



Administration Division

The Administration Division provides an array of central support services to achieve Department of Health Care Services (DHCS) program and operations objectives. Staff provide management information and business control functions for the directorate, helping ensure that the most effective and efficient level of service is achieved. The Administration Division streamlines and simplifies policies and procedures, stressing collaboration and improved communication with program staff; ensures fiscal accountability of programs by overseeing the financial management of DHCS, including budget development and oversight; provides responsive and reliable employee support and human resource management systems; provides guidance and consultation on contract and purchasing services; responsibly manages DHCS physical resources through facilities and telecommunications business services; supports the protection of DHCS employees through the Health and Safety office; and evaluates business processes with attention to improvements in other department-wide support functions.

Audits & Investigations Division (A&I)

The mission of A&I is to protect and enhance the fiscal integrity of the health programs administered by DHCS and to ensure that a high quality of care is provided to the beneficiaries of these programs. A&I also strives to improve the efficiency, economy, and effectiveness of DHCS and the programs it administers. To carry out its mission and objectives, A&I:

- Performs various financial and medical audits as well as post-service, post payment utilization reviews to ensure Medi-Cal program integrity.
- Ensures accountability of state and federal health care funding and identifies funds for recovery, where appropriate.
- Identifies and investigates Medi-Cal provider and beneficiary fraud, waste, and abuse, emphasizing fraud prevention.
- Performs internal audits of DHCS programs to ensure the adequacy and effectiveness of internal controls.

- Performs special audits as needed by DHCS executive management, programs, the California Health and Human Services Agency, and the Governor's Office.
- Provides technical assistance and audited data (internally and externally) on various aspects of health care financing and delivery.
- Provides technical assistance (financial and medical) for the development, modification, and expansion of DHCS health programs and related policy.

Benefits Division

The Benefits Division is responsible for managing and ensuring the uniform application of federal and state laws and regulations regarding Medi-Cal covered services and policies affecting more than 150,000 providers of medical services to 11.3 million Medi-Cal recipients. The division adds, limits, modifies, or eliminates services to increase patient safety, reduce risk, and reduce cost of care. The division is one of DHCS' primary liaisons with the federal Centers for Medicare & Medicaid Services for amendments to the Medicaid State Plan. As such, it coordinates with other divisions within DHCS and state departments to ensure compliance with state and federal requirements under the State Plan. The division includes medical consultants and a research scientist who review medical evidence, including studies published in peer-reviewed health journals as well as evidenced-based treatment and clinical practice guidelines published by professional organizations and scientific societies, to determine which treatments and medicines are most effective and provide the highest quality of care. The Every Woman Counts (EWC) program is part of the division. It is the largest breast cancer detection program in the nation and serves more than 260,000 women annually. EWC provides breast clinical services, such as mammograms, clinical breast exams, and diagnostic tests, to low-income California women ages 40 and older with inadequate or no health coverage. EWC also provides cervical clinical services, such as pap smears, HPV (Human Papilloma Virus) tests, and cervical diagnostic tests, for low-income, uninsured, and underinsured California women ages 21 and older. In addition, EWC promotes the importance of screening and the availability of these services for disparate high-risk populations.

California Medicaid Management Information System (CA-MMIS) Division

This division operates and maintains CA-MMIS, which allows approximately 11.3 million Medi-Cal beneficiaries to receive health care services via the Medi-Cal program administered by DHCS and CA-MMIS processes. CA-MMIS is responsible for all activities associated with the usage of California's information technology system, which processes and pays approximately \$19 billion annually in Medi-Cal fee-for-service health care claims, as well as claims for other DHCS health care programs. The CA-MMIS Division is responsible for the overall administration, management, oversight, and

monitoring of the fiscal intermediary (FI) contract and all services provided under the contract. FI services include the operation of a telephone service center and provider relations functions (publications, outreach, and training); system operations, updates, and enhancements; processing eligibility inquiry transactions, treatment authorization requests, and service authority requests; and processing more than four million claims per week. Under the CA-MMIS Division's direction and leadership, the FI is also responsible for planning, developing, designing, testing, and implementing a new MMIS that will represent current technology consistent with federal requirements, and support a service-oriented architecture, consistent with increasing DHCS' Medicaid Information Technology Architecture maturity.

Capitation Rates Development Division (CRDD)

CRDD is responsible for the accuracy and integrity of data used to calculate and implement capitation rates in compliance with contractual and regulatory requirements. The Actuary Unit calculates and sets the capitation rates for managed care organizations and performs calculations of budget estimates. The actuaries certify that capitation rates for managed care health plans are determined in compliance with federal requirements. The Financial Management Unit performs research functions and rate calculations on Medi-Cal eligibility data, calculates fee-for-service and managed care data costs for all Medi-Cal programs, and interprets and analyzes legislative impacts on Medi-Cal managed care programs costs. The Financial Analysis Unit (FAU) ensures correct application and payment of capitation rates with regard to contractual agreements and departmental policy. The FAU also acts as the liaison between DHCS' Fiscal Forecasting Branch, the federal Centers for Medicare & Medicaid Services, Department of Finance and the Legislative Analyst's Office. The FAU coordinates the preparation of budget neutrality and quarterly monitoring analyses for managed care programs for federal waivers. The Financial Review Unit ensures the timely reporting of financial and accounting data by managed care organizations and provides financial analysis to stakeholders.

Clinical Assurance and Administrative Support Division (CAASD)

CAASD provides utilization review and post claims oversight for services provided to fee-for-service Medi-Cal beneficiaries through its network of medical, pharmacy, and administrative units located throughout the state. CAASD provides post claims oversight for inpatient hospital services provided through California's 21 Designated Public Hospitals (DPH), who utilize an evidence-based standardized tool to determine medical necessity for hospital days and services. In 43 non-designated public hospitals and private hospitals statewide, services are claimed under a Diagnosis Related Group (DRG) methodology. CAASD's post claims oversight activities of these two claims methodologies ensure compliance with Medi-Cal policies and applicable state and federal requirements. CAASD also provides cost-effective utilization controls by reviewing and adjudicating Treatment Authorization Requests (TARs) for certain medical procedures, services, and drugs for fee-for-service Medi-Cal beneficiaries prior to payment for services. CAASD responds to all TAR appeals and DPH and DRG disputes submitted by providers and offers program support to the Office of

Legal Services for all litigation resulting from denied TAR appeals and disputes. In addition, CAASD has a Program Support and Special Projects Branch (PSSPB) dedicated to providing administrative support services to a total of twelve DHCS divisions. PSSPB's mission is to provide a wide range of services in a supportive, timely, and efficient manner. Providing excellent customer service is a key element in accomplishing this mission. PSSPB is continually looking to improve and streamline their many processes to better meet the needs of the customer through open and effective communication and participation between the branch and the supported divisions.

Fee-For-Service Rates Development Division (FFSRDD)

FFSRDD is responsible for developing Medi-Cal reimbursement rates for non-institutional and long-term care services, performing analyses for General Fund cost savings/avoidance proposals and rate methodologies, and assisting the Office of Legal Services in defending DHCS in legal actions. FFSRDD serves as a point of contact on matters pertaining to Medi-Cal non-institutional and long-term care rate setting matters in negotiation and/or meetings with health care provider representatives, patient advocates, external state agencies, representatives of county, state and federal governments, industry representatives, special interests groups, the media, and other high-level officials regarding Medi-Cal rate policies and issues. FFSRDD also crafts legislation and submits State Plan Amendments regarding changes to provider reimbursements. In addition, FFSRDD administers a quality assurance fee program that collects more than \$500 million annually.

Health Policy Unit (HPU)

The HPU, also referred to as the Associate Director's Office, is responsible for coordinating interdepartmental programs and advising the directorate on key policy areas. Under the leadership of the Associate Director, the HPU facilitates cross-collaboration across multiple DHCS divisions in support of the department's mission, quality strategy, and Triple Aim. The HPU is often asked to initiate or coordinate special projects on behalf of the director or chief deputies so the focus of the unit is based upon the emerging needs of the department. As of December 2014, current projects for the HPU include reporting activities related to the Bridge to Reform Section 1115 Waiver and organizing the Stakeholder Advisory Committee stakeholder meetings; facilitating the Medi-Cal Children's Health Advisory Panel and AB 1296 stakeholder meetings; coordinating efforts to implement SB 1004 for palliative care services; providing executive support for the California Children's Services redesign efforts; leading the 1115 waiver renewal workgroup on workforce development; coordinating discussions with philanthropic foundations to develop new funding opportunities; and serving as the business lead for the department's Medicaid Information Technology Architecture (MITA) Governance Committee.

Information Management Division (IMD)

The IMD supports department-wide efforts for accurate and timely information for DHCS programs. Its programs support information access and sharing that considers data as an asset and data as a service. The IMD consists of the Chief Medical Information Officer's (CMIO's) Office, the Office of HIPAA Compliance (OHC), and the Office of Health Information Technology (OHIT).

- The CMIO's Office supports the Medi-Cal Adult Quality Care Improvement program, the Data and Research Committee, the Medicaid Statistical Information System and analytic efforts using the Management Information System/Decision Support System.
- The OHC is responsible for leadership and oversight related to the implementation and maintenance efforts of a range of federally required initiatives, such as the Federal Health Insurance Portability and Accountability Act (HIPAA), to simplify and standardize the administration of health care while protecting the privacy of patients served by DHCS programs. The OHC also serves as the DHCS lead for measuring and monitoring progress against the MITA framework.
- The OHIT is responsible for administration of the Medi-Cal Electronic Health Record (EHR) Incentive Program. This incentive program will improve the quality, safety and efficiency of health care by Medi-Cal hospitals and professionals through incentive payments to encourage the meaningful use of electronic health records.

Information Technology Services Division (ITSD)

ITSD is responsible for architecting, building and delivering secure innovative solutions and services that drive health care quality and for IT strategy formulation, enterprise architecture, enterprise portfolio management, and enterprise governance. ITSD delivers customer service by providing a secure, reliable information technology environment to support the program and administrative objectives of DHCS, the Health and Human Services Agency, the Office of Health Information Integrity, and the Office of the Patient Advocate. ITSD establishes information technology policy and standards and ensures compliance with state and federal laws and regulations regarding the use of information technology and the safeguarding of electronic information; supports a complex portfolio of program systems, including the Medi-Cal Eligibility Data System (MEDS), California Medicaid Management Information System (CA-MMIS), California Dental Medicaid Management Information System (CD-MMIS), Behavior Health Systems, Health Care Options (HCO), Access for Infants & Mothers (AIM), and Medi-Cal for Families (MFP); supports and provides oversight of the ongoing maintenance and operation of the California Healthcare Eligibility, Enrolment, and Retention System (CalHEERS); provides quality application and data services to DHCS programs; facilitates the successful completion of business and information technology projects undertaken by DHCS; and manages the design, installation, upgrade, and support of a

complex technology infrastructure, including network, servers, desktops, network devices, messaging systems, websites, web applications, and databases.

Long-Term Care Division (LTCD)

LTCD is an integral component of California's *Olmstead Plan* by ensuring the provision of long-term services and supports to Medi-Cal-eligible frail seniors and persons with disabilities to allow them to live in their own homes or community-based settings instead of in facilities. LTCD directly operates and/or administers three home- and community-based services (HCBS) waivers on behalf of DHCS, as the single state Medicaid agency. LTCD also provides monitoring and oversight for four HCBS waivers and the In-Home Supportive Services state plan benefit operated by the California Departments of Social Services, Aging, Public Health, and Developmental Services. LTCD operates two managed care programs, Program of All-inclusive Care for the Elderly and Senior Care Action Network, and the California Partnership for Long-Term Care, a long-term care insurance program. In addition, LTCD administers a federal Money Follows the Person grant to transition Medi-Cal-eligible residents from long-term care facilities back to community living arrangements. LTCD works collaboratively with the Medi-Cal Managed Care Divisions to integrate long-term services and supports for seniors and persons with disabilities and Medicare/Medi-Cal dual eligible beneficiaries in a managed care delivery system.

Medi-Cal Dental Services Division (MDSD)

MDSD is responsible for the provision of dental services to Medi-Cal beneficiaries. Services are provided under fee-for-service (FFS) and managed care models. The division contracts with a dental fiscal intermediary for FFS and three Geographic Managed Care (GMC) plans and Prepaid Health Plans (PHP) to provide dental care to approximately 11.3 million Medi-Cal beneficiaries. The FFS program is statewide, while dental GMC is mandatory in Sacramento County and voluntary in Los Angeles County under PHP.

Medi-Cal Eligibility Division (MCED)

MCED develops statewide eligibility policies, procedures, and regulations governing Medi-Cal and the Children's Health Insurance Program (CHIP) and ensures eligibility is determined accurately and timely in accordance with state and federal requirements. MCED performs Medi-Cal quality control reviews of county compliance with state and federal eligibility requirements for program integrity and works with the California Health Benefit Exchange, county social services agencies, Statewide Automated Welfare System (SAWS) consortiums, California Healthcare Enrollment, Eligibility and Retention System (CalHEERS), and Information Technology Services Division to develop the business rules necessary to implement eligibility policy and maintain the records of beneficiaries in SAWS, CalHEERS, and DHCS' Medi-Cal Eligibility Data System. MCED provides county social service agencies policy direction via All County Welfare Directors Letters and Medi-Cal Eligibility Information Letters that implement Medi-Cal eligibility policies, and procedures and coordinates such policies and procedures, as

applicable, with the California Department of Social Services. MCED consists of four branches – Policy Development, Policy Operations, Access Program and Policy, and Program Review.

Managed Care Quality and Monitoring Division (MCQMD)

MCQMD monitors and oversees California's Medi-Cal managed care health plans, Cal MediConnect health plans, and Medi-Cal managed care policy development and interpretation to meet the needs of providing health care to approximately 9 million Medi-Cal beneficiaries in all of California's 58 counties. The division is comprised of two branches – the Program Monitoring and Compliance Branch and the Policy and Medical Monitoring Branch. The key functions of these branches include plan monitoring, data analysis and reporting, policy development and interpretation, maintenance of the Medi-Cal managed care performance dashboard, encounter data reporting compliance, and quality improvement efforts.

Managed Care Operations Division (MCOD)

MCOD oversees the operational and program activities to meet the needs of providing health care to approximately 9 million Medi-Cal beneficiaries in all of California's 58 counties. MCOD focuses on contract management of the health plans operating under the seven different models of care – Two-Plan, Geographic Managed Care (GMC), County Organized Health System (COHS), Regional, Imperial, Cal MediConnect health plans, and San Benito Models – as well as oversees the transitional activities that are necessary when transitioning populations into a managed care delivery system. The division is comprised of two branches – the Managed Care Systems & Support Branch and the Managed Care Operations Branch. The key functions of these branches include the Office of the Ombudsman, plan enrollment systems, payment systems, contract processing, internal operations support for managed care, and acting as a liaison between the division and CalHEERS.

Mental Health Services Division (MHSD)

MHSD consists of three branches: Program Policy and Quality Assurance; Fiscal Management and Outcomes Reporting; and Program Oversight and Compliance. MHSD administers, oversees, and monitors community mental health program service delivery and compliance for the Medi-Cal Specialty Mental Health Services program and Mental Health Services Act (MHSA). The division implements program changes related to community mental health services required by state and federal legislation, which includes health care reform. MHSD is the single state liaison with the federal Centers for Medicare & Medicaid Services for mental health services in California and provides mental health program subject matter expertise and technical assistance to other state departments and agencies, mental health plans and other local mental health programs, and managed care health plans. MHSD also provides ombudsman support to Medi-Cal members receiving mental health services. MHSD facilitates county and federal reimbursement processes, establishes program and fiscal policies, administers and distributes federal grants, and oversees the state's

fiscal and outcomes responsibilities for specialty mental health services and the MHSA. MHSD is responsible for state oversight of community mental health programs, facilities, and providers to ensure compliance with state and federal requirements.

Office of Administrative Hearings and Appeals (OAHA)

OAHA provides an equitable and impartial quasi-judicial forum for the department and individuals and entities challenging department actions to present their cases. Through interagency agreements, OAHA also provides a quasi-judicial forum to hear disputes arising from actions taken by sister agencies, such as the California Departments of Public Health and Social Services. OAHA decisions impact the financial stability and viability of the 140,000 health care providers enrolled in the Medi-Cal program and are governed by strict statutory timeframes. Penalties are imposed if the hearing is not held within the requisite period or the decision is not issued within the statutory timeframe. OAHA provides two levels of hearings – formal and informal. The formal hearings are held before an Administrative Law Judge and are conducted in accordance with the Administrative Procedure Act and other program-specific statutes. Informal hearings are conducted by Hearing Auditors, who have extensive experience in hospital reimbursement principles and auditing. OAHA currently employs professionals, paraprofessionals, managerial, and administrative staff and has two office locations, one in Sacramento and one in Los Angeles. Hearings are conducted statewide, and OAHA processes more than 40 different types of appeals, often consisting of intricate, legally complex, and politically sensitive issues. These matters frequently involve financial provider audits and rate determinations; renewal, suspension, or revocation of licenses triggering heightened scrutiny; propriety of fiscal sanctions; denials of eligibility or services for children with special health care needs; suspension of Medi-Cal providers; and denials of applications for enrollment as a Medi-Cal provider.

Office of Civil Rights (OCR)

OCR is responsible for overseeing compliance with various federal and state civil rights laws and implementing regulations and executive orders pertaining to employment and services by DHCS and its contractors to ensure nondiscrimination in the access and delivery of health care services provided or administered by DHCS. OCR provides departmental guidance, coordination, monitoring, training and investigation of issues relating to DHCS employees through the Internal Equal Employment Opportunity Program (Title VII), External Civil Rights Compliance Program (Title VI) and Reasonable Accommodation Program. Also, OCR coordinates and develops technical, prevention and sensitivity awareness training that deals with Equal Employment Opportunity and disability issues and resolves complaints of discrimination via counseling, informal reviews, investigations and mediations filed by DHCS applicants and employees.

Office of Family Planning (OFP)

OFP is charged by the California Legislature “to make available to citizens of the state who are of childbearing age comprehensive medical knowledge, assistance, and services relating to the planning of families.” The purpose of family planning is to provide women and men a means by which they decide for themselves the number, timing, and spacing of their children. OFP administers the Family Planning, Access, Care, and Treatment (Family PACT) program. Family PACT is California’s innovative approach to provide comprehensive family planning services to eligible low-income (under 200% of the federal poverty level) men and women. Family PACT serves 1.8 million income eligible men and women of childbearing age through a network of 2,200 public and private providers.

Office of Legal Services (OLS)

OLS provides comprehensive preventive, strategic, and litigation support services to the directorate, DHCS employees, and all departmental programs. Also, OLS often is tasked with providing DHCS legal analyses to control agencies. OLS attorneys and paralegals regularly interface with the Attorney General’s Office on all DHCS-related litigation. OLS’ 85 attorneys and 12 paralegals are distributed among five large legal teams and two smaller units, each of which focus on a set of particular areas of departmental legal work:

- The Administrative Litigation Team represents DHCS in administrative hearings before the Office of Administrative Hearings and Appeals, the State Personnel Board, and other state entities. It liaisons with the Attorney General’s Office when administrative litigation decisions are challenged, and it handles the bulk of DHCS’ legal personnel functions, which include house counsel personnel support to all programs, including the Human Resources Branch, the Office of Civil Rights, and the Director’s Office, on employment-related and conflict of interest-related legal issues.
- The Health Care Benefits and Eligibility Team is responsible for providing a broad spectrum of legal support services to the Director, the Chief Deputy Directors, the Deputy Director for Health Care Benefits and Eligibility, and the Chiefs of the Medi-Cal Eligibility Division, Primary and Rural Health Division, Pharmacy Benefits Division, Medi-Cal Dental Services Division, Medi-Cal Benefits Division, Office of Family Planning, and other divisions as needed.
- The Health Care Delivery Systems Team provides advice and consultation on a broad spectrum of legal issues to the Director, Chief Deputy Directors, and Deputy Directors for Managed Care Delivery, Long-Term Care, Systems of Care, Audits and Investigation, Provider Enrollment, and Third Party Liability divisions.
- The Mental Health and Substance Use Disorder Services team provides a broad spectrum of legal support services to the Director, Chief Deputy

Directors, Deputy Director for Mental Health and Substance Use Disorder Services, and all programs under the Mental Health Services Division and the Substance Use Disorder Division.

- The Health Care Financing and Rates Team provides advice and consultation on legal issues and manages litigation support on financing and rates matters for all DHCS divisions. In addition, this team supports as house counsel the following divisions within DHCS: Capitated Rates Development, Fee-For-Service Rates Development, and Safety Net Financing.

OLS also contains two sub-specialty Units: the Privacy Office, which is staffed by attorneys dedicated to privacy and information security issues and solutions; and the Office of Regulations, which is responsible for ensuring the consistency and accuracy of all emergency and permanent regulations that DHCS promulgates.

Office of Legislative & Governmental Affairs (LGA)

LGA facilitates, coordinates, and advocates for the development and enactment of policy and budget legislation in the interest of public health and health care. As a key player in carrying out DHCS' mission to protect and advance the health of all Californians, LGA assists in the development and refinement of the state's health care laws. LGA also provides consultative and technical assistance to other divisions within DHCS, and technical assistance to California state legislators and their staff on constituent issues and about DHCS' various programs through briefings, testimony at informational hearings, and individual meetings.

Office of Medi-Cal Procurement (OMCP)

OMCP is an internal consulting and advisory group within DHCS. OMCP's function is to conduct major procurements and write contracts in support of the various divisions and offices of the Medi-Cal program. These procurements may take the form of Requests for Proposal (RFP) and Requests for Application (RFA), depending upon the services being sought. OMCP is responsible for the entire process from the development of the procurement documents to the evaluation of any proposals received in response to those documents through to the development and approval (from the Department of General Services and Centers for Medicare & Medicaid Services) of the contract documents. All Medi-Cal procurement and contracting procedures are conducted with the highest integrity, with the goal of producing procurement documents and contracts that are effective and cost-efficient for the Medi-Cal program.

Office of Public Affairs (OPA)

OPA is responsible for the overall communications and outreach activities of DHCS. The office serves as the central conduit of information for the department, working to provide clear, concise information about complex subject matters pertaining to DHCS activities.

OPA is the primary point of contact for the news media, providing reporters with information and clarifications, as well as arranging interviews with DHCS leadership and program experts. OPA crafts statements and press releases, conducts interviews and background briefings, and stages press conferences. OPA also reviews the content and look of DHCS' public education and outreach programs, and the OPA Web Unit oversees the department's public website, managing its look, usability, and content. The web unit develops and oversees the policy and standards for publishing online content, including accessibility according to the American with Disabilities Act.

Office of Strategic Planning, Workforce Development, and Director's Office Administration

This office was established in 2014 to lead the development, implementation, and evaluation of the department's strategic planning efforts. Working with each division, strategic planning is a coordinated effort of effectively measuring strategic initiatives and communicating outcomes with the stakeholder community. In addition, the office leads the department on all efforts related to workforce and succession planning, recruitment, and retention strategies. The office ensures that divisions have a resource to better enhance their efforts to recruit, retain, train, and successfully prepare employees for the future. DHCS' Director's Office Administration is responsible for the day-to-day operations for the directorate and ancillary executive offices, which include directorate and deputy office support, executive and exempt appointment recruitment, internal and external correspondence tracking, coordination of statewide charitable campaigns, and directorate special projects and initiatives.

Pharmacy Benefits Division (PBD)

PBD is responsible for DHCS' Medi-Cal fee-for-service (FFS) drug program and for the management of the Medi-Cal managed care pharmacy program. PBD is comprised of four branches: Pharmacy Policy, Enteral and Medical Supplies, Drug Contracting and Drug Rebates. In addition, the FFS Vision Services program falls under the purview of the division. PBD has primary responsibility for ensuring outpatient prescription drug coverage is provided to FFS Medi-Cal beneficiaries. PBD contracts with drug and medical supply manufacturers as well as providers to ensure they meet specific criteria, including safety, effectiveness and essential need, and to eliminate the potential for misuse. In exchange for the ability to contract with Medi-Cal, manufacturers provide rebates to the program. California's rebate program is considered one of the most aggressive in the country.

Primary, Rural and Indian Health Division (PRIHD)

The mission of PRIHD is to improve the health status of diverse population groups living in medically underserved urban and rural areas. PRIHD administers seven programs that seek to improve and make accessible comprehensive primary care services and other public health services for persons at risk, including the uninsured or

indigent, and those who would otherwise have limited or no access to services due to geographical, cultural or language barriers. Those programs are: Rural Health Services Development (RHSD), Seasonal and Agricultural Workers (SAMW), Indian Health (IH), California State Office of Rural Health (CalSORH), Medicare Rural Hospital Flexibility/Critical Access Hospital (FLEX/CAH), Small Rural Hospital Improvement (SHIP) and J-1 Visa Waiver. The division functions as the primary liaison for providers and other stakeholders concerned with rural health, Indian health and primary care clinics. PRIHD works with rural health constituents to provide training and technical assistance to strengthen the rural health care infrastructure. PRIHD has lead responsibility in ensuring that DHCS complies with federal requirements to seek regular and ongoing advice from tribes and Indian health program designees on proposed changes to the Medi-Cal program that have a direct impact on Indians and Indian health providers. PRIHD also provides training and technical assistance to Indian health programs as well as administers the American Indian Infant Health Initiative (AIHI) and Federal Emergency Preparedness activities. Additionally, PRIHD assists in the development of Medi-Cal policies affecting Federally Qualified Health Centers, Rural Health Clinics and Indian Health clinics.

Provider Enrollment Division (PED)

PED is responsible for the review and appropriate action of fee-for-service (FFS) provider applications seeking to participate directly or indirectly in the FFS Medi-Cal program and maintains the Provider Master File database used by the claims payment process. PED ensures that all applicants meet licensure requirements and participation standards defined by federal and state statutes and regulations. PED conducts frontend program integrity functions, conducts monthly monitoring, and completes re-enrollment/revalidation efforts to ensure quality care through eligible providers and to prevent fraud, waste, and abuse.

Research and Analytic Studies Division (RASD)

The purpose of RASD is to compile official statistics and develop analytic products that inform policy and assist DHCS in achieving its mission and goals. RASD develops objective and credible official Medi-Cal statistics, serving as the department's statistical bureau. RASD continues the long-standing tradition of compiling official statistics, which the department introduced in 1966 when RASD's predecessor organization published *Medi-Cal – Its First Six Months*, a report describing caseload, utilization, and expenditures. With Medi-Cal now serving nearly one-third of California's total population, the statistics generated by RASD are required more than ever by internal policymakers, control agencies, and external stakeholders. RASD provides substantial analytic support to the development of the November and May Medi-Cal Budget Estimates created by Fiscal Forecasting Branch in the Administration Division. RASD often serves as an analytic resource, advancing policy-informing information within the department and developing critical analyses and information support for such initiatives as the 1115 Bridge to Reform waiver, Cal MediConnect, and the provider rate reduction. Upon implementation of

AB 97 (provider rate reduction), RASD was charged with the development of 23 access to care measures focusing on Medi-Cal's fee-for-service population. A subset of the access measures are reported quarterly, and a more comprehensive report is issued annually.

Safety Net Financing Division (SNFD)

SNFD administers supplemental payments in accordance with the "Bridge to Reform" Section 1115 Medicaid Waiver and the Medicaid State Plan. The Medi-Cal Supplemental Payment Section processes and monitors payments for hospitals and other types of providers for various supplemental programs and administers the hospital Quality Assurance Fee program. The Hospital/Uninsured Demonstration and Subacute Section evaluates designated public hospital costs and rates, oversees the development of the fiscal aspects of California's comprehensive waiver, oversees the Designated Public Hospital's inpatient hospital reimbursement methodology, oversees county realignment, and administers the Subacute Care Program. The Administrative Claiming, Local, and School Services Branch provides federal reimbursement to counties and school districts for administrative activities, targeted case management, and certain medically necessary school-based services. The Disproportionate Share Hospital (DSH) Financing and Non-Contract Hospital Recoupment Branch reimburses DSH eligible hospitals for uncompensated care costs for hospital services, processes supplemental payments for outpatient hospital services, and recoups overpayments for inpatient hospital services provided by non-contract hospitals. The Diagnosis Related Group (DRG) Section is responsible for monitoring the financial performance of the payments to maintain budget neutrality and ensure the integrity of DRG reimbursement. Under DRG reimbursement, hospitals are paid for services based upon patient acuity by grouping clinical characteristics into diagnosis groups instead of receiving higher reimbursement based upon volume of services or hospital stays.

Substance Use Disorder (SUD) Compliance Division

The SUD Compliance Division (SUDCD) is responsible for ensuring that licensed and certified substance use disorder providers are compliant with state and federal laws, regulations, and other governing requirements. The division oversees the licensing and certification functions, which include approval of initial applications, renewals, licensing and certification fines and fees, monitoring, site visits, technical assistance, complaint investigations, and death investigations. SUDCD also enacts all licensing and certification actions, including deficiencies, corrective action plans, appeals, suspensions, revocations, and court actions. The licensing and certification functions are for Driving Under the Influence programs, Narcotic Treatment Programs, and outpatient and residential SUD providers. In addition, the division ensures compliance with the statewide criminal justice treatment programs and oversees the SUD counselor certification system.

SUD Prevention, Treatment & Recovery Services Division (PTRSD)

The SUD PTRSD provides leadership and coordination in the planning, development, implementation, and evaluation of a comprehensive statewide SUD prevention, treatment, and recovery system. The division plans, administers, oversees, monitors, and accounts for California's statewide network of publicly monitored prevention, treatment, and recovery services. Key responsibilities and activities of the division include:

- Administering the federal Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Services Administration.
- Administering and developing programmatic and fiscal policy of the Drug Medi-Cal (DMC) program and contracts with counties and/or certified providers for the delivery of treatment services to eligible clients.
- Conduct Post Service Post Payment utilization reviews of DMC treatment providers to ensure program integrity and adherence to applicable statutes and regulations.
- Administering discretionary grants, such as the Strategic Prevention Framework State Incentive grant.
- Conducting onsite county-level performance assessments and DMC provider utilization reviews by analyzing data provided by counties and DMC providers.

Systems of Care for Children and Adults Division (SCD)

SCD creates effective and efficient comprehensive systems of care for vulnerable populations with chronic conditions to better improve or maintain their health care status and reduce health care costs. SCD is comprised of two major branches: Statewide Medical Services Branch (SMSB) and Program Operations Branch. SMSB is comprised of medical professionals who have oversight of several programs, including Medical Therapy, serving approximately 40,000 clients; High-Risk Infant Follow-Up; Child Health and Disability Prevention, serving two million children; Genetically Handicapped Persons, serving approximately 1,750 clients; Newborn Hearing Screening, which screens about 425,000 annually; and Health Care Program for Children in Foster Care Programs. The SCD is also responsible for the development and implementation of the California Children's Services demonstration pilot program as a component of DHCS' 1115 Medicaid "Bridge to Reform" waiver.

Third Party Liability and Recovery Division (TPLRD)

TPLRD ensures that the Medi-Cal program complies with state and federal laws and regulations requiring that Medi-Cal be the payer of last resort. TPLRD accomplishes this by recovering Medi-Cal expenses from liable third parties and avoiding Medi-Cal cost by identifying or purchasing alternative health care coverage. TPLRD's recovery programs (i.e., Estate Recovery, Casualty Insurance, and Overpayments)

account for \$350 million in annual revenue. Additionally, TPLRD's cost avoidance programs annually process more than 400 million commercial insurance records and pay Medicare premiums for 1.3 million dual eligible beneficiaries, avoiding billions in Medi-Cal costs. TPLRD is also responsible for the collection of provider Quality Assurance Fees totaling approximately \$4 billion annually.