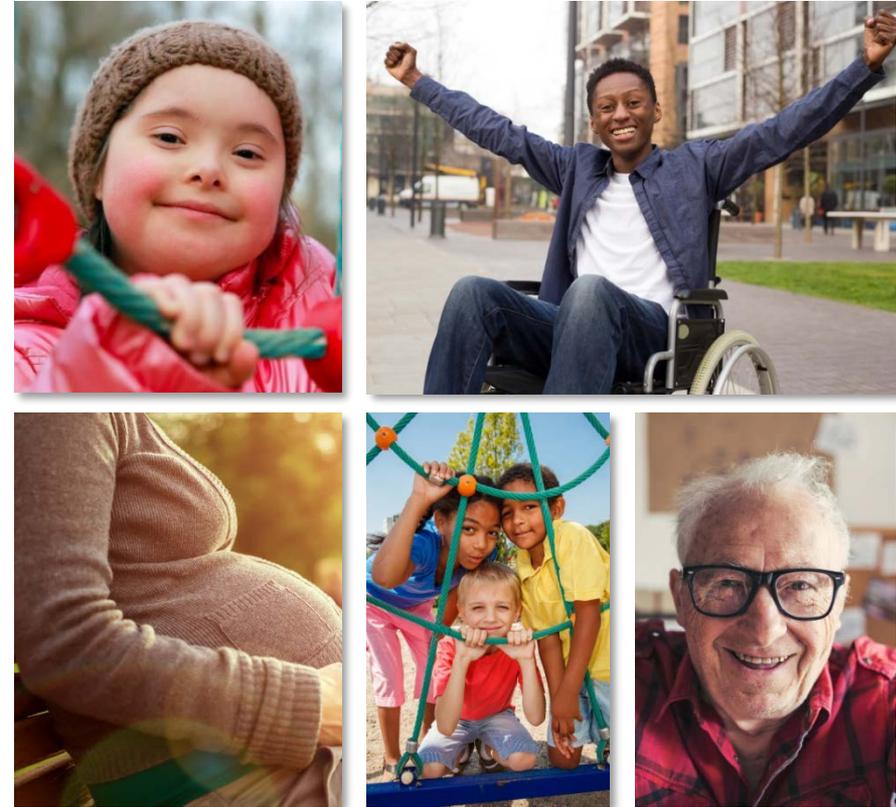


# REVIEW AND APPROVAL OF MEDICAID PROVIDER ASSESSMENT REPORTING

AUGUST 20, 2019

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DEPARTMENT OF MEDICAL  
ASSISTANCE SERVICES



# Reporting Requirements

## **§3-5.15 PROVIDER COVERAGE ASSESSMENT**

*E. DMAS shall submit a report due September 1 of each year to the Director, Department of Planning and Budget and Chairmen of the House Appropriations and Senate Finance Committees, and the Virginia Hospital and Healthcare Association. The report shall include, for the most recently completed fiscal year, the revenue collected from the coverage assessment, expenditures for purposes authorized by this Item, and the year-end coverage assessment balance in the Health Care Coverage Assessment Fund. The report shall also include a complete and itemized listing of all administrative costs included in the coverage assessment.*

*H. The Hospital Payment Policy Advisory Council shall meet to consider the implementation and provisions of the Provider Coverage and Payment Rate Assessments in order to consider and make recommendations to ensure the collection and use of such funds are appropriate and consistent with the intent of the General Assembly. Specifically, the Council shall consider the level of detail and format necessary to develop the report pursuant to paragraph E. The Council shall recommend a format and associated level of detail, to be included in the report to the Joint Subcommittee for Health and Human Resources Oversight. The Joint Subcommittee shall approve the final format and associated level of detail of the report to be submitted by the Department of Medical Assistance Services.*

# Timeline

Today

May 2, 2019



Budget Bill instructs DMAS to provide an annual report on September 1st for the coverage and rate assessments.



May 29, 2019



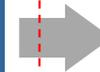
DMAS convened the Hospital Payment Policy Advisory Council to review and make recommendations on the required report.



July 3, 2019



DMAS provided a letter to the General Assembly detailing the proposed report format.



September 1, 2019



The first assessment report will be submitted consistent with the subcommittee approved format.

Today

- 1) Summary
- 2) Coverage Assessment Revenues
- 3) Coverage Assessment Administrative Expenditures
- 4) Coverage Assessment Medical Expenditures
- 5) Payment Rate Assessment Revenues and Expenditures

# Tab 1: Summary

- The first page of the report provides a high-level summary of:
  - Revenues,
  - Expenditures, and
  - Remaining year-end balance for the Provider Coverage Assessment.
- At the end of SFY 19, DMAS collected
  - \$87.7 million in coverage assessments
  - \$978.7 million in federal funds

# Tab 2: Coverage Assessment Revenues

- The 2<sup>nd</sup> page of the report provides:
  - Revenues and expenditures for the coverage assessment fund by month
  - The \$20.6 million remaining balance includes \$6.2 million of SFY 20 collections received in June SFY 19.

# Tab 3: Coverage Assessment Admin Expenditures

- The 3<sup>rd</sup> page shows detailed administrative expenditures:
  - Administrative costs for Departments of Medical Assistance Services and Social Services
  - The single largest expenditure was for systems changes needed to enroll new members.

# Tab 4: Coverage Assessment Medical Expenditures

- The 4<sup>th</sup> page shows Medical expenditures by:
  - General medical care
  - Behavioral health, and
  - Long term care
- This data is the same as the monthly accuracy report.

# Tab 5: Payment Rate Assessment

- The 5<sup>th</sup> page of the report covers:
  - Revenues by month and expenditures by use for the Rate Assessment, meets requirements of §3-5.16.
- Balance represents payments for SFY 20 assessments paid in June SFY 19.

# QUESTIONS