Department of Medical Assistance Services

The Department of Medical Assistance Services (DMAS) is one of twelve agencies within the Virginia Health and Human Resources Secretariat. The mission of the agency is to improve the health and well-being of Virginians through access to quality health care coverage. DMAS works to ensure that program integrity is maintained in the array of preventative, acute, and long-term care services it provides, and that fraud, abuse, and waste are detected and eliminated to the maximum extent possible. DMAS encourages beneficiaries to take responsibility for improving their health outcomes and achieve greater self-sufficiency. You may view more information about the Department of Medical Assistance Services by visiting www.dmas.virginia.gov

Appeals Division

The DMAS Appeals Division is responsible for fairly and impartially providing due process to clients and healthcare providers in full compliance with Virginia law and Medicaid policy. As part of the appeal process, an impartial representative will conduct a review to determine whether the action proposed or taken was correct. The end result of the appeal is a written decision. Client and provider decisions can be appealed to court for review of the record.

Formal Appeals Decision and Formal Appeals Unit

The primary function for this unit is to handle second-level appeals filed by Medicaid providers. The appeals are presented to a Hearing Officer appointed by the Executive Secretary of the Virginia Supreme Court. Upon receipt of the Recommended Decision the unit drafts the Final Agency Decision for review by the Office of the Attorney General and the DMAS Director. The final administrative appeal decision is issued and the unit prepares the administrative appeal record for provider cases and client cases appealed to the circuit court system.

Budget Division

The Budget Division is responsible for developing and managing the Agency's budget, submitting the Agency's budget to the Department of Planning and Budget (the Agency responsible for managing the entire state government budget) and the federal Centers for Medicare and Medicaid Services (CMS).

The Division for Aging and Disability Services (DADS)

DADS oversees programs, supports and services for Fee-for-Service (FFS) individuals who are older adults and/or live with disabilities and work to ensure their health, safety, and welfare. This includes program operations, developing policies and procedures, regulations, monitoring contracts, preparing reports for the Governor and General Assembly, and offering training for providers, participants, and community based and hospital screening teams. Some of DADS services consists of: the Program for All-Inclusive Care for the Elderly (PACE), Nursing Facilities (including specialized care), Long-Stay Hospitals, Out of State Placements, and Brain Injury. Some of DADS projects and programs include: Money Follows the Person Rebalancing Program (MFP), Civil Money Penalty (CMP) Fund Reinvestment Projects, and Electronic Visitation Verification (EVV)

Fiscal Division

The Fiscal and Purchases Division provide accounting, reporting, and financial management services to the Agency. The accounting functions are in compliance with relevant laws, regulations, fiscal policies and procedures, and professional standards. The Division develops and operates financial systems with sufficient internal control to provide accurate, timely, and meaningful financial and operating information to all interested parties and to protect the Department against theft and other types of loss. The Division is responsible for financial reporting, disbursement, cash management, third party liability, purchasing and support operations, and financial system administration. The Controller performs general administrative functions; develops and maintains fiscal policies and procedures; develops and implements and uses major automated systems; and provides overall planning and guidance for the Division.

Human Resources Division

The Division of Human Resources (HR) is responsible for providing human resource management and development for the Agency. Primary responsibilities include supporting employees and management in the areas of Human Resource legal compliance and policy development, investigating and resolving sensitive employee relations matters and dispute resolution, including handling employee grievances and advising management, classification, compensation, employee benefits, recruitment and selection, employee recognition, HR procedures and employee training.

Health Care Services

The Division of Health Care Services has served as the home of the traditional Medicaid Managed Care and Medallion 4.0. Medallion has been mainly dedicated to serving pregnant women, parents and children, including foster care and adoption assistance. HCS successfully implemented Medallion 4.0 and Medicaid Expansion ensuring that high-quality, cost effective health care continues to be delivered to nearly one million Medicaid, Family Access to Medical Insurance Security (FAMIS) and Medicaid Expansion enrollees. HCS is also the home of the agency's Dental and Maternal and Child Health (MCH) units, which focus on connecting enrollees to high quality oral health services through the Smiles for Children program and supporting improved maternal and child health.

Health Economics and Economic Policy (HEEP)

Health Economics and Economic Policy (HEEP) leads the agency in economic policy research, analysis, and development. HEEP and its team of economic, policy, and data analyst professionals, including the Division of Data Analytics, work across DMAS and the Commonwealth and in partnership with academic institutions to provide DMAS with analysis and strategic guidance related to insurance markets, provider and insurer payment incentives, and economic trends intended to improve the outcomes of the Commonwealth's Medicaid and FAMIS beneficiaries, while promoting cost effective and efficient delivery of care.

Internal Audit

The mission of the Internal Audit Division is to provide DMAS management with independent assurance, advice, and insight to reduce risk, improve operations, and ensure compliance with regulations. The objective of the Division is to evaluate the effectiveness of controls and efficiency of processes, identify opportunities for improvement, and offer recommendations to reduce risk in support of DMAS's mission.

Information Management

The Information Management division performs multiple agency mission critical business functions to include the exchange of data among various State, local and federal partners. IM facilitates and manages Information Technology (IT) Systems that perform member and provider enrollment, claims processing, payment processing, federal reporting, and numerous interfaces with various DMAS vendors. It also facilitates member provider communications and encounter processing. IM manages intranet, workflows, supply productivity tools and the infrastructure footprint. IM is also the contract monitor for the Medicaid Management Information System (MMIS) contracts and manages the day- to -day systems operations for processing all the DMAS mission critical functions. IM Division focuses on innovative strategy creation and delivery for current and future needs. IM works to provide effective communication and collaboration with customers, business partners, and stakeholders.

Office of Compliance and Security

The Office of Compliance and Security (OCS) is a business unit within the Information Management Division. The mission of OCS is to provide guidance to all DMAS administrative and operational 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.

Office of Enterprise Project Management

The Office of Enterprise Project Management (PMO) is a business unit within the Information Management Division. Its responsible for the Implementation of Agency Information Technology & Program related projects. The Project Managers within this office conduct one or more major IT projects using best practices through a Software Development Life Cycle. The PMs are pre-qualified by VITA to follow the Virginia Information Technologies Agency project management methodology governed by the Commonwealth. The PMO fills the role of liaison for Independent Verification and Validation vendor contracts that are required by CMS and VITA for large IT projects. The PMO works directly with CMS' Single State Officer, DMAS' Budget Division, and the Contracts & Procurement Division to establish Advanced Planning Document (APD) requests for approval of enhanced federal funds and state general funds to support projects.

Office of Data Analytics

Integrated Care and Behavioral Health

The Division of Integrated Care oversees Commonwealth Coordinated Care Plus, a managed long term services and supports program. The division works closely with contracted health plans to ensure individuals with complex care needs receive high quality care through an integrated delivery system. Units include Care Management, Data and Compliance, Contract Monitoring, Operations and Policy.

The Office of Community Living (OCL)

The Office of Community Living (OCL) 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.

The Office of Data Analytics provides a structured analytics environment that assures data integrity, data consistency, well documented research, and repeatability. The basic functions of the Division involve supporting infrastructure like the data warehouse and SAS analytics platform so that analyses can be presented in a format that is informative, accurate, and supportive of Agency decision making. The ODA is a champion of big data and works with external agencies (e.g. DSS, VDH, DBHDS) in order to find avenues for sharing and analyzing different aspects of health data. These functions allow the Agency to achieve insight into quality measures (QM) that can help DMAS assess the effectiveness of current programs, proposed programs, and new programs.

Provider Reimbursement

The Provider Reimbursement Division (PRD) is responsible for determining the payments for participating providers in Virginia's Department of Medical Assistance Services (DMAS), including calculating, reviewing, and updating Medicaid capitation and provider payment rates. In addition, PRD calculates and administers assessments of and 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. PRD also serves as an Agency expert in the development and implementation of value-based payment (VBP) policy.

Office of Communications, Legislation, and Administration

The Office of Communications, Legislation and Administration (OCLA) is a shared service provider for the entire agency. The team provides Constituent Services for Medicaid members and elected officials, responds to Freedom of Information Act (FOIA) requests, Agency & CoverVA websites and social media projects, outreach and consumer communications, media relations, design of publications, records retention, legislative coordination for General Assembly sessions, Continuity of Operations (COOP), Emergency Preparedness & Response, and Facilities Management.

Procurement and Contract Management

The Contract Management Division directs the Agency procurement activities and directs the development of Requests for Proposals (RFP) and Invitations for Bids (IFB), contract preparation, solicitation evaluation processes, contractor selection and contract performance reporting. It also manages and monitors Interagency Agreements, including performance reporting, and the Agency building contracts, leases, renewal negotiations and makes recommendations to the Agency Director. This Unit oversees Agency energy management, parking, and the American Express Purchase Card administration.

Program Integrity

The mission of the Program Integrity Division (PID) is to protect the Medicaid program from external abuse and fraudulent activities. While also supporting the integrity efforts of the various Medicaid programs by offering oversight and technical assistance.

The Office of Quality & Population Health

The Quality and Population Health Office will support a healthier Virginia by improving lives through high-quality cost effective care. The Quality team builds organizational value to improve performance through innovation, while promoting the delivery of high quality services within a sustainable budget. DMAS' Chief Deputy sits at the forefront of this mission to support clinical quality and operations, federal and state policy, and strategic innovation for the program. The Quality Office is an integral team within the Agency responsible for monitoring, reporting, and leading innovative strategies focused on improving health outcomes.

Program Operations

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

Policy Planning & Innovation Division

The Policy Planning & Innovation
Division guides DMAS policy planning
and innovation efforts in response to
state and federal laws and other
requirements, agency priorities,
industry best practices and stakeholder
inputs.