

March 4, 2020

The Honorable Shane Pendergrass, Chair and Members of the House Health and Government Operations Committee

**RE: HB 984 Developmental Disabilities Administration - Program Changes and Required Reports**

**POSITION: SUPPORT WITH AMENDMENTS**

Service Coordination, Inc (SCI), headquartered in Frederick County, is a non-profit providing Coordination of Community Services (CCS) to more than 12,000 people across the State of Maryland including 14 counties and Baltimore City. SCI provides person-centered quality case management services by enhancing relationships with people we support, connecting them to valued resources of their choice, and collaborating with our primary customers and other supporting partners.

SCI is in full support of the DDA Accountability bill (SB796/HB984) and agrees that the steps outlined in the bill can assist with working through the challenges currently experienced.

Specifically, we'd like to highlight the need for data system interoperability through commonly used technology called Application Programming Interface (API) and the benefit it would bring to providers, the state, and ultimately the people with intellectual and/or developmental disabilities we mutually support.

**Requested Amendments to HB984:**

Page 3 after Line 4 insert the following:

(4) THE DEPARTMENT SHALL ENSURE THAT PROVIDERS, INCLUDING COORDINATORS OF COMMUNITY SERVICES HAVE THE ABILITY TO AUTOMATICALLY EXCHANGE ELECTRONIC DATA WITH THE DEPARTMENT BIDIRECTIONALLY THROUGH AN APPLICATION PROGRAM INTERFACE WITH THE DEPARTMENT'S LTSS DATA SYSTEM.

Page 3, line 24 insert the following:

Vi HAVING TO REPORT ON THE ABILITY TO AUTOMATICALLY EXCHANGE ELECTRONIC DATA WITH THE DEPARTMENT BIDIRECTIONALLY THROUGH AN APPLICATION PROGRAM INTERFACE WITH THE DEPARTMENT'S LTSS DATA SYSTEM

## Key points regarding the need for the amendments:

### Automated bidirectional electronic data exchange through an Application Program Interface (API) is a proven best practice.

- An Application Program Interface (API) is a best practice for data systems as it offers flexibility to providers in their business and quality monitoring practices so they can ensure efficiency and effectiveness which, in turn, directly and positively impacts people receiving DDA services.
  - API is a commonly used technology that all data systems can utilize.
  - LTSS has limited API now for direct service provider billing; this amendment expands the use of API to offer more flexibility to providers.
  - LTSS supports API connections in other states that have chosen the best practice of exchanging electronic data with providers.
  - In alignment with Federal Centers for Medicare and Medicaid (CMS) and other national organizations for Medicaid providers that encourage this type of interoperability, Maryland has already launched APIs connecting some state department systems with provider systems and Federal systems.
- API was available in the Provider Client Information System (PCIS2) data system for CCS activity notes and reportable incidents, which was successful and allowed the Department to have real time access to data with the above benefits to providers and people we support.
  - 548,429 out of 548,444 CCS Activity Notes for over 12,300 people served representing over 1.6M 15-minute units of service equating to more than \$30.4M in claims were uploaded in real time, at the click of a button via API by SCI in FY2018 (over 99.997% success rate).
- Any other changes to LTSS that providers would need to directly enter would impact them. Requiring an API sets the stage for future development of LTSS to align with best practices.

### API offers the state and providers flexibility to meet their respective needs in a cost effective and secure way.

- API supports the state to build a system that focuses on their needs as identified in the recent Office of Legislative Audits (OLA) report vs. the needs of 200+ providers. This would save the DDA dollars by not having to enhance the LTSS system to meet a wide variety of direct-care and CCS providers' needs.
- API meets HIPAA and HITECH data security and privacy standards and limits exposure of protected health information to people across the state with no business need for access.
  - API offers the state flexibility to use existing Federal security standards for

- electronic data interface or continue to use security standards currently in place for existing Web API connections in LTSS and PCIS2.
- By allowing providers to use their own data systems, they limit themselves to accessing only people they directly support and can further limit e-PHI exposure in their systems by job responsibility or geography, for example.

Lack of API negatively impacts the quality of services provided and puts the state at risk for waste, fraud, and abuse of Medicaid funding

- Without an API, providers will be fully reliant on limited and often inaccurate LTSS reporting to monitor their billing accuracy and manage their programs. This will limit their ability to monitor their services for waste, fraud, and abuse. In addition, when DDA introduces PORII, Providers will be fully reliant on limited LTSS reporting to monitor incidents of abuse, neglect, and exploitation of the state's most vulnerable citizens.
- CCS providers have used LTSS since August of 2018 and continue to be unable to reconcile their claim data making it extremely difficult to monitor our services. Monitoring of services and reconciliation of claim data is excessively inefficient, manual, and inadequate.

We want to thank the Maryland Association of Community Services (MACS) and Senator Guzzone and Delegate Cullison for their support of our requested amendment and ask the Committee for a favorable report on the HB984 with our amendments.

Sincerely,

Service Coordination, Inc.