



UCLA  
HEALTHCARE

CODE OF CONDUCT  
EMPLOYEE HANDBOOK

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This booklet, the UCLA Code of Conduct Handbook, is being given to every employee of UCLA Medical Sciences. It is your personal copy and we urge you be familiar with it and use it as a guide in your daily activities.

In addition, included in this handbook are the University of California's Statement of Ethical Values and Standards of Ethical Conduct that also provides guidance and outlines expectations of our conduct.

Please take the time to review each section and then turn to the back page to complete the attached acknowledgement of receipt. This receipt must be returned to your immediate supervisor.

After reviewing this handbook, please visit our web site:

<http://www.compliance.uclahealth.org/>

Thank you for your commitment to our organization and our Integrity and Ethics Program!

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# **CODE OF CONDUCT HANDBOOK**

**UCLA MEDICAL SCIENCES  
CODE OF CONDUCT HANDBOOK**

**Office of the Vice Chancellor and  
Dean of the David Geffen School of Medicine, UCLA**

**Dear UCLA Medical Sciences Colleague,**

I am pleased to present to you this very important *Code of Conduct Handbook* which reflects what we aspire to do each and every day at UCLA. It is a vital part of our UCLA Medical Sciences Integrity and Ethics Program (commonly referred to as the Compliance Program or the Integrity Program), designed to give you the information and tools you need to understand UCLA Medical Sciences' standards for ethical and legal conduct in how we deal with each other, our patients, our community, other organizations and the government.

In addition to serving our community, we are committed to providing the highest quality health care services, professional education and biomedical research. As a part of this goal, we emphasize the importance of maintaining standards of conduct and excellence in the way we do our work. The Integrity Program is all about helping you to make the "right choices"!

The rules governing the business of health care are complex and it is often difficult to know which choice is the right one. This Code of Conduct is intended to serve as a guide to help with those choices. We have outlined the ways for you to get answers to your questions and raise issues about our professional activities. We also have stated the core values that must guide our continuing development as a highly ethical institution. As a member of UCLA Medical Sciences, I ask that you seek to embrace and model these same values as you carry out your work with us. Please read this document carefully, and keep it as a reference to guide you should you have any questions or concerns about how we conduct our business.

To oversee and organize our efforts, we have named a Chief Compliance Officer and Privacy Officer and established a UCLA Medical Sciences Enterprise Compliance Committee. Finally, we have established a Confidential Compliance Line (1-800-296-7188) that you can call to raise any concerns you may have. All the tools mentioned here are resources that will enable you to conduct yourself and your activities on behalf of UCLA in a way that maintains our integrity as an ethical institution.

Thank you for your ongoing support of UCLA Medical Sciences' mission, its values and its commitment to making the right choices. You are an essential part of our team. It will take our collective efforts to continue to build upon our position as a leader in patient care, teaching, research and community service.



Gerald S. Levey, M.D.  
Vice Chancellor and Dean of the School of Medicine

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## I. UCLA Medical Sciences

### INTEGRITY AND ETHICS PROGRAM

UCLA Medical Sciences is committed to providing quality health care services, health professional training, and biomedical research in compliance with all applicable laws and regulations. At the same time, the University is expected to take responsibility for appropriate ethical and legal behavior in the work place.

This handbook has been prepared as part of UCLA Medical Sciences' Compliance Program ("The Integrity Program"), and is intended to provide guidance to all those who work in the Medical Sciences Enterprise about some basic "*rights and wrongs.*" While much of this information is self-evident to UCLA employees, it nevertheless serves a key function of tying adherence to the law with our every day conduct. To represent our program and our commitment toward excellence, our logo is the TORCH. The TORCH stands for Trust, Openness, Responsibility, Confidentiality and Honesty and represents the values of program and organization and our actions!

The scope of The Integrity Program of UCLA Medical Sciences includes the following sub-programs: HIPAA Privacy and Security, Home Health Compliance, EMTALA Compliance, Lab Compliance, Hospital Compliance, Clinical Research Compliance and Professional Billing Compliance. The Program supports our three hospitals, all outpatient areas, including clinics, the School of Medicine and the Faculty Practice Program. Each employee, faculty member and student shares in the responsibility for supporting The Integrity Program and carrying the TORCH for UCLA Medical Sciences!

#### **Why Do We Have a Compliance or Integrity Program?**

Health care has become more complex in recent years, with an increased emphasis on financial considerations. In addition, federal and State governments, have placed growing importance on preventing and detecting instances of fraud and abuse in violation of state and federal health care laws and regulations. The primary method of preventing health care fraud and abuse has been the creation of **compliance programs** at the corporate level as a method of self-policing by members of the health care sector.

The Federal Department of Health & Human Services and its Office of the Inspector General ("OIG") strongly urge all health care providers to implement effective corporate compliance programs not only to further advance the prevention of waste, fraud and abuse in healthcare but to further the fundamental mission of all healthcare entities, which is to provide quality healthcare to patients. The OIG also recognizes that a sincere effort to comply with applicable federal and state standards through the establishment of an effective compliance program significantly reduces the risk of unlawful or improper conduct and may, in fact, mitigate the severity of administrative penalties. UCLA has taken up this mandate in part to serve as a role model for good corporate citizenship in health care in the 21<sup>st</sup> century. UCLA began its compliance program in 1997 with the creation of standard documentation rules for physician professional billing, along with a monitoring capability to insure that these rules are being adhered to throughout the healthcare enterprise. UCLA has expanded its compliance program to cover all components of the UCLA Medical Sciences enterprise.



## **Goals and Objectives of the UCLA Medical Sciences Integrity and Ethics Program**

- Reduce UCLA Medical Sciences' risk of fraud, abuse and waste
- Prevent and detect misconduct and violations of the Compliance Program
- Educate UCLA Medical Sciences Employees about the Compliance Program and their responsibilities under the program
- Develop an ethical infrastructure to help guide staff and faculty behavior and activities on behalf of UCLA Medical Sciences

In a larger sense, the ultimate goal of the Program is to provide the means for making compliant, ethical behavior part of the standard operations of all parts of UCLA Medical Sciences. This is based on a belief that both “doing things right” and “doing the right thing” make good business sense.

## **The Purpose of the UCLA Medical Sciences Integrity and Ethics Program**

The Program has been developed in the context of UCLA Medical Sciences' core mission, which is “to develop and maintain an environment in which the educational and scientific programs of the Schools of the UCLA Center for Health Sciences are integrated with exemplary patient care.”

The specific purposes of the Program are to:

1. Maintain and enhance quality of care;
2. Demonstrate sincere, ongoing efforts to comply with all applicable laws;
3. Revise and clarify current policies and procedures in order to enhance compliance;
4. Enhance communications with governmental entities with respect to compliance activities;
5. Empower all responsible parties to prevent, detect, and resolve conduct that does not conform with applicable laws, regulations and the Program; and
6. Establish mechanisms for employees to raise concerns about compliance issues and ensure that those concerns are appropriately addressed.

## **UCLA Medical Sciences Integrity and Ethics Program Structure**

The Program covers the UCLA Medical Center, the David Geffen School of Medicine at UCLA, the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA and the Semel Neuropsychiatric Institute, Santa Monica UCLA Medical Center, the UCLA Ambulatory Care Clinics and Primary Care Network (*collectively referred to in this handbook as the “UCLA Medical Sciences”*). The Program has been formally adopted by the clinical, academic, and administrative leadership of UCLA Medical Sciences as policy.

As part of the Program, the University has developed the Code of Conduct (“the Code”) to provide employees with a “compliance context” to their daily activities, as well as enable employees to recognize and respond appropriately to situations that may arise during the course of their duties.

A Chief Compliance & Privacy Officer (“CCO”) has been appointed by the Vice Chancellor and Dean to administer the Program, ensure that it is kept up to date, facilitate education of all employees about compliance issues and investigate compliance questions. Compliance Directors have been appointed to oversee Professional Compliance and Hospital System Compliance activities. The Compliance Directors are senior management personnel, and report to the CCO. An Enterprise Compliance Committee provides advice and counsel to the CCO and the Compliance Directors in their work.

### **Code of Conduct Handbook and Other Compliance Policies**

This *Code of Conduct Handbook* provides corporate guidelines for compliance and ethical behavior by those covered under the Program (see below). Its publication is, however, neither a one-time event nor the only written materials or policies that will be developed on compliance. A number of Compliance policies have been developed relating to the organizational structure of the Compliance Program, Conflict of Interest, auditing and monitoring standards, HIPAA Privacy and Security, Home Health Compliance, EMTALA Compliance, Lab Compliance, Hospital Compliance, Clinical Research Compliance and Professional Billing Compliance policies. Additional detailed UCLA Medical Sciences policies will be developed in specific areas of clinical and academic operations, such as hospital finance, coding, and research. UCLA Medical Sciences Compliance policies can be found at <http://www.mednet.ucla.edu/Policies/policies.asp>. Supplemental materials and training will be provided throughout UCLA Medical Sciences as higher and more detailed levels of knowledge are developed. The evolving nature of our understanding of compliance issues and the broader implications of developing a framework for organizational ethics, in addition to changes in existing laws and regulations, will lead to the periodic renewal and revision of the Program. In order to be successful, the Program must be dynamic and responsive to the environment in which we work and live.

As part of the larger University of California community, UCLA Medical Sciences workforce members are also expected to follow the University’s Statement of Ethical Values that are listed in Appendix A. The University has also provided additional guidance in the form of the University’s Standards of Ethical Conduct, listed in Appendix B. These standards are consistent with the values and standards outlined in the UCLA Medical Sciences Compliance program.

## **II. APPLICABILITY OF THE PROGRAM AND RESPONSIBLE PARTIES**

The Program applies to all members of the UCLA Medical Sciences workforce and includes administrators, directors, managers, faculty physicians, health care professionals and staff. All University personnel are required to follow UCLA Medical Sciences’ Compliance policies, relevant department, division, Hospital System, School, and

University policies, and all applicable government laws and regulations. University Personnel must take responsibility for awareness of compliance policies and procedures relevant to their respective job descriptions and areas of responsibility.

When a UCLA Medical Sciences employee works in an affiliated institution or other institutions in which the University has a contract or affiliation agreement, the employee should continue to follow the ethical and legal standards established by the Program, as well as those of the affiliated institution's compliance program, if such a program exists.

In the case of an outside entity doing business with the University through a contractual agreement, the University employee responsible for negotiation and management of the contract shall provide a copy of the University's Program to the vendor. Vendors must show evidence of an existing compliance program, or declare a willingness to abide by the University's Program.

### **UCLA Medical Sciences Integrity Program Elements**

The Program encompasses the following elements to enable the primary goal of detection and prevention of potential violations of the Program and applicable federal/state laws and regulations to be realized:

- Compliance standards and policies
- Training to ensure that all Responsible Parties understand applicable laws, regulations and interpretations, as well as potential sanctions and penalties for non-compliance
- Methods by which compliance with standards and policies are monitored
- Systems for communicating changes to compliance standards and policies to Responsible Parties
- System for internal reporting of suspected violations and compliance issues
- Organizational structure for oversight of the program
- Mechanisms to correct identified issues

### **Professional Fee Billing Compliance Program**

The David Geffen School of Medicine at UCLA Professional Services Compliance Program, implemented in July 1997, is designed to reduce the potential for mistakes to occur in documenting or billing for professional (i.e., physician) services. This program establishes the policy that all professional services rendered by UCLA Medical Sciences physicians and providers shall be provided and documented in accordance with federal and state laws, regulations and policies. Further, the UCLA policy prohibits the submission of any bill or claim by or on behalf of any faculty member for services participating in a University compensation plan that fail to satisfy applicable requirements for payment by government and private payers.

The UCLA Professional Services Compliance Program policies and procedures apply to all University personnel involved in the provision of, and documentation or billing for professional medical and/or health care services.

## **Medical Sciences Compliance Program**

The Medical Sciences Compliance Program includes the Hospital System Program and is designed to incorporate compliance activities occurring in multiple hospital system departments into a comprehensive integrated program in conjunction with the School of Medicine and Faculty Practice Program. The program is designed to reduce the potential for fraud and abuse in hospital coding and billing programs, along with ensuring compliance with multiple other regulatory requirements that impact hospital and hospital based licensed areas including compliance with federal privacy and security regulations, EMTALA regulations, and other regulatory mandates. The program integrates compliance activities in specialized areas including laboratory and pathology, home health, health information management, reimbursement, coding and billing.

The Program policies and procedures apply to all UCLA Medical Sciences Hospitals, including its ambulatory clinics.

## **Compliance and Ethics Requirements for the UCLA Medical Sciences**

As part of UCLA Medical Sciences, members of the UCLA Hospital System have the additional obligation to deal effectively with the ethical dimensions of health care in a rapidly changing environment. The principal hospital accrediting body, the Joint Commission on Accreditation of Medical Sciences Organizations (“JCAHO”) requires accredited institutions to establish and abide by certain “organizational ethics” standards. A key standard requires each accredited health care organization to operate “according to a code of ethical behavior” in order to preserve and enhance patients’ rights. The Program standards form the core of each UCLA hospital’s organizational ethics focus, emphasizing the need for an ethical environment to promote and uphold patient rights.

## **Research Compliance Activities**

Individuals engaged in research activities involving human subjects are subject to requirements promulgated by the University Human Subjects Protection Committee (“HPSC”). The UCLA Office for Protection of Research Subjects has created a comprehensive document entitled the “**Investigators Manual for the Protection of Human Subjects.**” This document should serve as the first point of reference for individuals with questions concerning research compliance activities.

## **III. CODE OF CONDUCT**

The Regents of the University of California has adopted the following Code of Conduct (“Code”) as a foundation to the Program. This Code is designed to provide guidance to University personnel in carrying out their daily activities.

The Code is made up of fourteen (14) policies (referred to as “standards”), addressing areas that have been identified as important compliance areas by the Federal Government. The Code also sets forth in general terms the responsibilities of supervisors and employees.

It is important to emphasize that the foundation of the Code is the ethical commitment of UCLA Medical Sciences. The David Geffen School of Medicine at UCLA, the UCLA hospitals, ambulatory clinics, faculty, students, and staff are dedicated to building and sustaining an ethical environment founded on basic values. In carrying out the mission of developing and maintaining a compliance-oriented environment in which the educational and scientific programs of the Schools of the UCLA Center for the Health Sciences are integrated with exemplary patient care, UCLA Medical Sciences supports the following values:

- **Respect** - We treat all patients, visitors, faculty and staff with respect and courtesy.
- **Honesty** – We are truthful in how we represent our capabilities and ourselves.
- **Integrity** – We make decisions and take action based only on the best interest of the patient and of the organization.
- **Compassion** – We are committed to providing compassionate care.
- **Fairness** – We provide a consistent standard of care that is coordinated across the continuum of care.
- **Innovation** – We support innovation by our participation in the advancement of medical knowledge through research and education to improve patient care.
- **Stewardship** – We seek to use all our resources effectively and efficiently.

### **Faculty and Staff Responsibilities**

Staff and faculty of UCLA Medical Sciences have the responsibility to carry out their duties in a manner consistent with UCLA Medical Sciences' mission and values. Our policies and other guiding documents reflect these values and the principles described in the Code of Conduct Handbook.

In order to build, strengthen and assess the effectiveness of the organizational ethics of UCLA Medical Sciences, the organization is committed to supporting the work of existing bodies (such as each hospital's Ethics Committee) and to developing new structures that will integrate compliance ethical reasoning, decision-making and behavior with academic activities, patient care, and management. This commitment is further demonstrated through the development and implementation of policies needed to support the various aspects of an organizational ethics plan. A listing of current policies that help guide UCLA Medical Sciences employees is included in [Appendix A](#).

Fulfillment of UCLA Medical Sciences' commitment to certain standards in the conduct of its business is dependent upon the same commitment by all UCLA Medical Sciences employees. It is the responsibility, therefore, of every employee to:

1. Know and comply with the Code and the Program as they apply to his or her job;
2. Avoid involvement in illegal, unethical or otherwise improper acts;

3. Seek guidance from a responsible individual when confused or in doubt about his or her responsibilities;
4. Report any known violation of the Program (as described in Section IV below);
5. Assist UCLA Medical Sciences personnel and authorized outside personnel in investigating all allegations of violations; and
6. Take responsibility for his or her actions.

In addition, employees should be aware of the existing University of California “Whistleblower Policy” and “Whistleblower Protection Policy” which govern the reporting and investigation of allegations of suspected improper governmental activities and represent the University’s implementing policies for the California Whistleblower Protection Act. (These policies replace the Business and Finance Bulletin G-29 as of October 2002). Employees are encouraged to use guidance provided by these policies for reporting all allegations of suspected improper governmental activities.

Although the standards included in the Code are intended to communicate policies that are comprehensive and easily understood, we realize that by their nature, some of these topics are complex. Thus, we encourage all University personnel to seek advice from a supervisor, a Compliance Director, the CCO or other UCLA Medical Sciences resource should they have any questions regarding any of the standards and/or their responsibilities under the Program (see Appendix B for list of Important Phone Numbers).

## **STANDARD 1 - QUALITY OF CARE**

*The University’s health centers and health systems will provide quality health care that is appropriate, medically necessary, and efficient.*

- All patients will be afforded quality clinical services consistent with a uniform standard of care.
- To the extent possible, the University’s health care professionals will involve, where appropriate, patients and family members in decisions regarding the care delivered.
- The University recognizes the right of patients to make choices about their own care, including the right to forego treatment.
- The University seeks to inform patients about the therapeutic alternatives and risks associated with the care they are seeking and obtain the consent of the patient, patient’s family or surrogate for the performance of all procedures. To the extent possible, this will be provided in a language that the patient can understand.
- To insure the integrity of clinical decision-making, clinical decisions are based on identified patient health care needs, and without regard to the

financial information shared with clinicians, leaders, managers, other licensed practitioners, and hospital personnel.

## **STANDARD 2 - MEDICAL NECESSITY**

***The University's health centers and health systems shall submit claims to all payers, including governmental, private, or individuals, for only those services or items that are medically necessary, appropriate, or otherwise required by law.***

- Payers will only reimburse for covered benefits of the patient's private or governmental plan and for those services and items the payer deems are medically necessary or appropriate. When ordering services or items for which reimbursement will be sought, University physicians (or other health care professionals authorized by law to order items or services) shall only order those services and items that are medically reasonable and necessary or appropriate.
- Patients may request services deemed medically appropriate but which do not meet reimbursement criteria. Such services may be provided as long as the patient has been given an advance notice and has agreed to pay for the services. In these cases, the patient may request the submission of a claim for the services to protect his or her appeal rights with respect to those services or to determine the extent of the coverage provided by the payer.

## **STANDARD 3 - CODING, BILLING, AND PATIENT ACCOUNTING**

***UCLA Medical Sciences personnel involved in the coding, billing, documentation and accounting for patient care services for the purpose of billing governmental, private or individual payers must comply with all applicable state and federal regulations and UCLA Medical Sciences specific policies and procedures.***

- UCLA Medical Sciences shall bill only for services actually rendered and shall seek the amount to which the University is entitled. Under no circumstances will UCLA Medical Sciences tolerate billing which misrepresents the services actually rendered.
- Coding, billing and documentation will be consistent with the standards established in the relevant UCLA Medical Sciences policies, regulatory guidelines and accreditation standards.
- Supporting medical documentation must be prepared for all services rendered. UCLA Medical Sciences personnel shall not bill for services if the appropriate and required documentation has not been provided.
- All services must be accurately and completely coded and submitted to the appropriate payer in accordance with applicable regulations, laws,

contracts and UCLA Medical Sciences policies and procedures. In all cases, federal and state regulations take precedence; however, UCLA Medical Sciences policies and procedures must accurately reflect those regulations.

- All patients shall be consistently and uniformly charged. Discounts shall be appropriately reported and items and services consistently described so that comparability can be established among payers.
- Government-sponsored payers shall not be charged in excess of the provider's usual charges. Any questions regarding the interpretation of this standard should be directed to the Chief Compliance Officer and Privacy Officer or UCLA Medical Sciences legal counsel.
- Billing and collections shall be recorded in the appropriate accounts. Credit balances must be processed in a timely manner in accordance with applicable rules and regulations. When the cost report process identifies any credit balances, UCLA Medical Sciences personnel shall direct those issues to the Patient Billing Services or the Physician Support Services accounting or risk management departments or other personnel responsible for patient accounts.
- UCLA Medical Sciences personnel should be aware of the existence of Professional Fee Billing Guidelines, Hospital Billing Guidelines and Clinical and Laboratory Billing Guidelines. These Guidelines outline the policies and procedures to be followed when billing payers for professional fees, facility charges and ancillary services.
- Elective procedures that are not covered by governmental or private payers can be provided. However, before providing any elective services, the provider must give the patient written notice of those services that the provider believes will be denied coverage by government or private payers. The provider must obtain the patient's agreement to pay for the services if payers deny the claim. A patient has the right to have a claim submitted even if services are excluded from coverage.
- UCLA Medical Sciences personnel responsible for coding, billing and documentation should ensure that they are knowledgeable about all University policies and procedures, federal and state regulations regarding those activities.
- UCLA Medical Sciences shall provide all personnel involved in coding, billing, documentation and/or the submission of charge or billing data with opportunities for training. Appropriate training should cover those coding and documentation practices that enable the individual to accurately code, document, and bill according to federal and state regulations and University policies and procedures.



#### **STANDARD 4 - COST REPORTS**

*UCLA Medical Sciences personnel who are responsible for the preparation and submission of cost reports must ensure that all cost reports submitted to governmental and private payers are properly prepared and documented according to all applicable federal and state laws.*

- In submitting and preparing cost reports, all costs will be properly classified, allocated to the correct cost centers, and supported by verifiable and auditable data.
- It is the University's policy to correct any cost report preparation or submission errors and mistakes in a timely manner and, if necessary, clarify procedures and educate employees to prevent or minimize recurrence of those errors.

#### **STANDARD 5 - PRIVATE AND CONFIDENTIAL INFORMATION**

*All efforts will be made to protect private and confidential information concerning the health centers' and health system's patients and the respective health care practices of those entities.*

- UCLA Medical Sciences personnel shall not reveal or disclose proprietary, confidential information, or trade secret information to unauthorized or non-University persons including, but not limited to, family, friends, relatives, associates, suppliers, vendors, customers, and competitors. If an employee is uncertain as to whether the individual or entity is an authorized source or whether the information must be released under the California Public Records Act, Information Practices Act, or other statutes requiring the release of information, the employee should review the request with a supervisor, CCO, or University legal counsel.
- Confidential patient information should be discussed with or disclosed to UCLA Medical Sciences personnel on a limited, "minimum necessary" basis. Protected Health Information should only be disclosed to others only in response to a permitted or authorized request. At no time should confidential patient information be discussed with or disclosed to non-University personnel--including the family or business and social acquaintances of University personnel, customers, suppliers, or others. University personnel and students who have any questions regarding patient confidentiality should refer to UCLA Medical Sciences' Privacy Policies for additional information and consult with the Privacy Management Office, the Health Information Management Director, the Privacy Officer or Risk Management.
- In accordance with California and federal privacy regulations, patients are entitled to inspect and receive copies of their medical records and other protected health information, unless otherwise restricted by law.

Patients have certain state and federal rights to control the use and disclosure of their protected health information including requesting amendments to and an accounting of disclosures of their protected health information.

- University personnel should not reveal or disclose medical staff or peer review information that is otherwise confidential without proper authorization. California and federal law contain certain privileges and provide for confidentiality of certain records including the proceedings and records of organized committees of medical staff, peer review bodies and the like. Questions regarding University personnel records can be directed to University legal counsel or the Human Resources Department.

#### **STANDARD 6 - CREATION AND RETENTION OF PATIENT AND INSTITUTIONAL RECORDS**

*All patient and institutional records are the property of the University. University personnel responsible for the preparation and retention of records shall ensure that those records are accurately prepared and maintained in a manner and location as prescribed by law and University policy.*

- The University's records shall not contain any false, fraudulent, fictitious, deceptive or misleading information.
- University records shall be kept in accordance with accepted standards and principles of the particular profession and applicable University policies and procedures.
- Unless authorized according to University policy, University personnel shall not destroy, alter after the fact or remove from the premises any University record.
- The University's record retention and record destruction policies and procedures must be consistent with Federal and state requirements regarding the appropriate time periods for maintenance and location of records. The premature destruction of records could be misinterpreted as an effort to destroy evidence or hide information.
- Under no circumstances, should University personnel sign someone else's signature or initials on a record, or use mechanisms to electronically authenticate a document created by another individual.
- It is unlawful to knowingly make false entries in a medical record. University personnel must not delete any entry from a record. Medical records can be amended and material added to ensure the accuracy of a record in accordance with medical center and medical staff policies and procedures. Whenever University personnel amend a record, they must

indicate that the notation is an addition or correction and record the actual date that the additional entry has been made.

## **STANDARD 7 - GOVERNMENT REQUESTS FOR INFORMATION**

***University personnel should cooperate with a government investigation and not make false or misleading statements to a government investigator.***

- If an investigator wants to talk to an individual during work hours, the investigator should first contact the individual's supervisor, the CCO or risk management. University personnel must obtain positive identification of the investigator and identify the subject of the request and information requested before consenting to interviews or providing information.
- Before answering any questions, University personnel have the legal right to consult with a supervisor, the CCO, and/or University legal counsel. Consulting with University legal counsel or retaining a personal attorney does not mean that the individual is unwilling to cooperate with the government.
- It may be difficult to determine what legally can or cannot be released. Prior to providing an investigator with confidential patient, personnel, student information, or other University records--either in written or verbal form--University personnel must consult with a supervisor, the CCO, University legal counsel, or the Information Practices Office. The University has a responsibility to protect patient, personnel, and student confidentiality.
- University personnel must never destroy or alter University records in anticipation of a government request for a document or record.
- University personnel must not attempt to persuade other employees to lie or make misleading statements to a government investigator or to alter or destroy records.

## **STANDARD 8 - PREVENTING IMPROPER REFERRALS OR KICKBACKS**

***UCLA Medical Sciences personnel must conduct all University business in a manner that avoids the receipt or payment of anything of value in exchange for referrals of business or, specifically, the referral of patients.***

- University personnel must not offer or receive any item of value or service that may be viewed as a bribe, kickback or inducement for the referral of business or patients.
- Federal law generally prohibits anyone from offering anything of value to a government-sponsored patient that is likely to influence that

person's decision to select or receive care from a particular health care provider.

- Particular care should be taken to assure compliance with University policies and federal regulations when:
  - 1) Pursuing joint ventures;
  - 2) Developing hospital financial arrangements with hospital-based physicians; or
  - 3) Entering into an arrangement to lease or purchase equipment or supply items from a vendor.

These types of arrangements must be reviewed in accordance with the Regent's Bylaw 12.7 regarding the approval of all matters related to business transactions affecting the clinical services of University academic medical centers and schools of health sciences including, but not limited to, acquisition of physician practices, hospitals, and other facilities, clinical and ancillary services, joint ventures, partnerships, corporations, or any other entities.

- Each campus shall establish procedures for the review of all pricing and discounting decisions to assure that appropriate factors are considered in these determinations and that the basis for such arrangements are documented.

## **STANDARD 9 - ADHERENCE TO ANTITRUST REGULATIONS**

*The University will promote fair competition and comply with all applicable federal and state antitrust laws. Antitrust laws are intended to promote competition and ensure that patients have health care choices at prices that reflect an open market.*

- University personnel should be knowledgeable about those activities that may be a violation of the antitrust laws. Examples of such activities may include, but are not limited to, the following:
  - 1) Agree, or attempt to agree, with a competitor to artificially set prices or salaries;
  - 2) Divide Markets, restrict output, or block new competitors from the market;
  - 3) Share pricing information with competitors that is not normally available to the public;
  - 4) Deny staff privileges to physicians or allied practitioners, individually or as a group, when there is no academic

programming decision to do so and when such decisions should be based on individual qualifications; and

- 5) Agree to participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

## **STANDARD 10 - AVOIDING CONFLICTS OF INTEREST**

*All University personnel shall conduct clinical, healthcare and personal business in a manner that will avoid potential or actual conflicts of interest.*

- University personnel shall not use their official positions to influence a University decision in which they know, or have reason to know, that they have a financial interest. University personnel and students must follow the “Compendium of University of California Specialized Policies, Guidelines, and Regulations Related to Conflict of Interest” and be knowledgeable about those activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to, the following:
  - 1) University personnel must not give or accept gifts, gratuities, loans, or other special treatment from third parties doing business with or wishing to do business with the University, in accordance with University policy. Such third parties or entities may include, but are not limited to, customers, patients, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries. University personnel should seek advice from the CCO, senior management, campus conflict of interest coordinator or University legal counsel before engaging in the above activities;
  - 2) Any use of University facilities or resources for other than University activities is a misuse of those resources. In particular, University personnel may not use the University’s name to promote or sell non-University products or personal services.
- As a general rule, University personnel should avoid contracting for goods or services with family members of other University personnel. However, if family members are not directly involved in the purchasing decision and University personnel disclose the relationship, University legal counsel may conclude that, according to University conflict of interest policy, a specific activity may not pose a conflict. In all such cases, senior and executive management, the campus conflict of interest coordinator and University legal counsel, where appropriate, should be consulted prior to engaging in any such contract.

## **STANDARD 11 - PATIENT'S FREEDOM OF CHOICE**

*When referring patients to home health agencies, medical equipment suppliers or long term care and rehabilitation providers, University personnel should be aware of a patient's right to choose his or her own providers.*

- In some cases, the patient's health care plan may place limits on the patient's choice of provider if the patient expects the plan to cover some or all of the costs of care. The patient has the freedom to choose providers not in his or her health plan or insurance panel if the patient is willing to pay for non-covered care.

## **STANDARD 12 - EXTERNAL RELATIONS**

*University personnel shall adhere to fair business practices and accurately and honestly represent themselves and the University's services and products.*

- University personnel shall demonstrate integrity and truthfulness in all marketing and advertising pertaining to the University's health centers and health systems.
- Vendors who contract to provide goods and services to the University's health centers and health systems shall be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with University policy.

## **STANDARD 13 - FAIR TREATMENT OF EMPLOYEES**

*The University prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, medical condition, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The University is committed to providing equal employment opportunity and a work environment where each employee is treated with fairness, dignity, and respect.*

- The University will make reasonable accommodations to the known physical and mental limitations of otherwise qualified individuals with disabilities. If an individual requires accommodations or needs assistance, he/she should contact the campus Employee Assistance Program or human resources.
- The University will not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the University's health centers and health systems pursuant to the University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment.

- Any form of sexual harassment is strictly prohibited.
- Any form of workplace violence is strictly prohibited. University personnel should refer to campus specific policies relative to workplace violence.
- Employees who observe or experience any form of discrimination, harassment or violence should report the incident to their supervisor, human resources, the campus Office of Equal Opportunity & Diversity, the CCO, the Compliance hotline, or University legal counsel.

## **STANDARD 14 – CLINICAL RESEARCH**

*Integrity in research includes not just the avoidance of wrong doing, but also the rigor, carefulness, and accountability that are the hallmarks of good scholarship. University policies set forth expectations for high standards of ethical behavior for faculty, staff and students involved in research.*

- University policies and program ensure protection for research participants. Researchers are expected to protect the rights, well being and personal privacy of research participants. Appropriate use of patient information for research purposes must be obtained from the Institutional Review Board. This protection is ensured through a written institutional assurance with the Office of Protection of Research Subjects (“OPRS”). This assurance describes Institutional Review Board activities pertaining to the protocol review, informed consent process and protocol activities for human subjects.
- University written policies provide guidance for complying with the federal, state and University standards of accountability required to ensure the integrity of its research programs. These policies are communicated to employees, students, volunteers, and subcontractors and establish procedures for resolving questions concerning possible conflicts of interest, and/or commitment, regulatory non-compliance, scientific misconduct and procurement integrity.
- The Office of the Vice Chancellor for Research provides oversight for the contract, grant and proposal activities to ensure program performance is consistently maintained in accordance with the federal cost principles and /or standards of sponsoring agencies. OPRS provides ongoing training programs to ensure personnel are knowledgeable of sponsor regulations, requirements and procedures.
- A system for procuring goods and services in a competitive, fair and timely manner for research ensures the guidelines stated in OMB Circular A-110 are followed.

## **IV. REPORTING AND INVESTIGATING VIOLATIONS**

### **What to Do If You Have a Concern about a Potential Violation or Have a Question About Your Responsibilities under the UCLA Medical Sciences Compliance Program**

When an employee has a question about his or her responsibilities under the Compliance Program or is reporting a potential or suspected violation, he or she should discuss these matters with his or her immediate supervisor, within their normal management reporting structure. If an employee does not feel comfortable discussing the issue with his or her supervisor, he or she should discuss the issue with a higher-level manager. If employees are not comfortable communicating these matters within his or her normal organization structures, the appropriate Compliance Director will be available or, as an alternative, employees can contact the CCO or the UCLA Medical Sciences Confidential Compliance Line.

#### **Confidential Compliance Line**

UCLA Medical Sciences has established a Confidential Compliance Line at (1-800-296-7188) for use by employees to ask questions or report concerns regarding potential violations of the Compliance Program. This process should be utilized when employees are not comfortable communicating these matters within their normal organization structures. Available 24 hours a day, 365 days a year by phone, the toll-free Confidential Compliance Line is contracted through an external vendor and staffed by trained professionals.

The purpose of the Confidential Compliance Line is to provide a confidential / anonymous means for individuals to report non-compliant activities, or raise concerns about behavior within the context of the Program. Calls will not be recorded or traced. No retaliation against individuals raising issues through any reporting mechanism, including the Confidential Compliance Line, will be permitted. If the issue relates to the Joint Commission Standards, the employee may contact the Joint Commission directly.

#### **Continue to Adhere to Normal Procedures, Where Possible**

The purpose of having the Confidential Compliance Line, the CCO and Compliance Directors available to answer questions and receive reports of potential violations is to give an employee a reliable and secure means, to the extent possible, to raise issues about the Program when an employee is not comfortable raising issues through the normal management channels. These vehicles are not intended to circumvent normal procedures. Ordinarily, therefore, employees should avail themselves of procedures specifically designed to handle a particular situation.

#### **What Happens After You Notify Your Supervisor, the CCO or the Message Line About Your Concerns?**

Upon receiving a report of a potential violation(s), UCLA Medical Sciences will initiate a prompt review. If appropriate, the Compliance Officer will work with management personnel to review the information and determine the suitable course for resolution.



Alternatively, the Compliance Officer will review the matter through the Compliance Department, or work with other University departments to investigate the matter and determine the appropriate next steps. The findings and conclusions regarding the investigation shall be reported to the Compliance Committee and, as appropriate, to external agencies having jurisdiction pursuant to the University of California's "Whistleblower Policy" and "Whistleblower Protection Policy."

The first goal of any review of information brought forward will be to determine the facts of whether a violation of the Program has taken place. Once this information is in place, the Compliance Officer, working with appropriate managerial staff, will pursue any necessary corrective actions. Should these steps fail to address the issue, the Compliance Officer will work with the following bodies within the UCLA Medical Sciences to determine appropriate corrective actions or disciplinary steps:

- Medical Staff (UCLAMC, Santa Monica – UCLAMC, UCLA NPH)
- UCLA Medical Group
- David Geffen UCLA School of Medicine at UCLA Faculty Executive Committee
- UCLA Medical Sciences Human Resources/School of Medicine Human Resources

Any disciplinary actions will follow procedures established by University policy and applicable laws and regulations (**see below**).

It is important to remember that although an employee has the option to make a report anonymously, employees should understand that during the course of a follow-up review or investigation, the reporter's identity may be learned as a natural consequence of the review or investigation.

## **V. CORRECTIVE AND DISCIPLINARY ACTIONS**

### **Using Existing University, UCLA Medical Sciences, and Medical Group Policies**

In order to reduce the likelihood of future errors, the CCO has been given the authority to implement corrective actions. These actions will follow existing University faculty, administrative and medical staff policies, or other applicable University policies.

In the event of intentional misconduct, repeated violations, or after corrective actions have failed to address the problem, the University may initiate disciplinary actions. The University can utilize disciplinary action in accordance with other existing and applicable personnel policies, collective bargaining agreements, or University policies. Employees should review these and other personnel policies for a comprehensive description of disciplinary policies and procedures, including their rights under such circumstances.

### **Exclusion by the Federal Government**

Federal law further prohibits entities that participate in federal health care programs (including Medicare, Medicaid, and other governmental health care programs) from entering into or maintaining certain relationships with individuals or entities that have been convicted of certain offenses, excluded from the programs, or otherwise sanctioned

under the civil money penalty law. The Medicare statute also excludes from coverage any item or service that has been ordered, supervised, or furnished by an individual or entity during the time when the individual or entity has been excluded from the program, as well as any ancillary costs that would be included in the hospital cost report (e.g., housekeeping, laundry, consulting, and legal services). As such, it is UCLA's firm policy to not knowingly permit any sanctioned or excluded individual to participate in any government health care program.

## **VI. FEDERAL AND CALIFORNIA STATE FALSE CLAIMS LAWS AND WHISTLEBLOWER PROTECTIONS UCOP DRG**

Federal and state false claims laws impose liability on healthcare providers when they knowingly submit false claims.

### Federal Laws

Under the federal False Claims Act, any person who knowingly submits – or causes the submission of – a false or fraudulent claim for payment by the United States Government is liable for (i) a penalty of up to three times the government's damages, (ii) additional civil penalties ranging from \$5,500 to \$11,000 per false claim, and (iii) the costs of the incurred in bringing the case. The federal False Claims Act applies to claims submitted for payment by Medicare, Medicaid, or any other federally-funded program.

Lawsuits may be initiated under the federal False Claims Act in either of two ways. The government may file a suit directly under the Act. Alternatively, a private citizen with knowledge of a false claim may file suit under the Act – on behalf of the federal government – against a health care provider or other party submitting (or causing submission of) a false claim. Such suits by private citizens are often referred to as “qui tam” or “whistleblower” suits. The United States Government may then decide whether to join the suit. If the suit is ultimately successful, the whistleblower bringing the suit may be awarded a percentage of the funds recovered.

Notably for the University of California, when presented with a whistleblower base in which the federal government did not intervene, the United States Supreme Court ruled that state entities are not liable for damages or penalties under the federal False Claims Act.

The federal False Claims Act contains a provision that protects a whistleblower from retaliation by his employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his or her employment as a result of the employee's lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney fees.

A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the “PFCRA”). It provides administrative remedies for knowingly submitting false claims and statements. Violations of the PFCRA are punishable by a maximum civil penalty of \$5,000 per claim

plus an assessment of up to twice the amount of each false or fraudulent claim. In light of the above-referenced Supreme Court case, the University would likely take the position that it is not subject to liability for penalties under the PFCRA.

### California State Laws

California has adopted its own prohibition on false claims. Specifically, the California False Claims Act (“CFCA”) prohibits:

- anyone from submitting a false or fraudulent claim over \$500 to the state or local government; and
- anyone who benefits from a claim, and later discovers the falsity of the claim, from failing to disclose the false claim to the applicable state or local government.

Each violation of the CFCA is punishable by a civil penalty of up to \$10,000, and an assessment of up to three times the value of the false claim. California officials may file a lawsuit against a suspected violator of the CFCA, or alternatively, a private individual, such as an employee, may file a qui tam lawsuit on behalf of the government. California officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state or local government’s behalf. If the case is successful, the individual is entitled to a portion of the government’s monetary recovery. Individuals who assist or participate in an action under the CFCA are protected from workplace retaliation.

Notably, the California Supreme Court has ruled that state entities such as the University of California are not subject to liability for damages under the CFCA.

California Welfare & Institutions Code Section 14107 prohibits fraud involving funds of the state’s medical assistance programs, including Medi-Cal. This statute establishes grounds for both criminal and civil actions against any person who knowingly defrauds Medi-Cal or other state medical assistance programs by submitting false claims or making false representations. These actions, however, may only be brought by state officials; private individuals cannot file qui tam lawsuits under this provision. Penalties for a violation of this statute include imprisonment and/or a fine not exceeding three times the amount or value of the fraud. The Regents might contend that, as a government entity, the University cannot be held liable in certain actions under the statute.

Lastly, California Insurance Code Section 1871.7 prohibits a person from knowingly presenting a false claim for a health care benefit to a private insurer. Actions under this statute may be brought by the district attorney or California Insurance Commissioner or alternatively, a qui tam lawsuit may be filed on behalf of the state by a private individual. The state or district officials may choose to participate in the qui tam lawsuit or allow the individual to proceed alone on the state’s behalf. If the case is successful, the individual is entitled to a portion of the state’s monetary recovery. Private individuals who assist or participate in an action under this statute are protected from workplace retaliation. Penalties for a violation of this statute include a civil penalty between \$5,000 to \$10,000, plus an assessment not exceeding three times the amount of each fraudulent claim. In addition, there may be a separate criminal prosecution for violations of this statute. In

light of the California Supreme Court's rulings under other statutes, The Regents might contend that, as a government entity, the University cannot be held liable under the statute.

## **VII. INTERNAL CONTROLS, AUDITS AND MONITORING**

The University is committed to implementing the University's Code and Program. Towards this end, internal controls, which include regular monitoring activities by management, are being implemented to assure compliance with the Code and Program. In addition, Audit and Advisory Services will review selected aspects of the Program in conjunction with the execution of the Annual Audit Plan, and external auditors/consultants will be utilized when necessary.

On an annual basis, the Office of Clinical Services Development, in conjunction with the University Auditor and General Counsel, will provide a report to The Regents regarding the status of the compliance program for each of the campuses.

In addition to centrally organized monitoring programs, UCLA will work with managers at all levels of UCLA Medical Sciences to incorporate these compliance policies into standard operating procedures. This will be accomplished through the adoption of department-level and operating unit-level policies that address specific compliance issues. These include areas such as clinical laboratory services, finance, admissions and transfers, information management, home health, coding, patient billing, and physician professional billing.

## **VIII. CONCLUSION**

The Program sets forth UCLA Medical Sciences' policies and expectations about proper job-related conduct. UCLA Medical Sciences cannot anticipate, however, every situation that an employee may face. The Code and any accompanying Program policies are intended to provide further help to employees in recognizing, understanding and fulfilling their responsibilities and in preventing and detecting violations. If they do not, employees are expected to take the initiative and obtain answers for their questions as provided above. No employee's concern is too small or unimportant if he or she thinks it involves UCLA Medical Sciences policies concerning proper conduct. An employee will find that by seeking guidance a resolution can be found that will both meet the employee's concerns and be consistent with the Program.

## Appendix A

### University of California Statement of Ethical Values

**Members of the University of California community are committed to the highest ethical standards in furtherance of our mission of teaching, research and public service. We recognize that we hold the University in trust for the people of the State of California. Our policies, procedures, and standards provide guidance for application of the ethical values stated below in our daily life and work as members of this community. We are committed to:**

**Integrity.** We will conduct ourselves with integrity in our dealings with and on behalf of the University.

**Excellence.** We will conscientiously strive for excellence in our work.

**Accountability.** We will be accountable as individuals and as members of this community for our ethical conduct and for compliance with applicable laws and University policies and directives.

**Respect.** We will respect the rights and dignity of others.

## Appendix B

### University of California Standards of Ethical Conduct

**Purpose**—Pursuit of the University of California mission of teaching, research and public service requires a shared commitment to the core values of the University as well as a commitment to the ethical conduct of all University activities. In that spirit, the *Standards of Ethical Conduct* are a statement of our belief in ethical, legal, and professional behavior in all of our dealings inside and outside the University.

**Applicability**—The *Standards of Ethical Conduct* apply to all members of the University community, including The Regents, Officers of The Regents, Officers of the University, faculty and other academic personnel, staff, students, volunteers, contractors, agents and others associated with the University. Organizationally, the *Standards* apply to campuses, the National Laboratories, the Office of the President, the Division of Agriculture and Natural Resources, campus organizations, foundations, alumni associations, and support groups.

#### 1. *Fair Dealing*

Members of the University community are expected to conduct themselves ethically, honestly, and with integrity in all dealings. This means principles of fairness, good faith, and respect consistent with laws, regulations, and University policies govern our conduct with others both inside and outside the community. Each situation needs to be examined in accordance with the *Standards of Ethical Conduct*. No unlawful practice or a practice at odds with these standards can be justified on the basis of customary practice, expediency, or achieving a “higher” purpose.

#### 2. *Individual Responsibility and Accountability*

Members of the University community are expected to exercise responsibility appropriate to their position and delegated authorities. They are responsible to each other, the University, and the University’s stakeholders both for their actions and their decisions not to act. Each individual is expected to conduct the business of the University in accordance with the *Core Values* and the *Standards of Ethical Conduct*, exercising sound judgment and serving the best interests of the institution and the community.

#### 3. *Respect for Others*

The University is committed to the principle of treating each community member with respect and dignity. The University prohibits discrimination and harassment and provides equal opportunities for all community members and applicants regardless of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. Further, romantic or sexual relationships between faculty responsible for academic supervision, evaluation,

or instruction and their students are prohibited. The University is committed to creating a safe and drug free workplace. Following is a list of the principal policies and reference materials available in support of this standard:

- *The Faculty Code of Conduct*
- *Academic Personnel Policy Manual*
- *The Faculty Handbook*
- *Personnel Policies for Staff Members*
- *Policies Applying to Campus Activities, Organizations and Students*
- *Policy on Sexual Harassment and Procedures for Responding to Reports of Sexual Harassment*
- *University policies on nondiscrimination and affirmative action*
- *Campus, laboratory and Office of the President Principles of Community*

The University's health sciences enterprises are committed to the ethical and compassionate treatment of patients and have established policies and statements of patient rights in support of this principle.

#### 4. *Compliance with Applicable Laws and Regulations*

Institutions of higher education are subject to many of the same laws and regulations as other enterprises, as well as those particular to public entities. There are also additional requirements unique to higher education. Members of the University community are expected to become familiar with the laws and regulations bearing on their areas of responsibility. Many but not all legal requirements are embodied in University policies. Failure to comply can have serious adverse consequences both for individuals and for the University, in terms of reputation, finances, and the health and safety of the community. University business is to be conducted in conformance with legal requirements, including contractual commitments undertaken by individuals authorized to bind the University to such commitments.

The Office of the General Counsel has responsibility for interpretation of legal requirements.

#### 5. *Compliance with Applicable University Policies, Procedures and Other Forms of Guidance*

University policies and procedures are designed to inform our everyday responsibilities, to set minimum standards, and to give University community members notice of expectations. Members of the University community are expected to transact all University business in conformance with policies and procedures and accordingly have an obligation to become familiar with those that bear on their areas of responsibility. Each member is expected to seek clarification on a policy or other University directive he or she finds to be unclear, outdated, or at odds with University objectives. It is not acceptable to ignore or disobey policies if one is not in agreement with them, or to avoid compliance by deliberately seeking loopholes.

In some cases, University employees are also governed by ethical codes or standards of their professions or disciplines - some examples are attorneys, auditors, physicians, and counseling staff. It is expected that those employees will comply with applicable professional standards in addition to laws and regulations.

6. ***Conflicts of Interest or Commitment***

Employee members of the University community are expected to devote primary professional allegiance to the University and to the mission of teaching, research, and public service. Outside employment must not interfere with University duties. Outside professional activities, personal financial interests, or acceptance of benefits from third parties can create actual or perceived conflicts between the University's mission and an individual's private interests. University community members who have certain professional or financial interests are expected to disclose them in compliance with applicable conflict of interest/conflict of commitment policies. In all matters, community members are expected to take appropriate steps, including consultation if issues are unclear, to avoid both conflicts of interest and the appearance of such conflicts.

7. ***Ethical Conduct of Research***

All members of the University community engaged in research are expected to conduct their research with integrity and intellectual honesty at all times and with appropriate regard for human and animal subjects. To protect the rights of human subjects, all research involving human subjects is to be reviewed by institutional review boards. Similarly, to protect the welfare of animal subjects, all research involving animal subjects is to be reviewed by institutional animal care and use committees. The University prohibits research misconduct. Members of the University community engaged in research are not to: fabricate data or results; change or knowingly omit data or results to misrepresent results in the research record; or intentionally misappropriate the ideas, writings, research, or findings of others. All those engaged in research are expected to pursue the advancement of knowledge while meeting the highest standards of honesty, accuracy, and objectivity. They are also expected to demonstrate accountability for sponsors' funds and to comply with specific terms and conditions of contracts and grants.

8. ***Records: Confidentiality/Privacy and Access***

The University is the custodian of many types of information, including that which is confidential, proprietary, and private. Individuals who have access to such information are expected to be familiar and to comply with applicable laws, University policies, directives and agreements pertaining to access, use, protection, and disclosure of such information. Computer security and privacy are also subject to law and University policy.

Information on the University's principles of privacy or on specific privacy laws may be obtained from the respective campus or laboratory information privacy office.



The public right to information access and the individual's right to privacy are both governed by state and federal law, as well as by University policies and procedures. The legal provisions and the policies are based upon the principle that access to information concerning the conduct of the people's business is a fundamental and necessary right of every person, as is the right of individuals to privacy.

9. ***Internal Controls***

Internal controls are the processes employed to help ensure that the University's business is carried out in accordance with these *Standards*, University policies and procedures, applicable laws and regulations, and sound business practices. They help to promote efficient operations, accurate financial reporting, protection of assets, and responsible fiscal management. All members of the University community are responsible for internal controls. Each business unit or department head is specifically responsible for ensuring that internal controls are established, properly documented, and maintained for activities within their jurisdiction. Any individual entrusted with funds, including principal investigators, is responsible for ensuring that adequate internal controls exist over the use and accountability of such funds. The University has adopted the principles of internal controls published by the Committee of Sponsoring Organizations (COSO) of the Treadway Commission.

10. ***Use of University Resources***

University resources may only be used for activities on behalf of the University. They may not be used for private gain or personal purposes except in limited circumstances permitted by existing policy where incidental personal use does not conflict with and is reasonable in relation to University duties (e.g. telephones). Members of the University community are expected to treat University property with care and to adhere to laws, policies, and procedures for the acquisition, use, maintenance, record keeping, and disposal of University property. For purposes of applying this policy, *University resources* is defined to include but not be limited to the following, whether owned by or under the management of the University (for example, property of the federal government at the National Laboratories):

- Cash, and other assets whether tangible or intangible; real or personal property;
- Receivables and other rights or claims against third parties;
- Intellectual property rights;
- Effort of University personnel and of any non-University entity billing the University for effort;
- Facilities and the rights to use of University facilities;
- The University's name;
- University records, including student and patient records; and
- The University information technology infrastructure.

11. ***Financial Reporting***

All University accounting and financial records, tax reports, expense reports, time sheets and effort reports, and other documents including those submitted to government agencies must be accurate, clear, and complete. All published financial reports will make full, fair, accurate, timely, and understandable disclosures as required under generally accepted accounting principles for government entities, bond covenant agreements, and other requirements. Certain individuals with responsibility for the preparation of financial statements and disclosures, or elements thereof, may be required to make attestations in support of the Standards.

12. ***Reporting Violations and Protection from Retaliation***

Members of the University community are strongly encouraged to report all known or suspected improper governmental activities (IGAs) under the provisions of the *Policy on Reporting and Investigating Allegations of Suspected Improper Governmental Activities* (Whistleblower Policy). Managers and persons in supervisory roles are required to report allegations presented to them and to report suspected IGAs that come to their attention in the ordinary course of performing their supervisory duties. Reporting parties, including managers and supervisors, will be protected from retaliation for making such a report under the *Policy for Protection of Whistleblowers from Retaliation and Guidelines for Reviewing Retaliation Complaints* (Whistleblower Retaliation Policy).

## Appendix C

### Related Policies and Other Documents

The following policies further guide the ethical conduct at UCLA Medical Sciences:

#### **Academic/Personnel:**

1. UCLA Academic Personnel Manual
2. The Call of the UCLA Academic Senate
3. UC “Whistleblower Policy” and “Whistleblower Protection Policy” at:  
<http://www.ucop.edu/ucophome/policies/>  
(Replaces Business and Finance Bulletin G-29)

#### **Patient Care:**

1. Transfer of Patients to Other Health Care Facilities (UCLAMC Policy #1306 – *Previously # 0012*)
2. Involuntary Detention of Mentally Disordered Persons for Evaluation, Treatment (UCLAMC Policy # 1313- *Previously #0021*)
3. Life-Sustaining Treatment (UCLAMC Policy #1319 – *Previously #0027*)
4. Informed Consent (UCLAMC Policies #1346 –*Previously #1000-3*)
5. Patient Rights & Responsibilities (UCLAMC Policy #1354 – *Previously #2005*)
6. Pastoral Care -- Patient Rights (UCLAMC Policy #1357 – *Previously #2009*)

#### **Privacy Policies:**

1. Disclosure of Protected Health Information to the Media and General Public (UCLA Medical Sciences Privacy Policy #9472)
2. Protection of Confidential Patient Information (Protected Health Information) (UCLA Medical Sciences Privacy Policy #9401)
3. Authorization for Use/Disclosure of Protected Health Information (UCLA Medical Sciences Privacy Policy # 9412)
4. Employee Access To and Use of Protected Health Information (“PHI”) (Minimum Necessary Standard) (UCLA Medical Sciences Privacy Policy #9421)

#### **Research:**

1. UCLA Office for Protection of Research Subjects: [www.oprs.ucla.edu/](http://www.oprs.ucla.edu/)
2. University of California Policies Pertaining to Research:  
[www.ucop.edu/research/policies.html](http://www.ucop.edu/research/policies.html)
3. Disclosure of Protected Health Information for Research Purposes (UCLA Medical Sciences Policy # 9440)

**Conflict of Interest:**

1. Conflict of Interest (UCLA Medical Sciences Policy #9009)
2. UCLA Policy 660 and 660 attachment A: Conflict of Interest 2/1/83
3. Gifts and Gratuities California Fair Political Practices Commission: January 1995: Gifts, Honoraria, and Travel
4. University of California Political Reform Act Disqualification Requirements - Prepared by the University Conflict of Interest Director, Office of the Senior Vice President - Business and Finance; July 1, 1997.
5. Business and Finance Bulletin: No. BUS-43, Employee Vendor Relationships - - Refer to UC Office of the President Web Site at:  
<http://www.ucop.edu/ucophome/policies/bfb/bus43.html>
6. UC Code of Ethics - - Refer to UC Office of the President Web Site at:  
<http://www.ucop.edu/ucophome/policies/bfb/bus43.html>
7. University of California Policy and Guidelines Regarding Acceptance of Gifts and Gratuities Under California's Political Reform Act: Office of the President, March 1995. - - Refer to UC Office of the President Web Site at:  
<http://www.ucop.edu/ucophome/policies/bfb/bus43.html>
8. University of California, Conflict of Interest Code, 1998 - - Refer to UC Office of the President Web Site at:  
<http://www.ucop.edu/ucophome/policies/bfb/bus43.html>
9. University of California Policy on Disclosure of Financial Interests and Management of Conflicts of Interest Related to Sponsored Projects; October 15, 1997.

**Purchasing:**

1. UCLA Policy 740 - Policy on Purchasing Goods and Services; 1/1/77
2. Principals and Standards of Purchasing Practice - - Refer to UC Office of the President Web Site at: <http://www.ucop.edu/ucophome/policies/bfb/bus43.html>

**Laboratory and Pathology:**

1. Laboratory Compliance Plan (UCLA Medical Sciences Policy #9301)

**Billing:**

1. Professional Fee Billing Policy (UCLA Medical Sciences Policy #9100)

**Governmental:**

1. United States Department of Health and Human Services, Office of the Inspector General [www.hhs.gov/progorg/oig](http://www.hhs.gov/progorg/oig)

## **Appendix D**

### **Important Phone Numbers**

- |    |   |                 |
|----|---|-----------------|
| 1. | Carole A. Klove, RN, JD<br>Chief Compliance & Privacy Officer | (310) 825-7166  |
| 2. | Carrie Recksieck, Esq.<br>UCLA Medical Sciences Chief Counsel | (310) 794-3138  |
| 3. | Edwin Pierce<br>Director, Audit & Advisory Services           | (310) 794-6110  |
| 6. | Medical Center Human Resources<br>Mark Speare                 | (310) 794- 0500 |
| 7. | UCLA Medical Sciences Risk Management                         | (310) 794-3500  |
| 8. | Staff and Faculty Counseling Center<br>(Employee Assistance)  | (310) 794-0245  |

### **CONFIDENTIAL COMPLIANCE LINE**

**(800) 296-7188**

**ACKNOWLEDGMENT OF  
STANDARDS OF BUSINESS CONDUCT HANDBOOK**

My signature on this form acknowledges that I have received from UCLA and agree to read the UCLA Medical Sciences Code of Conduct Handbook.

I confirm that I have not been excluded by the federal government from participation in any governmental program nor, to the best of my knowledge, have I been proposed for exclusion. I agree to notify the Chief Compliance Officer or the University's Office of the General Counsel immediately upon my receiving written or verbal notification that I am proposed for exclusion from any governmental health program.

\_\_\_\_\_  
Name ***(PLEASE PRINT)***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Employee ID Number ***(REQUIRED)***

\_\_\_\_\_  
Department ***(REQUIRED)***

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Date

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