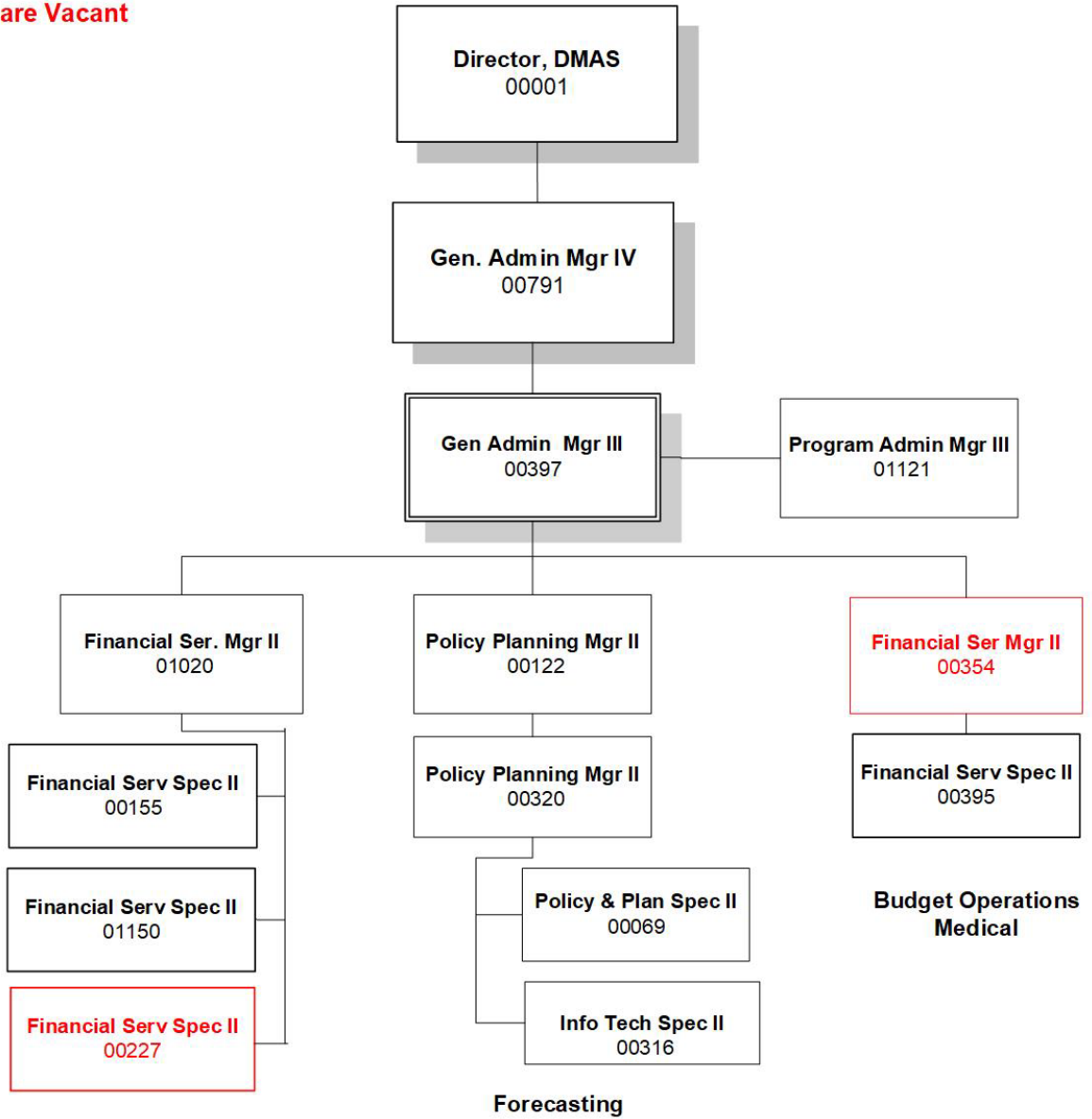
Forecasting

Chief of Staff's Office

DMAS's mission is to improve the health and well-being of Virginians through access to high-quality health care coverage. The Chief of Staff's Office supports the agency by creating a welcoming and supportive workplace culture and ensuring that our workforce has the tools needed to carry out the essential business functions that directly affect the delivery of services to our Medicaid members. The functions within the Chief of Staff's Office coordinate to support an overall goal to drive CHANGE within the organization.

The Office of the Chief of Staff oversees major operational and business processes, and ensures coordination and progress on strategic goals for the agency, including business continuity; employee engagement; professional development; emergency and facilities management; communications; workplace culture, opportunity and inclusion initiatives. The Chief of Staff's Office has a direct focus on internal operations. This function is different from that of the Chief Deputy, whose primary focus is on agency policy, external stakeholders and serving as a backup for the agency Director in external meetings.

The Chief of Staff's Office ensures streamlined activities within the agency based on the priorities of agency executive leadership, including all executive leadership meeting coordination and decision memos. The Chief of Staff's Office strengthens the DMAS workforce by ensuring a safe physical environment, promoting workforce development, and ensuring all workforce members have the opportunity to succeed and excel in their careers. The Chief of Staff enhances DMAS business functions through strategic planning, resource planning and business continuity planning. As the agency lead for strategic communications, this area provides communications on behalf of the Executive Leadership Team (ELT) on high-priority issues; handles media inquiries and events; supports digital accessibility; and manages the agency website and social media accounts. 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.

The Office of the Chief of Staff provides leadership on the following goals for the Department of Medical Assistance Services and its Medicaid members:

1. Enhancing current business functions and efficient agency operations: Greater streamlining of operations in order to improve the services provided to our Medicaid members and ensure business continuity for the agency:
2. Ensuring we identify, assess, analyze and control threats to the DMAS agency via risk management: Greater focus on identifying risks.
3. Ensuring effective communications internally and externally: Improve member communications, with a focus on better coordination of websites and other digital platforms to ensure clearer pathways for members to find information they need so they can make the best decisions about their health care coverage.
4. Ensuring all members of the DMAS workforce feel safe, supported, valued, and have the tools necessary to be successful in their positions and to make the most of opportunities for advancement: Key performance indicators include attracting, developing, training, and retaining qualified employees.

The Chief of Staff reports to the DMAS Director and is responsible for the following business functions of the Agency: **Workforce Development & Engagement, Business continuity and efficiencies, Emergency Management and General Services, and oversight of the operational aspects of the Director's Office**.
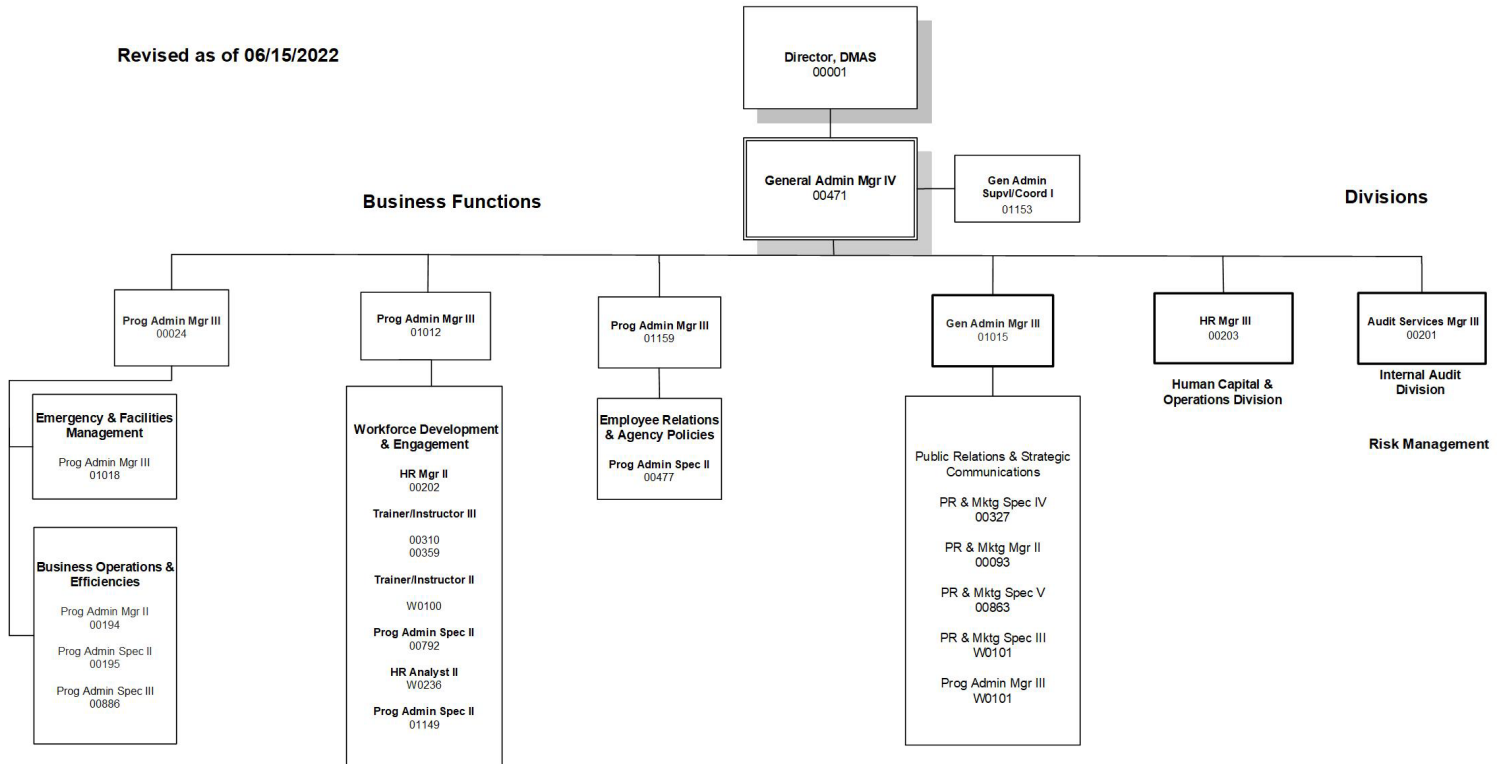
In addition, the following Divisions report to the Chief of Staff: **Human Capital Operations (HR), Public Relations & Strategic Communication, and Internal Audit**.

Public Relations and Strategic Communications

The Office of Public Relations and Strategic Communications reports to the Chief of Staff and provides strategic communications support for agency policy and programmatic priorities, including Cardinal Care, the redetermination process following the federal public health emergency, and the Medicaid Enterprise System. Responsibilities include oversight of outreach campaigns and the digital email and text communications platform. The Office assists with the development of presentations and other supports for the Director and the Chief of Staff. The Office manages content for the agency website; social media accounts on Facebook, Twitter and Instagram; and publication of the DMAS Dispatch staff newsletter three times per week. The Office also provides training, evaluations and support to agency staff to ensure that digital content is accessible to Medicaid members and other audiences with physical disabilities. The Director serves as Public Information Officer for the agency, managing media inquiries, developing talking points, and coordinating with the Office of the Secretary of Health and Human Resources on interview requests.

Virginia Department Medical Assistance Services
Office of the Chief Of Staff

Revised as of 06/15/2022

Director, DMAS
00001

General Admin Mgr IV
00471

Gen Admin Supvl/Coord I
01153

Business Functions

Divisions

Prog Admin Mgr III
00024

Prog Admin Mgr III
01012

Prog Admin Mgr III
01159

Gen Admin Mgr III
01015

HR Mgr III
00203

Audit Services Mgr III
00201

Emergency & Facilities Management
Prog Admin Mgr III
01018

Business Operations & Efficiencies
Prog Admin Mgr II
00194
Prog Admin Spec II
00195
Prog Admin Spec III
00886

Workforce Development & Engagement
HR Mgr II
00202
Trainer/Instructor III
00310
00359
Trainer/Instructor II
W0100
Prog Admin Spec II
00792
HR Analyst II
W0236
Prog Admin Spec II
01149

Employee Relations & Agency Policies
Prog Admin Spec II
00477

Public Relations & Strategic Communications
PR & Mktg Spec IV
00327
PR & Mktg Mgr II
00093
PR & Mktg Spec V
00863
PR & Mktg Spec III
W0101
Prog Admin Mgr III
W0101

Human Capital & Operations Division
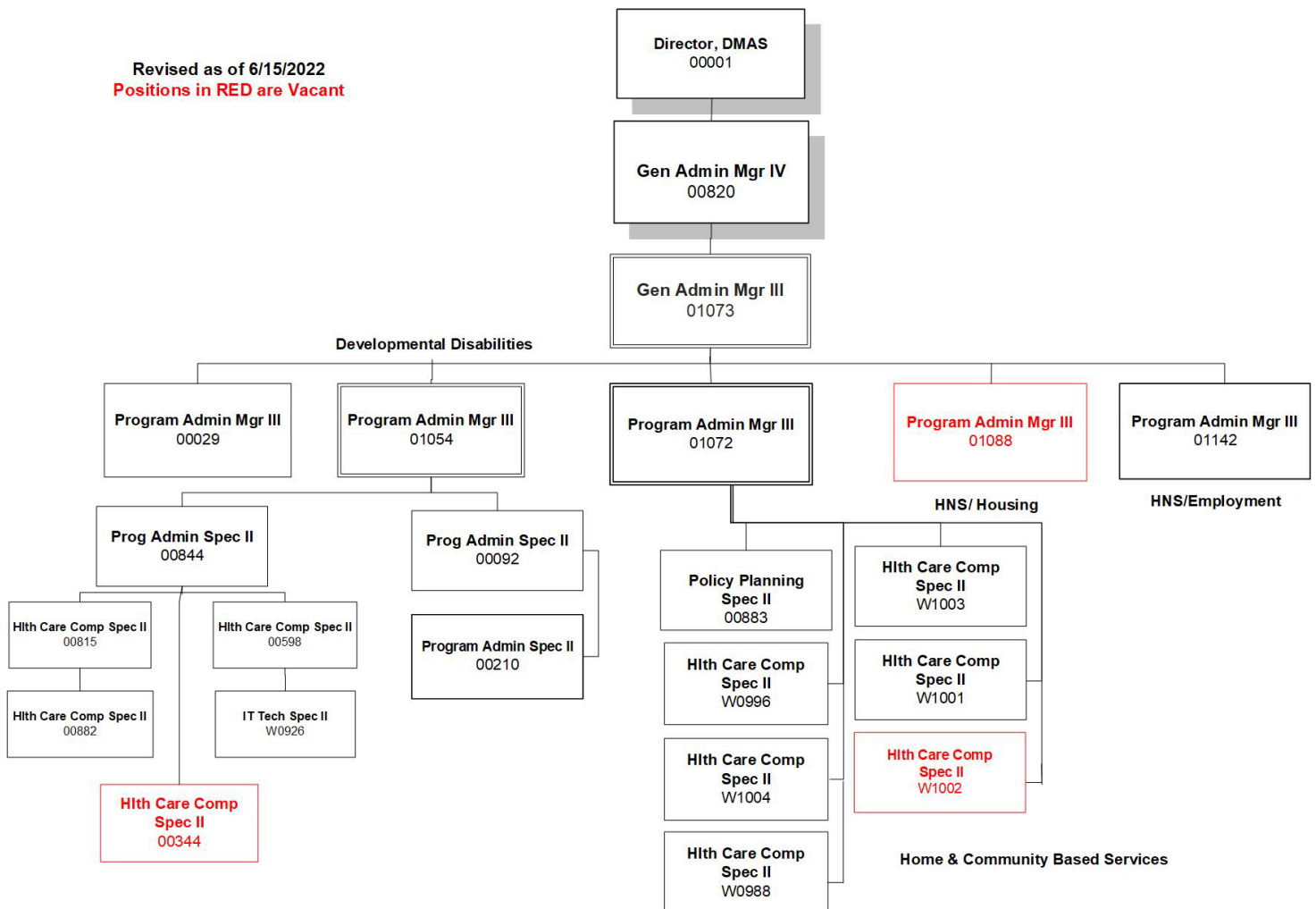
Internal Audit Division

Risk Management

Division of High Needs Supports

The Division of High Needs Supports (HNS) reports to the Deputy Director of Complex Care Services. The division contributes to the agency's goal of creating policies that improve provider quality and critical support services for Medicaid members in the Commonwealth. These supports include services for individuals with developmental disabilities receiving home and community-based waiver services, as well as housing and employment supports for individuals experiencing mental illness or with other complex needs. The division is committed to addressing long-term support needs, including the social and environmental needs of Virginians that affect health, well-being, and medical expenditures. Critical functions within the division include monitoring compliance with all federal waiver requirements and assurances, regulatory and policy development, analysis, and implementation of legislative actions and initiatives related individuals with developmental disabilities receiving home and community-based waiver services. In coordination with DBHDS, HNS administers and provides oversight of the development disability waivers, in addition to policy and program issues. Additionally, the division is responsible for ensuring implementation of the requirements set forth in the Department of Justice Settlement Agreement.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Complex Care Services
High Needs Support Division

Revised as of 6/15/2022
Positions in RED are Vacant

Director, DMAS
00001

Gen Admin Mgr IV
00820

Gen Admin Mgr III
01073

Developmental Disabilities

Program Admin Mgr III
00029

Program Admin Mgr III
01054

Program Admin Mgr III
01072

Program Admin Mgr III
01088

HNS/ Housing

Program Admin Mgr III
01142

HNS/Employment

Prog Admin Spec II
00844

Prog Admin Spec II
00092

Policy Planning Spec II
00883

Hlth Care Comp Spec II
W1003

Hlth Care Comp Spec II
00815

Hlth Care Comp Spec II
00598

Program Admin Spec II
00210

Hlth Care Comp Spec II
W0996

Hlth Care Comp Spec II
W1001

Hlth Care Comp Spec II
00882

IT Tech Spec II
W0926

Hlth Care Comp Spec II
W1004

Hlth Care Comp Spec II
W1002

Hlth Care Comp Spec II
00344

Hlth Care Comp Spec II
W0988

Home & Community Based Services

DMAS
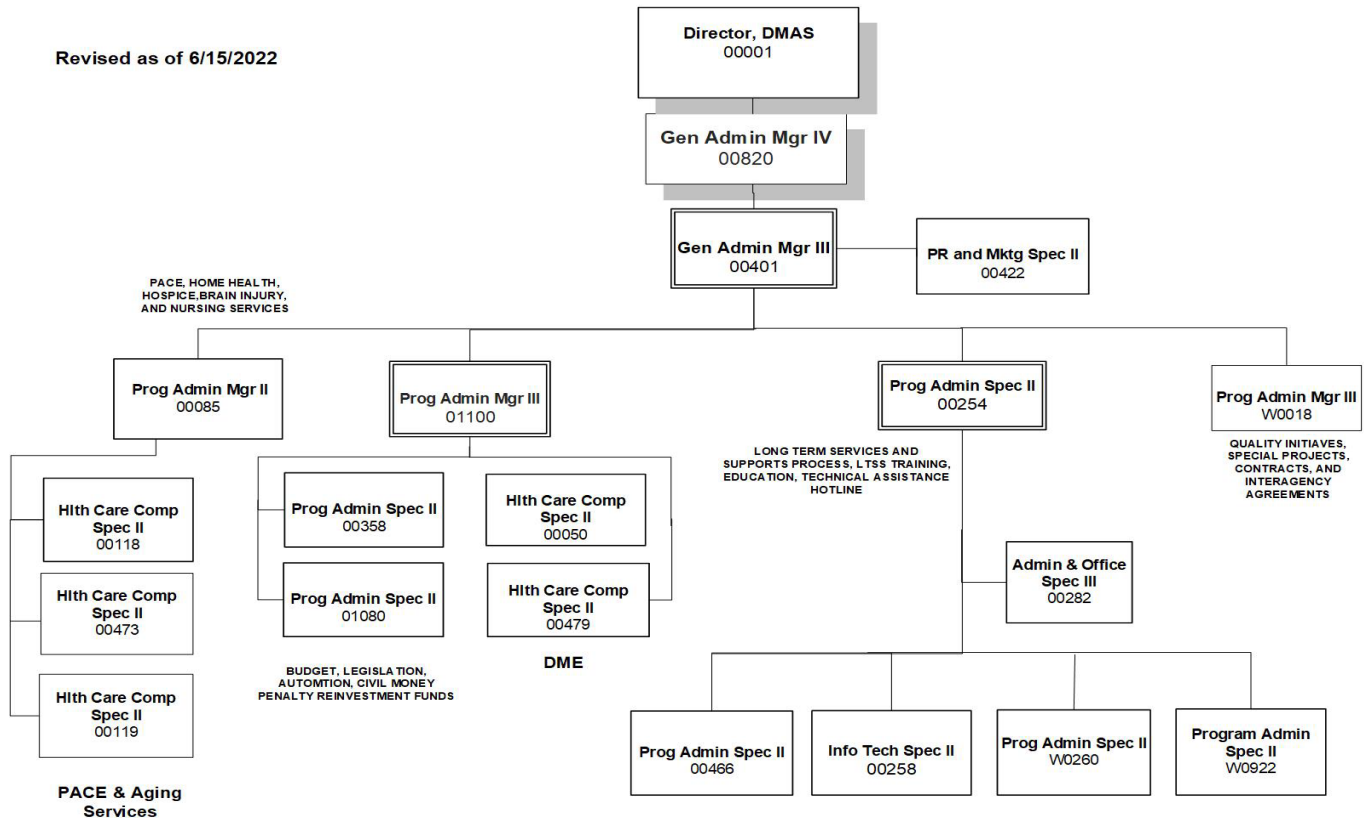VIRGINIA'S MEDICAID PROGRAM
INNOVATION • QUALITY • VALUE

Division of Aging and Disability Services

The Division of Aging and Disability Services (DADS) reports to the Deputy Director of Complex Care Services. DADS is responsible for services related to the aging population.

> **Program of All Inclusive Care for the Elderly (PACE)**
> The division provides oversight, review, technical assistance, and training for existing PACE programs and works to expand new programs across the Commonwealth.

> **Screening for Long-Term Services and Supports**
> The division develops the regulatory standards, training, and oversight for the screening process that determines functional eligibility for Medicaid long-term services and supports, PACE programs, access to the Commonwealth Coordinated Care Plus (CCC Plus) program or nursing facility services. Responsibilities include a multi-year study to validate children's screening criteria and assess whether screening teams are making appropriate recommendations.

> **Civil Money Penalty Reinvestment Program (CMP-RP)**
> The division manages the use of Virginia's CMP-RP through an annual request for application process. The awarded programs aim to improve the quality of life for individuals in nursing facilities within the Commonwealth. In 2021, the Commonwealth submitted more projects to CMS for funding than any other state in the nation.

> **State Plan Services**
> The division is responsible for regulatory and policy development, revisions, and maintenance for nursing facility, durable medical equipment, hospice, home health and rehabilitation services. The division also provides written and verbal policy clarifications, legislative support, and internal and external policy training.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Complex Care Services
Division of Aging & Disability Services

Revised as of 6/15/2022

- Director, DMAS — 00001
- Gen Admin Mgr IV — 00820
- Gen Admin Mgr III — 00401
  - PR and Mktg Spec II — 00422

PACE, HOME HEALTH, HOSPICE, BRAIN INJURY, AND NURSING SERVICES

- Prog Admin Mgr II — 00085
  - Hlth Care Comp Spec II — 00118
  - Hlth Care Comp Spec II — 00473
  - Hlth Care Comp Spec II — 00119

PACE & Aging Services

- Prog Admin Mgr III — 01100
  - Prog Admin Spec II — 00358
  - Prog Admin Spec II — 01080
  - Hlth Care Comp Spec II — 00050
  - Hlth Care Comp Spec II — 00479

DME

BUDGET, LEGISLATION, AUTOMTION, CIVIL MONEY PENALTY REINVESTMENT FUNDS

- Prog Admin Spec II — 00254

LONG TERM SERVICES AND SUPPORTS PROCESS, LTSS TRAINING, EDUCATION, TECHNICAL ASSISTANCE HOTLINE

  - Admin & Office Spec III — 00282
  - Prog Admin Spec II — 00466
  - Info Tech Spec II — 00258
  - Prog Admin Spec II — W0260
  - Program Admin Spec II — W0922

- Prog Admin Mgr III — W0018

QUALITY INITIAVES, SPECIAL PROJECTS, CONTRACTS, AND INTERAGENCY AGREEMENTS

VIRGINIA'S MEDICAID PROGRAM
DMAS
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Eligibility and Enrollment Division

The Division of Eligibility and Enrollment reports to the Deputy Director of Administration. It brings together all activities related to Medicaid/FAMIS Eligibility and Enrollment in a single division staffed with a coordinated, expert team. The division is comprised of six units, each with a distinct function: Eligibility Policy Unit, Enrollment Unit, Newborn Enrollment Unit, Cover Virginia, Reporting and Performance Management Unit, and Business Systems Unit.

➢ **Eligibility Policy Unit**
The Eligibility Policy Unit is responsible for Medicaid/FAMIS eligibility policy development, revising and maintaining the Medicaid Eligibility Policy Manual, Medicaid and FAMIS Member Handbooks, and providing written and verbal policy clarifications. The unit provides legislative support, internal and external policy training and assistance in resolving systems issues related to eligibility. Staff in this unit work with Department of Social Services (DSS) staff to develop requirements for systems changes and perform testing before changes related to Medicaid or FAMIS eligibility are implemented. Staff in this unit also work with the DMAS Information Management Division and selected vendors on developing requirements and testing for the new Medicaid Enterprise System (MES).

➢ **Enrollment Unit**
The Enrollment Unit is responsible for enrollment coverage corrections in the Medicaid Management Information System (MMIS) based on requests from local DSS agencies; patient pay corrections in MMIS based on requests from local agencies/providers; cancellation of coverage for deceased individuals based on reporting from the Virginia Department of Health (VDH); processing returned mail; research and correction of duplicate enrollments; researching and resolving monthly enrollment reports related to Social Security number discrepancies, open ended coverage for Medically Needy individuals, assisting with patient pay corrections, and other related issues.

➢ **Newborn Enrollment Unit**
The Newborn Enrollment Unit is responsible for ensuring all newborns born to Medicaid and FAMIS MOMs members are enrolled in coverage accurately and timely. The unit accepts notifications from providers and health plans, adding the babies in MMIS at the newborn's date of birth and then notifying the local department of social services eligibility worker to add the newborn in the DSS Virginia Case Management System (VaCMS). This unit plays an important role in ensuring newborns born to an individual enrolled in Medicaid are able to quickly access any needed medical care and services.

➢ **Cover Virginia**
Cover Virginia is both a central site for acceptance and processing of Medicaid/FAMIS applications as well as a site for co-located DMAS staff to monitor the Cover Virginia contract and resolve complex case issues. The Cover Virginia central site includes Virginia's state-wide Medicaid call center, central processing unit for Medicaid and FAMIS applications, a mailroom, and a quality assurance unit. Cover Virginia is responsible for the processing of applications, annual redeterminations, and maintenance of cases for individuals who are justice involved within the Cover Virginia Incarcerated Unit (CVIU). The CVIU handles this work through collaboration with the Department of Corrections, local and regional jails, and the Department of Juvenile Justice. This unit also is responsible re-entry case processing for these individuals to ensure individuals have access to care at release.

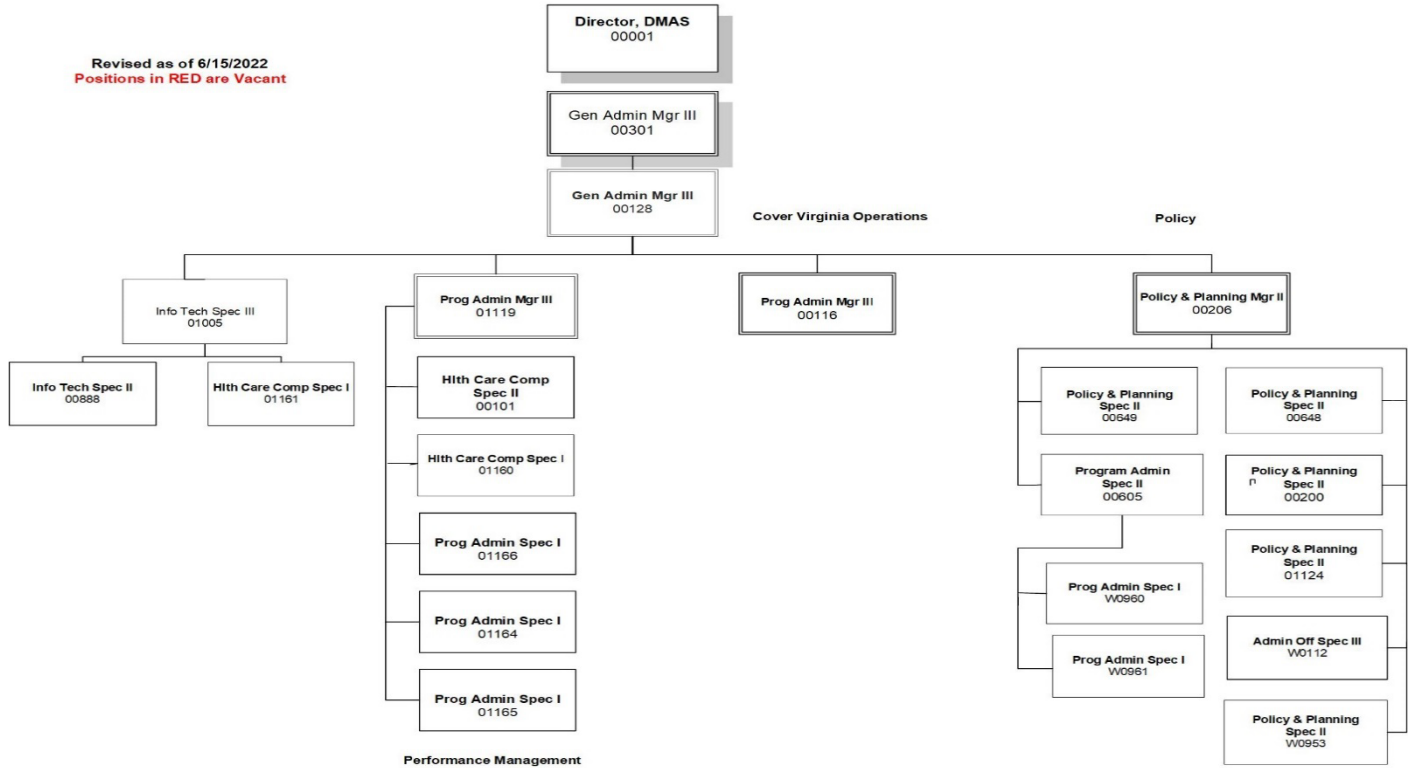➢ **Reporting and Performance Management Unit**

The Eligibility Reporting and Performance Management (RPM) Unit performs several functions critical to the operations of the Eligibility and Enrollment Services Divisions. This unit's functions include Facilitated Enrollment-outreach to interested applicants based on information received from the Department of Taxation; FAMIS Prenatal Coverage (PC)- monitoring and reporting of individuals enrolled in this newly implemented coverage group; Federal Reporting- eligibility reviews in compliance with federal reporting claim reviews; and American Rescue Plan Act (ARPA) Unwinding Eligibility- staff augmentation process to offer statewide assistance in the unwinding of public health emergency (PHE) related flexibilities. Additionally, the unit is responsible for the Eligibility Performance Management Program (EPMP) which was legislatively mandated for DMAS to work with VDSS and other stakeholders to develop performance measures to be followed by both local departments of social services and the Cover Virginia central site. The purpose is to improve accountability for DMAS, as the single state Medicaid agency, in ensuring that local departments of social services, as well as Cover Virginia are accurately and timely determining, enrolling and re-determining eligibility for qualified individuals.

➢ **Business Systems Unit**

The Business Systems Unit is responsible for developing and submitting Medicaid and FAMIS system change requests for the Virginia Case Management System (VaCMS). Staff participate in requirement and design sessions as well as perform testing to ensure that the changes implemented accurately reflect laws, regulations and policy. This unit also works with DMAS Information Management (IM) staff to gauge the impact of VaCMS changes in the Medicaid Enterprise System (MES), and if there is an impact, works with IM staff to determine any needed changes in that system.
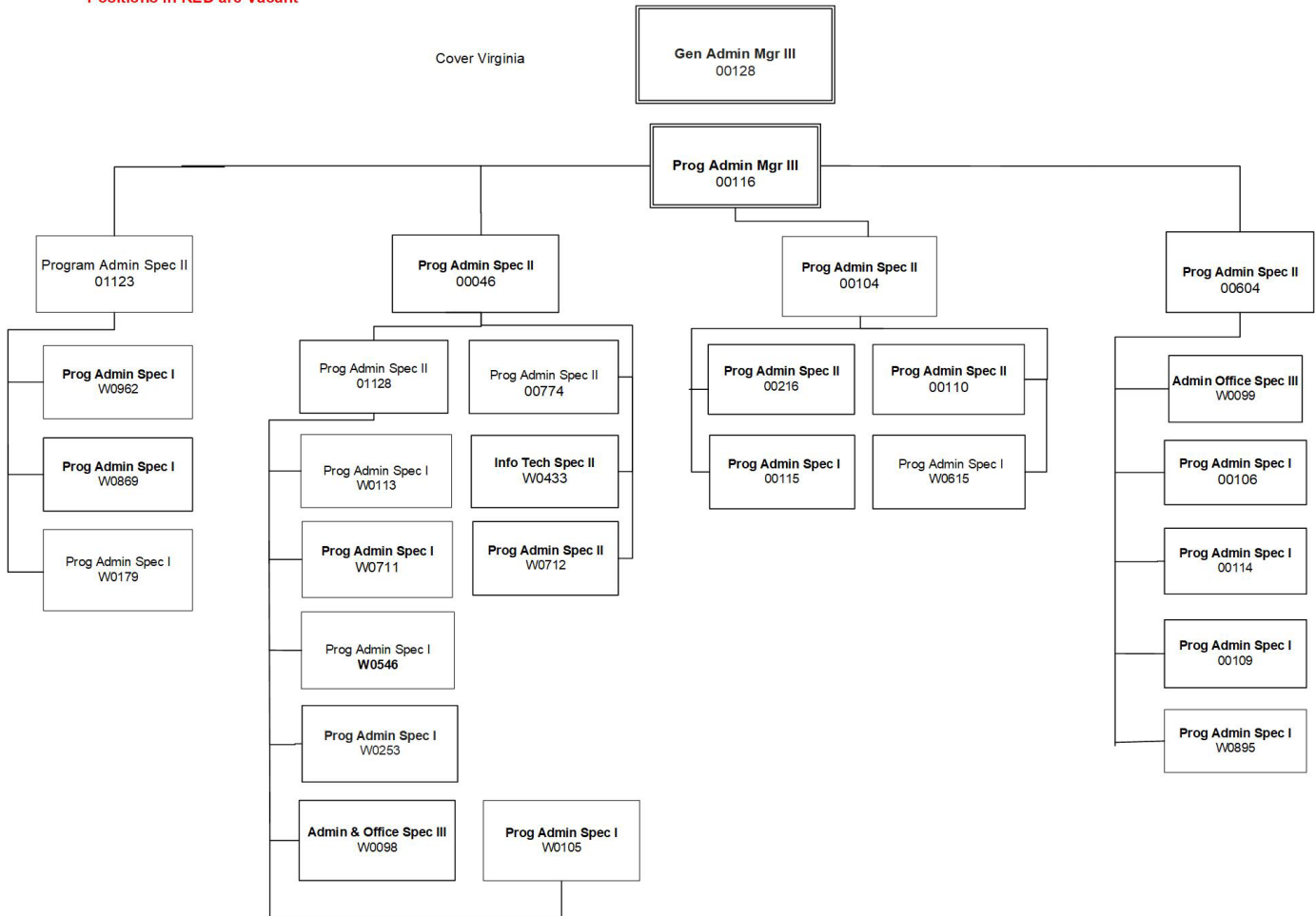
Virginia Department Medical Assistance Services
Eligibility & Enrollment Services Division

Director, DMAS
00001

Gen Admin Mgr III
00301

Gen Admin Mgr III
00128

Cover Virginia Operations

Policy

Info Tech Spec III
01005

Prog Admin Mgr III
01119

Prog Admin Mgr III
00116

Policy & Planning Mgr II
00206

Info Tech Spec II
00888

Hlth Care Comp Spec I
01161

Hlth Care Comp Spec II
00101

Hlth Care Comp Spec I
01160

Prog Admin Spec I
01166

Prog Admin Spec I
01164

Prog Admin Spec I
01165

Policy & Planning Spec II
00649

Policy & Planning Spec II
00648

Program Admin Spec II
00605

Policy & Planning Spec II
00200

Prog Admin Spec I
W0960

Policy & Planning Spec II
01124

Prog Admin Spec I
W0961

Admin Off Spec III
W0112

Policy & Planning Spec II
W0953

Performance Management

Virginia Department of Medical Assistance Services
Eligibility & Enrollment Services Division
Cover Virginia Operations

Cover Virginia

Gen Admin Mgr III
00128

Prog Admin Mgr III
00116

Program Admin Spec II
01123

Prog Admin Spec II
00046

Prog Admin Spec II
00104

Prog Admin Spec II
00604

Prog Admin Spec I
W0962

Prog Admin Spec II
01128

Prog Admin Spec II
00774

Prog Admin Spec II
00216

Prog Admin Spec II
00110

Admin Office Spec III
W0099

Prog Admin Spec I
W0869

Prog Admin Spec I
W0113

Info Tech Spec II
W0433

Prog Admin Spec I
00115

Prog Admin Spec I
W0615

Prog Admin Spec I
00106

Prog Admin Spec I
W0179

Prog Admin Spec I
W0711

Prog Admin Spec II
W0712

Prog Admin Spec I
00114

Prog Admin Spec I
W0546

Prog Admin Spec I
00109

Prog Admin Spec I
W0253

Prog Admin Spec I
W0895

Admin & Office Spec III
W0098

Prog Admin Spec I
W0105

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

Federal Reporting Division

The Federal Reporting Division reports to the Deputy Director for Finance/Chief Financial Officer. The division consists of two units that manage and direct all aspects of the agency's financial reporting to the federal government. The division is responsible for the compilation and submission of the following reports: CMS-64, CMS-21, CMS-372, CMS-416, and the Public Assistance Cost Allocation Plan and Amendments. The division is also responsible for processing quarterly cost allocations and serves as the primary contact with federal financial reviewers and auditors.

➢ **Reporting**

The Reporting unit is primarily responsible for compiling the quarterly medical cost reports (CMS 64.9 Traditional Medicaid, 64.VIII Medicaid Expansion, 64.21 MCHIP and CMS 21 CHIP). This responsibility includes complex reconciliations; fluctuations analysis; waiver reports for cost-neutrality (CMS 372); and the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) participation report.

➢ **Planning**

The Planning unit is responsible for compilation of the agency's Public Assistance Cost Allocation Plan and executes the quarterly cost allocations in accordance with federal mandates. This function includes reviewing other agency cost allocation plans and Inter-Agency Agreements. The unit is also responsible for the compilation of the quarterly administrative cost reports (CMS 64.10 and CMS 21 CHIP Adm.) and Statistical Enrollment reports (CMS-21E, CMS-64.21E and CMS-64.EC).

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Finance and Technology
Federal Reporting Division

Revised as of 6-15-22

Director, DMAS
00001

Gen Admin Mgr IV
00791

Financial Services Mgr III
00220

Financial Serv Mgr II
01144

Financial Serv Mgr II
00306

Financial Serv Mgr I
01147

Financial Serv. Spec II
00330

Financial Serv. Spec II
01026

Financial Serv. Spec II
W0118

Financial Serv Spec II
W0864

Financial Serv Spec II
00852

Grant Reporting

Planning Unit

Fiscal Division

The Fiscal Division reports to the Deputy Director for Finance/Chief Financial Officer. The division consists of six units: Accounts Payable and Disbursements; Accounts Receivable; Cash Management; General Ledger and Reporting; Grants Management; and Third Party Liability (TPL). 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 Commonwealth Accounting Policies and Procedures to assist DMAS managers and staff in meeting their responsibilities for protecting the resources of the Commonwealth.

➢ **Accounts Payable and Disbursements**
   The Accounts Payable and Disbursements unit is responsible for processing agency payments, including all vendor payments, travel reimbursements, wire transfers, revenue refunds and petty cash transactions. The unit is responsible for processing the weekly remittance of claims paid by the fiscal agent and the processing of administrative add-pays through MMIS. The unit is also responsible for the review and certification of the agency's payroll.

➢ **Accounts Receivable**
   The Accounts Receivable unit's objective is to properly manage accounts receivable in order to account, report, and collect funds due to the agency, ensuring proper internal control in accordance with federal (CFA §433.300) and state (CAPP §20505) regulations. The unit manages the agency's accounts receivable and debt recovery efforts (excluding TPL) in accordance with state and federal regulations.

➢ **Cash Management**
   The Cash Management Unit manages agency recording and reporting of general cash receipts, including requested and volunteer refunds (miscellaneous and TPL health insurance provider); the Taxation Debt Set-off Program; TPL Casualty Recovery Application; electronic health record-incentive; provider enrollment fees; and Civil Monetary Penalties. The unit manages fiscal agent processing of provider and payee MMIS remittance checks and electronic funds transfer stop pays (reissues and voids), as well as Advance Payment Requests across all benefit programs. The unit also validates provider registration fee deposits and refunds, and reviews provider and payee annual 1099 files.

➢ **General Ledger and State Reporting**
   This unit reconciles all accounts in the Cardinal Accounting System to the agency's Oracle Accounting System on a monthly basis and certifies to the Department of Accounts (DOA). The unit analyzes and reconciles agency expenditures by program, fund, and expense code each month. It manages processes for monthly and fiscal year-end close of accounting systems in accordance with directives from the State Comptroller. The unit prepares and submits year-end financial schedules and other requested data to DOA for preparation of the Comprehensive Annual Financial Report.

➢ **Grants Management**
   On a quarterly basis, the Grants Management unit prepares, certifies and submits the Federal Financial Report (FFR or SF-425), which includes all quarterly federal cash receipts, as well as the cumulative federal cash disbursements (by grant award sub-account), to the Department of Payment Management (DPM) through the DPM -Payment Management System. As part of the annual statewide interest liability calculation, the unit prepares, coordinates, and submits Cash Management

Improvement Act reporting requirements to DOA specifically for Medicaid and Children's Health Insurance Program (CHIP) federal grant awards. The unit completes and submits federal schedules to DOA for preparing the annual statewide Schedule of Expenditures of Federal Awards for the Single Audit Report Amendments of 1996, and Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

➢ **Third Party Liability (TPL)**
Medicaid is the payer of last resort. The TPL unit works in partnership with the outside vendor HMS, which performs data matches with insurance carriers to update members' third-party resource information in order to pursue recoveries from primary insurance carriers. The unit also processes referrals related to members' primary health insurance verifications to ensure they are able to enroll in programs and receive needed services. In addition, the unit performs daily and monthly accounts receivable reconciliations between TPLRS and the Oracle financial system for recovery cases established by the TPL unit.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Finance and Technology
Fiscal Division

Revised as of 6/15/2022
Positions in RED are VACANT
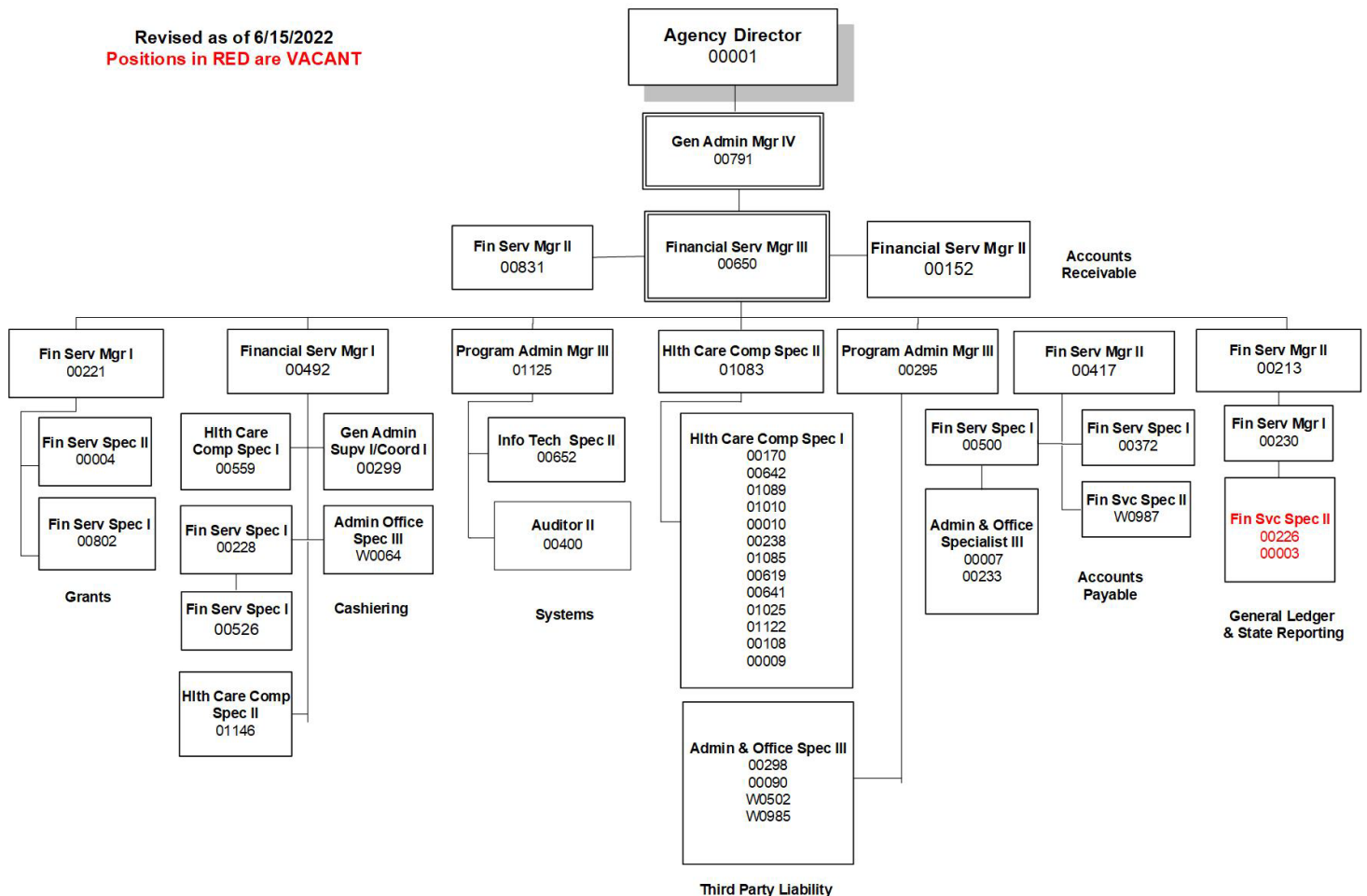
Health Care Services Division

The Health Care Services Division (HCS) reports to the Deputy Director of Programs and Operations. HCS is the home of the managed care program currently called Medallion 4.0 that covers more than 1.6 million children, pregnant members, childless adults and Medicaid expansion adults through six managed care health plans. Medallion 4.0 is an integrated delivery system that provides acute, complex, behavioral health and other services to the Medicaid /FAMIS population. In addition, HCS is the home to the Dental unit and the dental program, Smiles for Children (SFC), which oversees the delivery of dental care to both pediatric and adult Medicaid/FAMIS members through a dental benefits administrator. The Maternal and Child Health program provides oversight of services for all maternal health and Baby Steps initiatives across the agency, including foster care services and specialized children's services and programs.

The mission of HCS is to deliver quality care to eligible members by collaborating closely with key stakeholders, providers, sister agencies, and other DMAS divisions to support consistent, high-quality, cost-effective, member-focused, and compassionate health care across the Commonwealth.

HCS and Related Managed Care Units:

HCS is responsible for the oversight of contracts with the six managed care organizations that deliver comprehensive health care to approximately 1.6 million Medicaid members. To support this work, HCS includes operational units that provide support, management and oversight of this program. These units are: Systems and Reporting; Managed Care Administration; Compliance and Oversight; Policy and Contracting; and Member and Provider Solutions.

> **Member and Provider Solutions**
> Offers support and service to Medallion 4.0 members and Medallion 4.0 managed care providers. Provides case management to members; reviews and approves MCO member marketing practices; and oversees the enrollment broker contract. The enrollment broker provides managed care enrollment, network, and program information to members in both the Medallion 4.0 and CCC Plus managed care programs.

> **Managed Care Administration**
> Oversees the provisions of the managed care contracts and manages the operational relationship between DMAS and the MCOs, including network oversight and services.

> **Compliance and Oversight**
> Provides oversight and enforces Medallion managed care contract requirements and reporting compliance standards. Oversees compliance enforcement, corrective action plan development and sanctions.

> **Contracting and Policy**
> Creates and manages the Medallion 4.0 contract with CCC plus team. Creates State Plan Amendments (SPAs), waivers and regulations. Provides policy guidance and leads General Assembly studies, new programs and initiatives. Manages agency relationship with CMS for managed care programs.

> **Systems and Reporting**
> Provides systems and reporting support for HCS, including Medallion 4.0, dental, and maternal and child health programs. Creates and maintains the managed care technical manual

requirements. Oversees encounter data management, new MMIS indicatives, and any special IM-focused projects.
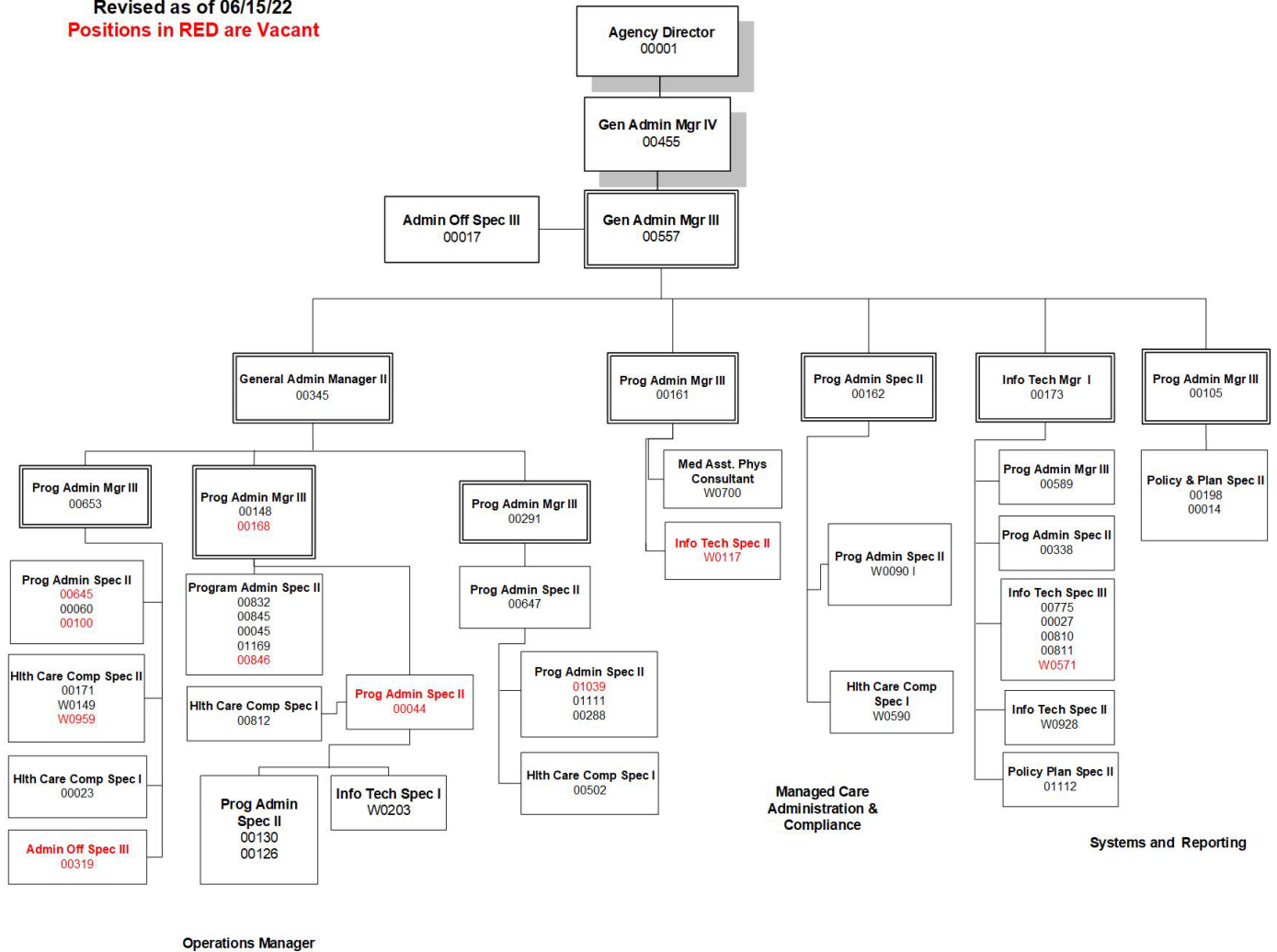
Other Program and Services Units

➢ **Dental**

Manages the dental program's pediatric and adult dental services for Medicaid/FAMIS members. Oversees the dental administrator contract and offers support to members, dentists, providers, and stakeholders. Leads the Dental Advisory Committee team. Works with oral health stakeholders.

➢ **Maternal and Child Health**

Oversees programs and services to improve the health and well-being of Medicaid/FAMIS-eligible mothers and children, including foster care youth. Collaborates with stakeholders and sister agencies in support of mothers and children.

Virginia Department of Medical Assistance Services
Health Care Services Division

Revised as of 06/15/22
Positions in RED are Vacant

| Agency Director | 00001 |

| Gen Admin Mgr IV | 00455 |

| Admin Off Spec III | 00017 | Gen Admin Mgr III | 00557 |

General Admin Manager II — 00345

Prog Admin Mgr III — 00653

Prog Admin Spec II — 00645 / 00060 / 00100

Hlth Care Comp Spec II — 00171 / W0149 / W0959

Hlth Care Comp Spec I — 00023

Admin Off Spec III — 00319

Prog Admin Mgr III — 00148 / 00168

Program Admin Spec II — 00832 / 00845 / 00045 / 01169 / 00846

Hlth Care Comp Spec I — 00812

Prog Admin Spec II — 00130 / 00126

Prog Admin Mgr III — 00291

Prog Admin Spec II — 00647

Prog Admin Spec II — 01039 / 01111 / 00288

Hlth Care Comp Spec I — 00502

Prog Admin Spec II — 00044

Info Tech Spec I — W0203

Prog Admin Mgr III — 00161

Med Asst. Phys Consultant — W0700

Info Tech Spec II — W0117

Prog Admin Spec II — 00162

Prog Admin Spec II — W0090 I

Hlth Care Comp Spec I — W0590

Managed Care Administration & Compliance

Info Tech Mgr I — 00173

Prog Admin Mgr III — 00589

Prog Admin Spec II — 00338

Info Tech Spec III — 00775 / 00027 / 00810 / 00811 / W0571

Info Tech Spec II — W0928

Policy Plan Spec II — 01112

Systems and Reporting

Prog Admin Mgr III — 00105

Policy & Plan Spec II — 00198 / 00014

Operations Manager

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.

Virginia Department of Medical Assistance Services
Health Economics & Economic Policy

Revised as of 6/15/2022
Positions in RED are Vacant

Agency Director
00001

General Admin Mgr IV
01099

Gen Admin Supv I/
Coord I
01154

General Admin Mgr III
01135

General Admin Mgr III
01071

General Admin Mgr III
00772

Program Admin Mgr III
01131

Program Admin Mgr III
01107

Program Admin Mgr III
01102

Policy Planning Spec II
00486

Policy Planning Spec III
00510
00806
01167

Info Tech Spec III
00893
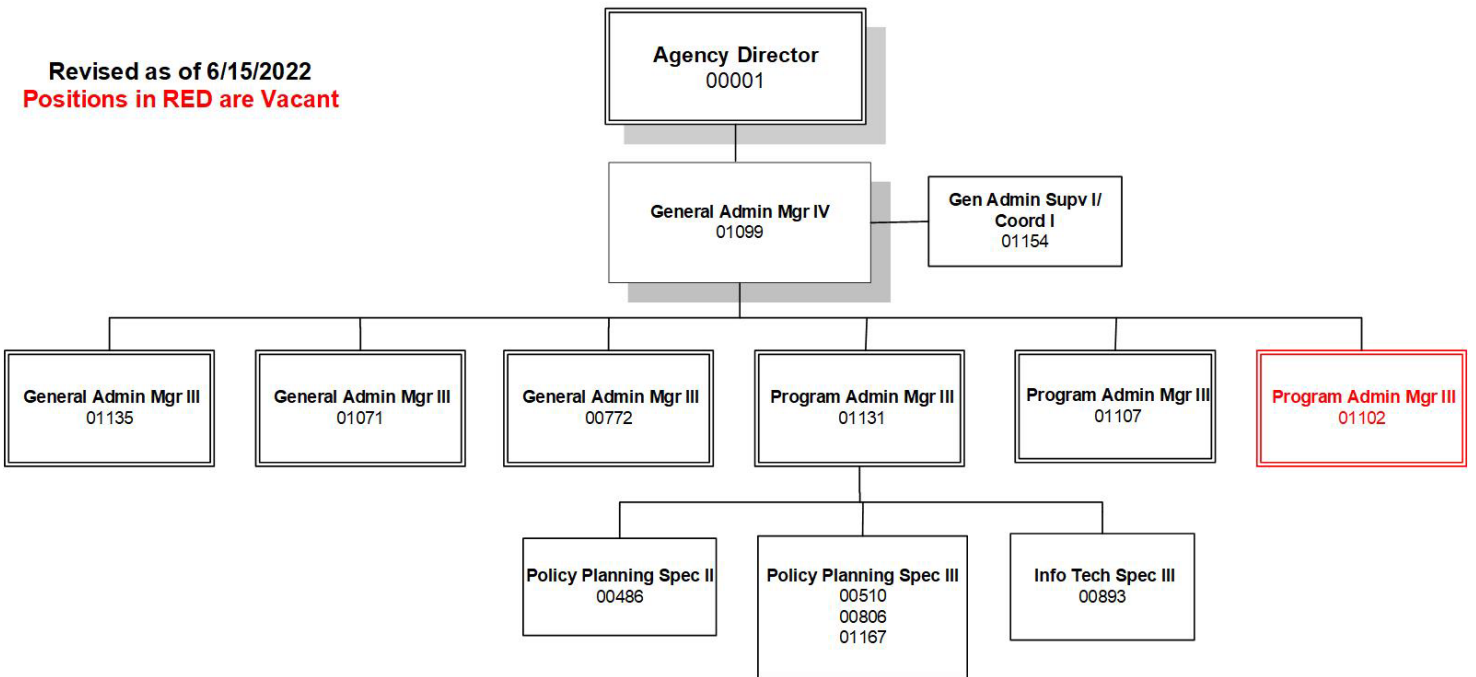
Human Capital & Operations Division

The Human Capital and Operations (HCO) Division reports to the DMAS Chief of Staff. HCO's goal is to become an *Employer of Choice* in the Commonwealth of Virginia. HCO along with the Chief of Staff's Office is to ensure each member of DMAS feels safe, supported, valued, and have the tools necessary to be successful in their positions and opportunities for advancement: To include attracting, developing, training, and retaining qualified employees.

Human Capital and Operations is dedicated to excellent, timely customer service in support of the agency's values and mission. The HCO team comprises trusted HR professionals available to provide guidance and assistance to staff on a myriad of HCO programs and policies. The HCO Division consists of five units: Compensation and Classification, Talent Acquisition, and Benefits and Transactions. The Division Director is responsible for the overall management of the HCO team operations, policy development, interpretation and guidance, and legal compliance.

➤ **Compensation and Classification Unit**
The Compensation and Classification Unit is accountable for developing, managing and operating the classification, compensation at DMAS to ensure consistent application of agency pay practices in accordance with the agency Salary Administration Plan, the state's compensation program and applicable state and federal laws. The unit advises management team members of the proper procedures for position role changes, in-band salary adjustments and movement of staff within the agency. The unit ensures internal equity in compensation activities at DMAS while also enhancing the agency's external competitiveness in the market.

➤ **Talent Acquisition Unit**
The Talent Acquisition (TA) Unit administers and directs all aspects of agency employment policies and practices. This function provides written (e.g., advertisements and postings) and verbal support to hiring managers regarding employment policies, practices, and procedures as well as providing tools to guide managers through recruitment and selection decisions. Employment support includes assisting applicants (internal and external), providing guidance to hiring managers, and finding alternate recruitment solutions. Talent Acquisition also handles administration of the state's Recruitment Management System (RMS) and tracking and updating applicant records.

➤ **Benefits and Transactions Unit**
The Operations and Benefits Unit is responsible for administration of state benefits programs such as group health insurance and the Virginia Sickness and Disability program and provides guidance and counsel on benefits inquiries/reports. This unit is the liaison to the Department of Accounts for all payroll processing for the agency. The Operations and Benefits Unit conducts New Employee Orientation and announces all staff changes. This unit is responsible for ensuring I-9 compliance for United States Citizenship and Immigration Services via the E-Verify system. Operations is also accountable for leave administration and tracking in the Time, Attendance and Leave System (TAL), Workers Compensation, OSHA Reporting, Bureau of Labor Statistics reporting, Virginia Employment Commission (VEC) claims and hearings, managing employee recognition programs (e.g., state service awards) and all required personnel records retention ensuring compliance with Library of Virginia standards. The Physical Access Control Security (PACS) badge system is administered and controlled by HCD Operations. The Operations Unit updates and maintains the Personnel Management Information System (PMIS) with all personnel transactions and handles administration and reconciliations of the Virginia Retirement System for the agency.

Virginia Department Medical Assistance Services
Office of the Chief Of Staff
Human Capital and Operations Division

Revised as of 06/15/2022

Director, DMAS
00001

General Admin Mgr IV
00471

Human Resource Mgr III
00203

Gen Admin Mgr II
00332

Human Resource Mgr II
01064

HR Mgr II
00383

HR Mgr II
00124

HR Mgr II
00669

HR Analyst II
00660

HR Analyst I
01156

HR Analyst II
00329

HR Analyst II
00058
01118
00533

HR Analyst I
01115

HR Analyst II
W0957

Info Program
Admin Specialist II
00885

Info Tech Spec III
00013

Admin & Office Spec II
00664
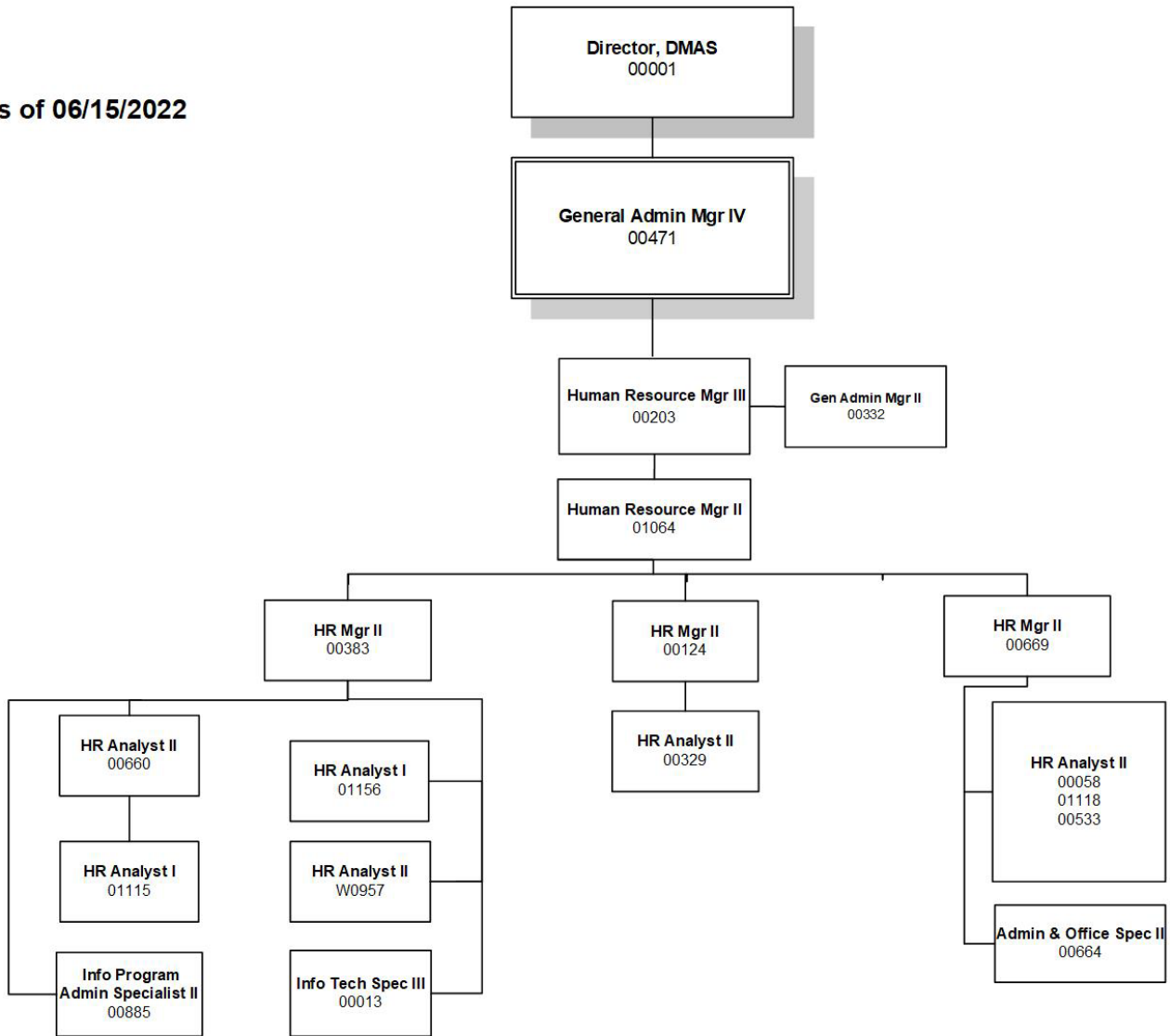
Information Management Division

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 technical activities of Medicaid Management Information System (MMIS) with the fiscal agent. These activities include provider enrollment, member enrollment, Fee-for-Service (FFS) and Encounter adjudication, payment to FFS providers and MCOs and 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 out of the MMIS, such as the Transformed Medicaid Statistical Information System (T-MSIS) and Medicaid Automated Reporting System (MARS), and manages the financial systems that interface with Department of Accounts' Cardinal System. IM also sends enrollment data to all the MCOs, ASOs and other vendors who need it to assist the daily operations of various programs.

- ➢ **Systems Development**
  The IM Division houses an internal Systems Development team which automates workflows, manages the intranet and DMAS external website, built and maintains the Encounter Processing and Care Management Systems and maintains a multitude of software components supporting the agency's day to day operations.

- ➢ **Project Management Office**
  The Project Management Office manages all projects associated with the Medicaid Enterprise Solution (MES) as well as any IT related projects, including releases for the current MMIS. The new MES is being instituted which transforms the monolithic MMIS system with a modular system, making it better able to react to the ever changing technological environment and evolving program needs. This includes assisting the procurement of new systems, design and development activity with various vendors through the implementation and certification of these systems. IM works closely with the Office of Attorney General (OAG), Virginia Information Technologies Agency (VITA), the Centers for Medicare and Medicaid Services (CMS), the Department of Social Services (DSS), and the Department of Behavioral Health and Developmental Services (DBHDS).
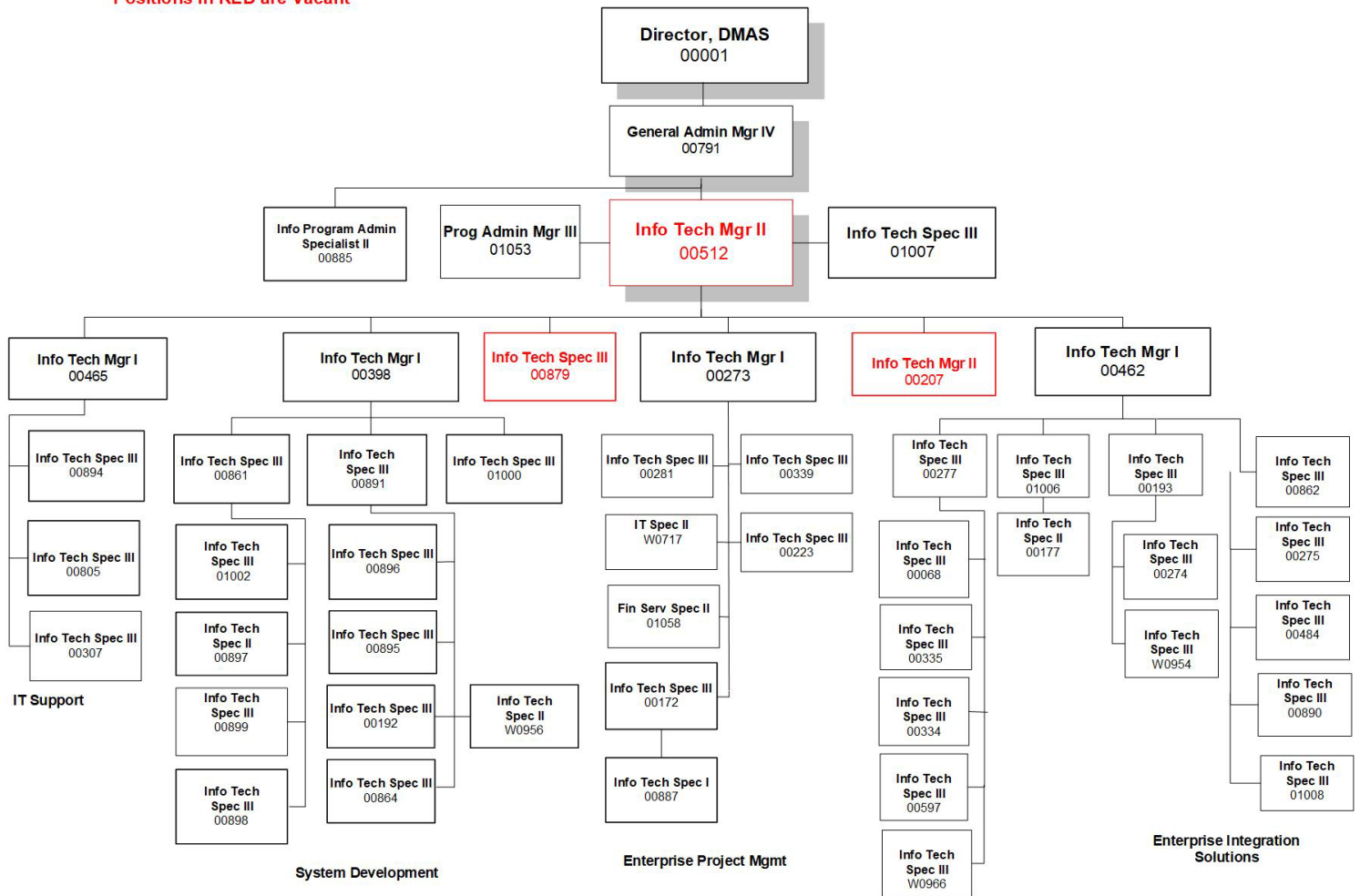
- ➢ **IT Support Team**
  The Information Technology Support team manages all agency used equipment including laptops, cell phones, iPads, internally housed servers, telecommunication equipment and all peripheral technology. The team has also been integral in modernizing the office space and audio visual equipment used throughout. All connectivity to external entities and VITA coordination is also maintained by this team.

- ➢ **System Development Analyst Team and Electronic Data Interchange Team**
  The System Development Analyst Team and Electronic Data Interchange (EDI) Team coordinate with the Subject Matter Experts throughout the agency, documenting and translating business requirements to technical specifications, assisting with immediate needs with file transfers, and finding solutions to issues proposed by various business units. The EDI team oversees hundreds of file transfers with external entities including but not limited to CMS, Sister Agencies, and numerous vendors. Analysts within this group coordinate the various phases of the Change Management Life Cycle, perform research, and generally work to assist in making the transition from Business Vision to Technical Implementation seamless and efficient.

**Virginia Department of Medical Assistance Services
Deputy Director for Finance and Technology
Information Management Division**

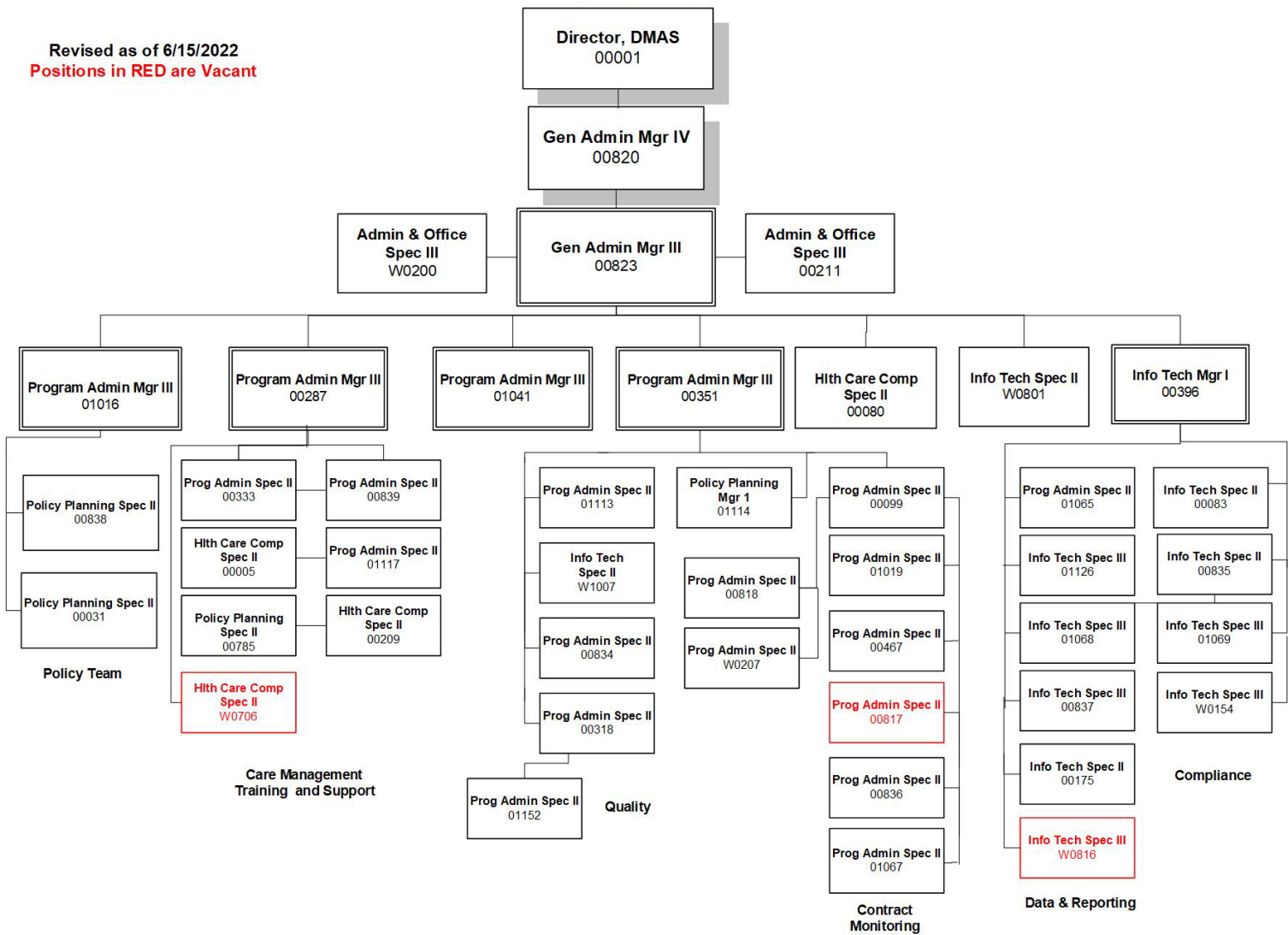Revised as of 6/15/2022
Positions in RED are Vacant

Director, DMAS
00001

General Admin Mgr IV
00791

Info Program Admin Specialist II
00885

Prog Admin Mgr III
01053

Info Tech Mgr II
00512

Info Tech Spec III
01007

Info Tech Mgr I
00465

Info Tech Mgr I
00398

Info Tech Spec III
00879

Info Tech Mgr I
00273

Info Tech Mgr II
00207

Info Tech Mgr I
00462

Info Tech Spec III
00894

Info Tech Spec III
00861

Info Tech Spec III
00891

Info Tech Spec III
01000

Info Tech Spec III
00281

Info Tech Spec III
00339

Info Tech Spec III
00277

Info Tech Spec III
01006

Info Tech Spec III
00193

Info Tech Spec III
00862

Info Tech Spec III
00805

Info Tech Spec III
01002

Info Tech Spec III
00896

IT Spec II
W0717

Info Tech Spec III
00223

Info Tech Spec III
00068

Info Tech Spec II
00177

Info Tech Spec III
00274

Info Tech Spec III
00275

Info Tech Spec III
00307

Info Tech Spec II
00897

Info Tech Spec III
00895

Fin Serv Spec II
01058

Info Tech Spec III
00335

Info Tech Spec III
W0954

Info Tech Spec III
00484

IT Support

Info Tech Spec III
00899

Info Tech Spec III
00192

Info Tech Spec II
W0956

Info Tech Spec III
00172

Info Tech Spec III
00334

Info Tech Spec III
00890

Info Tech Spec III
00898

Info Tech Spec III
00864

Info Tech Spec I
00887

Info Tech Spec III
00597

Info Tech Spec III
01008

Info Tech Spec III
W0966

System Development

Enterprise Project Mgmt

Enterprise Integration Solutions

VIRGINIA'S MEDICAID PROGRAM
DMAS
INNOVATION • QUALITY • VALUE

Integrated Care Division

The Integrated Care Division reports to the Deputy Director for Complex Care Services. 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 Division also provides direct oversight and management of the duals special needs plans (DSNP) for dual eligible members. 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.

> **Contract Refinement**
> - Coordinate contract revisions as changes to business processes, initiatives, or regulations necessitate
> - Assess impact of changes in legislation, policy, or the insurance market on CCC Plus and DSNP contracts.

> **Contract Monitoring**
> - Identify and document all CCC Plus contract deliverables (Contract Monitoring Plan)
> - Update the Contract Monitoring Plan with each contract revision
> - Regularly interact with contractors to monitor progress towards deliverables
> - Respond to ad hoc stakeholder concerns (internal and external)

> **Contract Compliance**
> - Monitor MCO data to identify performance issues
> - Enforce and oversee corrective action plans to improve performance

> **Enrollment Broker Contract**
> - Develop and update Enrollment Broker contract
> - Monitor Enrollment Broker deliverables and compliance
> - Provide technical assistance to Enrollment Broker
> - Provide ad hoc operational support

> **Data and Operations**
> - Evaluate and monitor the quality of contractor encounter data (encounter scorecard)
> - Use encounter data to monitor contractor performance by analyzing trends
> - Ensure MMIS is functioning appropriately and correct enrollment file inaccuracies
> - Perform ad hoc MMIS or EPS queries

> **Care Coordination Training and Support**
> - Provide training and support for contractor care coordination
> - Clarify contract requirements
> - Share best practices and resources
> - Facilitate opportunities for problem-solving and learning

> **Member and Provider Relations**
> - Triage and respond to all CCC Plus related inquiries (member and provider)

Department of Medical Assistance Services
Deputy Director for Complex Care Services
Integrated Care

Director, DMAS
00001

Gen Admin Mgr IV
00820

Admin & Office Spec III
W0200

Gen Admin Mgr III
00823

Admin & Office Spec III
00211

Program Admin Mgr III
01016

Program Admin Mgr III
00287

Program Admin Mgr III
01041

Program Admin Mgr III
00351

Hlth Care Comp Spec II
00080

Info Tech Spec II
W0801

Info Tech Mgr I
00396

Policy Planning Spec II
00838

Policy Planning Spec II
00031

Policy Team

Prog Admin Spec II
00333

Prog Admin Spec II
00839

Hlth Care Comp Spec II
00005

Prog Admin Spec II
01117

Policy Planning Spec II
00785

Hlth Care Comp Spec II
00209

Hlth Care Comp Spec II
W0706

Care Management Training and Support

Prog Admin Spec II
01113

Info Tech Spec II
W1007

Prog Admin Spec II
00834

Prog Admin Spec II
00318

Prog Admin Spec II
01152

Quality

Policy Planning Mgr 1
01114

Prog Admin Spec II
00818

Prog Admin Spec II
W0207

Prog Admin Spec II
00099

Prog Admin Spec II
01019

Prog Admin Spec II
00467

Prog Admin Spec II
00817

Prog Admin Spec II
00836

Prog Admin Spec II
01067

Contract Monitoring

Prog Admin Spec II
01065

Info Tech Spec III
01126

Info Tech Spec III
01068

Info Tech Spec III
00837

Info Tech Spec II
00175

Info Tech Spec III
W0816

Data & Reporting

Info Tech Spec II
00083

Info Tech Spec II
00835

Info Tech Spec III
01069

Info Tech Spec III
W0154

Compliance

Internal Audit Division

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. From its work, Internal Audit recommends actions to improve efficiencies, cost savings, compliance, and/or controls over processes, programs and systems. The Internal Audit Division reports directly to the Chief of Staff.

The five primary business functions of the Division are summarized below:

➢ **Internal Audits**
Internal Audit conducts various types of audits (including financial, compliance, information technology, operational, fraud, operational, program performance, and contractual) as appropriate on DMAS business processes and in accordance with its Audit Plan.

➢ **IT Security Audits**
Internal Audit performs or coordinates third-party performance of IT Security Audits of DMAS systems to assess the effectiveness of system controls and measure compliance with the Commonwealth of Virginia Information Security Standard and other applicable federal and state regulations.

➢ **Audit Finding Resolution**
Internal Audit tracks all internal and external DMAS audit findings and recommendations. They monitor the status of Corrective Action Plans (CAPSs) for unresolved findings and recommendations until there is a resolution, reporting on the status of the CAPSs to agency management, Department of Accounts, Office of the State Inspector General, Virginia Information Technologies Agency and the Centers of Medicare and Medicaid Services.

➢ **External Audit Liaison**
Internal Audit serves as the initial DMAS contact point for external audits such as Auditor of Public Accounts, Department of Accounts, Office of Inspector General, and the Centers of Medicare and Medicaid Services.

➢ **State Fraud, Waste, and Abuse Hotline**
Internal Audit investigates cases referred from the State Fraud, Waste, and Abuse Hotline and issues a report to the Office of State Inspector General. If a case involves Medicaid Providers or members, the unit refers the case to the Program Integrity Division or another applicable division. To ensure that all cases are appropriately addressed, Internal Audit tracks all referral responses and their results.

Revised as of 06/15/2022
Positions in RED are Vacant

Director, DMAS
00001

General Admin Mgr IV
00471

Audit Services Mgr III
00201

Audit Services Mgr II
00399

Gen Admin Spvr I /
Coord I
W0937

Audit Services Mgr II
01056

Auditor II
01132

Auditor II
00236

Auditor II
01145

Prog Admin Mgr III
01082
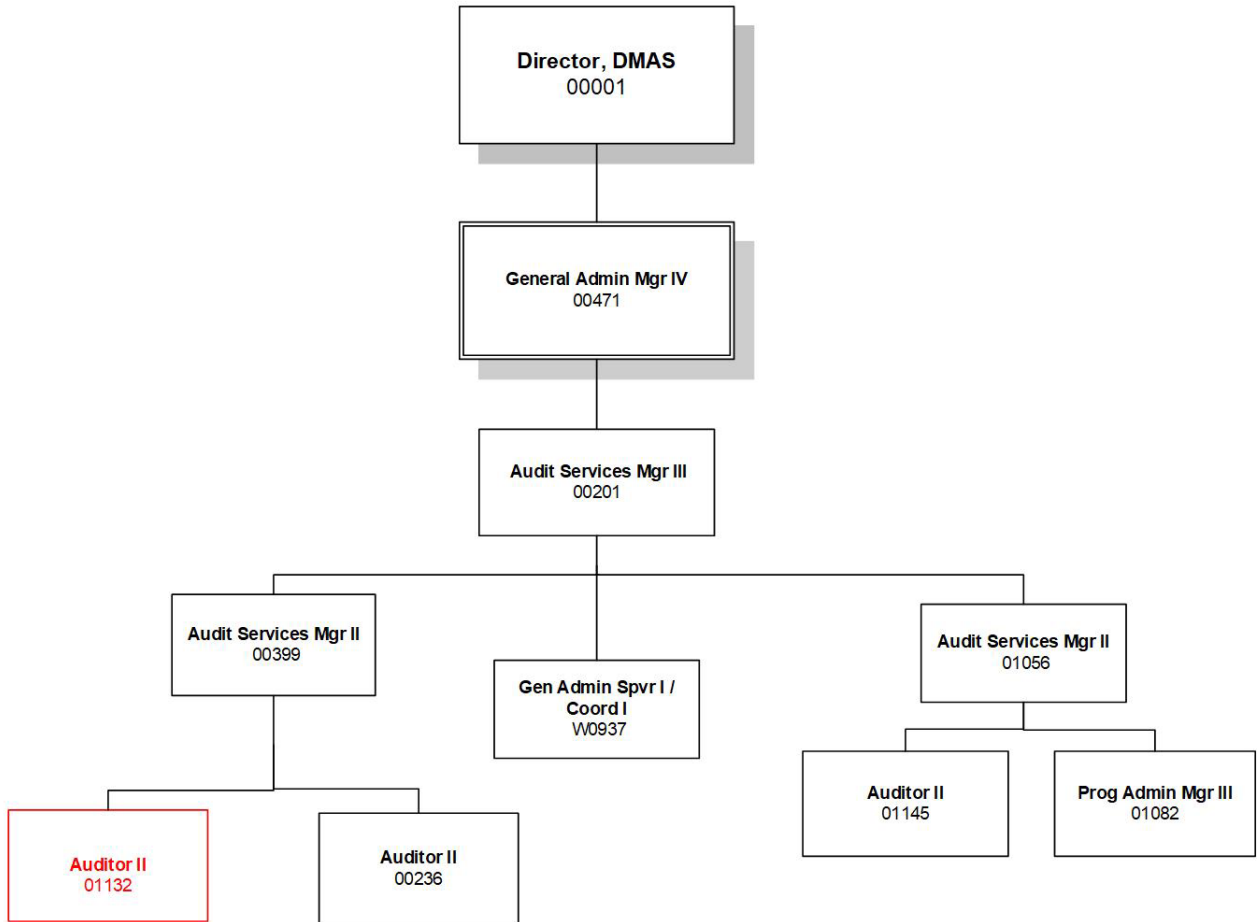
Constituent, Legislative and Intergovernmental Affairs Division

The Legislative and Intergovernmental Affairs (LIA) Division reports to the Deputy for Administration. The LIA Division serves as liaison for the Board of Medical Assistance Services (BMAS); handles and tracks constituent requests for the agency; coordinates and tracks all legislation affecting DMAS; and tracks agency progress and responses in completing studies and reports originating from legislative direction. The LIA Division is also responsible for providing attorney review of Memorandum of Agreements (MOU's), contracts and settlements; providing legal expertise for Freedom of Information Act (FOIA) and data requests; record management, retention and disposition polices; and providing data privacy. The division also accepts subpoenas and litigation holds and oversight of general information, reviews all regulatory and State Plan documents and serves as a Tribal Liaison.

Virginia Department of Medical Assistance Services
Constituent, Legislative and Intergovernmental Affairs
Division

Revised as of 6/15/2022
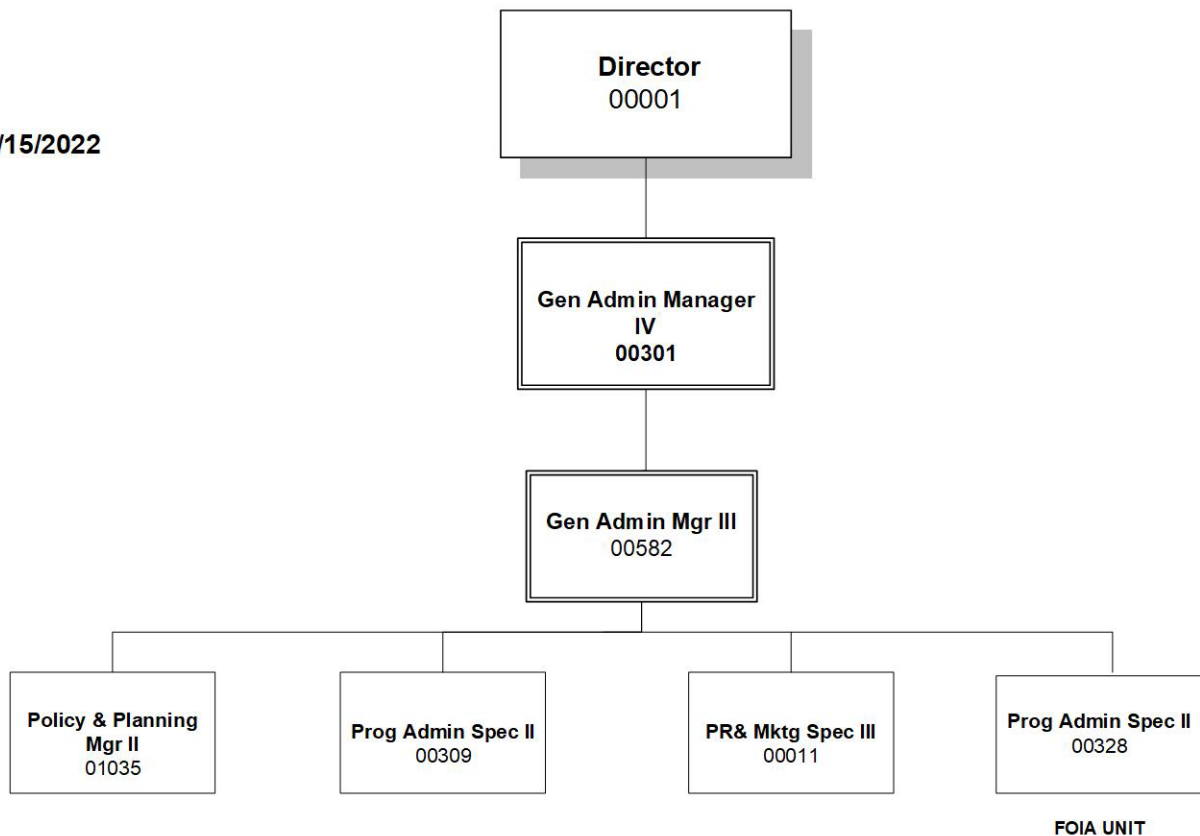
Office of Community Living

The Office of Community Living (OCL) reports to the Deputy Director of Complex Care Services. The Office of Community Living provides administrative and quality assurance oversight of the Commonwealth's 1915 (c) home and community based waivers. OCL is responsible for regulatory and policy maintenance and development in addition to analysis and implementation of legislative initiatives related to services affecting individuals receiving home and community based waiver services. Serving as agency subject matter experts for Commonwealth Coordinated Care Waiver, OCL provides program operations for the Commonwealth Coordinated Care Waiver and consumer directed services. OCL staff monitors the provision of nursing services for individuals receiving Private Duty Nursing services through Fee for Service Medicaid. The Division ensures the quality assurance requirements for the waivers are met through data aggregation and analysis and remediation when necessary. Additionally, OCL serves as the contract administrator for the fiscal employer agent for consumer direction.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Complex Care Services
Office of Community Living

Revised as of 6/15/2022

- Director, DMAS
  00001
- Gen Admin Mgr IV
  00820
- Gen Admin Mgr III
  01108
  - Program Admin Mgr III
    00840
  - Prog Admin Mgr III
    00643
    - Prog Admin Specialist II
      00289
      - Hlth Care Comp Spec II
        W0148
      - Prog Admin Spec II
        00267
      - Program Admin Spec II
        00204
      - Prog Admin Spec II
        01148

        FEA Contract
  - Policy & Planning Spec II
    01070
  - Program Admin Spec II
    00350
    - Hlth Care Comp Spec II
      00472
    - Program Admin Spec II
      00179
    - Hlth Care Comp Spec II
      00480
    - Health Care Comp Spec II
      00205
    - Hlth Care Comp Spec II
      00322
    - Health Care Comp Spec II
      00180
    - Program Admin Spec II
      01151

      Waiver Policy

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 enrolled in the Medicaid Program. The office achieves this goal through four distinct functions: establishing and managing clinical policy, overseeing pharmacy policy and operations, informing healthcare quality, and catalyzing innovation to advance health equity and population health.

The Office of the Chief Medical Officer comprises two units: the Medical Support Unit (MSU) and the Pharmacy Unit, which fulfill two of OCMO's four functions.

➢ **Medical Support Unit (MSU)**
  The Medical Support Unit (MSU) establishes and manages clinical policy through:
  - Leading evidence-based reviews to determine appropriateness and conditions of coverage of new and existing services. The review process includes enacting and updating coverage of CPT/HCPCS codes, maintaining existing fee-for-service (FFS) coverage policy, and assessing managed care organization (MCO) coverage policies.
  - Providing clinical guidance and leadership on a wide range of topics, including: public health emergencies (e.g., COVID-19 testing, treatment and communications), maternal/child health (e.g., vaccination, birth control, and Early and Periodic Screening, Diagnosis and Treatment (EPSDT)), the opioid epidemic, hepatitis C, Emergency Department Care Coordination, telehealth, value-based care, health quality, social drivers of health and health equity.
  - Reviewing service authorization requests including, but not limited to: out of state medical care, out of state Outpatient (O/P) scans (MRI, CT, PET), organ transplants, Private Duty Nursing (PDN), specific physician administered drugs (not pharmacy related), molecular genetic testing, and continuous glucose monitoring.

➢ **Pharmacy Unit**
  The Pharmacy Unit establishes pharmaceutical policy through:
  - Supporting the mission and goals of the Pharmacy and Therapeutics (P&T) Committee including the development and administration of the DMAS Preferred Drug List (PDL). The P&T Committee evaluates clinical evidence and cost in the context of population health to determine which drugs are the highest value to the Commonwealth and should be included on the DMAS Preferred Drug List PDL. The Pharmacy Unit monitors MCO compliance with the Common Core Formulary and assists members with issues/complaints related to drug access.
  - Administration of a Drug Utilization Review (DUR) program that complies with 42 CFR 456, Subpart K. The DUR Program is responsible for ensuring the health and safety of patients through the appropriate use of drugs. Physicians, pharmacists and nurse practitioners appointed by the DMAS Director serve on the DUR Board, which defines the parameters of appropriate medication use within federal and state guidelines; meets periodically to review, revise and approve new criteria for the use of prescription drugs; and, develops drug utilization review criteria by addressing situations in which potential medication problems may arise. DMAS's DUR efforts include leading the prospective DUR (ProDUR) – review of patients' drug therapy history prior to prescription orders being filled - and the retrospective DUR (RetroDUR) – examining a history of medication used to identify certain patterns of use.
  - Administration of the Medicaid Drug Rebate Program in accordance with 42 U.S.C. § 1396r-8. Pharmacy Unit administration of an aggressive drug rebate program seeks out all available drug rebates and discounts available from all pharmaceutical manufacturers.
  - Oversight of the Managed Care Organizations' (MCO's) pharmacy programs. The DMAS Pharmacy Unit is responsible for aligning pharmacy policies including clinical guidelines, standards and controls across all Medicaid programs (i.e., FFS, Medallion 4.0 and CCC Plus), including: drafting contract language and technical manual requirements for

pharmacy related services and drug coverage as needed, and monitoring MCO compliance with the Common Core Formulary and uniform pharmacy policies.

- Oversight of DMAS' FFS Pharmacy Benefit Administrator (PBA). The Pharmacy Unit's oversight provides the interface for functionalities such as FFS Point of Sales (POS) claims adjudication, electronic Prior Authorizations for medications, and operational data.

The MSU and Pharmacy Unit and the Senior Policy Advisor and the advisor's staff all collaborate to fulfill the remaining two functions of the OCMO. Together they inform healthcare quality and catalyze innovation to advance health equity and population health. These include collaborative efforts with internal divisions (i.e. Division of Health Economics and Economic Policy, Behavioral Health Division, Health Care Services Division, and Integrated Care Division) and other Commonwealth Departments, MCOs, and provider and member representatives.

Virginia Department of Medical Assistance Services
Office of Chief Medical Officer

Revised as of 6/15/2022
Positions in RED are Vacant
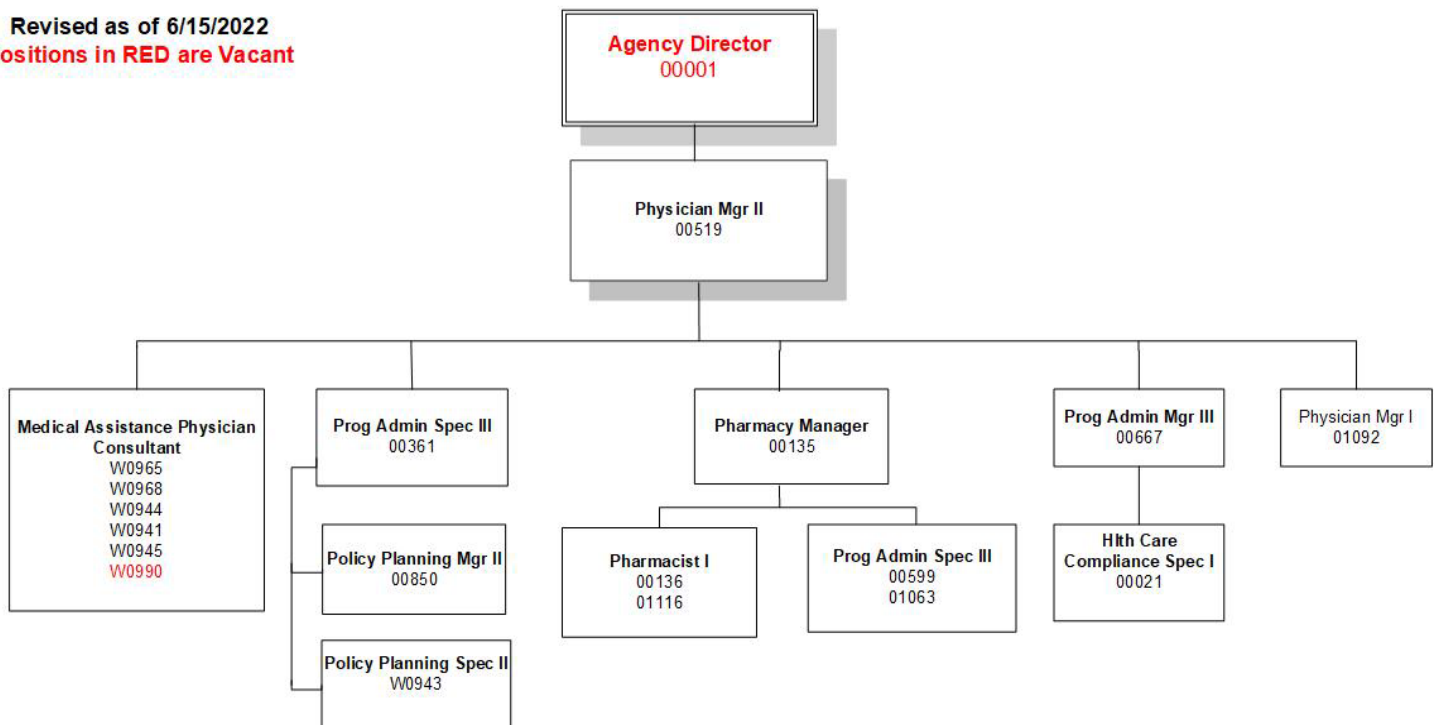
Office of Data Analytics

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 comprises three units:

- **Data Management and Reporting**
  Analysis activities focus on understanding the past, and the Data Management and Reporting 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 and Reporting unit also provides technical support of the SAS analytics platform.

- **Data Visualization**
  Analytics focuses on why a phenomenon has occurred and what may happen next. The Data Visualization unit provides the business intelligence necessary for understanding current and predictive views of agency operations. Analytics is at the connective tissue between data and effective decision making by our leadership.

- **Enterprise Data Warehouse System**
  To support these objectives, the Enterprise Data Warehouse unit provides quality data in a timely fashion from various sources and presents it in such a manner as to maximize the value of that data. It includes a suite of technologies that provide data storage, documentation, and visualization/dashboards. The Data Warehouse Unit ensures that these solutions are functioning effectively so that agency can effectively report as well as perform advanced analytics to make informed decisions.

Virginia Department of Medical Assistance Services
Health Economics & Economic Policy
Office of Data Analytics

Agency Director
00001

Revised as of 6/15/2022
Positions in RED are VACANT

General Admin Mgr IV
01099

General Admin Mgr III
01071

Prog Admin Mgr III
01157

Prog Admin Mgr III
00468

Prog Admin Mgr III
00164

Info Tech Spec III
00827

Info Tech Spec III
00881

Info Tech Spec III
00892

Policy Planning
Spec III

Info Tech Spec II
00889

Policy Planning
Spec II
00867
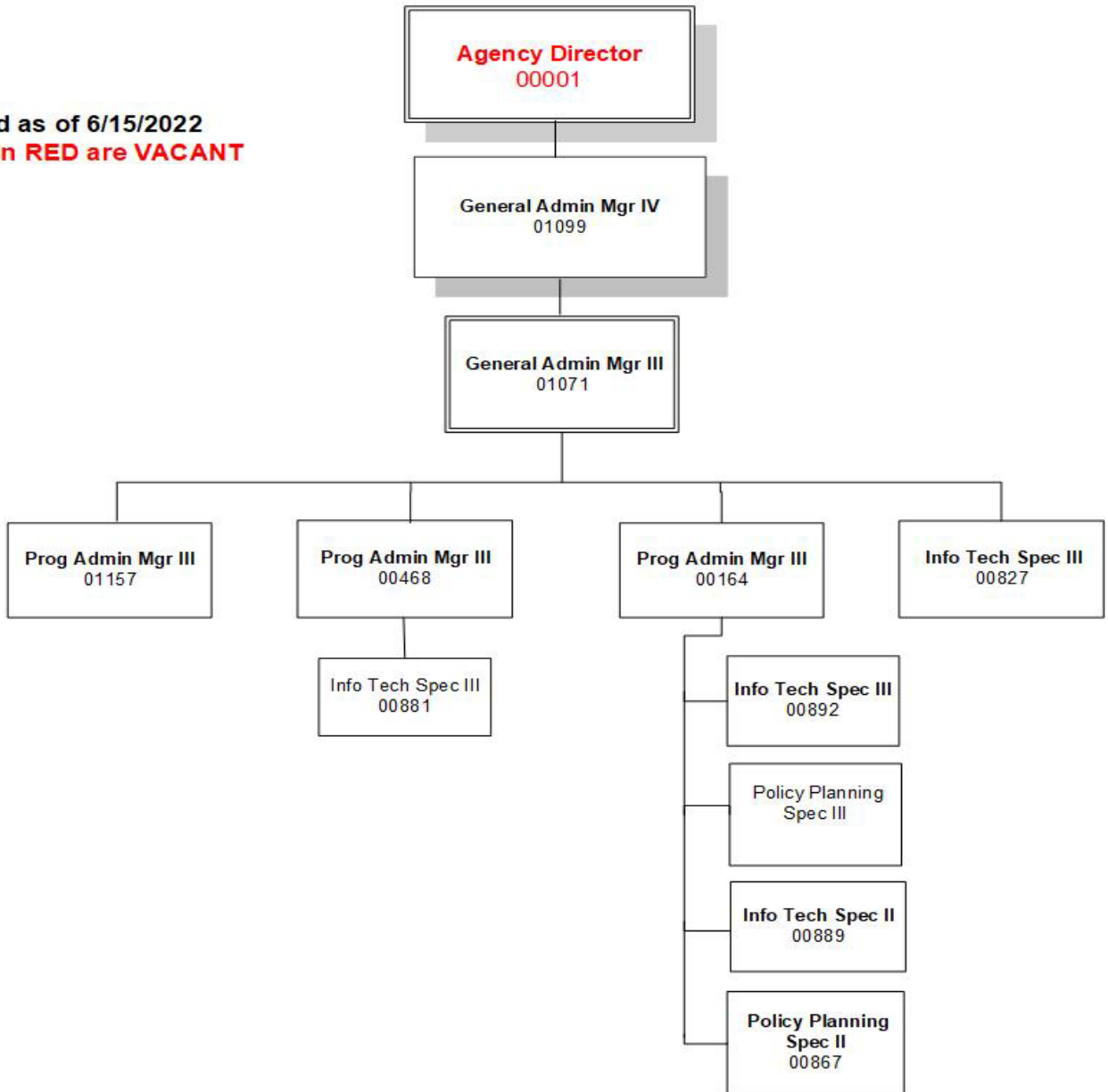
Office of Quality and Population Health

The Office of Quality and Population Health (OQPH) reports to the Chief Health Economist. The office advises the Chief Health Economist on strategic policy initiatives ensures access to high quality care, improve quality and population health outcomes, and reduce the cost of care for all 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 through the Quality Strategy, a three year framework for quality improvement activities across the agency. 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. The team is also responsible for coordinating, leading, and managing multiple functional areas including accountability for business/financial results related to the following as appropriate: External Quality Review Organization (EQRO) activities and reporting, Healthcare Effectiveness Data and Information Set (HEDIS®) reporting, quality of care, National Committee for Quality Assurance (NCQA) accreditation activities, and member satisfaction Consumer Assessments of Healthcare Providers and Systems (CAHPS).

Virginia Department Medical Assistance Services
Office of Quality & Population Health

Revised as of 6/15/22

Agency Director
00001

General Admin Mgr IV
01099

General Admin Manager III
01135

Prog Admin Manager III
00833

Program Admin Mgr III
00174

Prog Admin Spec II
00847

Prog Admin Spec II
01066

Population Health
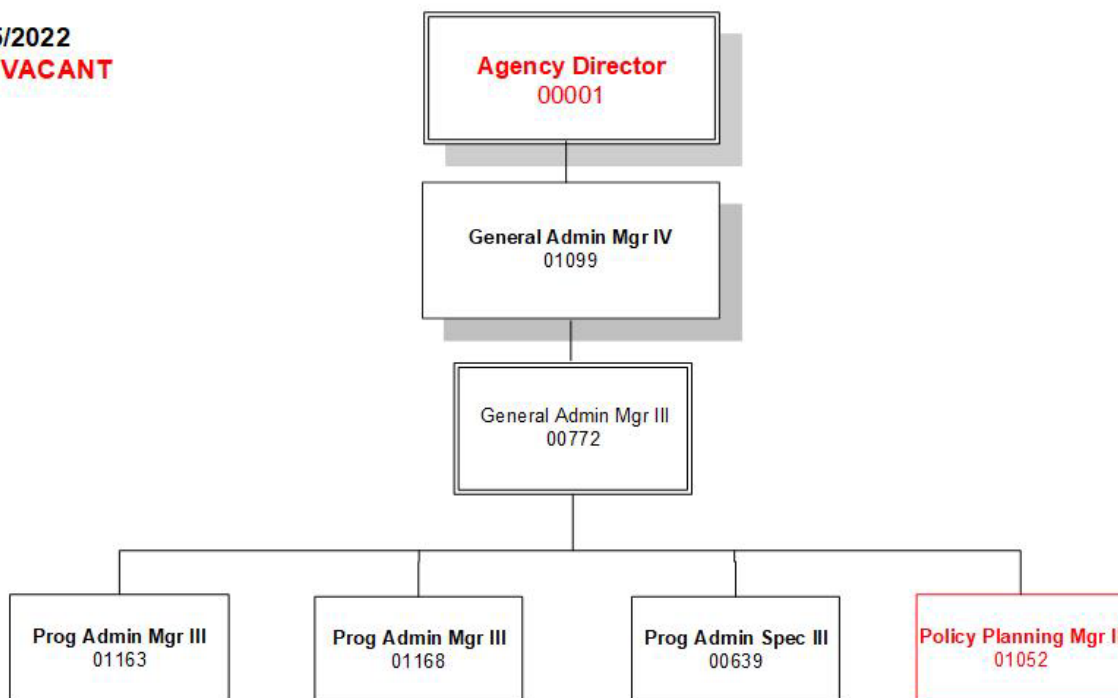
Quality Improvement
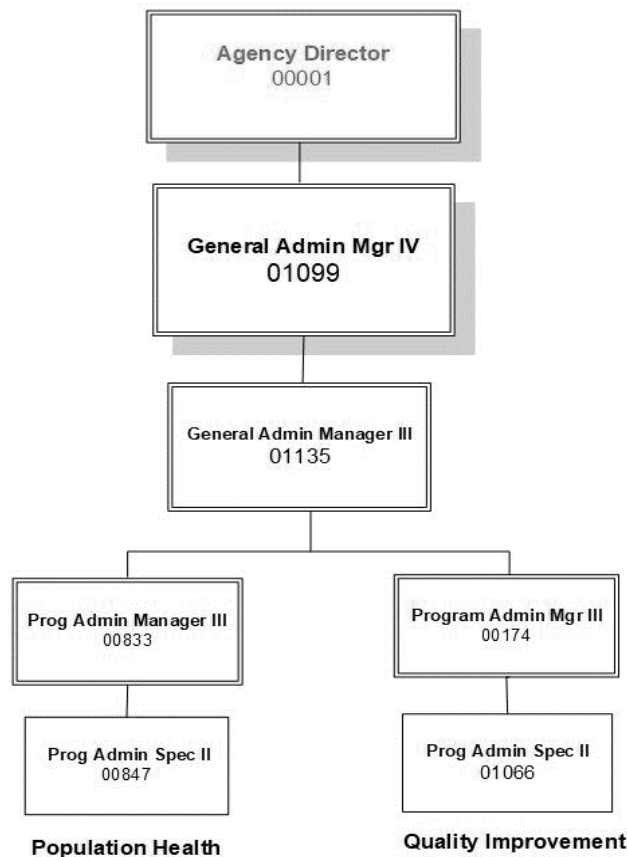
Office of Value-Based Purchasing

The Office of Value-Based Purchasing (OVBP) is a division of the Health Economics & Economic Policy (HEEP) Department and reports to the Chief Health Economist. Within DMAS, the OVBP is devoted to promoting policies that utilize both financial and non-financial incentives to encourage the provision of high quality, efficient care to Medicaid members; resulting in better care outcomes for members, while maximizing the value the Commonwealth receives for its state and federal health care dollars. 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.

Virginia Department of Medical Assistance Services
Health Economics & Economic Policy
Office of Value Based Purchasing

Revised as of 6/15/2022
Positions in RED are VACANT

Agency Director
00001

General Admin Mgr IV
01099

General Admin Mgr III
00772

| Prog Admin Mgr III 01163 | Prog Admin Mgr III 01168 | Prog Admin Spec III 00639 | Policy Planning Mgr II 01052 |

Policy, Regulation, and Member Engagement Division

The Policy, Regulation, and Member Engagement (PRME) Division reports to the Deputy for Administration. The PRME Division provides comprises two units, each with distinct functions:

➢ **Regulations and Manuals/Policy Unit**
The individuals in the Regulations and Manuals group plan, draft, and promulgate regulations and State Plan Amendments (SPAs) with subject matter experts (SMEs). In addition, the individuals in this unit maintain agency Provider Manuals and coordinate/develop updates with agency SMEs. Individuals in this unit also coordinate with agency SMEs for development and release of provider memos. As part of these efforts, individuals in this unit facilitate meetings with SMEs, Centers for Medicare and Medicaid Services, Office of the Attorney General, and the Department of Planning and Budget to obtain certification and approval of regulations and SPAs.

> ➢ The individuals in the Policy group provide assistance and guidance to the agency through cross-divisional policy planning and management, providing transparent, consistent availability of information and thorough collection, storage and maintenance of digital content. In addition, individuals in this unit provide research, legislative analysis, policy statements, reports and background documents, as well as coordination of the Children's Health Insurance Program Advisory Committee (CHIPAC), and maintenance of the 1115 CHIP Waiver.

➢ **Outreach and Member Engagement Unit**
The individuals in this unit are responsible for providing outreach and strategic community engagement initiatives for the Medicaid and FAMIS programs across the Commonwealth in order to increase enrollment. Additionally, individuals in this unit provide member and community education, application assistance, and oversight of the Member Advisory Committee (MAC) and the DMAS Support Team for Application Response (STARs)

Virginia Department Medical Assistance Services
Policy, Regulation, & Member Engagement Division

Revised as of 6/1/2022
Positions in RED are Vacant
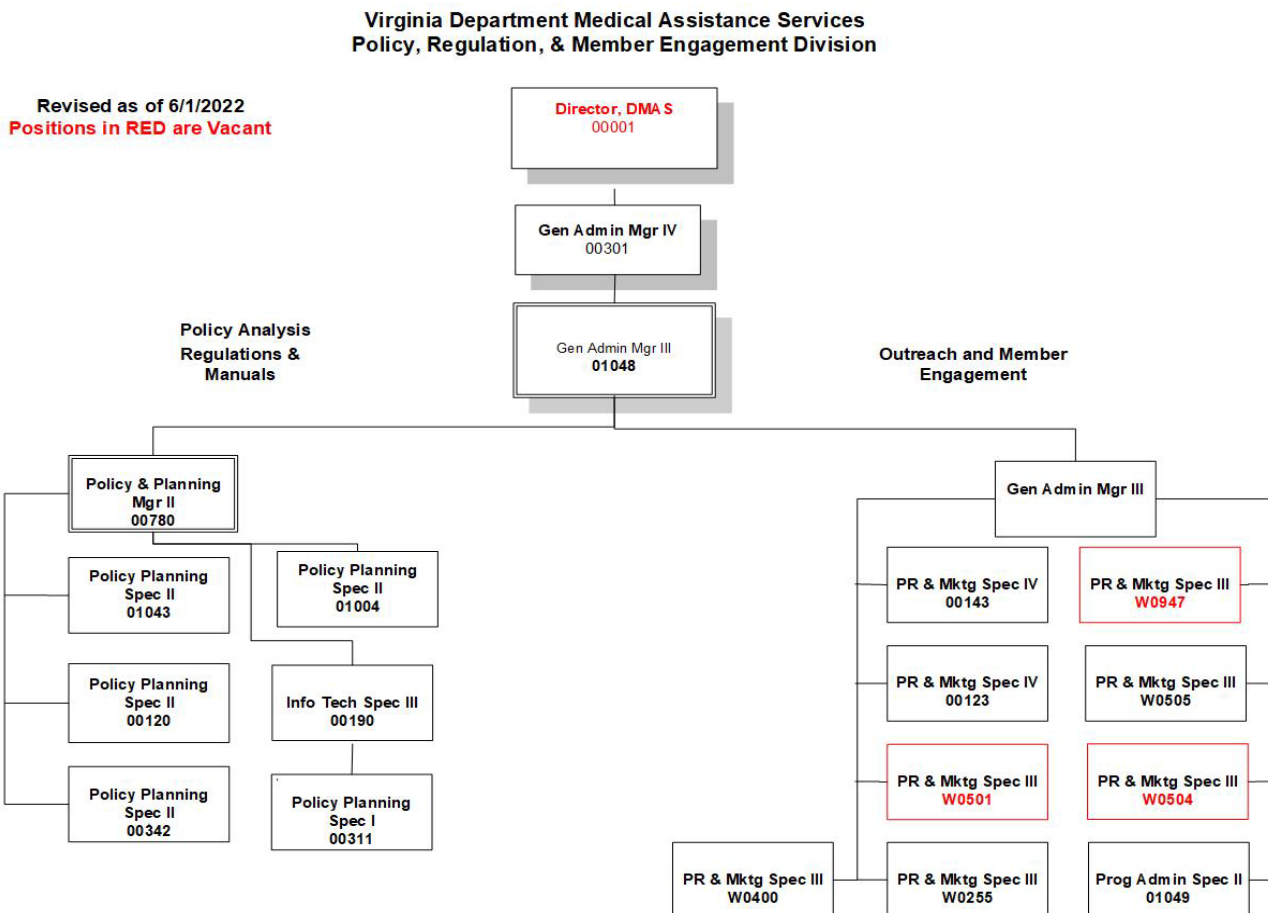
Procurement & Contract Management Division

The Procurement & Contract Management (PCM) Division reports to the Deputy Director for Finance / Chief Financial Officer (CFO). The PCM directs the agency's procurement and contracting activities with third parties, and all agreements between the agency and other state entities. PCM assures contracting actions are completed in accordance with all governing authorities including the Virginia Public Procurement Act (VPPA), the Agency Purchasing and Surplus Property Manual, the VITA Buy-IT manual, as well as federal law and regulations. The PCM also directs the agency's general services including mail services, fleet management, and other miscellaneous activities. Work is completed through three (3) subunits: Procurement, Compliance & Contract Management, and Small Purchasing.

➢ **Procurement**
The Procurement Unit develops and awards new contracts through one of the approved procurement methods as outlined in the VPPA.

➢ **Compliance & Contract Management**
The Contract Management Unit is responsible for the management of all agreements between the agency and a vendor/contractor. This includes receiving and processing SWaM reports, tracking and recording vendor invoices, and with the contract administrator, ensuring vendor performance under the terms of the contract. The unit, in partnership with contract administrators, develops and negotiates modifications to agency agreements. Further, the unit is responsible for the management of all interagency agreements. Finally, the compliance unit is charged with the ongoing review of current activities, and implementation of best practices.
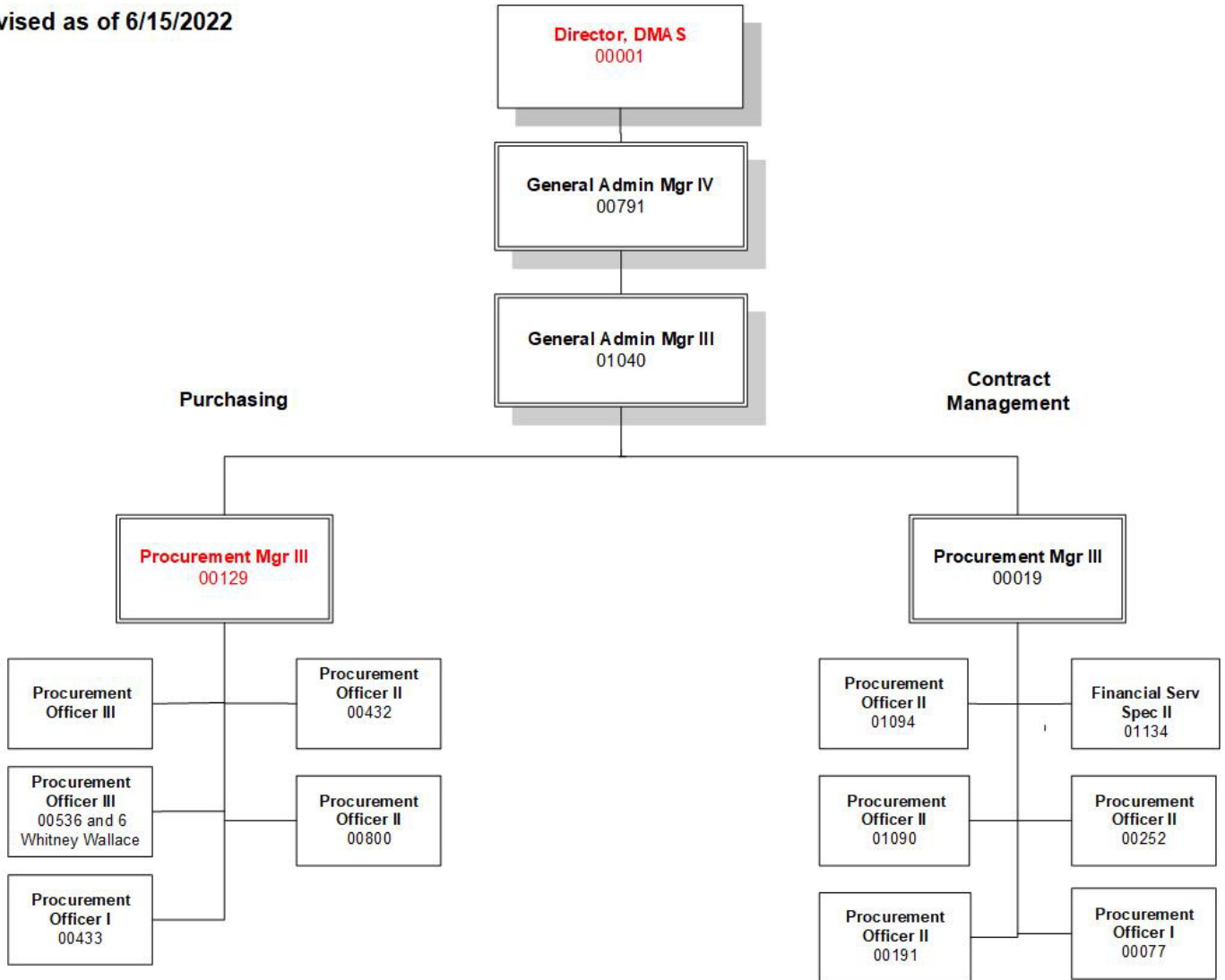
➢ **Small Purchasing**
The Small Purchasing Unit directs the actions related to procurement under $100K, utilization of state contracts, mail services, fleet, and other general services.

Virginia Department Medical Assistance Services
Deputy Director for Finance and Technology
Procurement & Contract Management Division

Revised as of 6/15/2022

Director, DMAS
00001

General Admin Mgr IV
00791

General Admin Mgr III
01040

Purchasing

Contract Management

Procurement Mgr III
00129

Procurement Mgr III
00019

Procurement Officer III

Procurement Officer II
00432

Procurement Officer III
00536 and 6
Whitney Wallace

Procurement Officer II
00800

Procurement Officer I
00433

Procurement Officer II
01094

Financial Serv Spec II
01134

Procurement Officer II
01090

Procurement Officer II
00252

Procurement Officer II
00191

Procurement Officer I
00077

Program Operations Division

The Program Operations Division reports to the Deputy Director for Programs and Operations. The Program Operations Division (POD) is the agency service center and operational backbone of the Virginia Medicaid Fee-for-Service (FFS) delivery system, acts as the service center hub 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 and specialized populations and services are in FFS.   Program Operations is divided into four units: Member Services, Provider Services, Service Authorization, Transportation and Claims and Systems.

> **Provider Services Unit**

The Provider Services Unit has responsibility for provider enrollment for all providers, provider call center and contractors and will be business center for new PRSS module. The unit also handles, Electronic Health Records and the mass mailing contract for the agency.

> **Service Authorization - Payment Processing Unit**

The Service Authorization- Payment Processing Unit manages the FFS Service Authorization contract and pre authorization services.

> **Claims and Systems**

The Claims and Systems Unit oversees systems implementations that affect operations, analyzes data and looks for efficiencies in operations. It leads the implementation and modifications of the Division's Medicaid Enterprise System (MES).

> **Transportation**

The Transportation Team oversees Emergent and Non-Emergency Transportation for the FFS and the managed care transportation brokers.
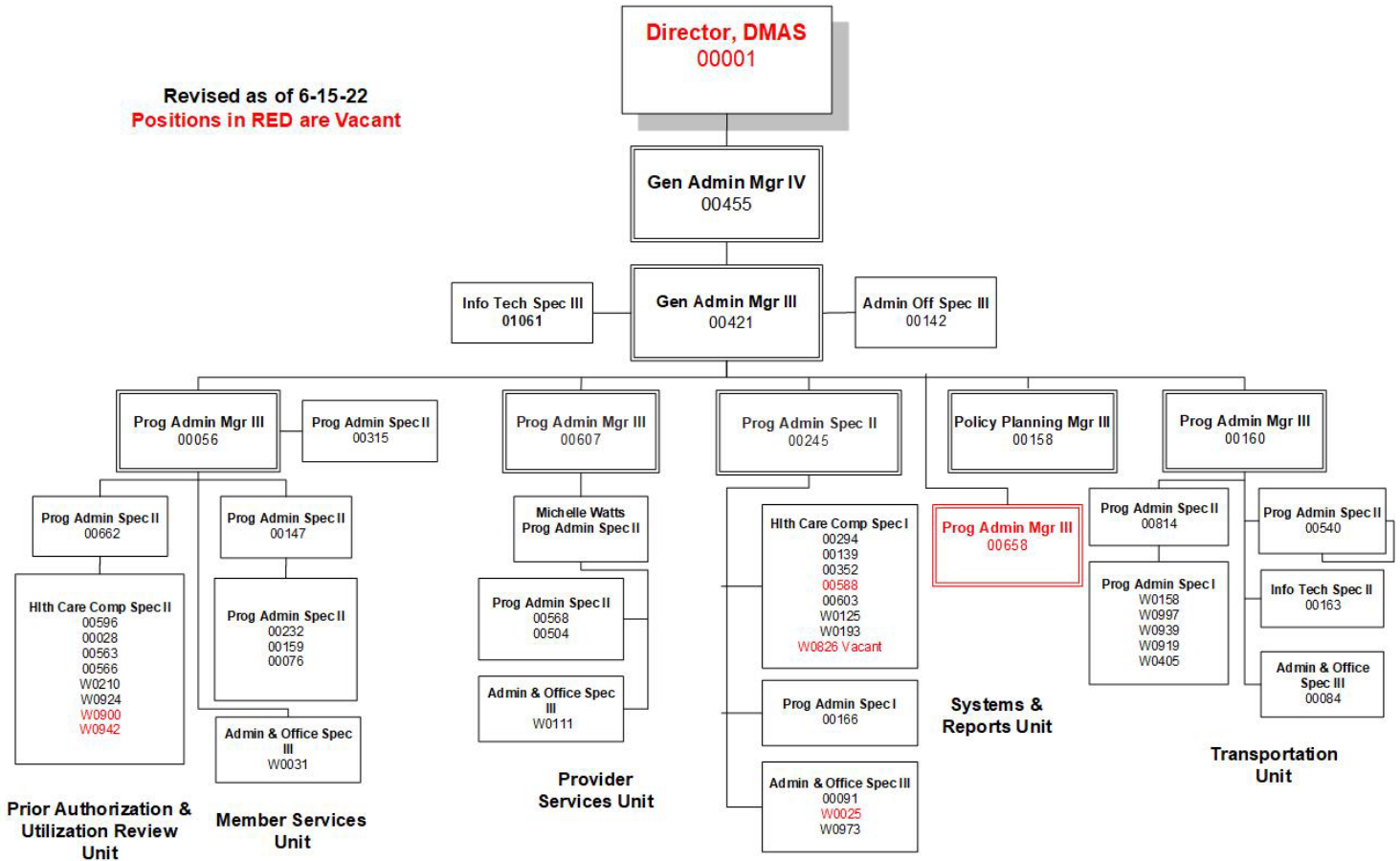
> **Member Services Unit**

The Member Services Unit manages day-to-day operations of the Health Insurance Premium Payment (HIPP) program, the Buy-In program and Customer Service.

This organizational structure positions POD to provide superior customer service to stakeholders, including Medicaid members, providers, DMAS staff and other state agencies. POD also supports agency-wide efforts or major changes in programs relative to Medicaid expansion, Medicaid Enterprise Systems and the pandemic.

POD also serves as the contract monitor for the fiscal agent's Member and Provider Call Center contract, Claims Processing contract, Provider Enrollment Services contract, the NEMT contract, a mass mailing contract, service authorization contract, a contract for provider training and two contracts for the Electronic Health Records Provider Incentive Payment program.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Program Operations Division

Director, DMAS
00001

Revised as of 6-15-22
Positions in RED are Vacant

Gen Admin Mgr IV
00455

Info Tech Spec III
01061

Gen Admin Mgr III
00421

Admin Off Spec III
00142

Prog Admin Mgr III
00056

Prog Admin Spec II
00315

Prog Admin Mgr III
00607

Prog Admin Spec II
00245

Policy Planning Mgr III
00158

Prog Admin Mgr III
00160

Prog Admin Spec II
00662

Prog Admin Spec II
00147

Michelle Watts
Prog Admin Spec II

Hlth Care Comp Spec I
00294
00139
00352
00588
00603
W0125
W0193
W0826 Vacant

Prog Admin Mgr III
00658

Prog Admin Spec II
00814

Prog Admin Spec II
00540

Hlth Care Comp Spec II
00596
00028
00563
00566
W0210
W0924
W0900
W0942

Prog Admin Spec II
00232
00159
00076

Prog Admin Spec II
00568
00504

Prog Admin Spec I
00166

Prog Admin Spec I
W0158
W0997
W0939
W0919
W0405

Info Tech Spec II
00163

Admin & Office Spec III
W0031

Admin & Office Spec III
W0111

Admin & Office Spec III
00091
W0025
W0973

Systems & Reports Unit

Admin & Office Spec III
00084

Prior Authorization & Utilization Review Unit

Member Services Unit

Provider Services Unit

Transportation Unit

Program Integrity Division

The Program Integrity Division reports to the Deputy Director of Programs and Operations. The Program Integrity Division (PID) is entrusted with the responsibility of identifying fraud, waste and abuse within the Virginia Medicaid program, referring potentially fraudulent providers and members to the proper law enforcement entity. The division works with other divisions in the agency and CMS and the Office of the Attorney General on integrity issues and special projects. The PID comprises two primary units: the Member Review Unit (MRU) and the External Provider Auditing and Policy (EPAP) Unit.

➢ **Member Review Unit**
To fulfill its mission, PID engages in the following member-focused integrity activities:

- MRU collaborates with local Department of Social Service (LDSS) agencies on alleged acts of criminal welfare fraud and referrals to local Commonwealth Attorneys.
- Payment Error Rate Measurement (PERM) and Medicaid Eligibility Quality Control (MEQC) programs measure improper payments and review eligibility efficiencies.
- Public Assistance Reporting Information System (PARIS) identifies members potentially receiving benefits in multiple states.

MRU has two sub-units, Recipient Audit Unit (RAU) and Eligibility Review Unit (ERU) that monitor member activities.

Recipient Audit Unit

The RAU is responsible for investigating allegations of acts of fraud, waste, or abuse committed by members of the Medicaid and FAMIS Programs, which result in misspent funds expended by the Department of Medical Assistance Services.

The RAU also investigates drug diversion and performs joint investigations with law enforcement, Virginia State Police, Social Security, the FBI, and other federal/state agencies.

The RAU identifies overpayments due to member fraud and abuse and tries to prevent and deter future losses through the following dispositions of their investigations:
- Administrative recovery from members of the overpaid benefits loss
- Criminal prosecution of member fraud, related penalties, sanctions and restitution as ordered by the courts.

Eligibility Review Unit

The ERU is responsible for specialized eligibility review projects. The ERU focuses on programs, populations, and processes Medicaid Eligibility Quality Control (MEQC), Public Assistance Reporting Information System (PARIS), assists on PERM audits and reviews and other targeted quality audits and reviews. The ERU works with DSS to provide training and educational support on eligibility reviews.

The ERU also oversees the Eligibility Quality Review Program (EQRP). The EQRP identifies statewide and locality-specific errors and trends and provides DSS data analysis, review, and specific and targeted areas of opportunity.

➢ **Provider Review**

The PID engages in provider-focused program integrity efforts and oversight to help fulfill its mission to work across the agency to identify providers who may be practicing erroneously, abusively or involved in fraudulent activities. PID efforts include:

• The Fraud and Abuse Detections System (FADS) is a suite of complementary, web-based components. As information cross delivery systems, FADS mine provider, member and claims data for potential fraud, waste and abuse (FWA); it also contains a system for tracking cases.
• PID has engaged nationally recognized audit vendors to augment their activities.

External Provider Audit and Policy (EPAP) Unit

The EPAP unit is responsible for the oversight and integrity of contracts and activities for the agency's Managed Care contracts. EPAP also monitors nationally recognized contractors who perform additional provider audits. In addition, the unit leads the managed care program integrity collaborative and housed the Provider Review Unit (PRU).

Provider Review Unit
As a sub-unit of EPAP, the PRU conducts audits of fee-for-service provider claims. These audits examine a selection of claims paid during prior fiscal years to ensure proper payment practices per DMAS and Medicaid policy.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Program Integrity Division
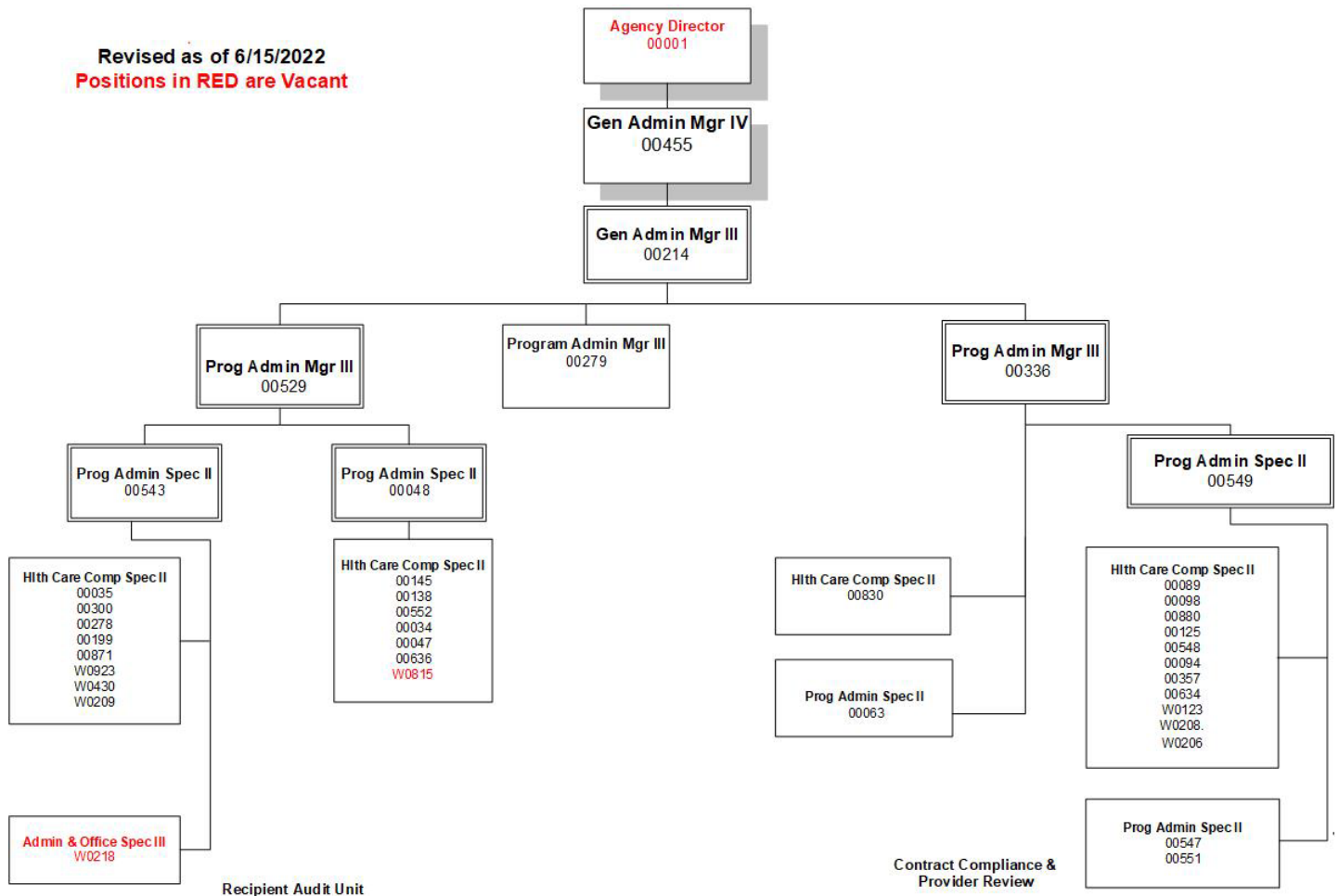
Provider Reimbursement Division

The Provider Reimbursement Division (PRD) reports to the Deputy Director of Finance/Chief Financial Officer (CFO). The PRD 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, PRD 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. Also, as a result of Medicaid expansion, PRD now develops and implements provider assessments.

➢ **Provider Rate Setting Unit**
The Provider Rate Setting Unit is responsible for developing, implementing and maintaining rates for acute and long-term care services/providers; modeling the impact of proposed changes to payment policies and providing other analyses to support decision-making; assisting in the development of SPA and regulations to effectuate approved legislation; and working with providers and contractors to support accurate rate setting and payment.

Services for which rates are set include but are not limited to:
   o Acute/rehabilitation/psychiatric hospitals (inpatient and outpatient)
   o Ambulatory surgery centers
   o Nursing facilities and hospices
   o Physicians and other practitioners
   o Community Mental Health/Addiction and Recovery Treatment Services (ARTS)
   o Personal care and other home or community-based care waiver service providers
   o Home health agencies
   o Outpatient rehabilitation agencies

Supplemental payments are calculated for:
   o Graduate Medical Education (GME)
   o Indirect Medical Education (IME)
   o Disproportionate Share Hospitals (DSH)
   o Indigent care at state teaching hospitals
   o Private teaching hospitals
   o Physicians affiliated with teaching or children's hospitals
   o State & non-state-owned clinics
   o Non-state government-owned nursing care facilities
   o Private acute care hospitals

➢ **Managed Care Rate Setting Unit**
The Managed Care Rate Setting Unit has the same kinds of responsibilities as the Provider Rate Setting Unit as they apply to the provision of capitated services, including:
   o Medallion 4.0 (acute care services for children, pregnant women and low-income caretakers and adults)

- CCC Plus long-term services and supports and acute care services for the aged, blind and disabled, including dual eligible individuals
- Program for All-inclusive Care for the Elderly (PACE)

This unit manages a large contract with a national actuarial consultant to assist in setting Medicaid managed care rates. In addition, this unit is responsible for administration of Medicaid's:
- Pharmacy Reinsurance Program
- ARTS Stop Loss Insurance Program
- Quality withhold and provider incentive payments

➢ **Cost Settlement and Audit Unit**
The Cost Settlement and Audit Unit is responsible for cost report related activities of institutional providers who file cost reports. Cost reports must be settled to ensure correct reimbursement for previous years, and for some provider types, their rate for the subsequent year. Financial information from cost reports is also used for rebasing certain rates. The unit also manages field audits to ensure that reported costs are correct and consistent with the Virginia Administrative Code and federal reimbursement principles.

Providers that file cost reports include:
- Hospitals
- Nursing facilities and specialized care facilities
- Outpatient rehabilitation agencies

State and private intermediate care facilities for individuals with intellectual disabilities (ICF/IID)
- State psychiatric hospitals and training centers
- Federally Qualified Health Centers (FQHC)
- Rural health clinics (RHC)

Much of this unit's work involves managing a contract with an independent certified public accounting firm, including approval of work to be completed and budgeted hours, review of audit findings, approval of any special/supplemental payments, and oversight of other consulting services including those that monitor our contractual arrangements and payment of services provided by managed care organizations to Medicaid recipients. Moreover, this unit also oversees upper payment limit (UPL) demonstrations, DSH audits, school-based reimbursement for medical transportation and administrative services, and lump-sum payment transactions.

➢ **Special Projects**
PRD has a small team which leads and/or provides support to a number of PRD activities which include:
- Administer private acute care hospital assessments
- Administer most of DMAS' supplemental payments, including supporting CMS documentation and state regulations
- Provide quarterly budget updates on supplemental payments and represent PRD at year-end budget meetings
- Manage PRD review of proposed budget amendments and legislation
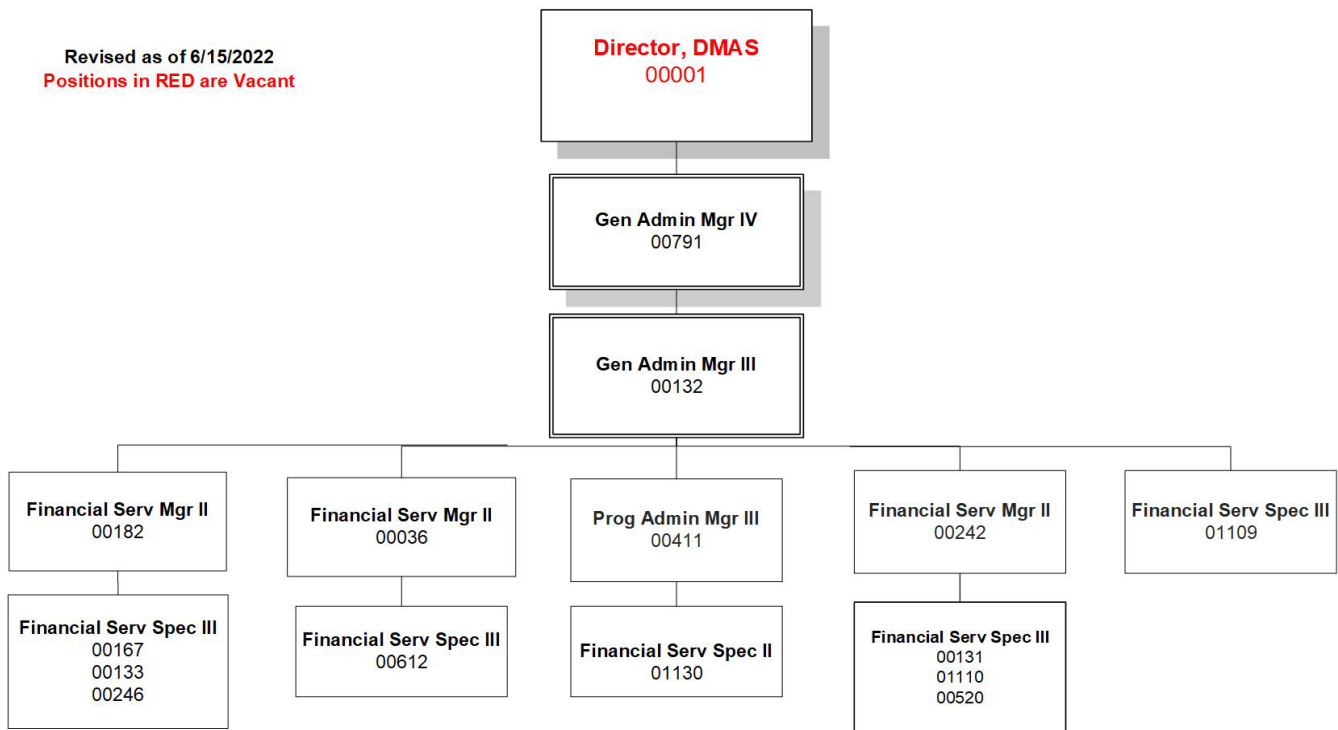- Support the division's meetings, administrative activities and communication

> **Reimbursement Policy**

PRD has a dedicated team member who is responsible for ensuring all reimbursement policy is in alignment and organizes language changes. Activities include:
  - Developing and maintaining Reimbursement Policies and Manuals
  - Writing and ensuring implementation of Administrative Code changes
  - Reimbursement State Plan reviews and development
  - Researching and advising on draft budget language
  - Reviewing and implementing the federal CMS policy and directives pertaining to reimbursement
  - Ensuring reimbursement compliance with federal regulations

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Deputy Director for Finance and Technology
Provider Reimbursement Division

Revised as of 6/15/2022
Positions in RED are Vacant

Director, DMAS
00001

Gen Admin Mgr IV
00791

Gen Admin Mgr III
00132

Financial Serv Mgr II
00182

Financial Serv Spec III
00167
00133
00246

Financial Serv Mgr II
00036

Financial Serv Spec III
00612

Prog Admin Mgr III
00411

Financial Serv Spec II
01130

Financial Serv Mgr II
00242

Financial Serv Spec III
00131
01110
00520

Financial Serv Spec III
01109

Organizational Changes during Fiscal Year (FY) 2022

During the period July 1, 2021 – June, 30, 2022, DMAS made the following organizational changes to ensure that all business functions are aligned with the correct Divisions within DMAS:

➢ **Office of Enterprise Project Management:** The Office of Enterprise Project Management now reports directly to the Chief Financial Officer to provide greater oversight of all Agency priority projects. The Enterprise Project Management Office (PMO) comprises 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.

➢ **Office of the Chief of Staff**
As part of the agency's commitment to advancing efficiencies and operations for business continuity, DMAS has enhanced its oversight to ensure to identify, assess, analyze and control threats to the agency. In response, the Internal Audit and Office of Security and Compliance divisions have moved under the Chief of Staff (COS) Office's essential functions. This realignment prioritizes mitigation activities to reduce risk and promotes a consolidated agency-wide risk analysis that includes both external & internal audits and analysis of DMAS technical and security threats. Putting a greater emphasis on adequate and efficient operations within our agency in these areas will improve internal processes that directly impact the services provided to our Medicaid Members.

To better coordinate the business functions of organizational development and retention within the Chief of Staff Office, the Talent Development and Employee Relations functions were realigned from the HCD Division to the Office of the COS. The Talent Development team joined Employee Engagement and became the Workforce Development and Engagement team, responsible for the effective development, coordination and presentation of training and development programs for all employees. Similarly, the Employee Relations team is responsible for prevention and resolution of conflict in interpersonal relationships, acting as a liaison or intermediary between employees and managers where conflict may exist, and promoting positive communication between employees, supervisors, and managers. This unit ensures fair, consistent application of the Performance Management System, technical assistance for Performance Improvement Plans, recording performance ratings and ensuring that all Employee Work Profiles are up-to-date and accurate. Performance management is the systematic process of planning work and setting expectations continually while monitoring performance of core responsibilities, developing the capacity to perform and improve, periodically rating performance and rewarding consistent, successful performance. Under the Department of Human Resource Management (DHRM) Policy, all classified employees are evaluated on an annual basis in the performance management process. Although not required under policy, it is strongly recommended that wage employees are evaluated each year during the performance period.

➢ **Office of the Data Analytics**
To address the agency's increasing demand for data, reports and dashboards, the Office of Data Analytics realigned existing talent and resources to designate a team focused on providing data visualization functions. The Data Visualization unit provides the business intelligence necessary for understanding current and predictive views of agency operations. Analytics is the connective tissue between data and effective decision-making by leadership; this realignment of data analytics resources supports DMAS's focus on enhancing business analytics and agency efficiencies.

➢ **Office of the Compliance and Security**
The historical Office of Compliance and Security has been integrated within the Information Management Division. The provision of guidance to mitigate risks to the availability, confidentiality, and integrity of all the DMAS information has been realigned with the Information Management

Division. With the implementation of the new MES Module, IM will ensure compliance with all applicable federal and state legislation. This function includes planning, governance, incident reporting, and oversight of the agency's comprehensive privacy, information security, and physical security program.

Below is a summary of DMAS Staffing Changes during Fiscal Year 2022 (7/1/2021 – 6/30/2022), as well as previous FY 2019, FY 2020 and FY 2021 figures– These figures are a reflection of classified and wage positions filled and separations, not a reflection of our current Maximum Employment Level (MEL).	FY 2019	FY 2020	FY 2021	FY 2022
Classified Positions filled:	106	114	80	91
Internal Transfers:	37	29	30	21
External Hires:	69	85	50	70
Classified Positions Separations from DMAS:	40	34	43	50
Resignations:	23	21	25	28
Retirements:	9	9	14	12
Other:	8	4	4	10
Wage Positions filled:	46	37	15	44
External hires:	44	57	14	43
Internal transfer from one wage position to another wage position	2	0	1	1
Previous 6 month wage pos. ended/hired into new wage position	0	0		0
Wage position separations from DMAS:	33	34	37	25
Resignations:	13	14	24	25
Other separations:	20	20	13	5
Other separations breakdown:				
Wage hired as classified:	4	0	3	5
Wage term to temp pos:	4	0	4	0
Intern assign ended:	4	0	2	0
Terminations:	8	20	4	0
Total of other separations breakdown:	20	20	13	5

END OF REPORT