AUGUST 15, 2021

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) ANNUAL ORGANIZATIONAL REPORT FYE 2021 – AUGUST 15, 2021

DMAS Annual Organizational Report FYE 2021

A Report to the Virginia General Assembly

August 15, 2021

Report Mandate:
Item 317.C. (DMAS) Administrative and Support Services. HB1800 - Chapter 552

AA. The Department of Medical Assistance Services shall report a detailed accounting, annually, of the agency's organization and operations. This report shall include an organizational chart that shows all full- and part-time positions (by job title) employed by the agency as well as the current management structure and unit responsibilities. The report shall also provide a summary of organization changes implemented over the previous year. The report shall be made available on the department's website by August 15 of each year.

Summary

The following annual report provides a detailed accounting of the agency's organization and operations through fiscal year end 2021.

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 of the 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, are utilized to 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 2021. This includes organizational structure changes in addition to staff changes regarding filled positions and separations.

About DMAS and Medicaid

The mission of the Department of Medical Assistance Services (DMAS) is to improve the health and well-being of Virginians through access to high-quality health care coverage.

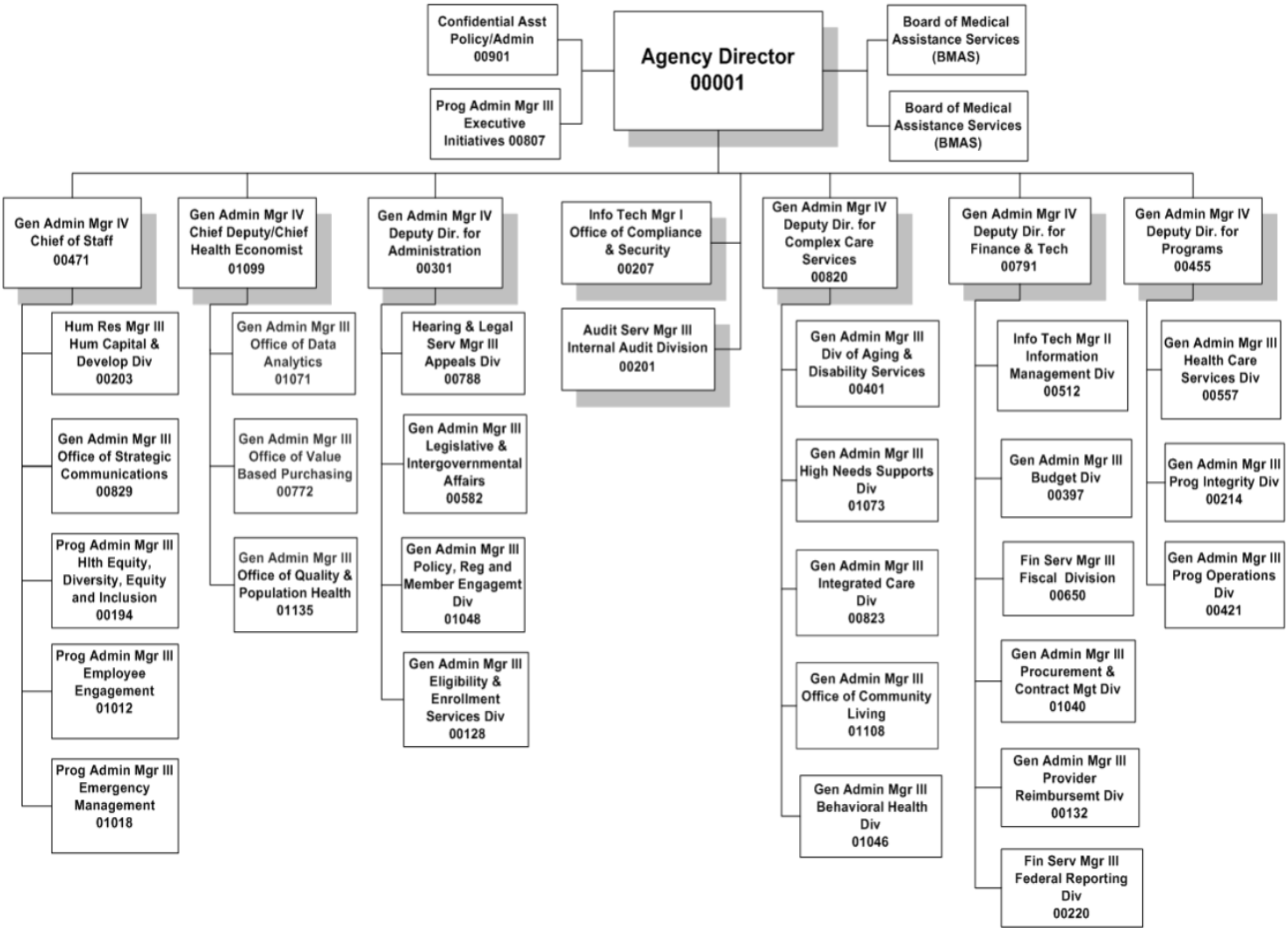
DMAS administers Virginia's Medicaid and CHIP programs. Through the Medallion 4.0 and Commonwealth Coordinated Care Plus (CCC Plus) managed care programs, more than 1 million Virginians access primary and specialty health services, inpatient care, behavioral health, and addiction and recovery treatment 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 500,000 newly eligible, 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.

As of 6/25/2021
Positions in RED are Vacant

Department of Medical Assistance Services
Agency Organization Structure



Appeals Division

The Appeals Division reports to the Deputy Director 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**
  There are over 1.8 million Medicaid and FAMIS clients in Virginia. 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. The 2021 State Budget allocated funding for addition staffing to DMAS to support the *de novo* hearings.

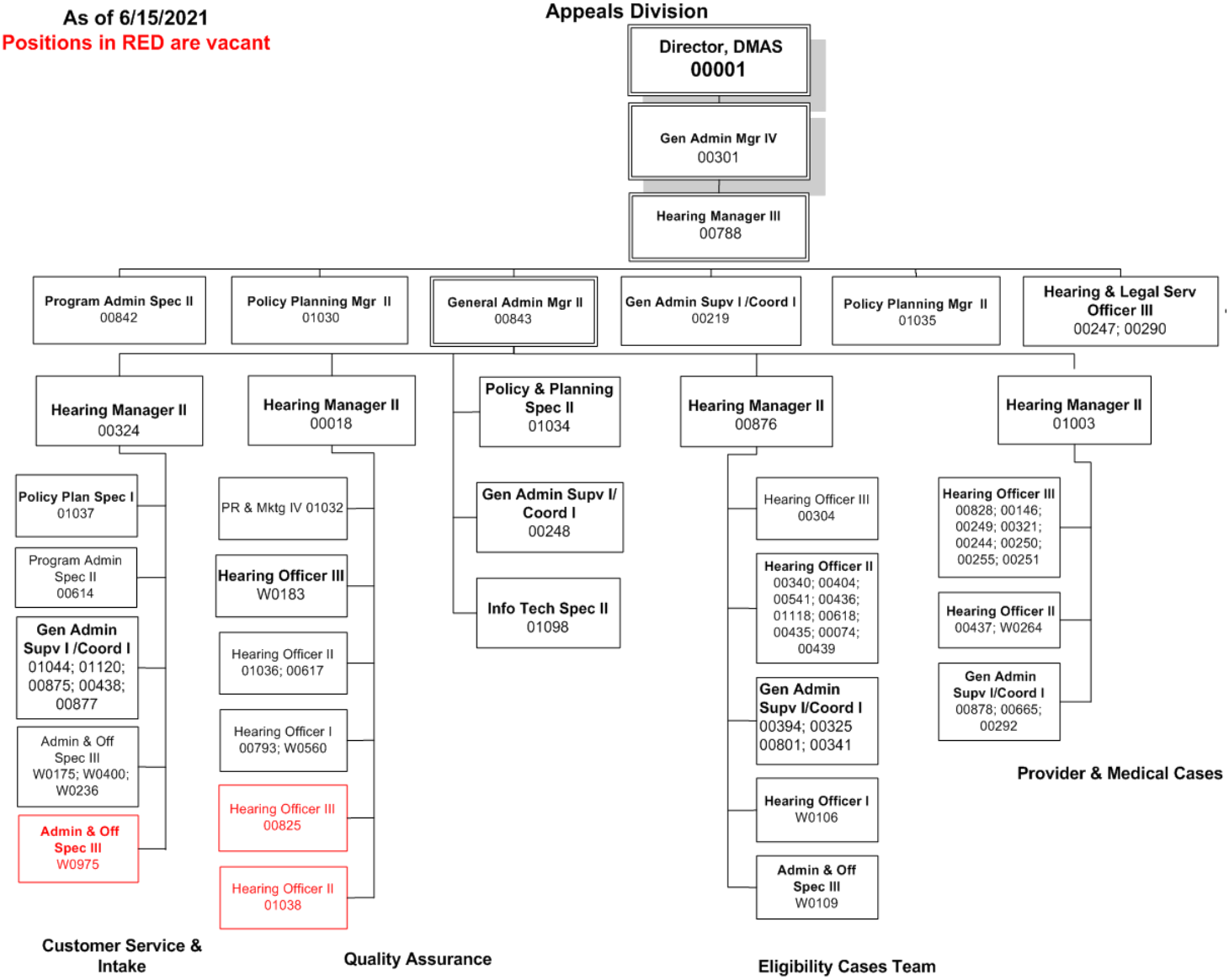
- **Provider Appeals:**
  Provider appeals occur after services have already been rendered and the provider is seeking payment. Provider appeals involve every type of provider with whom the Agency contracts, including physicians, hospitals, residential treatment facilities, nursing homes, adult care 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, 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

As of 6/15/2021

Positions in RED are vacant



Behavioral Health Division

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

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

- Serving as agency subject matter experts for behavioral health policy to support internal and external initiatives
- Establish, update, and clarify behavioral health policies for managed care organizations (MCOs) and the Behavioral Health Services Administrator (BHSA) including contract requirements
- Facilitate communications between behavioral health stakeholders, BHSA and MCO entities regarding systems concerns
    - Provide technical assistance and training for MCOs and the BHSA
    - Respond to stakeholder comments and inquiries
    - Manage the Enhanced BH and SUD email accounts and work collaboratively with other divisions to manage all stakeholder specific issues, questions and concerns
    - Co-lead the facilitation of the GA mandated MCO Resolution Panel
- Track and analyze the impact of Virginia legislative initiatives in coordination with the Policy Division and the Office of Communications, Legislation and Administration.
- Work closely with leadership of other major behavioral health initiatives, including Project BRAVO/Behavioral Health Enhancement, the Family First Prevention Services Act (FFPSA; Department of Social Services and Office of Children's Services) and System Transformation Excellence and Performance (STEP-VA; Department of Behavioral Health and Disability Services) to assure alignment in systems reform efforts
- Provide interagency leadership and support for the Department of Behavioral Health and Disability Services in the development of the Project BRAVO/Behavioral Health Enhancement project
    - Manage stakeholder engagement through implementation workgroups, community presentations, and ongoing communications effort
    - Collaborate with contractors to provide subject matter expertise within rate study and fiscal impact analysis
    - Oversee project plan, implementation, and manage collaborative deliverables with other state agencies
    - Update agency regulations, state plan amendments, provider manuals, provider memos and other policies or policy communications related to BH
    - Produce strategic communications and presentations for stakeholder groups
- Provide regular updates and briefings to Virginia Secretary of Health and Human Resources
- Present ARTS best practices to national audiences
- Behavioral Health Quality Management Reviews
    - Collaborate with Program Integrity Division to review provider qualifications and ensure provider compliance
- Mental Health Parity Analysis
- Monitor BHSA contract for administering fee-for-service community mental health and Addiction, and Recovery Treatment Services (ARTS) services, children's residential services and treatment foster care case management
    - Reimburse contractor for their payments to providers
    - Process contractor per member per month (PMPM) administrative payments
    - Provide contractor with technical assistance as indicated
    - Train contractor staff on new policies
    - Monitor contractor compliance
    - Provide systems support for claims and authorization since contractor's system does not interface with Virginia's Medicaid Management Information System (MMIS)

Providing statewide oversight of the Addiction and Recovery Treatment Services (ARTS) 1115 Demonstration waiver, which includes:

- Management of the required waiver evaluation with the evaluation contractor
- Preparation and submission of required CMS Reports
- Participate in monthly CMS calls for the 1115 Demonstration Wavier

Providing statewide oversight of the $4.9 Million SUPPORT Act Grant Planning Grant, which includes:

- Conducting a comprehensive needs assessment of substance use disorder (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 within health systems to bridge treatment and recovery from emergency departments to community providers
- Developing a telemedicine curriculum for SUD treatment providers
- Overseeing a pilot for linking recently incarcerated Medicaid members to community-based treatment
- 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 utilization of SUD peer recovery services
- Preparing Virginia to apply for the SUPPORT Act Demonstration Phase – 3 year competitive grant available to current awardees.

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

As of 6/15/21
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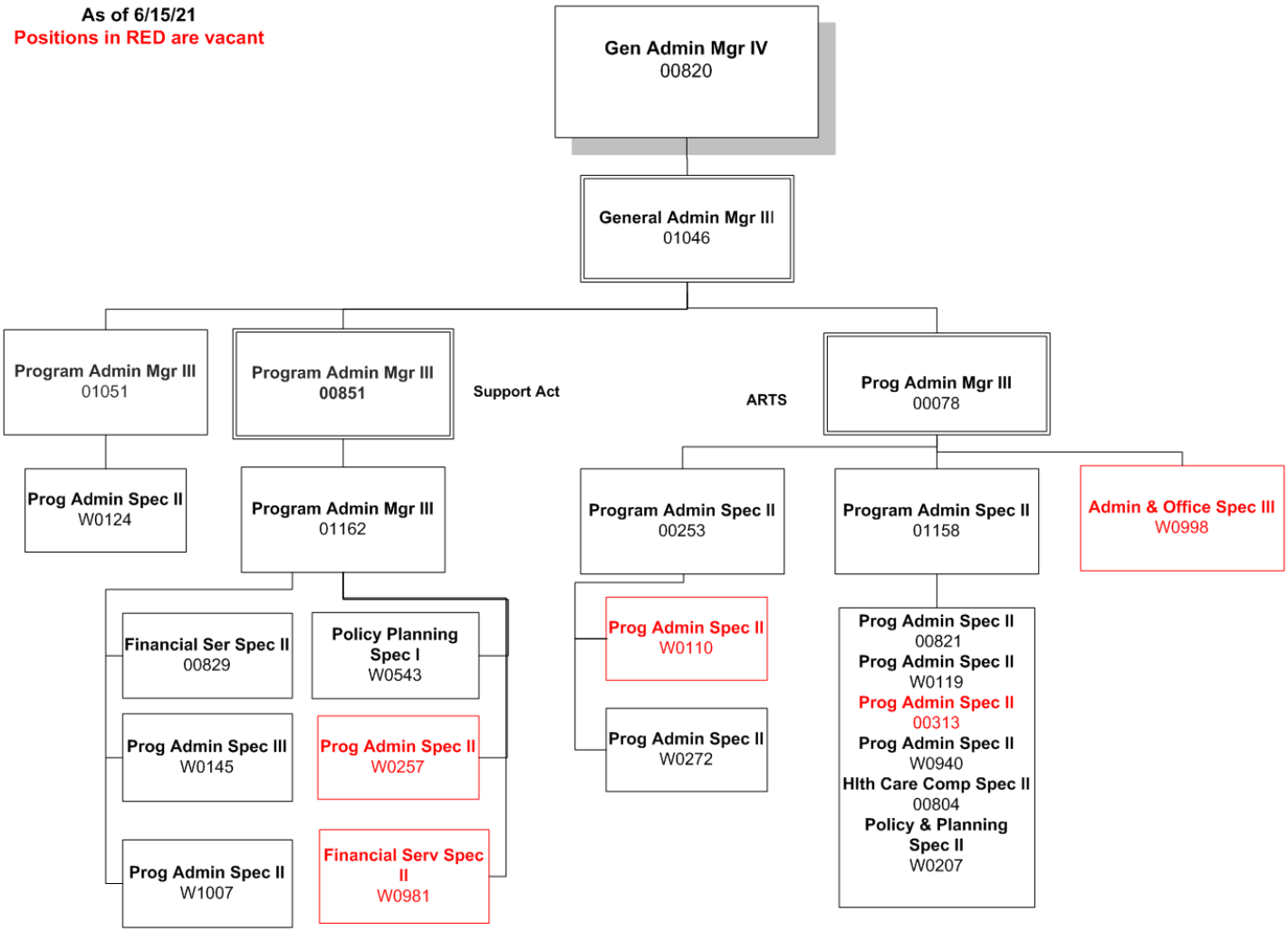

Budget Division

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 Forecast and Cost Estimate Unit.

- **Budget Operations Unit - Administration**
  The Budget Operations Administration (Admin) unit is responsible for budget development of 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. In addition, the Budget Operations Admin Unit is 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 Unit - 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; monitoring of 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 the federal reporting requirements.

- **Forecast and Cost Estimate Unit**
  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
Budget Division

As of 6/15/21
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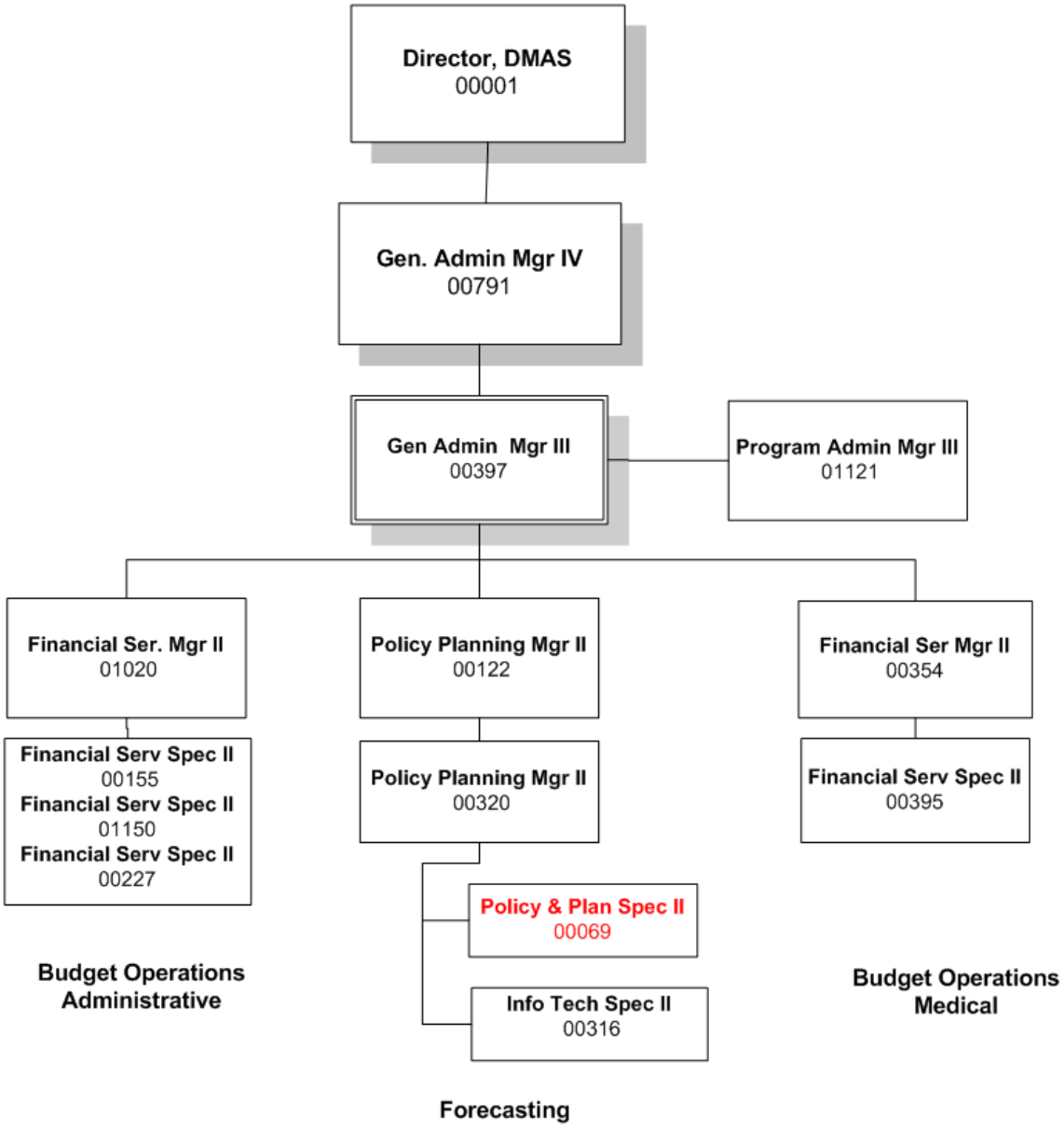
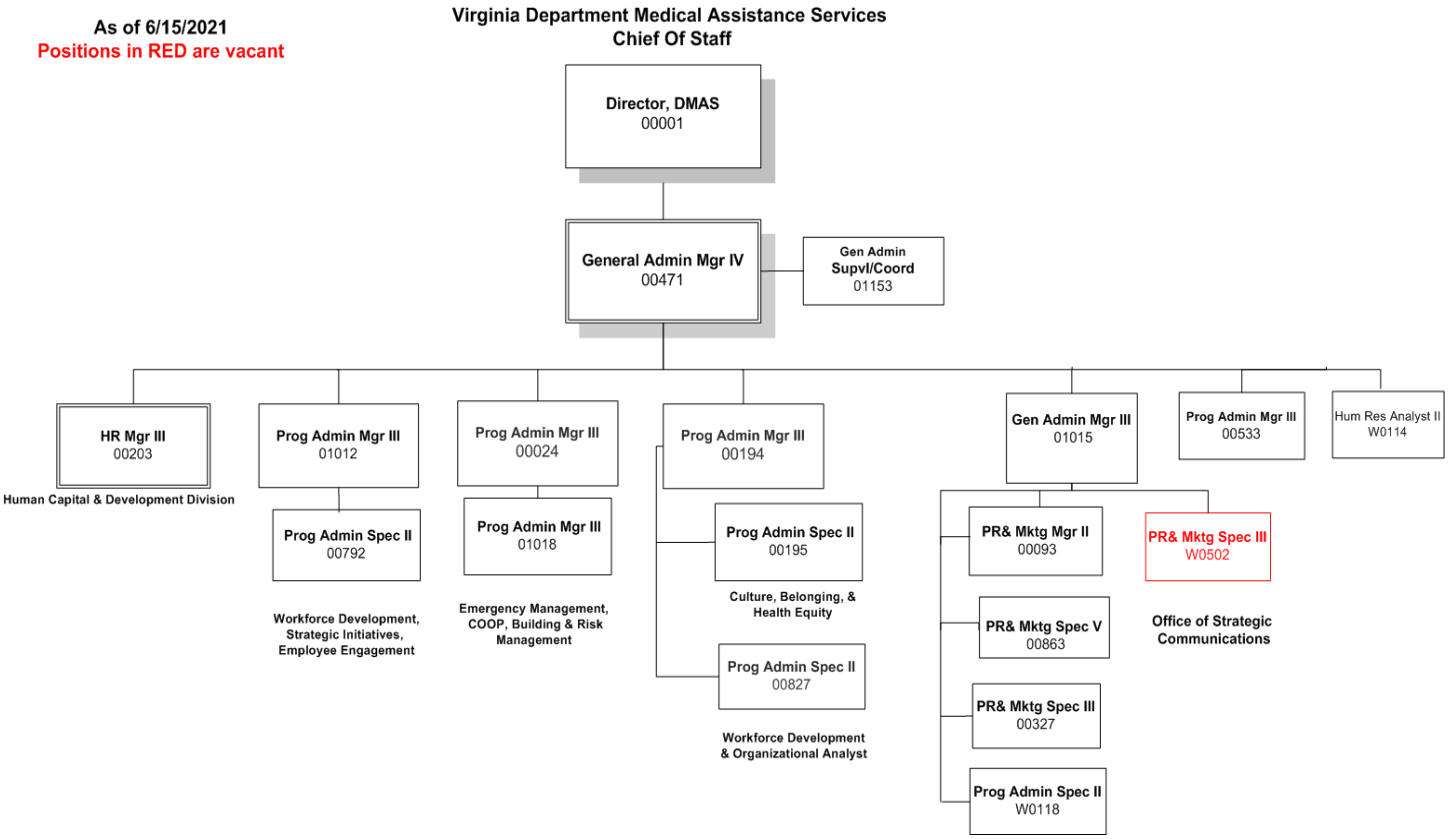


Chief of Staff Office

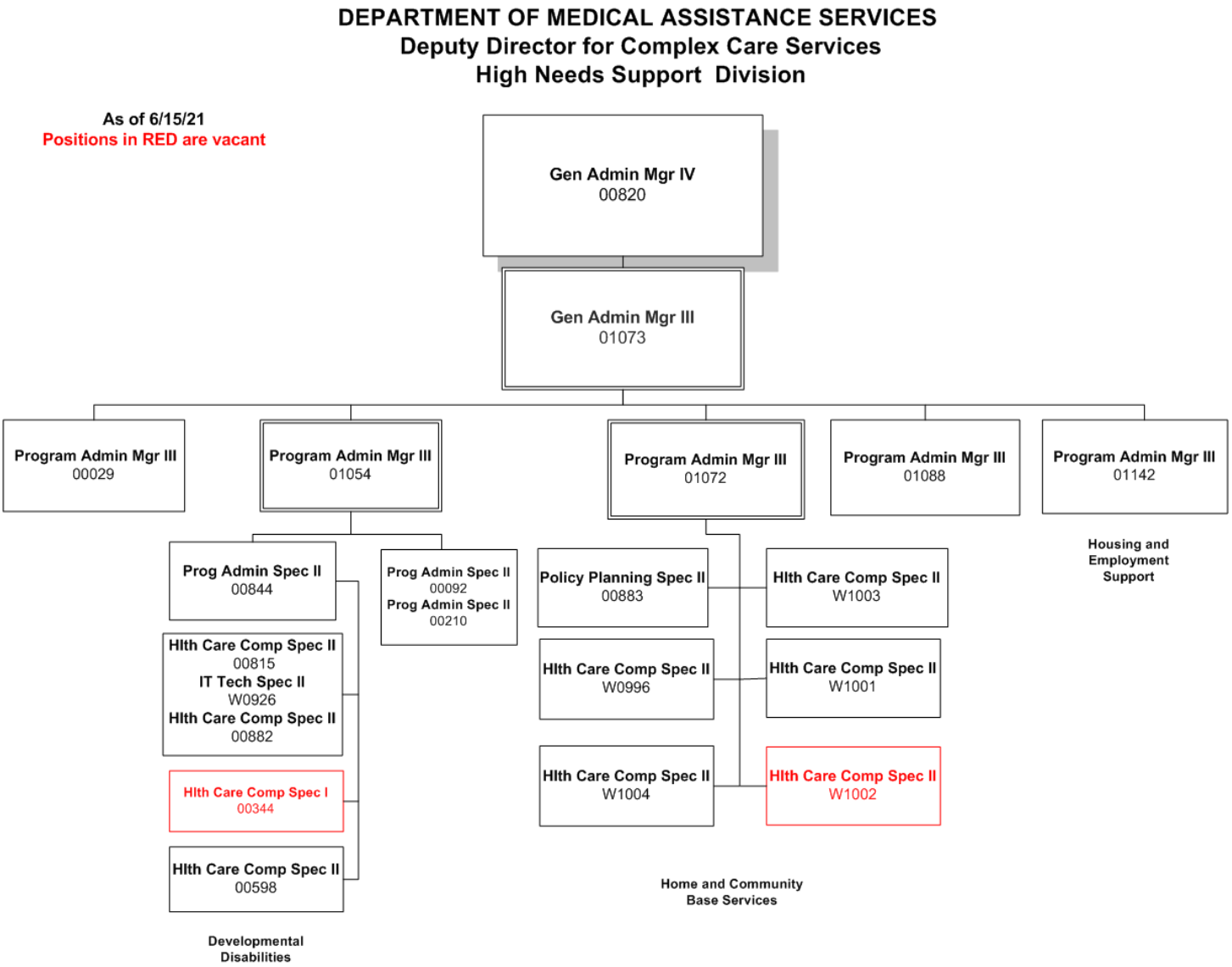
The Chief of Staff reports to the DMAS agency Director and has an internal, agency-wide focus on business continuity, strategic communications, and workforce engagement and development. Core functions of the Chief of Staff office include: managing the priorities of the Director's Office and overseeing Agency performance, directing the Human Capital and Development Division, leading strategic communications, advancing diversity, equity and inclusion (DEI, managing building and emergency management, and enhancing employee engagement. The office ensures streamlined activities within the agency based on the priorities of the agency Director.

The Chief of Staff strengthens the DMAS workforce by ensuring a safe physical environment, promoting workforce development, and advancing diversity and inclusion. The Chief of Staff enhances DMAS business functions through strategic planning, resource planning and business continuity planning. As the agency lead for strategic communications, the Director of Strategic Communications provides communications on behalf of the Chief of Staff Office. This includes providing support to the Director, Chief of Staff and all Executive Leadership Team (ELT) members on high-priority issues, handles all media inquiries and events, and social media for the agency. The Chief of Staff works with the Strategic Communications Director to promote "one voice" with internal and external stakeholders, increasing transparency and awareness across the agency.



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 to drive provider quality and critical support services for members in the Commonwealth. These supports include those 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 the long-term support needs including the social and environmental needs of Virginians that impact health, well-being, and medical expenditures.



Division of Aging and Disability Services

The Division for Aging and Disability Services (DADS) reports to the Deputy Director of Complex Care Services. DADS is responsible for services that are generally related to the aging population. Within the division, there are numerous staff members that form teams of expertise on a variety of programs.

- **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 program or nursing facility services.

- **Civil Money Penalty Funds (CMP)**
  The division manages the use of Virginia's Civil Money Penalties Reinvestment Funds (CMP) 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, The Commonwealth has more funded projects than any other State in the nation.

- **Policy Unit**
  The division is responsible for regulatory and policy development, revisions and maintenance of nursing facility, screening, durable medical equipment, hospice, home health and other provider manuals and handbooks. The division also provides written and verbal policy clarifications, legislative support, and internal and external policy training. The Policy unit actively participates in the legislative process related to services affecting those who are aged and/or have disabilities within the Commonwealth.

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

As of 6/15/21
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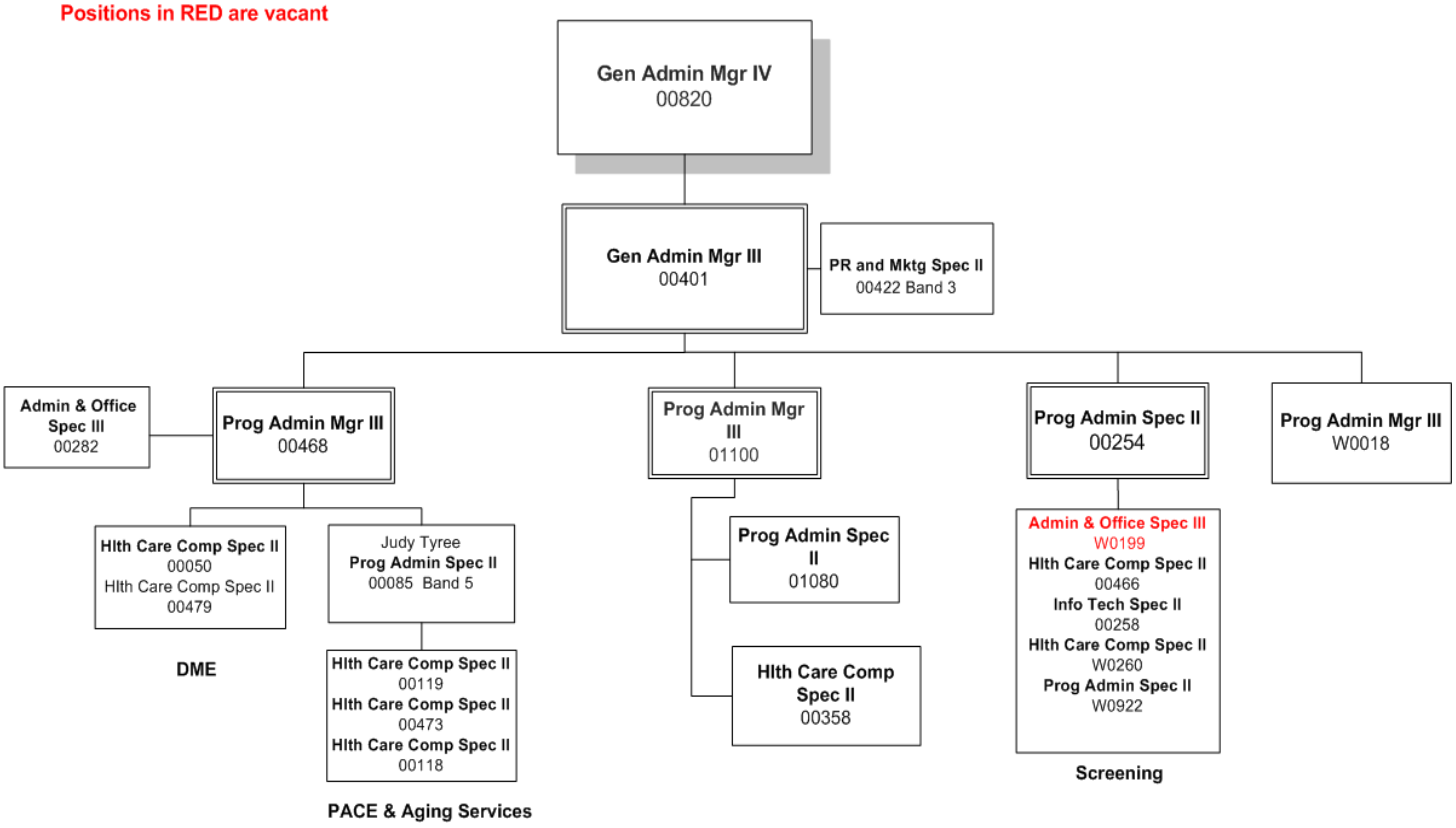


Eligibility and Enrollment Division

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 four units, each with a distinct function: Eligibility Policy Unit, Enrollment Unit, Cover Virginia, and the Eligibility Performance Management Program (EPMP).

- **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).

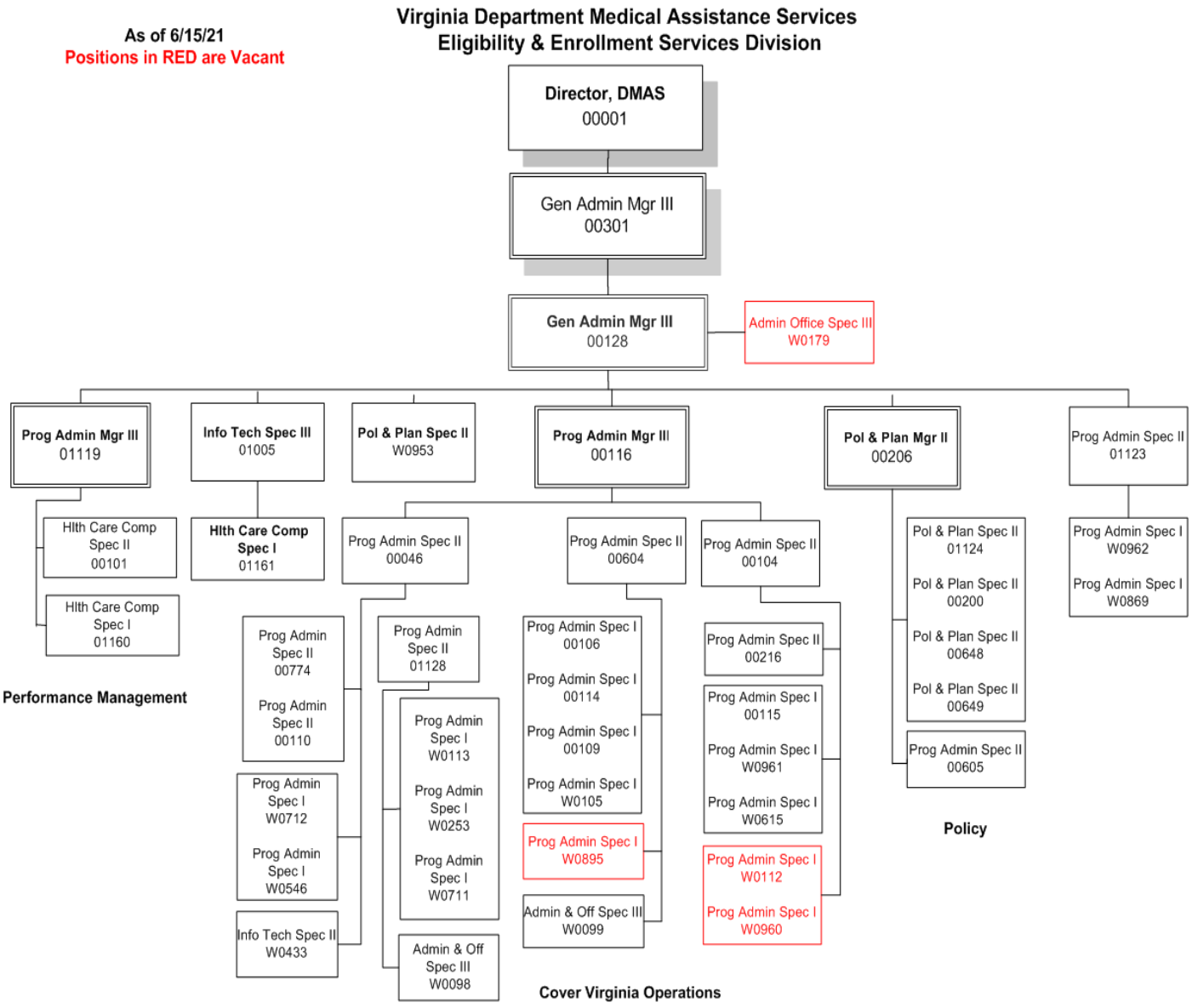
- **Enrollment Unit**
  The Enrollment Unit is responsible for enrollment coverage corrections in the Medicaid Management Information System (MMIS) based on requests from local DSS agencies; patient pay corrections in MMIS based on requests from local agencies/providers; cancellation of coverage for deceased individuals based on reporting from the Virginia Department of Health (VDH); processing returned mail; adding eligibility for deemed newborns; 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, and other related issues.

- **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 a call center, central processing unit, a mailroom, and a quality assurance unit. There is also a central site for acceptance and processing of applications for incarcerated individuals. This unit also is responsible for ongoing case maintenance and re-entry case processing for these individuals.

- **Eligibility Performance Management Program (EPMP)**
  The Eligibility Performance Management Program (EPMP) 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.

- **Systems Unit**
  The Eligibility and Enrollment 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 IM staff

to gauge the impact of VaCMS changes on the MMIS, and if there is an impact, work with IM staff to determine what needs to be done and when the change can be accomplished.

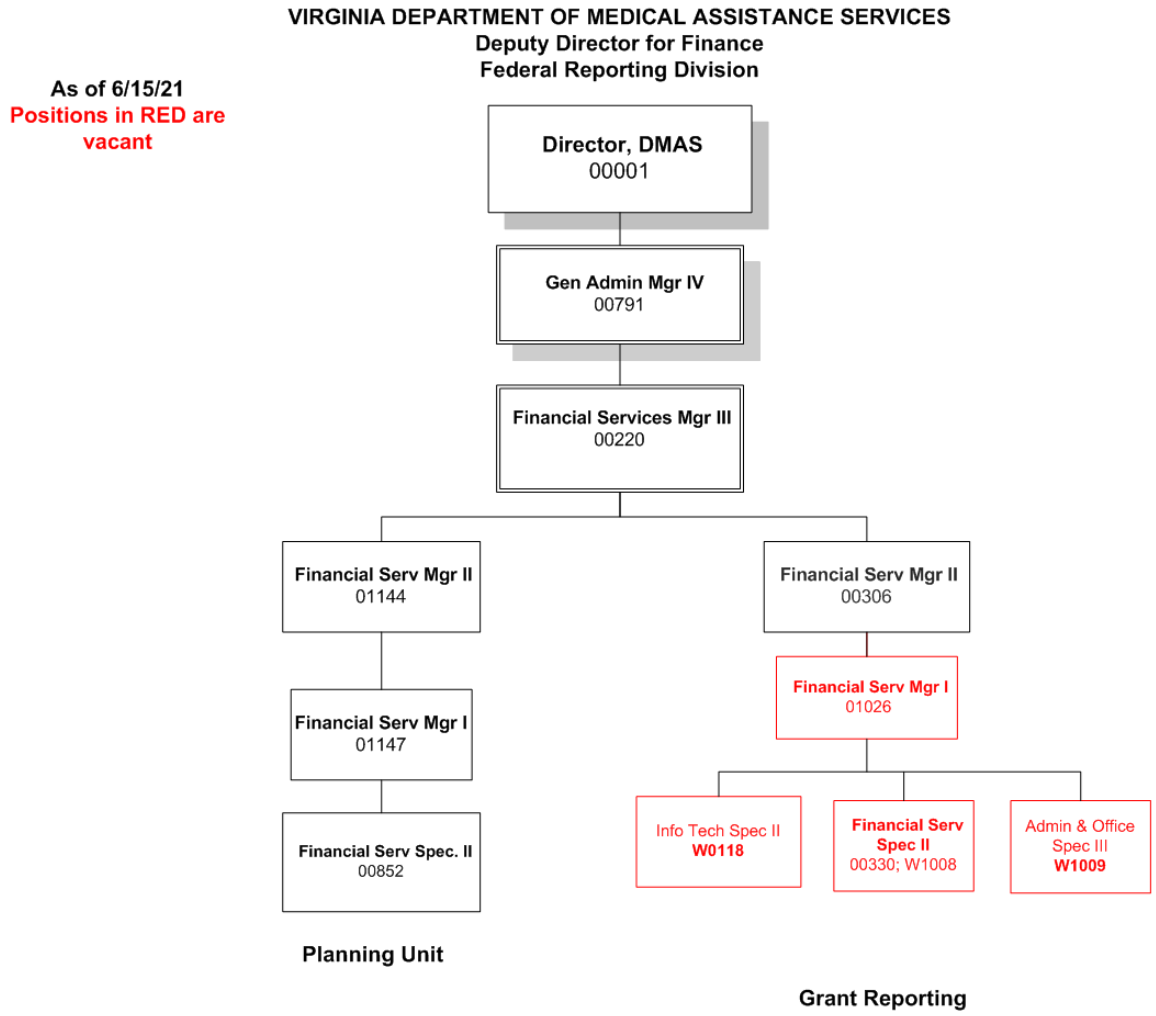


Federal Reporting Division

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 the Federal financial reviewers and auditors.

- **Reporting Unit**
  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 includes complex reconciliations, fluctuations analysis, waiver reports for cost-neutrality (CMS 372), and EPSDT participation report.

- **Planning Unit**
  The Planning Unit is responsible for the compilation of the agency's Public Assistance Cost Allocation Plan and executes the quarterly cost allocations in accordance with federal mandates. This includes reviewing other agency Cost Allocation Plans and Inter-Agency Agreements (IAGs). 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).



Fiscal Division

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

- **Accounts Payable (AP) & Disbursements**
  The Fiscal Division's AP & Disbursements Unit is primarily responsible for processing agency payments. This includes processing 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 the Medicaid Management Information System (MMIS). The unit is also responsible for the review and certification of the agency's payroll.

- **Accounts Receivable**
  The Accounts Receivable (AR) Unit is a part of DMAS' Fiscal Division. Its objective is to properly manage accounts receivable in order to account, report, and collect funds due to the agency,

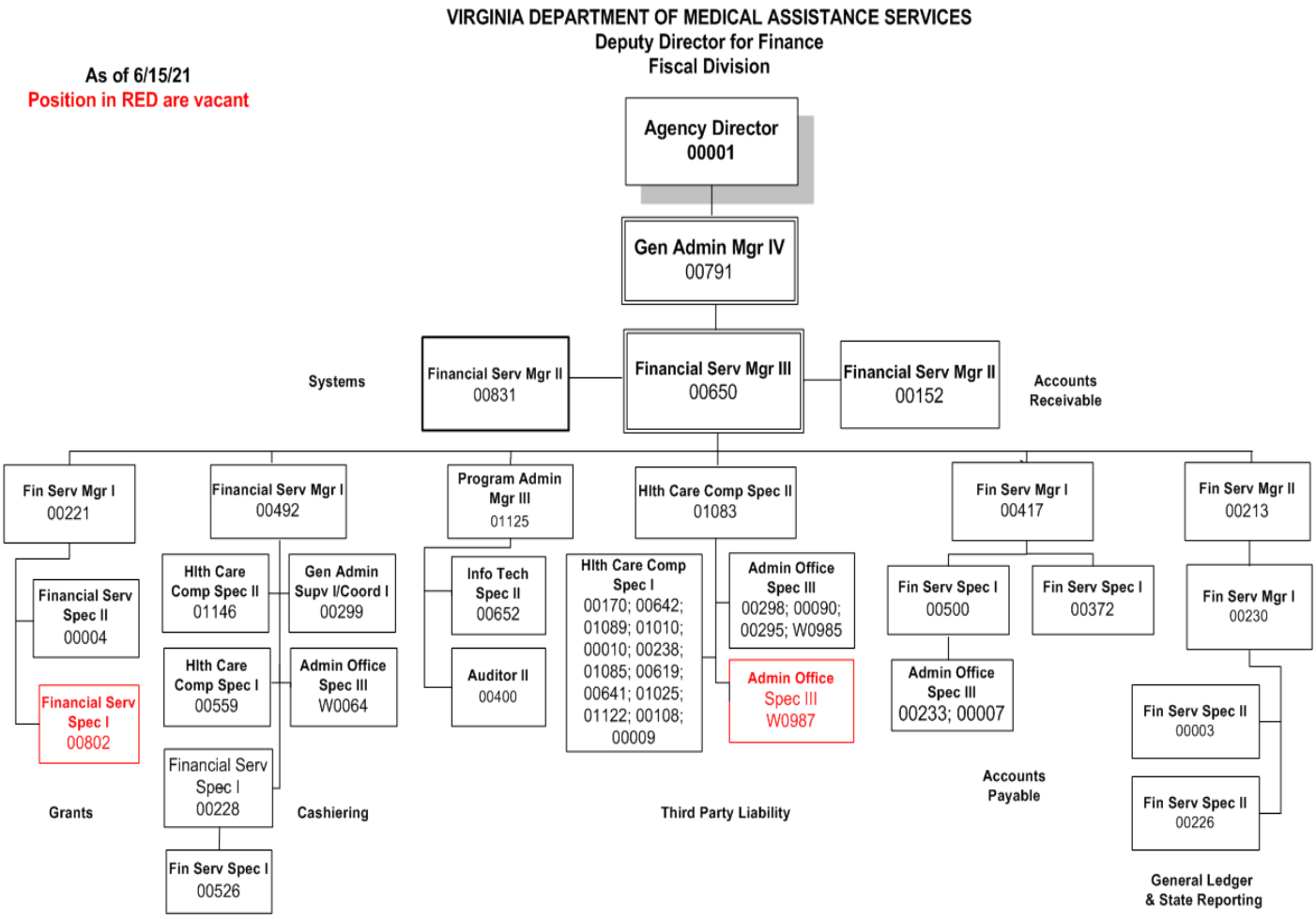
ensuring proper internal control in accordance with federal (CFA §433.300) and state (CAPP §20505) regulations. The AR Unit manages the agency's accounts receivable and debt recovery efforts (excluding Third Party Liability) in accordance with state and federal regulations.

- **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), Taxation Debt Set-off Program, TPL Casualty Recovery Application, Electronic Health Record-Incentive(EHR), Provider Enrollment Fees, and Civil Money Penalties. The unit manages fiscal agent processing of Provider and Payee MMIS Remittance checks and EFT Stop Pays (Reissues and Voids) and 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 & State Reporting**
  This unit reconciles all accounts in the Cardinal Accounting System to Agency's Oracle Accounting System monthly and certifies to Department of Accounts. The unit analyzes and reconciles agency expenditures by program, fund and expense code monthly. It manages processes for monthly and fiscal year-end close of accounting systems in accordance with directive from the State Comptroller. The unit prepares and submits year-end financial schedules and other requested data to Department of Accounts for preparation of the Comprehensive Annual Financial Report (CAFR).

- **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 Department of Payment Management (DPM) through the DPM - Payment Management System (PMS). As part of the Annual Statewide Interest Liability Calculation, the unit prepares, coordinates, and submits Cash Management Improvement Act (CMIA) reporting requirements to DOA specifically for Medicaid and CHIP Federal Grant Awards. Federal schedules are completed and submitted to DOA for preparing the Annual Statewide Schedule of Expenditures of Federal Awards (SEFA) 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 Third Party Liability Unit, works in partnership with HMS (outside vendor), who performs data matches with insurance carriers to update the member's third party resource information to pursue recoveries from primary insurance carriers. The unit also processes referrals related to member's primary health insurance verifications to ensure they are able to enroll in programs and receive services needed. 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.



Health Care Services Division

The Health Care Services Division reports to the Deputy Director of Programs. The Health Care Services (HCS) Division is the home of the traditional managed care program currently called Medallion 4.0 that primarily covers children, pregnant women, childless adults and the Medicaid expansion adults. In addition, HCS is the home to The Dental Unit, through the program Smiles for Children (SFC) program which oversees the delivery of dental care to all Medicaid members. The Maternal and Child Health (MCH) program provides oversight of services for all maternal health and some children services and programs.

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

Medallion 4 .0 Managed Care units:

HCS is responsible for the oversight and management of the contracts with the managed care organizations contracted with the agency to deliver comprehensive health care to approximately 1.4

million Medicaid members. To support this work HCS is broken up into several units that provide support and management of this program. These include: Systems and Reporting, Managed Care Administration, Compliance, Policy and Contracting, and Member and Provider Solutions. .

- **Member and Provider Solutions**
  Provides Medallion members and Medallion managed care providers support and service. Provides case management to members and oversees the enrollment broker contract that supports both managed care programs

- **Managed Care Administration**
  Oversees the provisions of the managed care contracts and manages the operational relationship between DMAS and the managed care organizations including networks and services

- **Compliance**
  Manages and enforces Medallion managed care contract and reporting compliance standards and requirements.

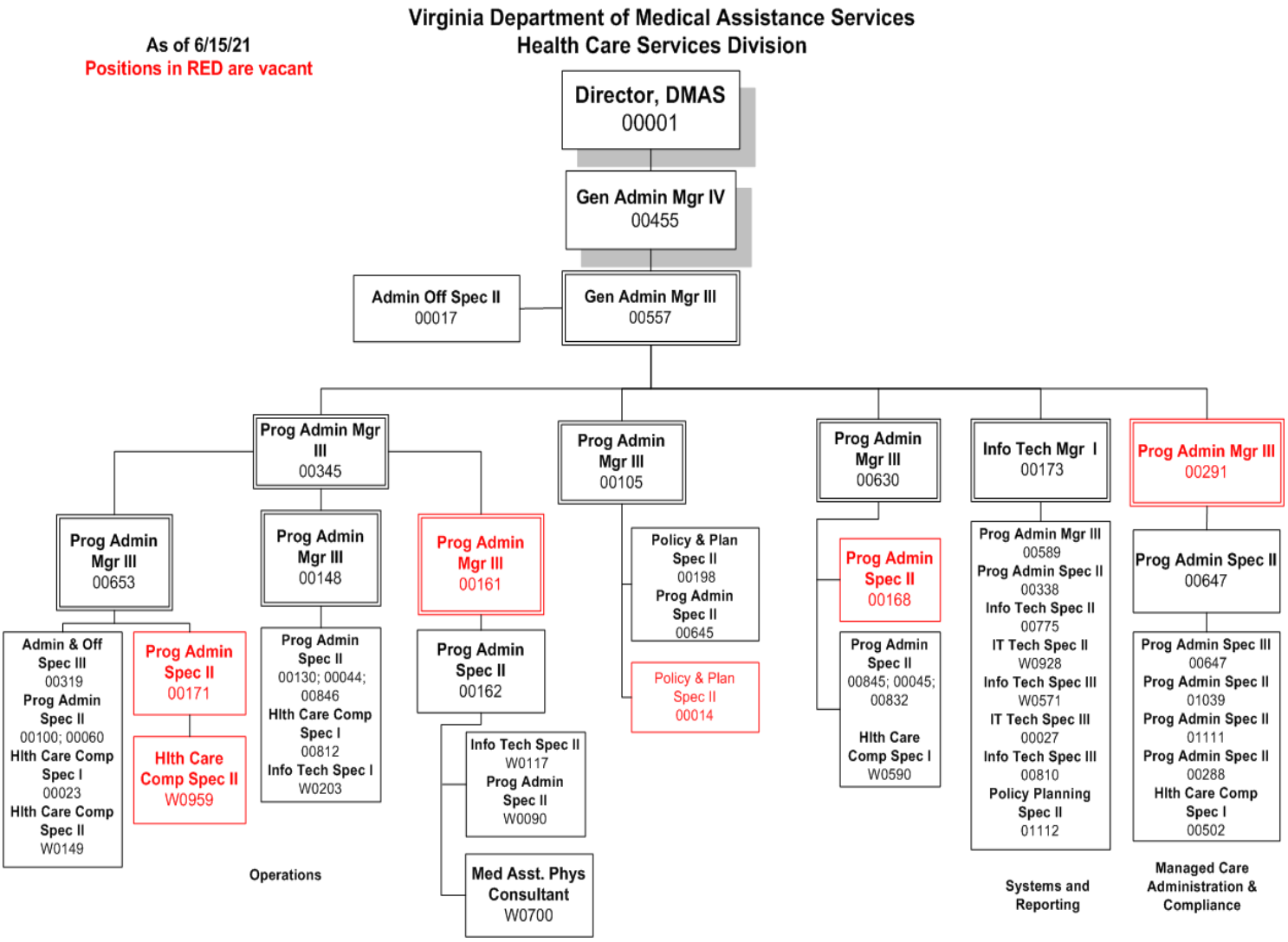
- **Policy**
  Creates and manages the Medallion 4.0 contract, SPA, waivers and regulations. Provides policy and oversight of new program initiatives. .

- **Systems and Reporting**
  Provides systems and reporting support for HCS including Medallion, dental and maternal and child health. Handles new initiatives, system and reporting requirements.

<u>Other Program and Services Units</u>

- **Dental**
  Manages the dental program and services for all Medicaid members. Provides oversight of the dental administrator contract and provides support to members, providers and stakeholders

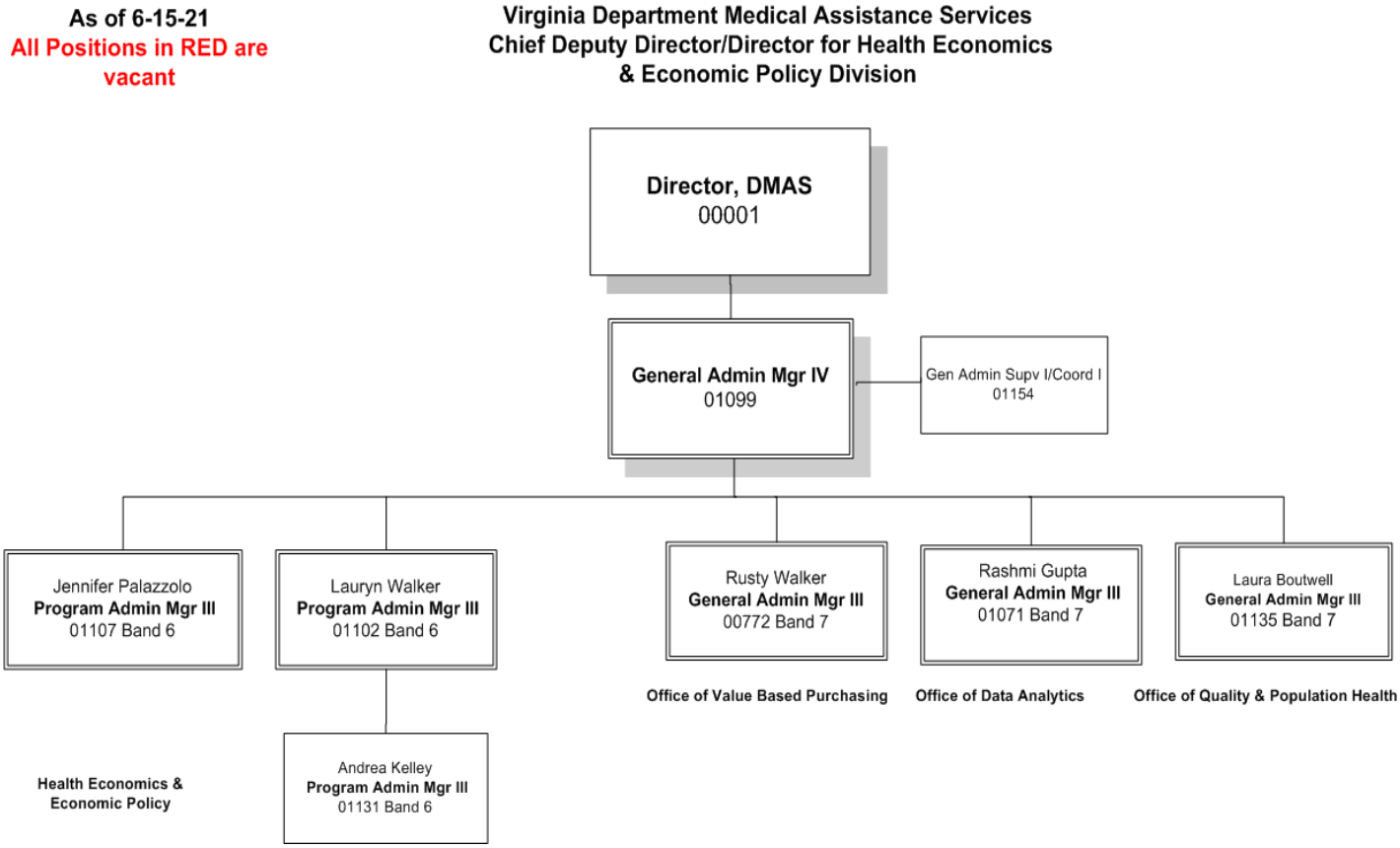
- **Maternal and Child Health**
  Oversees policy and program management seeking to improve the health and well-being of Medicaid eligible mothers and children.



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.



Human Capital & Development Division

The Human Capital and Development (HCD) Division reports to the DMAS Chief of Staff. HCD's goal is to become an *Employer of Choice* in the Commonwealth of Virginia. Human Capital and Development is dedicated to excellent, timely customer service in support of the agency's values and mission. The HCD team is comprised of trusted HR professionals available to provide guidance and assistance to staff on a

myriad of HCD programs and policies. The HCD Division consists of five units: Compensation and Classification, Talent Acquisition, Talent Development, Benefits and Transactions and Employee Relations. The Division Director is responsible for the overall management of the HCD team, policy development, interpretation and guidance, legal compliance, investigating allegations of discrimination, employee relations matters requiring corrective action, and employee engagement.

- **Compensation and Classification Unit**

  The Compensation and Classification Unit is accountable for developing, managing and operating the classification, compensation and performance management functions 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. 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. 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.

  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.

- **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.

- **Talent Development Unit**

  The Talent Development Unit is responsible for the effective development, coordination and presentation of training and development programs for all employees to include assessing agency-wide developmental needs to drive training initiatives, evaluating and measuring results, and identifying and arranging suitable training solutions for employees. Professional Development also includes administration of the agency Learning Management System (LMS) and tracking/maintaining training records for all employees. The Talent Development Unit administers online learning resources including LinkedIn Learning, the Virginia Learning Center (VLC), and tracks/maintains training records for all employees.

- **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

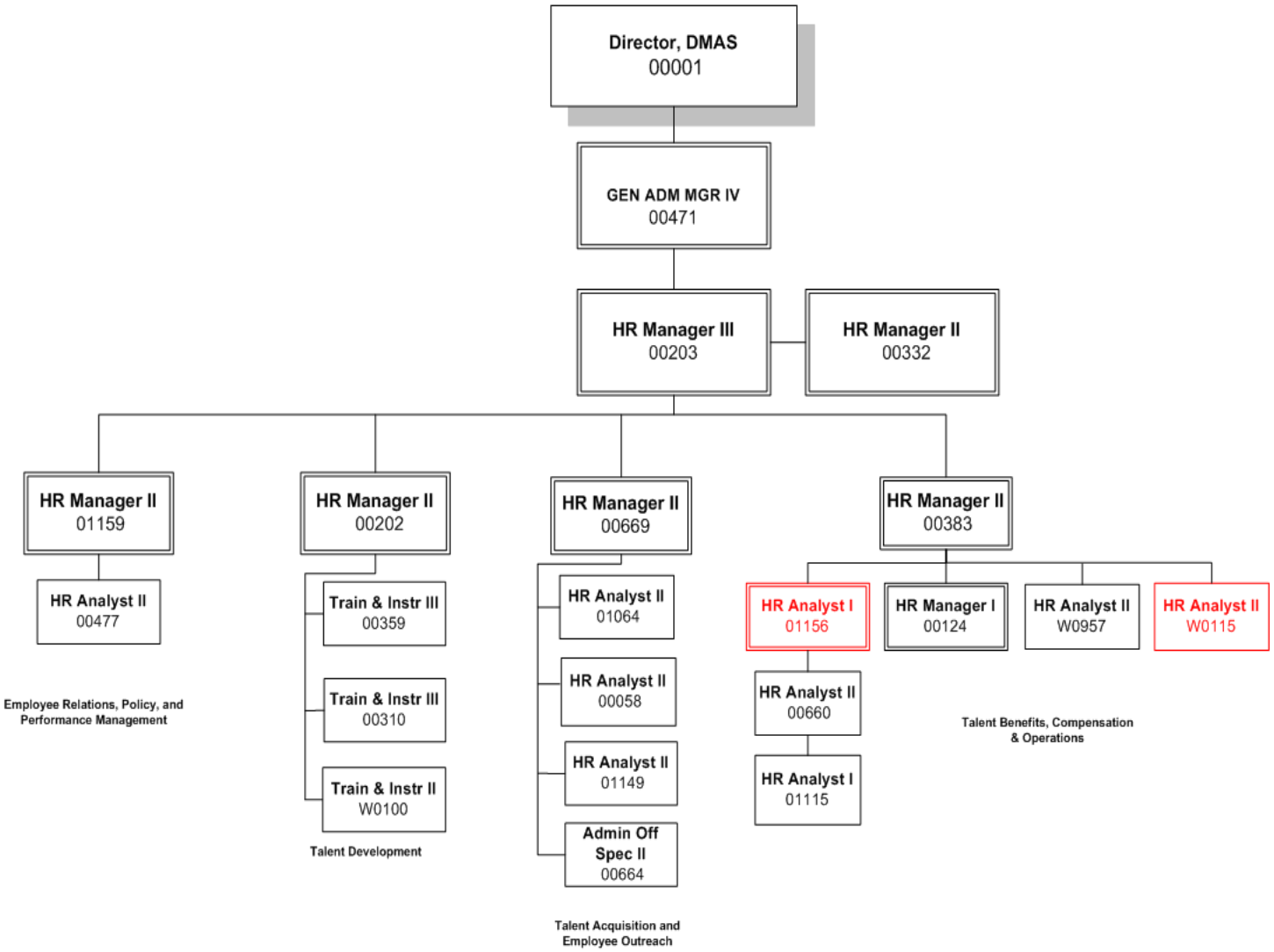
United States Citizenship and Immigration Services via the E-Verify system. Operations is also accountable for leave administration and tracking in the Time, Attendance and Leave System (TAL), Workers Compensation, OSHA Reporting, Bureau of Labor Statistics reporting, Virginia Employment Commission (VEC) 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.

- **Employee Relations and Policy Unit**

The Employee Relations unit creates and maintains a positive working experience for all throughout employment with DMAS. There are two primary responsibilities of Employee Relations: First, we assist in the prevention and resolution of conflict in interpersonal relationships; acting as a liaison or intermediary between employees and managers where conflict may exist. We promote positive communication between employees, supervisors, and managers; address the root causes of workplace distractions, and advise the agency in conflict resolution. Second, create and/or advise on the implementation of policies and procedures in support of the agencies goals and in support of the agencies commitment to cultivating a culture that encourages inclusion, collaboration, flexibility, and fairness to empower individuals to contribute to their optimum potential and feeling of being valued.

VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Human Capital & Development Division

As of 6/15/21
Positions in RED are vacant



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 technical day-to-day activities of Medicaid Management Information System (MMIS) with the fiscal agent. This includes provider enrollment, member enrollment, Fee-for-Service (FFS) and Encounter adjudication, payment to FFS providers and MCOs and 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.

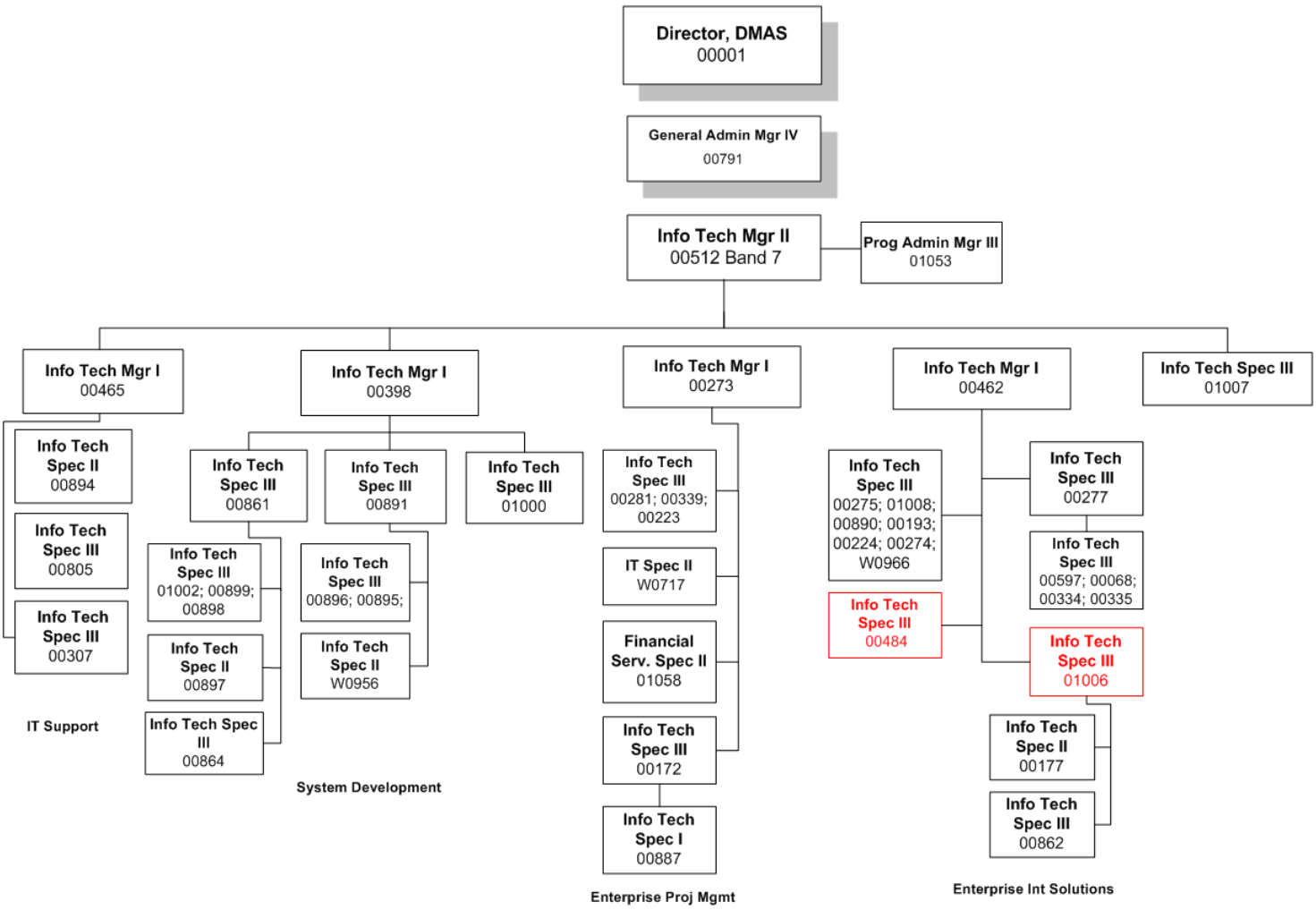
- **Project Management Office**
  The Project Management Office manages all projects associated with the Medicaid Enterprise Solution (MES) as well as any IT related projects, including releases for the current MMIS. The new MES is being instituted which transforms the monolithic MMIS system with a modular 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 & Information Management
Information Management Division

As of 6/15/21
Positions in RED are vacant



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 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 contract

- **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

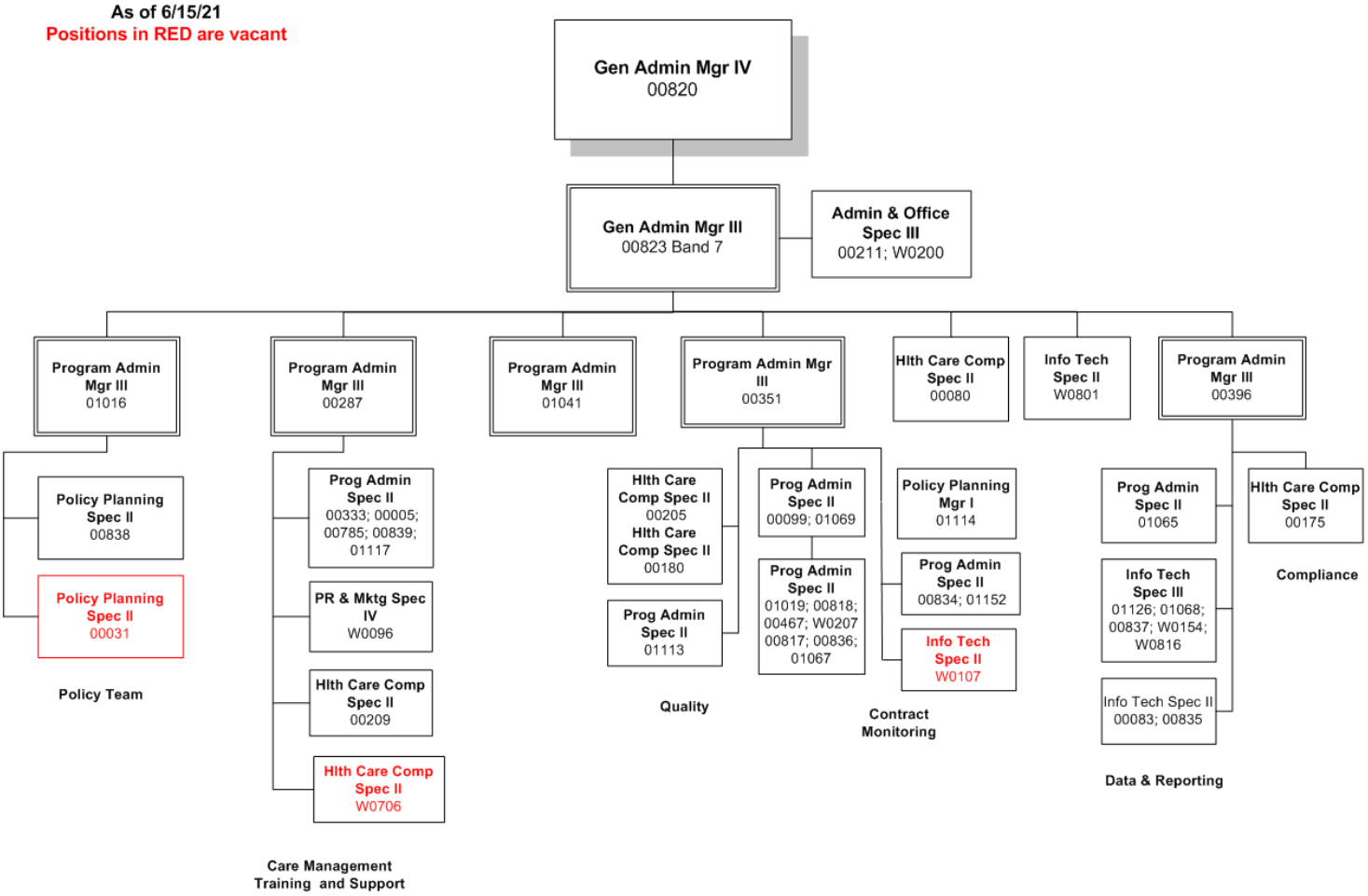
- **Data and Operations**
  - Evaluate and monitor the quality of contractor encounter data (encounter scorecard)
  - Use encounter data to monitor contractor performance by analyzing trends
  - Ensure MMIS is functioning appropriately and correct enrollment file inaccuracies
  - Perform ad hoc MMIS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

As of 6/15/21
Positions in RED are vacant



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. The Internal Audit Division reports directly to the Agency Director.

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, monitors the status of Corrective Action Plans (CAPS) for unresolved findings and recommendations until resolution, and reports on the status of the CAPS.

- **External Audit Liaison**

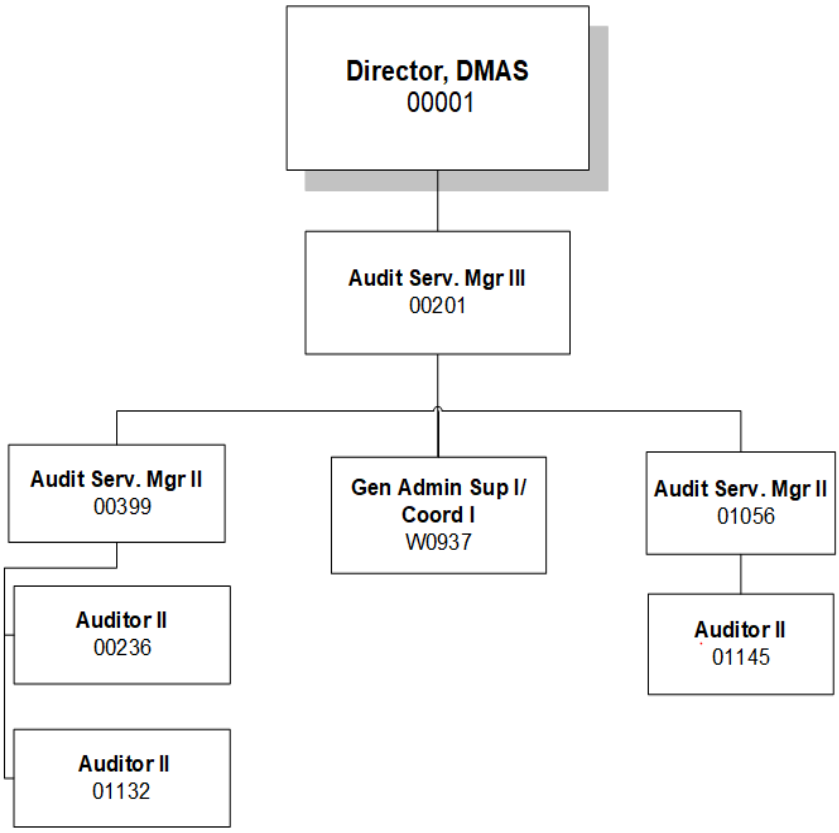
Internal Audit serves has the initial DMAS contact point for external audits such as Auditor of Public Accounts, Department of Accounts, Office of Inspector General, and the Centers of Medicare and Medicaid.

- **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. Cases that involve Medicaid Providers or members are referred to the Program Integrity Division or another applicable division. Internal Audit tracks the referral responses and results to ensure the cases are properly addressed.

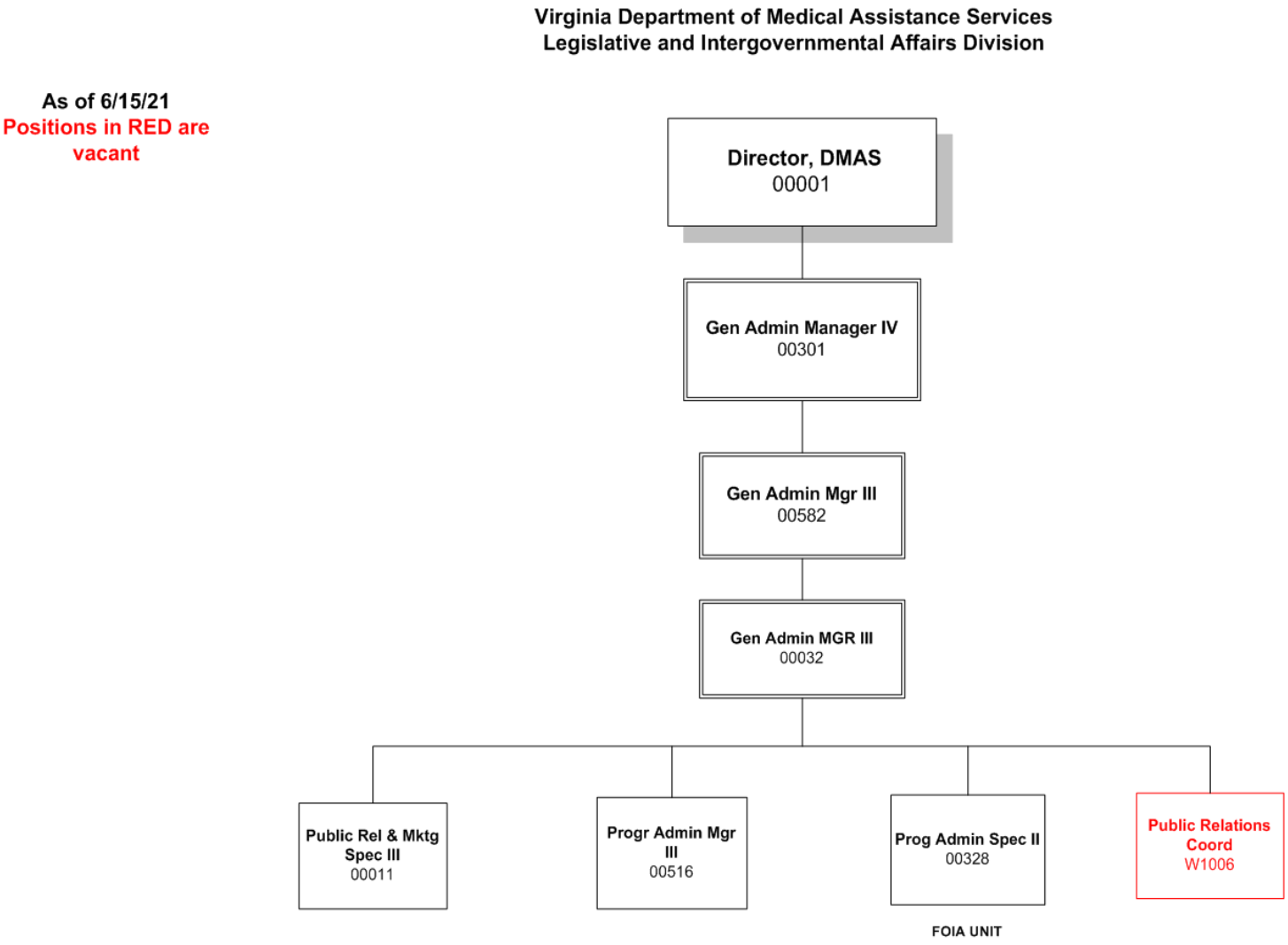
VIRGINIA DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Internal Audit Division

As of 6/15/21
Positions in RED are vacant



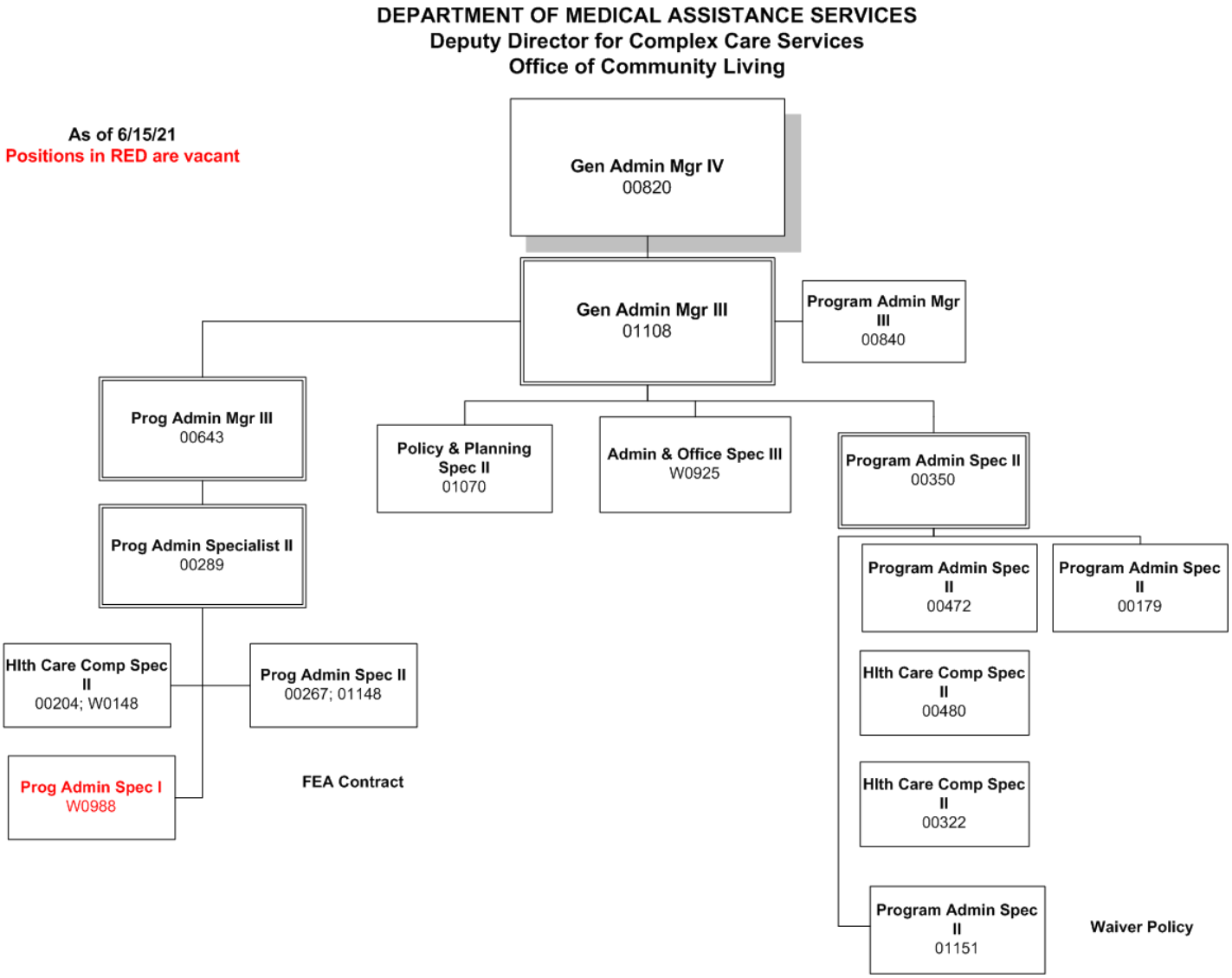
Legislative and Intergovernmental Affairs Division

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.



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



Office of the Chief Medical Officer

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

- **Medical Support Unit (MSU)**
  The Medical Support Unit (MSU) is responsible for establishing clinical policy through:

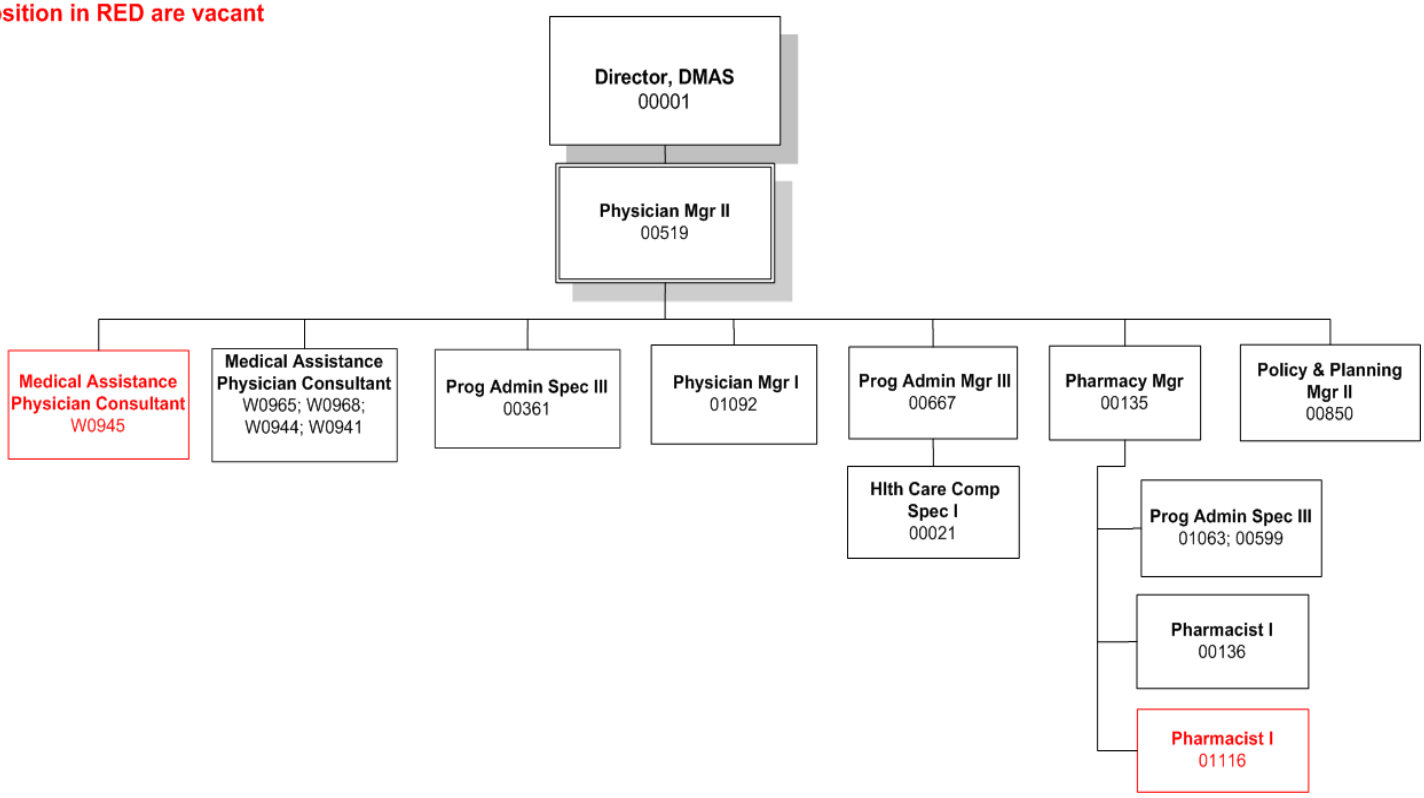
  - Leading evidence-based reviews to determine appropriateness and conditions of coverage of new and existing services. The review process includes enacting and updating coverage of CPT/HCPCS codes, maintaining existing fee-for-service (FFS) coverage policy, and assessing managed care organization (MCO) 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 is responsible for establishing 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 evaluates clinical evidence and cost 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. Comprised of physicians, pharmacists and nurse-practitioners appointed by the DMAS Director, the DUR Board 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 to 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.

Virginia Department of Medical Assistance Services
Office of Chief Medical Officer

As of 6/15/21
Position in RED are vacant



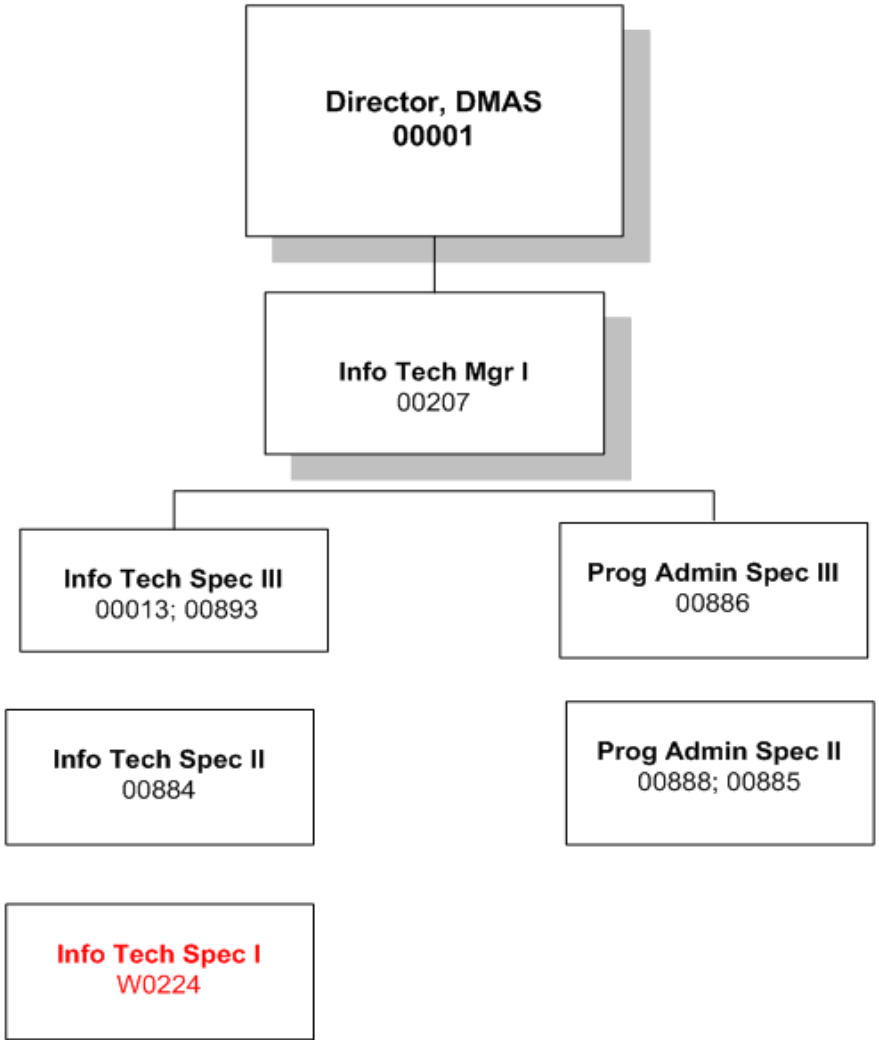
Office of Compliance and Security

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

- Maintain a Risk Management Plan in compliance the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Security Rule, 45 CFR Parts 160, 162, and 164 Health and Insurance Reform: Security Standards: Final Rule February 20, 2003, Office of Civil Rights (OCR) Final Rule March 26, 2013, or later, and requirements of the Virginia Information Technologies Agency (VITA).
- HIPAA compliance through the OCS Privacy Office.
- Governance and policy responsibility for Information Security Officer (ISO) functions for the security of all DMAS information to comply with security policies and standards of VITA.
- Administer the Security Awareness Training required for all DMAS employees, contractors, and temp workers.
- Participation in the agency's Continuity of Operations Plan (also known as COOP).
- Collaborating with Human Resources to ensure compliance with the DMAS Code of Ethics and Business Conduct.
- Collaborating with the Information Management Division, Internal Audit Division, Office of Communications, Legislation, and Administration, and other agency divisions as needed.
- Administering access control for COV, VAMMIS, VaCMS and other accounts.

Virginia Department of Medical Assistance Services
Office of Compliance & Security

As of 6/15/21
Positions in RED are vacant



Office of Data Analytics

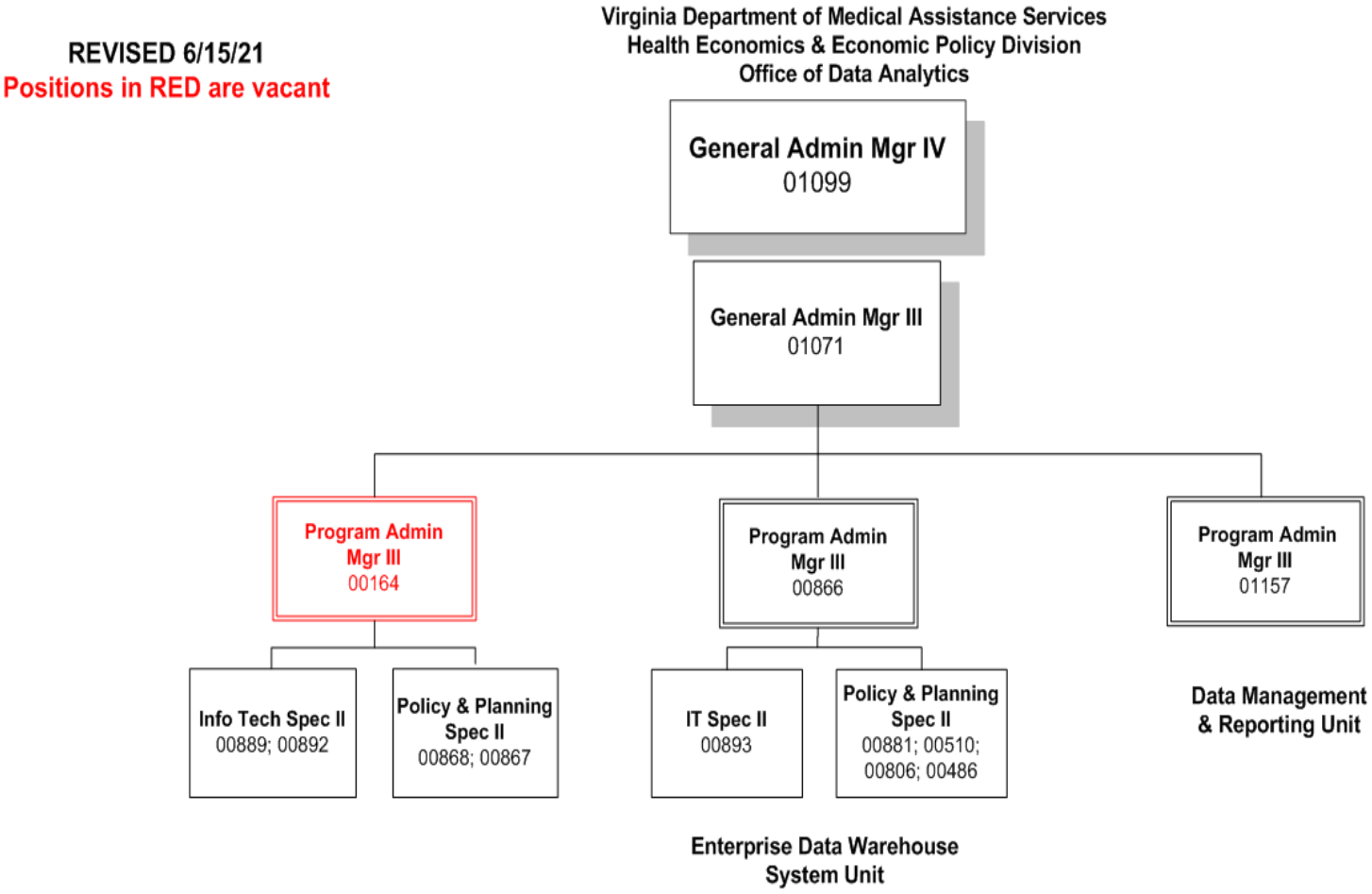
The Office of Data Analytics (ODA) reports to the Chief Health Economist as part of the Health Economics and Economic Policy Division. The mission of the Office of Data Analytics is to empower data-driven decision-making.

The Office of Data Analytics is comprised of two units: (1) the Data Management and Reporting Unit, (2) the Enterprise Data Warehouse Unit.

The ODA engages in two key functions: analysis and analytics. The analysis focuses on understanding the past, and the Data Management Unit provides critical historic analyses essential to understanding the impact of agency activities on our members, providers and sister agencies. Such ad hoc analyses answer the 'what happened' questions that drive policy evaluation and performance improvement. The Data Management Unit also provides technical support of the SAS analytics platform.

Analytics focuses on why a phenomenon has occurred and what may happen next. The Analytical Projects 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.

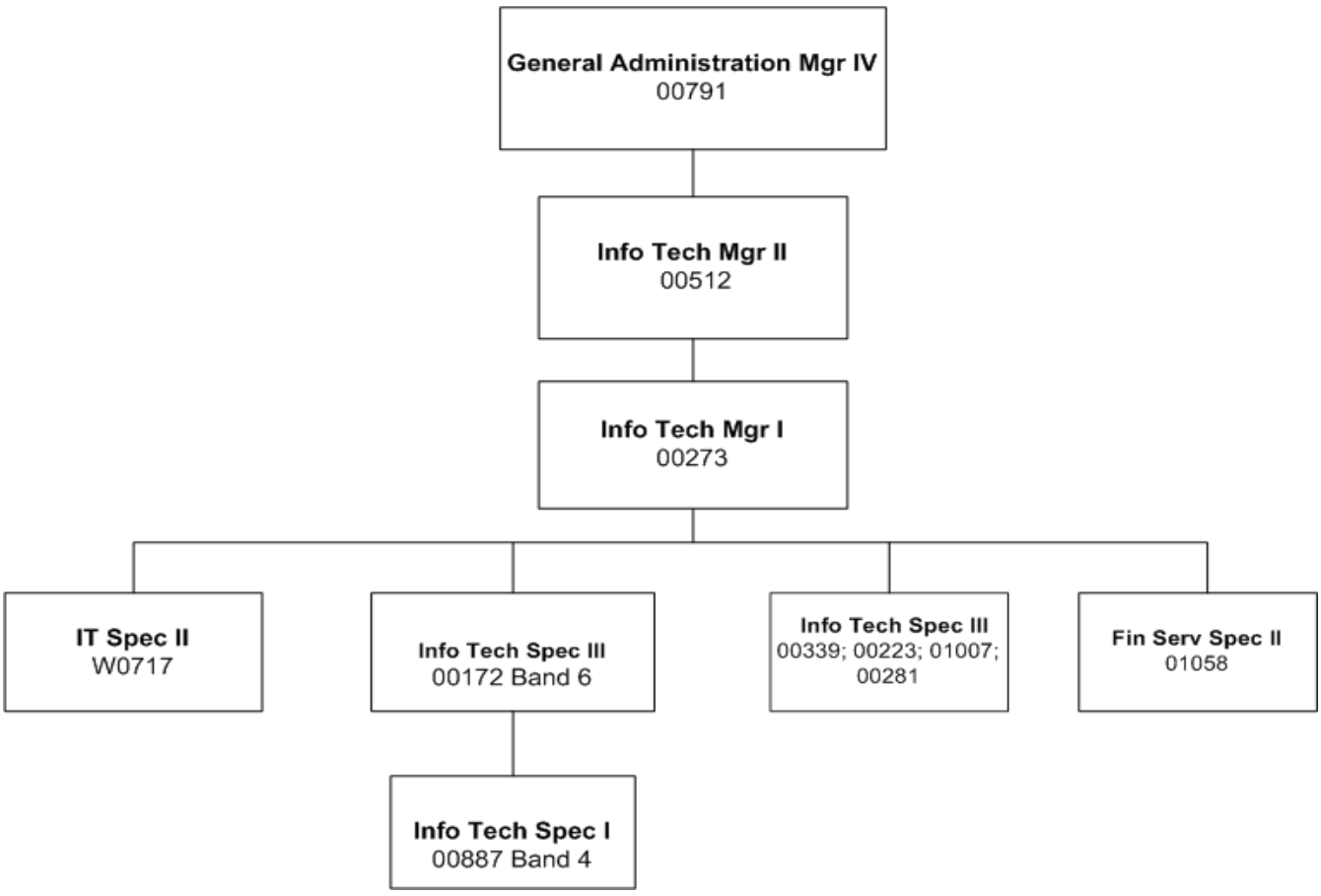
To support these objectives, the Enterprise Data Warehouse Solution provides quality data, in a timely fashion, from various sources and presents it in such a manner as to maximize the value of that data. It includes a suite of technologies that provide data storage, documentation, and visualization/dashboards. 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.



Office of Enterprise Project Management

The Office of Enterprise Project Management reports to the Information Management Director / Chief Information Officer. The Enterprise Project Management Office (PMO) is comprised of a PMO Director, a team of Project Managers, and a support team consisting of a Deliverable Manager, a Technical Writer, and Business Analysts. The mission of the PMO is to provide an enterprise wide approach to identify, prioritize, and successfully execute and manage a technology portfolio of programs and projects that are aligned with and support the agency's strategic business plan. The PMO is governed by the Virginia Information Technologies Agency that sets standards and approval processes for initiation and planning, execution and control, implementation and project closeout phases. The PMO provides technical services to procurements and contracts, project advisory consultation to budget for advanced planning documents, vendor management and project management best practices to DMAS staff and vendor project teams. The PMO acts as a technical liaison for projects involving the Office of the Attorney General, Auditor of Public Accounts, the Centers for Medicare and Medicaid (CMS) Services, and to an independent verification and validation contractor for CMS system certifications. In addition to internal customers, the PMO provides services to provider and Managed Care Organizations as well as our sister agencies (Department of Social Services (DSS), Virginia Department of Health (VDH), Department of Behavioral Health & Developmental Services (DBHDS) and the Department of Corrections (DOC) for cross-agency and state projects.

Virginia Department of Medical Assistance Services
Deputy Director for Finance & Information Management Division
Enterprise Project Management



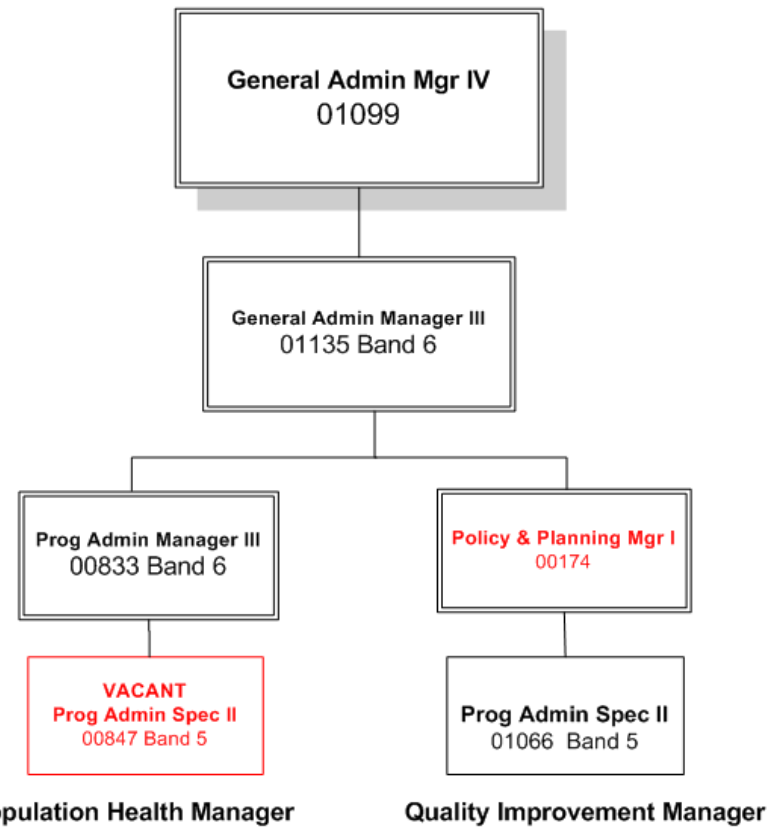
Office of Quality and Population Health

The Office of Quality and Population Health (OQPH) reports to the Chief Deputy Director. The office advises the Chief Deputy on strategic policy initiatives that improve quality and population health outcomes and reduce the cost of care for the over 1.8 million members of Virginia's Medicaid program. The program provides executive leadership, strategic planning, and overall direction to the agency's quality and population health programs. The team acts as an advocate and supports the Commonwealth of Virginia Department of Medical Assistance Services (DMAS) quality and population health business by serving as a quality champion through measuring and monitoring the quality and effectiveness of the care and services provided to our members. OQPH provides oversight of quality programs throughout the agency and spearheads projects that enable DMAS to measure, monitor, and improve the quality of the care and services provided to its members 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, Health Plan and Employer Data Information Sets (HEDIS®) reporting, quality of care, National Committee for Quality Assurance (NCQA) accreditation activities, and member satisfaction Consumer Assessments of Healthcare Providers and Systems (CAHPS).

REVISED 6/15/21

Those in RED are vacant

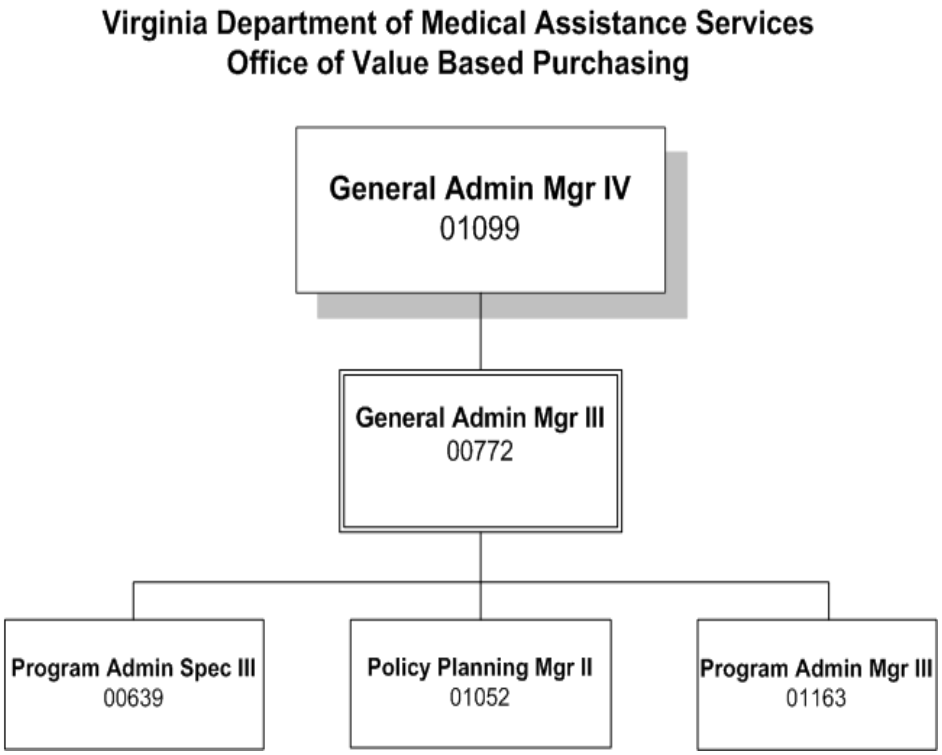
Virginia Department Medical Assistance Services
Office of Quality & Population Health



Office of Value-Based Purchasing

The Office of Value-Based Purchasing (OVBP) is a division of the Health Economics & Economic Policy (HEEP) Department and reports to the Deputy Director/Chief Health Economist. 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.

As of 6-15-21
Position in RED are vacant



Policy, Regulation, and Member Engagement Division

The Policy, Regulation, and Member Engagement (PRME) Division reports to the Deputy for Administration. The PRME Division provides is comprised of three (3) units, each with a distinct function:

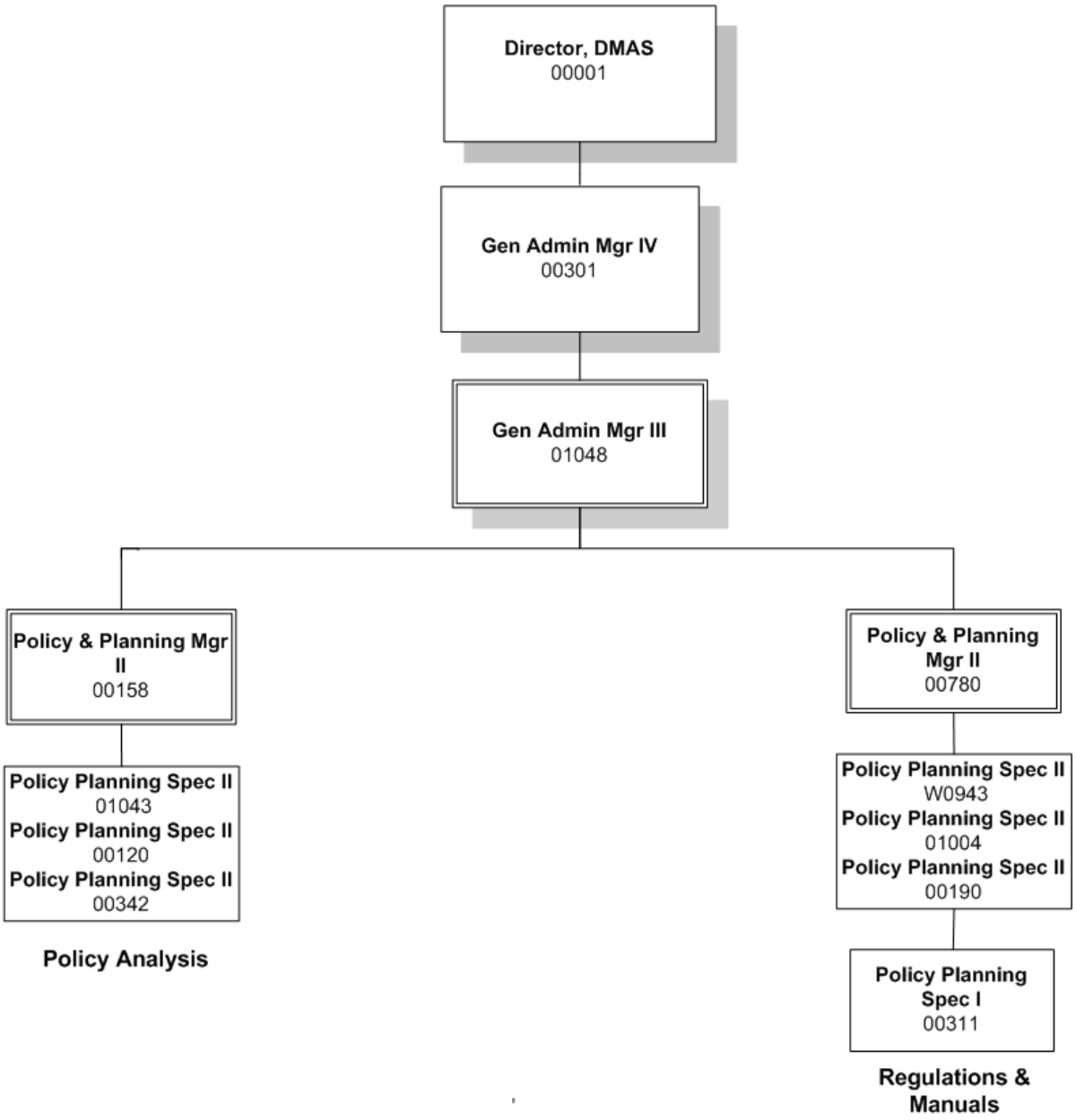
- Regulations and Manuals Unit: The individuals in this unit plan, draft, and promulgate regulations and State Plan Amendments (SPAs) with subject matter experts (SMEs). In addition, the individuals in this unit maintain Agency Provider Manuals and coordinate/develop updates with agency SMEs. Individuals 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.

- Policy Unit: The individuals in this unit 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) Committees.

As of 6/15/21
Positions in RED are vacant

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



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.

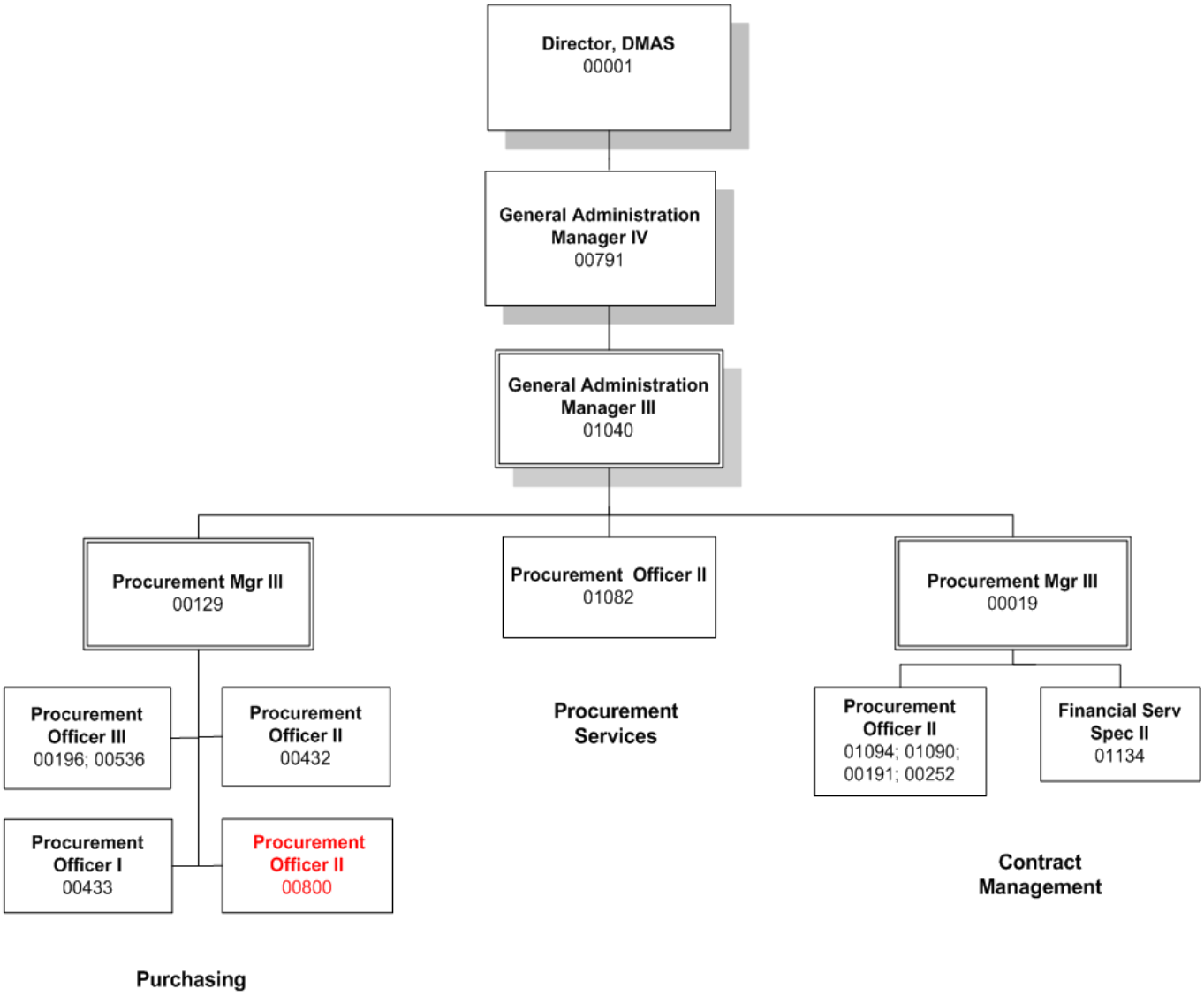
- **Procurement**
  The Procurement Unit develops and awards new contracts through one of the approved procurement methods as outlined in the VPPA.

- **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 and The Department of General Services direct the actions related to procurement under $100K, utilization of state contracts, telecommunications, mail services, fleet, and other general services.

As of 6/15/21
Positions in RED are vacant

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



Program Operations Division

The Program Operations Division reports to the Deputy Director for Programs. 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. Program Operations is divided into four units: Member Services, Provider Services, Service Authorization/Payment Processing, Transportation and Systems and Reporting. .

- **Provider Services Unit**
  The Provider Services Unit has responsibility for provider enrollment for all providers, provider call center and contractors, Electronic Health Records and the mass mailing contract for the agency.

- **Service Authorization - Payment Processing Unit**
  The Service Authorization- Payment Processing Unit manages the Service Authorization contract and services and handles the processing of specialty type claims.

- **Systems and Reporting Unit**
  The Systems and Reporting 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.

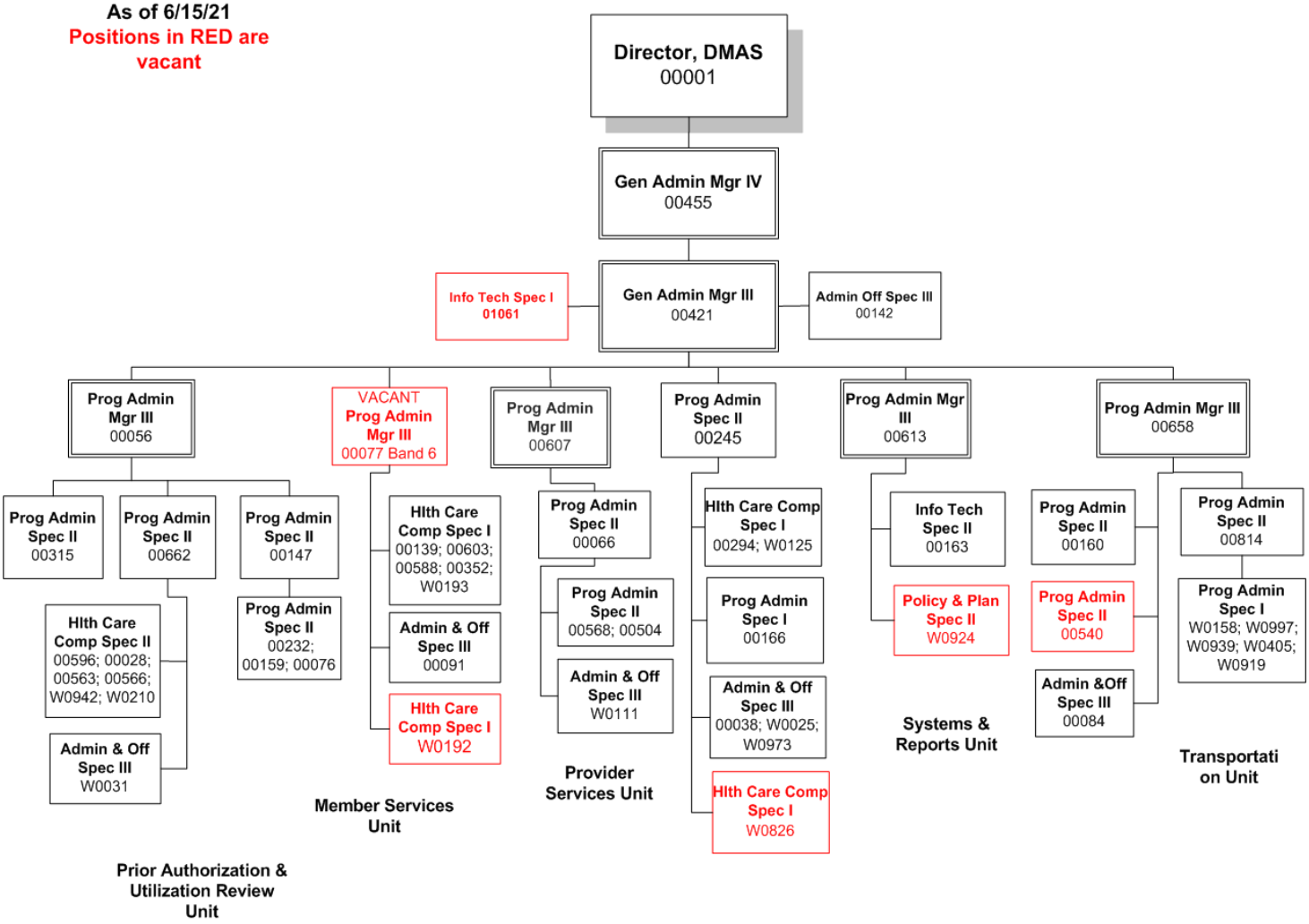
- **Member Services Unit**
  The Member Services Unit manages day-to-day operations of the Health Insurance Premium Payment (HIPP) program, the Buy-In program and Customer Service.

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 three contracts for the Electronic Health Records Provider Incentive Payment program.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Program Operations Division

As of 6/15/21
Positions in RED are vacant



Program Integrity Division

The Program Integrity Division reports to the Deputy Director of Programs. The Program Integrity Division (PID) is entrusted with the responsibility of identifying fraud, waste and abuse within the Virginia Medicaid program and referring potentially fraudulent providers and members to the proper law enforcement entity. The PID is comprised of 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 the investigation of 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, and 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), and other targeted quality audits and reviews.

  The ERU also provides oversight of the Eligibility Quality Review Program (EQRP). The EQRP identifies statewide and locality specific error trends for analysis, review, and education.

- **Provider Review**

  The PID also engages in provider-focused program integrity efforts and oversight to help fulfill its mission to identify providers who may be practicing abusive or fraudulent activities. PID efforts include:

- The Fraud and Abuse Detections System (FADS) from Optum is a suite of complementary, web-based components that mine provider, member and claims data for potential fraud, waste and abuse (FWA). FADS also contains a case tracking system.
- PID has engaged nationally recognized audit vendors.

External Provider Audit and Policy Unit

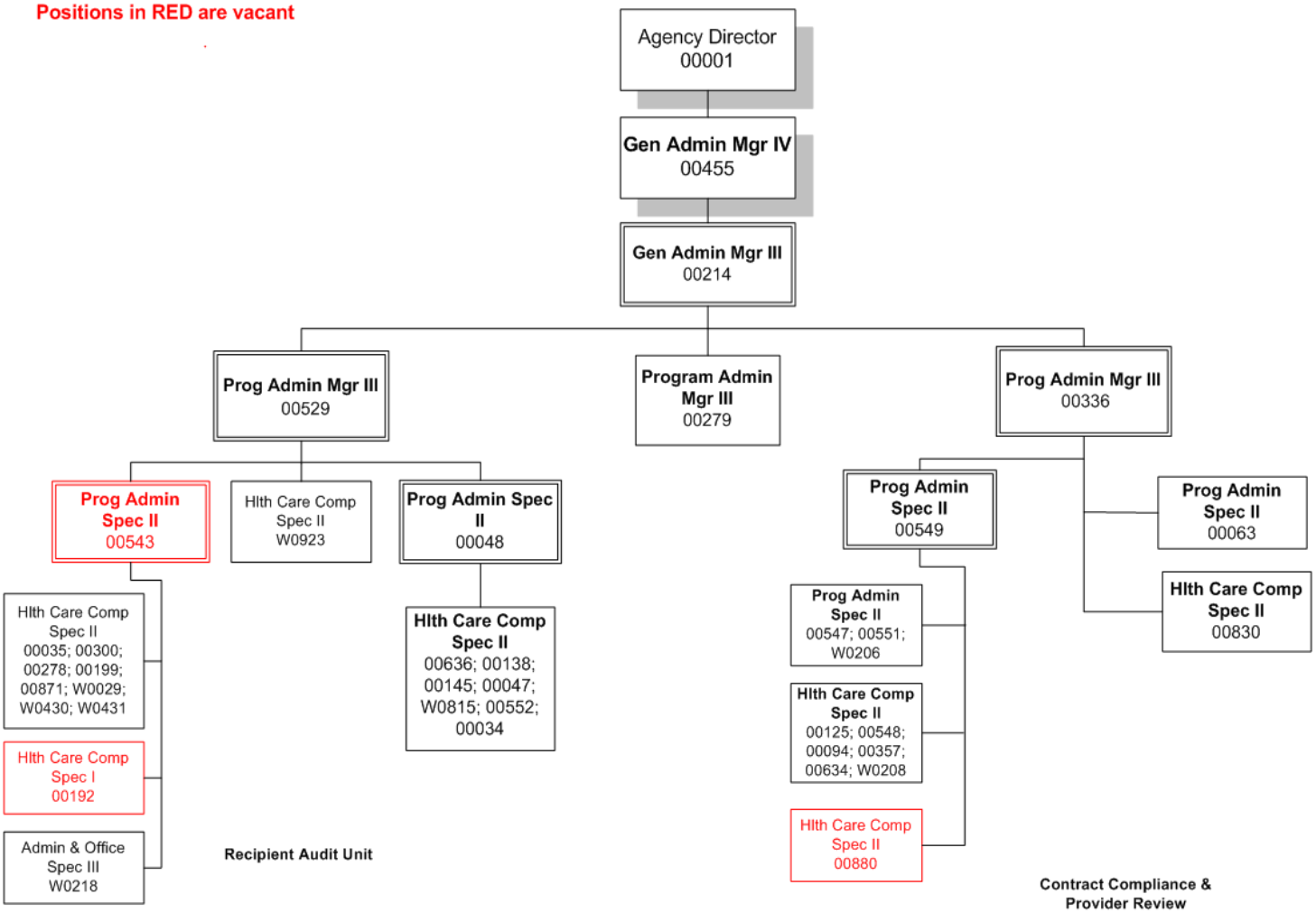
The EPAP unit is responsible for the program integrity oversight of contracts for DMAS' Managed Care contracts. EPAP also monitors two nationally recognized contractors who perform additional provider audits.

Provider Review Unit

A sub-unit of EPAP is the Provider Review Unit (PRU). The PRU conduct audits of fee-for-service provider claims. These audits examine a selection of claims paid during prior fiscal years to ensure they were paid in accordance with DMAS and Medicaid policy. In most cases, these audits involve reviewing medical records to ensure the documentation exists, supports the claim as paid, and meets the requirements of DMAS policy and provider manuals. In addition, audits may examine the credentials of the servicing provider to ensure required qualifications are met to provide the billed service.

DEPARTMENT OF MEDICAL ASSISTANCE SERVICES
Program Integrity Division

As of 6/15/21
Positions in RED are vacant



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:
  - Acute/rehabilitation/psychiatric hospitals (inpatient and outpatient)
  - Ambulatory surgery centers
  - Nursing facilities and hospices
  - Physicians and other practitioners
  - Community Mental Health/Addiction and Recovery Treatment Services (ARTS)
  - Personal care and other home- and community-based care waiver service providers
  - Home health agencies
  - Outpatient rehabilitation agencies

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

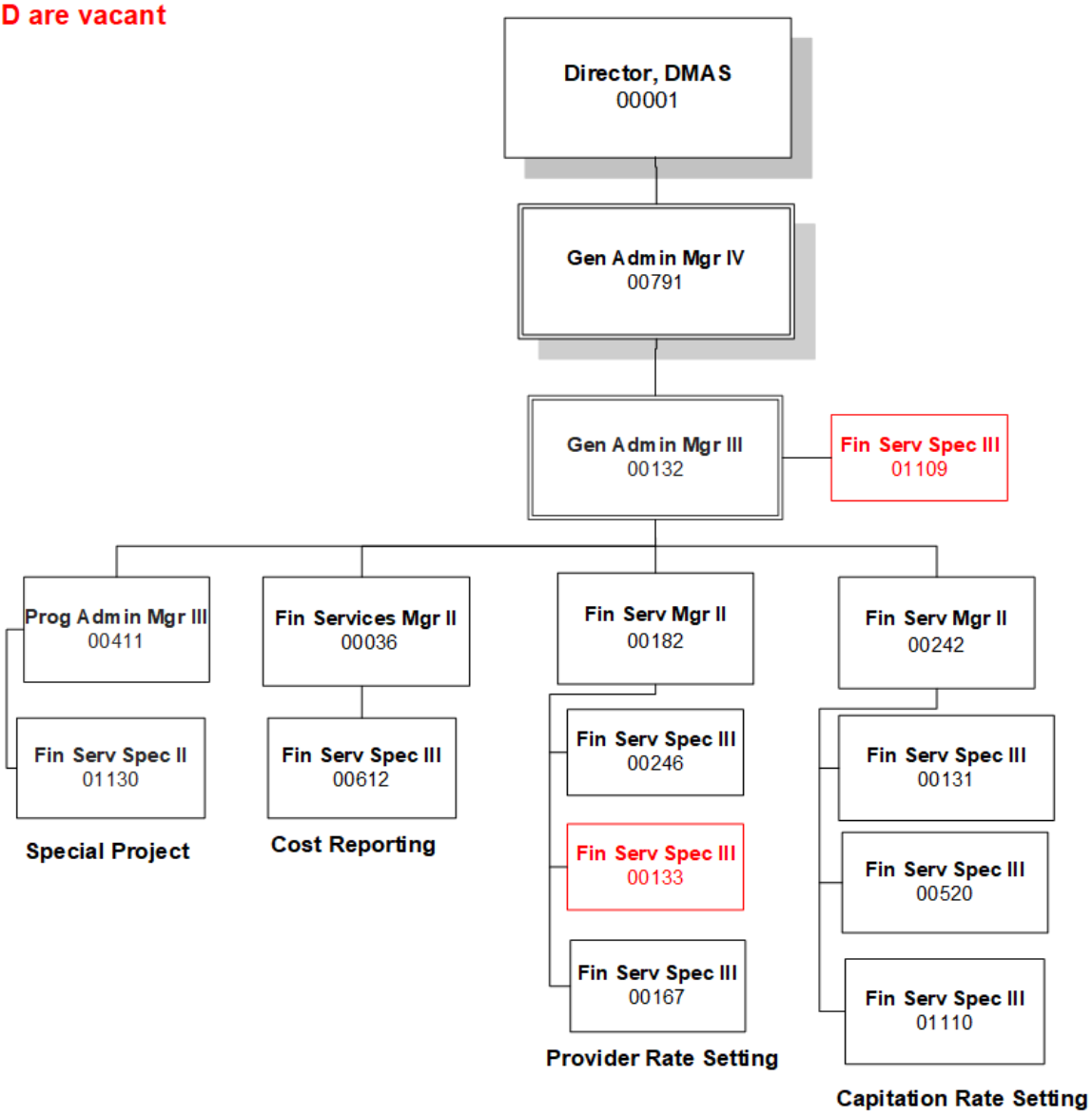
- **Project Management Team**

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

Virginia Department of Medical Assistance Services
Provider Reimbursement Division

As of 6/15/21
Positions in RED are vacant



Organizational Changes during Fiscal Year (FY) 2021

During the period July 1, 2020 – June, 30, 2021, DMAS made the following organizational changes:

- **Office of the Chief of Staff**
  As part of the Agency's commitment to Diversity, Equity, and Inclusion (DEI), DMAS hired its first DEI and Health Equity Officer in SFY21. The DEI and Health Equity Officer reports to the Chief of Staff and is responsible for advancing DEI for the DMAS workforce and health equity for the Medicaid population. The DEI and Health Equity Officer also works with the Chief of Staff to submit and implement the Agency's Diversity and Inclusion Plan as required by new legislation from the 2021 General Assembly. Due to the COVID-19 pandemic and its disproportionate impact on racial and ethnic minority communities, the DEI and Health Equity functions of the Chief of Staff Office provided critical leadership and bandwidth to the Agency's COVID response and vaccine support. The Chief of Staff Office also participated in the Commonwealth's Health Equity Working Group and collaborated with the Governor's Chief Diversity, Equity and Inclusion Officer, Dr. Janice Underwood, to convene a consortium of fellow executive agencies that discuss meaningful ways to advance DEI for Commonwealth agencies.

  A second key update this fiscal year is the alignment of employee engagement functions by transitioning the DMAS Employee Engagement Coordinator to the Chief of Staff office. The Employee Engagement Coordinator is responsible for implementing the Agency's rewards and recognition program and leading efforts related to workforce engagement and improving the employee experience. Employee engagement was a critical function of the Chief of Staff Office due to the virtual nature of work throughout the public health emergency in SFY21. A third important update to the Chief of Staff Office is alignment and transfer of Facilities and Emergency Management functions to this office. The Building and Emergency Management Coordinator transitioned from the Office of Communications, Legislation and Administration to the Office of the Chief of Staff. These business functions include responsibility for coordinating building and safety improvements and coordinating DMAS's emergency preparedness plans.

- **Changes to the Divisions Under the Deputy for Administration**
  Two divisions under the Deputy for Administration have been reorganized in an effort to better align general support responsibilities, offer enhanced services to the agency, and to define clear roles and responsibilities within divisions. To that end, several business functions and roles were transitioned between these newly rebranded divisions.

  - The Office of Communications, Legislation and Administration (OCLA) has become a division and has been renamed the Legislative and Intergovernmental Affairs (LIA) Division. The LIA Division is responsible for serving as liaison for the Board of Medical Assistance Services (BMAS) and as a Tribal Liaison; coordination and tracking legislation, studies and reports related to legislation, attorney reviews of contracts, settlements, requests for information and providing legal guidance.

  - The Policy, Planning and Innovation (PPI) Division is now the Policy, Regulation and Member Engagement (PRME) Division. This division is responsible for providing assistance and guidance through policy planning and management, legislative analysis as well as regulatory and State Plan Amendment coordination. A new function of the division is the Outreach and Member Engagement Unit which has been charged with expanding current member outreach efforts, providing state-wide education about the Medicaid and FAMIS programs as well as oversight of the Member Advisory Committee (MAC) and the Support Team for Application Response Committee (STARs).

- The Formal Appeals and Final Agency Decision (FADS) Unit was moved into the Appeals Division in August 2020. This unit previously reported directly to the DMAS Deputy of Administration and now reports to the Director of the Appeals Division. The primary responsibility of the unit is to process formal (second-level) provider appeals within the framework and timelines afforded under the laws and regulations governing DMAS provider appeals. The FADS Unit manager served as Acting Appeals Division Director after the previous Division Director retired, and was later promoted as the Appeals Division Director. Due to the volume decrease of formal appeals over the past few years and transfer of some responsibilities to other employees, DMAS chose to have the FADS Unit report within the Appeals Division to the Division Director.

- **Division of High Needs Supports**
  The Division of High Needs Supports was previously known as The Division of Developmental Disabilities. In July of 2020, the name was changed to more appropriately reflect the functions of the division that were not solely based on services and support to those with developmental disabilities.

Below is a summary of DMAS Staffing Changes during Fiscal Year 2021 (7/1/2020 – 6/30/2021), as well as previous FY 2019 and FY 2020 figures– These figures are a reflection of classified and wage positions filled and separations, not a reflection of our current Maximum Employment Level (MEL). To note, the hiring freeze during FY2021, the greatest positions filled between January 2021 to present. DMAS filled 91% of its positions for FY21. This resulted in a total of 494 filled classified positions and 36 vacancies for FY2021.	**FY 2019**	**FY 2020**	**FY 2021**
Classified Positions filled:	106	114	80
Internal Transfers:	37	29	30
External Hires:	69	85	50
Classified Positions Separations from DMAS:	40	34	43
Resignations:	23	21	25
Retirements:	9	9	14
Other:	8	4	4
Wage Positions filled:	46	37	15
External hires:	44	57	14
Internal transfer from one wage position to another wage position	2	0	1
Previous 6 month wage pos. ended/hired into new wage position	0	0	
Wage position separations from DMAS:	33	34	37
Resignations:	13	14	24
Other separations:	20	20	13
Other separations breakdown:			
Wage hired as classified:	4	0	3
Wage term to temp pos:	4	0	4
Intern assign ended:	4	0	2
Terminations:	8	20	4
Total of other separations breakdown:	20	20	13

END OF REPORT