

## HOTLINE

### PURPOSE

UCLA Health System is committed to providing faculty and staff with a confidential, non-retaliatory mechanism to report potential compliance issues, and has established a confidential Compliance Hotline for this purpose. This policy outlines the process for reviewing these confidential communications to ensure that all potential compliance issues are investigated, and corrective action taken when compliance concerns are validated.

### POLICY

- 1) Every faculty and staff member has a responsibility to report possible compliance issues.
- 2) All reports of suspected or potential compliance issues forwarded to the Chief Compliance and Privacy Officer by means of the Confidential Compliance Hotline will be evaluated to determine whether the concern has merit. A course of appropriate corrective action will be taken for all confirmed valid compliance issues in accordance with Compliance Policy No. 9600, "*Responding to Compliance Issues.*"

It is the policy of UCLA that each report of the following types of non-compliant practices will be taken seriously and fully investigated:

- a) Potential noncompliant, fraudulent, or abusive practices in documentation, coding and billing for services, cost reporting, and/or other practices leading to the submission of false claims;
  - b) Potential violations of federal and/or state laws or regulations;
  - c) Other potential violations of the Code of Conduct.
- 3) Issues raised through the Compliance Hotline that are not under the scope of responsibility of the UCLA Health System Chief Compliance and Privacy Officer will be coordinated with and referred to the appropriate administrator, or other University of California Chief Compliance and Privacy Officer, if applicable.
  - 4) The Compliance Hotline is a toll free number (1-800-296-7188) communicated to all staff and faculty, and displayed in common areas. The calls are answered by an external vendor and managed by the Chief Compliance and Privacy Officer. All calls to the compliance hotline are kept confidential.

- 5) The privacy of all callers will be maintained to the greatest extent possible and no retaliation or harassment against individuals raising issues through the compliance line will be tolerated. Calls will not be recorded or traced.
- 6) All callers to the compliance line will have the option of remaining anonymous, however callers will be encouraged to furnish their names. Case numbers will be assigned to provide confidentiality to the greatest extent allowed by law. Callers who desire feedback information regarding their call will be directed to contact the Chief Compliance and Privacy Officer at #310-825-9459.
- 7) The Chief Compliance and Privacy Officer will, subject to confidentiality requirements, summarize all instances of potential non-compliance, resolution activity, assignment of investigation responsibility, any corrective or remedial actions, and any sanctions for presentation to the Compliance Committee on a periodic basis.
- 8) The tracking log of these items will be provided to UCLA Audit and Advisory Services on a quarterly basis and they will review all logged items for compliance with UC System Guidelines for monitoring and investigating potential fraud and/or abuse within the organization.

## **PROCEDURE:**

The following protocol sets forth the procedure to be followed upon receipt of a hotline call from the external vendor utilized to answer the hotline:

1. Reports will be received by the Chief Compliance and Privacy Officer via secure email within one (1) working day of the call to the external vendor.
2. The Chief Compliance and Privacy Officer, or his designee, will immediately review every report received.
3. Information received by the Chief Compliance and Privacy Officer will be communicated to the designated Compliance Department staff for entry in the Confidential Compliance Line Log (Attachment A). The log will record pertinent data, such as the case number, date of receipt of the report, results of the initial review and whether any investigative or audit activity was undertaken to evaluate the allegations contained in the report.
4. The tracking log will be reviewed with University Legal Counsel on a monthly basis and UCLA Audit and Advisory Services on a quarterly basis in order to assure that all pertinent University policies are being addressed regarding issues raised through the Compliance Line.
5. Information received by the Chief Compliance and Privacy Officer from either the Compliance Department or the unit responsible regarding the disposition information received in the hotline report will be entered into the compliance log.

6. The Chief Compliance and Privacy Officer will respond to any inquiries regarding reports received via the Compliance Hotline by working with the compliance department or unit to which the report was referred.
7. The Chief Compliance and Privacy Officer will coordinate responding to issues raised through the Compliance Hotline that do not concern Compliance policies by referring information to the appropriate unit from among the following:
  - Human Resources – Medical Enterprise or Campus
  - Public Safety – UCLA Police Department
  - Environmental – EHS (campus level)
  - Medical Staff – Medical Center Legal Affairs
  - Issues governed by the University of California Whistleblower Policy, and the Whistleblower Protection Policy – Locally Designated Official.

The department to which the issue was referred will provide confirmation back to the Chief Compliance and Privacy Officer **within 30 days** of receiving the report that the issue has been resolved.

8. Compliance issues raised through the Compliance Hotline that are not related to UCLA Health System facilities will be referred to the appropriate Campus or other University of California Chief Compliance and Privacy Officer. These issues will be logged as closed on the UCLA Health System Compliance Log upon receipt of confirmation from the applicable Chief Compliance and Privacy Officer that the issue is within their scope of responsibility.
9. The Chief Compliance and Privacy Officer will, subject to confidentiality requirements, summarize all instances of potential noncompliance, resolution activity, investigation assignment responsibility, any corrective or remedial actions, and any recommended sanctions for presentation to the Compliance Committee on a periodic basis.

## **FORMS**

Attachment A - Compliance Hotline Call Log

## **REFERENCES**

Whistleblower Policy, University of California, October 4, 2002

Whistleblower Protection Policy, University of California, October 4, 2002

## **REVISION HISTORY**

Approved Date: January 1997

Effective Date: January 1997

Review Date: April 6, 2004

Revised Date: April 6, 2004; June 19, 2007, May 28, 2008

## **APPROVAL**

Hospital Compliance Committee

Carole A. Klove, RN, JD

Chief Compliance and Privacy Officer

