

UCLA HEALTH SYSTEM CODE OF CONDUCT

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.
- Under no circumstances will UCLA Medical Sciences tolerate the actions of any person who knowingly makes, uses, or cause to be made or used, a false record of statement to get a false or fraudulent claim paid or approved by the Government.
- 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.
- Under no circumstances will UCLA Medical Sciences tolerate the actions of any person who knowingly makes, uses, or causes to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the Government.
- UCLA Medical Sciences personnel should be aware of the existence of Professional Fee Billing Guidelines, Hospital Billing Guidelines, Clinical

and Laboratory Billing Guidelines, and the Federal False Claims Act. 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 provides 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.