2014 Special Session I

Budget Bill - HB5001 (Introduced)

Bill Order » Office of Health and Human Resources » Item 310

Department of Medical Assistance Services

Item 310	First Year - FY2013	Second Year - FY2014
Administrative and Support Services (49900)	**$146,765,841**	~~**$123,141,276**~~ ***$138,177,186***
General Management and Direction (49901)	$129,808,704	~~$103,245,833~~ *$119,039,920*
Information Technology Services (49902)	$10,970,975	$13,969,281
Administrative Support for the Family Access to Medical Insurance Security Plan (49932)	$5,986,162	~~$5,926,162~~ *$5,167,985*
Fund Sources:		
General	$48,247,694	~~$44,883,941~~ *$46,608,428*
Special	$1,465,000	$1,565,000
Dedicated Special Revenue	$300,000	$0
Federal Trust	$96,753,147	~~$76,692,335~~ *$90,003,758*

Authority: Title 32.1, Chapters 9 and 10, Code of Virginia; P.L. 89-97, as amended, Titles XIX and XXI, Social Security Act, Federal Code.

A. By November 15 of each year, the Department of Planning and Budget, in cooperation with the Department of Medical Assistance Services, shall prepare and submit a forecast of Medicaid expenditures, upon which the Governor's budget recommendations will be based, for the current and subsequent two years to the Chairmen of the House Appropriations and Senate Finance Committees.

B. The Department of Medical Assistance Services shall submit expenditure reports of the Medicaid program to the Department of Planning and Budget and the Chairmen of the House Appropriations and Senate Finance Committees. These reports shall be submitted on a quarterly basis.

C. Out of this appropriation, $50,000 the first year and $50,000 the second year from the special fund is appropriated to the Department of Medical Assistance Services for the administration of the disbursement of civil money penalties levied against and collected from Medicaid nursing facilities for violations of rules identified during survey and certification as required by federal law and regulation. Based on the nature and seriousness of the deficiency, the Agency or the Centers for Medicare and Medicaid Services may impose a civil money penalty, consistent with the severity of the violations, for the number of days a facility is not in substantial compliance with the facility's Medicaid participation agreement. Civil money penalties collected by the Commonwealth must be applied to the protection of the health or property of residents of nursing facilities found to be deficient. Penalties collected are to be used for (1) the payment of costs incurred by the Commonwealth for relocating residents to other facilities; (2) payment of costs incurred by the Commonwealth related to operation of the facility pending correction of the deficiency or closure of the facility; and (3) reimbursement of residents for personal funds or

property lost at a facility as a result of actions by the facility or individuals used by the facility to provide services to residents. These funds are to be administered in accordance with the revised federal regulations and law, 42 CFR 488.400 and the Social Security Act § 1919(h), for Enforcement of Compliance for Long-Term Care Facilities with Deficiencies. Any special fund revenue received for this purpose, but unexpended at the end of the fiscal year, shall remain in the fund for use in accordance with this provision.

D. The Department of Medical Assistance Services, to the extent permissible under federal law, shall enter into an agreement with the Department of Behavioral Health and Developmental Services to share Medicaid claims and expenditure data on all Medicaid-reimbursed mental health, intellectual disability and substance abuse services, and any new or expanded mental health, intellectual disability retardation and substance abuse services that are covered by the State Plan for Medical Assistance. The information shall be used to increase the effective and efficient delivery of publicly funded mental health, intellectual disability and substance abuse services.

E. In addition to any regional offices that may be located across the Commonwealth, any statewide, centralized call center facility that operates in conjunction with a brokerage transportation program for persons enrolled in Medicaid or the Family Access to Medical Insurance Security plan shall be located in Norton, Virginia.

F. The Department of Planning and Budget, is authorized to transfer amounts, as needed, from Medicaid Program Services (45600), Medical Assistance Services for Low Income Children (46600) and Children's Health Insurance Program Delivery (44600), to Administrative and Support Services (49900), to fund administrative expenditures associated with contracts between the department and companies providing dental benefit services, consumer-directed payroll services, claims processing, behavioral health management services and disease state / chronic care programs for Medicaid and FAMIS recipients.

G. The Department of Medical Assistance Services shall report on the results of the federally required review in the Payment Error Rate Measurement program for federal fiscal year 2012. This report shall include the error rates for both claims and eligibility determinations. If locality specific error rates for the eligibility review are available, they should be included in the report. The department shall report the findings to the Governor and the Chairmen of the House Appropriations and Senate Finance Committees by December 1, 2013.

H. The Department of Medical Assistance Services shall report on the feasibility and potential savings to the Medicaid program of an initiative, in cooperation with the Department of Veterans Services, to assist veterans, who also happen to be Medicaid members, in accessing veterans benefits through the federal government. The department shall submit the report to the Governor and Chairmen of the House Appropriations and Senate Finance Committees by November 1, 2012.

I. The Department of Medical Assistance Services shall, to the extent possible, require web-based electronic submission of provider enrollment applications, revalidations and other related documents necessary for participation in the fee-for-service program under the State Plans for Title XIX and XXI of the Social Security Act.

J. The Department of Medical Assistance Services shall be authorized to issue a Request for Proposals (RFP) in order to contract with a single vendor to provide a centralized customer service call center for applicants/recipients of programs administered by the department under Titles XIX and XXI of the Social Security Act for application assistance functions necessary under provisions of the Patient Protection and Affordable Care Act (PPACA), and other related functions necessary for the efficient and effective implementation of Medicaid and CHIP eligibility determinations and enrollment. The RFP shall include a provision for a cost structure with tiered levels of service based on workload. The procurement of this contract is deemed an emergency and the provisions of § 2.2-4303 F., Code of Virginia, shall apply in order for the department to comply with federal law and initiate the contract by October 1, 2013, or as soon as practicable thereafter. The department shall have authority to amend the State Plans for Medical Assistance under Titles XIX and XXI, and any waivers thereof, and shall have authority to implement this contract upon federal approval, and prior to the completion of any regulatory process undertaken to effect such change.