



Commonwealth of Massachusetts
Office of the State Auditor
Suzanne M. Bump

Making government work better

Official Audit Report – Issued June 29, 2017

Review of Mandated Reports of Children Born with a
Physical Dependence on an Addictive Drug at the
UMass Memorial Medical Center, Inc.
For the period January 1, 2014 through August 31, 2016





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June 29, 2017

Mr. Patrick Muldoon, President
UMass Memorial Medical Center, Inc.
119 Belmont Street
Worcester, MA 01605

Dear Mr. Muldoon:

I am pleased to provide this performance audit of UMass Memorial Medical Center, Inc. This report details the audit objectives, scope, methodology, finding, and recommendation for the audit period, January 1, 2014 through August 31, 2016. My audit staff discussed the contents of this report with management of the hospital, whose comments are reflected in this report.

I would also like to express my appreciation to UMass Memorial Medical Center, Inc. for the cooperation and assistance provided to my staff during the audit.

Sincerely,

A handwritten signature in blue ink, appearing to read "SMBump".

Suzanne M. Bump
Auditor of the Commonwealth

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LIST OF ABBREVIATIONS

DCF	Department of Children and Families
DPH	Department of Public Health
MMIS	Medicaid Management Information System
OSA	Office of the State Auditor
SEN	substance-exposed newborn
UMMMC	UMass Memorial Medical Center, Inc.

EXECUTIVE SUMMARY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted an audit of UMass Memorial Medical Center, Inc. (UMMMC) for the period January 1, 2014 through August 31, 2016. In this performance audit, we assessed UMMMC's compliance with certain aspects of Section 51A of Chapter 119 of the General Laws. This law requires all mandated reporters¹ to send a written report to the state's Department of Children and Families (DCF) within 48 hours of an oral communication to DCF that a child has been born with a physical dependence on an addictive drug.

This audit was conducted as part of OSA's ongoing efforts to audit the activities of the Commonwealth's service providers and to promote accountability, transparency, and cost-effectiveness in state contracting.

Below is a summary of our finding and recommendation, with links to each page listed.

Finding 1 Page 6	UMMMC did not promptly prepare and retain all Section 51A reports of children born with a physical dependence on an addictive drug and send copies to DCF.
Recommendation Page 7	UMMMC should establish proper oversight controls to ensure that all mandated reporters on its staff complete, retain, and send copies of all Section 51A reports within the prescribed timeframes and that it retains proper documentation to substantiate that reports have been submitted to DCF.

1. This law defines mandated reporters as people who have direct contact with children under the age of 18 as part of their jobs.

OVERVIEW OF AUDITED ENTITY

UMass Memorial Medical Center, Inc. (UMMMC) was founded in 1871 and provides medical services at three campuses (Memorial, University, and Hahnemann) in Worcester and three affiliated hospitals in central Massachusetts. A significant portion of UMMC's resources are devoted to maternity care; UMMC operates 65 maternity beds and 69 bassinets² and oversaw 10,436 live births during our audit period.

Mandated Reporter Program

The Department of Children and Families (DCF) is the state agency that is responsible for investigating mandated reports of substance-exposed newborns (SENs). According to the *Boston Globe*, in 2014, the first year that Massachusetts tracked the problem, DCF investigated more than 1,700 reports of SENs. According to the Massachusetts Department of Public Health (DPH), infants born with a physical dependence on an addictive drug (i.e., SENs) are at risk of a variety of medical conditions and developmental disabilities as well as abuse and neglect. To help provide proper care and treatment to SENs, the Legislature enacted Section 51A of Chapter 119 of the Massachusetts General Laws. This law requires mandated reporters³ to communicate orally to DCF immediately, and file a written report within 48 hours of the oral communication, when there is reasonable cause to believe that a child is suffering physical or emotional injury resulting from a physical dependence on an addictive drug at birth.

In 2013, DPH issued its Guidelines for Community Standard for Maternal/Newborn Screening for Alcohol/Substance Use. The document states that it is intended to help healthcare professionals do the following:

- *Improve their ability to effectively identify substance-exposed newborns;*
- *Implement standardized guidelines for maternal screening in Massachusetts; and*
- *Improve the health and well-being of women and their at-risk newborns.*

It also states that hospitals should have written policies for medical and social workers to intervene in, and report, cases of SENs. According to the guidelines, after a 51A report is determined to be necessary,

2. A bassinet is a bed for babies from birth to about four months old.

3. UMMC falls under the definition of "mandated reporter" in Section 21 of Chapter 119 of the General Laws.

the mandated reporter should make a telephone report to DCF's Protective Service Unit. The medical center must then send the completed 51A report directly to DCF within 48 hours.

AUDIT OBJECTIVES, SCOPE, AND METHODOLOGY

In accordance with Section 12 of Chapter 11 of the Massachusetts General Laws, the Office of the State Auditor (OSA) has conducted a performance audit of UMass Memorial Medical Center, Inc. (UMMMC) for the period January 1, 2014 through August 31, 2016.

Section 51A of Chapter 119 of the General Laws requires mandated reporters to report to the Department of Children and Families (DCF) when a child is born with a physical dependence on an addictive drug. According to the Massachusetts Department of Public Health, these children are at high risk of receiving improper treatment and care; OSA determined that these risks are greater if there are problems with the mandated-reporting process.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Below is our audit objective, indicating the question we intended our audit to answer, the conclusion we reached regarding our objective, and where the objective is discussed in this report.

Objective	Conclusion
1. Has UMMC taken appropriate measures to ensure compliance with Section 51A of Chapter 119 of the General Laws, which requires a written report to DCF for all cases of physical dependence on an addictive drug at birth?	No; see Finding <u>1</u>

To achieve our objective, we gained an understanding of the internal controls at UMMC that were related to our audit objective and tested those controls for operating effectiveness.

From MassHealth's Medicaid Management Information System (MMIS), we obtained medical-claim and medical-service data as well as member information for MassHealth members who received services from UMMC during the audit period.

We identified nine diagnosis codes in the International Classification of Diseases that are associated with children born with a physical dependence on an addictive drug, referred to as substance-exposed

newborns (SENs).⁴ We identified all claims and medical services that occurred within 60 days after a child's birth and flagged those that included one or more SEN diagnosis codes. We considered only those for which UMMMC was the first provider to use an SEN diagnosis code to avoid including instances where another provider might already have filed a mandated report.

We requested all the Section 51A reports prepared by UMMMC for the audit period. We then removed 51A reports that had been filed for reasons other than an SEN. Next, we compared the remaining 51A reports to claims submitted to MassHealth by UMMMC under SEN codes. Thus we tested reporting for 100% of SENs at UMMMC during the audit period. Because of incomplete data from UMMMC, we obtained Section 51A information from DCF to determine the number of 51A reports actually filed.

OSA separately assessed the reliability of information stored in MMIS, tested selected system controls, and interviewed knowledgeable agency officials about the data. We performed additional validity and integrity tests on all claim data, including (1) testing for missing data, (2) scanning for duplicate records, (3) testing for values outside a designated range, and (4) looking for dates outside specific time periods. Based on the analyses conducted and our current comparison of source documentation with MMIS information, we determined that the data obtained were sufficiently reliable for the purposes of this audit. We relied on hardcopy source documents for other data needs.

4. See the appendix to this report for more information on SEN diagnosis codes.

DETAILED AUDIT FINDINGS WITH AUDITEE'S RESPONSE

1. UMass Memorial Medical Center, Inc. did not promptly prepare, retain, and send to the Department of Children and Families all required reports of children born with a physical dependence on an addictive drug.

For 1 out of 456 substance-exposed newborns who were born at UMass Memorial Medical Center, Inc. (UMMMC) during our audit period, UMMC did not send a report to the Department of Children and Families (DCF). An additional 79 reports were not sent within the 48-hour timeframe required by Section 51A of Chapter 119 of the Massachusetts General Laws.

Further, 67 Section 51A reports that UMMC had sent to DCF were not located on site at UMMC, and another 144 Section 51A reports' fax-confirmation receipts—which would verify that UMMC had submitted the reports and that DCF had received them—also could not be located. Without accurate and complete records, UMMC cannot properly oversee its Section 51A reporting process.

Authoritative Guidance

Section 51A of Chapter 119 of the General Laws identifies hospital personnel who are engaged in examination, care, or treatment as mandated reporters⁵ who must prepare and submit reports to DCF for any incidents giving rise to a reasonable suspicion of abuse or neglect. Section 51A(a) of Chapter 119 of the General Laws indicates that “physical or emotional injury resulting from . . . physical dependence upon an addictive drug at birth” must be reported. Section 51A requires mandated reporters to notify DCF immediately by phone and then file a written report with DCF within 48 hours of that notification, detailing the suspected abuse or neglect.

UMMMC's policy Reporting Abuse and Neglect of Children, Elderly Persons, Disabled Adults, Residents of Long Term Care Facilities and Domestic Violence states that after the telephone report to DCF's Protective Service Unit, the mandated reporter must complete the 51A report, file the report with DCF within 48 hours, and forward a copy to the manager of care in UMMC's Care Coordination Department. Although it is not required by policies or regulations, it is a sound business practice to maintain documentation that a Chapter 51A report has been submitted to DCF to ensure that UMMC's staff is complying with these requirements.

5. Section 21 of Chapter 119 of the General Laws enumerates a wide range of professionals who are mandated reporters, including physicians, nurses, psychologists, social workers, and certain mental-health and human-service professionals.

Reasons for Noncompliance

UMMMC had not established proper oversight controls to ensure that its staff followed its policies and procedures regarding the completion, retention, and submission of all Section 51A reports within mandated timeframes.

UMMMC officials also stated that staff members typically fax Section 51A reports to DCF, but in some cases, they may give them directly to a DCF social worker when s/he comes to the medical center to investigate the matter. In those instances, UMMC does not ask for a receipt from the social worker to verify that DCF received the report.

Recommendation

UMMMC should establish proper oversight controls to ensure that all mandated reporters on its staff complete, retain, and send copies of all Section 51A reports within the prescribed timeframes and that it retains proper documentation to substantiate that reports have been submitted to DCF.

Auditee's Response

UMMMC appreciates the Commonwealth of Massachusetts State Auditors efforts to review the Mandated Reports of Children born with a physical dependence on an addictive drug. UMMC will enhance controls to ensure that all mandated reporters at UMMC file 51A reports with DCF within 48 hours of making an oral report to DCF when they have reasonable cause to believe that a child or newborn is suffering physical or emotional injury because of abuse, neglect, or physical dependence upon an addictive drug. UMMC will consider the best practice recommendations related to the retention of 51A reports and fax receipts as evidence of timely filing.

APPENDIX

Substance-Exposed Newborn Diagnosis Codes*

Diagnosis Code	Description
6555	Fetal damage due to drug
65550	Fetal damage due to drug—unspecified
65551	Fetal damage due to drug—delivered
65553	Fetal damage due to drug—antepartum
7794	Newborn drug reaction/intoxication
7795	Newborn drug withdrawal syndrome
P044	Newborn affected by maternal use of drugs of addiction
P0449	Newborn affected by maternal use of drugs of addiction
P961	Neonatal withdrawal symptoms from maternal use of drugs of addiction

* These codes are from the Centers for Medicare and Medicaid Services' *Definitions of Medicare Code Edits*.