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Assembly of the Academic Senate  
Academic Council  
1111 Franklin Street, 12<sup>th</sup> Floor  
Oakland, CA 94607-5200

February 14, 2008

**SYSTEMWIDE SENATE COMMITTEE CHAIRS  
DIVISION CHAIRS**

**RE: Systemwide Senate Review of Proposed Revisions to the Code of Conduct for Health Sciences**

Dear Systemwide Senate Committee and Division Chairs:

On behalf of Chair Michael T. Brown, the proposed revisions to the Code of Conduct for Health Sciences, is forwarded to you for review and comments. As background information, this Code of Conduct has been in effect since 2000 (for more detail background information please refer to the Appendix). On September 21, 2007, Chair Brown requested member of the Academic Council to submit nominations of Senate faculty from which Chair Brown could select one member to work with Rory Jaffe, Executive Director, Medical Services (UCOP/Academic Affairs), on the proposed revisions so that this code is consistent with the faculty code of conduct and the statement of ethical values. Chair Brown appointed Dr. Henry Powell, Professor of Pathology (Neuropathology), and Head, Division of Neuropathology and Electron Microscopy, UC, San Diego and former UCSD Divisional Chair. This collaboration is now completed and the proposed revisions are out for review.

We would like to slate the discussion of this issue on the May Academic Council (AC) Agenda. In order to meet the required AC Agenda deadline, we are requesting that both **Systemwide Senate Committees** and **Divisions** submit responses by no later than **May 5, 2008**.

As a reminder to Systemwide Senate Committee Chairs, please note that **requests for comments are sent out to all System-wide Senate Committees. Each committee may decide whether or not to opine.** Please notify the Senate Office either directly by emailing me or through your Committee Analyst, if your committee chooses not to participate in this review.

Cordially,

A handwritten signature in cursive script, appearing to read "María Bertero-Barceló".

María Bertero-Barceló, Executive Director  
Academic Senate

Encl: 5  
Copy: Academic Council Chair Michael T. Brown  
Divisional Senate Directors  
Academic Senate Committee Analysts



CLINICAL SERVICES DEVELOPMENT

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January 28, 2008

Michael Brown  
President of the ACADEMIC SENATE

Re: Code of Conduct for Health Sciences

Dear Michael,

The Code of Conduct for Health Sciences has been in effect since 2000. A code of conduct is designed to remind the workforce of important issues to consider when choosing the correct course of action, and is an integral component of our health sciences compliance program.

Attached is the proposed revision to the Health Sciences Code of Conduct. I am asking for Academic Senate endorsement of the revision. I am also attaching side-by-side comparisons of the current code to the proposed code.

Highlights of the changes:

1. Significant reduction in length.
2. All the campuses independently amended the original code to introduce a standard for clinical research. These are now consolidated into a single system-wide standard that parallels the standards of ethical conduct.
3. The code was reviewed for consistency with the UC standards of ethical conduct.
4. More information for whistleblowers was included. This information was required by a new federal law.

Thank you for referring this document to Harry Powell for initial review. I have included all his suggestions for improvement of the code.

The health sciences code of conduct was implemented in 2000 at all five health sciences campuses as part of a \$22,500,000 settlement agreement with the US Department of Justice for incorrect billing of faculty physician services. The health sciences code of conduct does not supersede the faculty code of conduct. Rather, it is a concise guide to issues that are of particular concern in the health sciences.

Several recent changes in law and University policies necessitate revising the health sciences code of conduct. These are detailed in the background material in the appendix to this letter, as well as what I can find of the history from the late '90s of the review of the original version. The original health sciences code of conduct was reviewed by the Academic Senate but I cannot find record of official Senate action.

Thank you very much for your assistance.

Sincerely,

A handwritten signature in purple ink, appearing to read 'Rory Jaffe'.

Rory Jaffe

**Preamble comparison**

*Left: 8/7/2000*

*Right: proposed*

DRAFT

**UNIVERSITY OF CALIFORNIA HEALTH SCIENCES  
CLINICAL ENTERPRISE  
CORPORATE COMPLIANCE CODE OF CONDUCT (THE  
CODE)**

The University of California has developed the Code of Conduct (the Code) to provide guidance to University personnel in carrying out their daily activities. The Code provides standards that address issues identified by the federal government as potential areas of risk in both the *Compliance Program Guidelines for Hospitals* and corporate integrity agreements negotiated by the federal government and audited medical centers. By their nature these topics are very complex and are also a high priority for compliance oversight. The University encourages all personnel to seek advice from a supervisor, the campus Compliance Officer (CO), or other campus and Office of the President resources if questions arise regarding the Code or specific standards.

**CODE OF CONDUCT PRINCIPLES**

The following principles are the foundation for the Code:

1. University personnel shall treat patients without discrimination and with respect, dignity and professionalism without regard to race, age, gender, religion, national origin, medical condition, physical or mental disability, ancestry, marital status, sexual orientation, citizenship, ability to speak English or status as a covered veteran.
2. University personnel shall adhere to all applicable standards of professional practice and ethical behavior in

[INSERT LOGO]

**UC\_\_ [insert campus name] HEALTH SCIENCES CODE  
OF CONDUCT**

Dear Colleagues,

Members of the University of California community share a commitment to the highest ethical, legal, and professional standards in furtherance of our mission of patient care, teaching, research and public service. We recognize that we hold the University in trust for the people of the State of California. This Code of Conduct and our policies, procedures and standards provide guidance for application of the University's Statement of Ethical Values and Standards of Ethical Conduct in our daily lives and work as members of this community.

**Statement of Ethical Values**

- **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.

<p>carrying out the business of the clinical enterprise and should not feel forced to take part in unethical, improper or illegal conduct.</p> <p>3. University personnel are encouraged to report their concerns if they believe that patient care is at risk or the ethical and business standards defined in the Code have not been met. University policy prohibits retaliation against University personnel who report suspected non-compliance or raise concerns about compliance issues.</p> <p>4. University personnel shall follow campus policy in communicating questions, concerns or reporting suspected violations of the University's Program or the Code. The individual may seek advice in a number of ways, including: notification of a supervisor; the CO; the University General Counsel/campus general counsel; or by contacting the compliance office hotline. See section "Opportunity to Raise Questions and Concerns" for more specific information.</p> <p>5. University personnel shall immediately communicate questions and concerns to a supervisor if federal regulations, or if a federal or state healthcare insurance carrier's instructions are not clear. The University, federal and/or state government carriers, and other payers should, when necessary, work collaboratively to clarify and revise policies, procedures, and instructions in order to prevent errors or mistakes.</p> <p>6. Since unintentional errors can occur in the normal course of doing business, it is the responsibility of both the University, as a health care provider, and the federal government's contracted carrier, to report in a timely manner any errors and to adjust reimbursements</p>	<ul style="list-style-type: none"><li>• <b>Respect.</b> We will respect the rights and dignity of others.</li></ul> <p>The Code of Conduct ("Code") has been adopted by the University of California and is in effect for all UC health science campuses. The Code applies to everyone who is associated with a UC Health Sciences campus — all faculty members, full- and part-time employees, students, volunteers, and vendors or independent contractors performing work on behalf of the University.</p> <p>Just as we take pride in our reputation for high quality patient care, education, and research, we are equally proud of our commitment to ethical, legal and professional conduct. Please review the Code carefully and familiarize yourself with its content. It is your responsibility to uphold these ethical, legal and professional principles without exception. If you have any questions about this Code, you should contact your supervisor or the UC__ <i>[insert campus name]</i> Compliance Office. <i>[Add phone # and /web address]</i></p> <p>_____, M.D. Dean and Vice-Chancellor UC__ <i>[insert campus name]</i> Health Sciences</p>
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accordingly for those errors.	
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DRAFT

January 28, 2008

**Seeking assistance comparison**

*Left: 8/7/2000*

*Right: proposed*

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**CORNERSTONES OF AN EFFECTIVE COMPLIANCE PROGRAM**

OPPORTUNITY TO RAISE QUESTIONS AND CONCERNS

The opportunity for University personnel to ask questions and raise concerns is a cornerstone of a successful corporate compliance program. The University supports open discussion of ethical and legal questions and concerns regarding compliance issues and will not tolerate retaliation against any individual who, in good faith, raises questions or reports suspected violations.

The current health care environment is very complex, with many complicated regulations that dictate how the University must conduct its health care business. The purpose of a compliance program is to establish standards and policies that clearly communicate appropriate ethical and legal behavior. However, questions may arise. It is better for an individual to raise a question than to be concerned about the legality or ethics of his or her actions or those of a coworker. It is better to ask a question than to do something wrong.

When University personnel have a question regarding what should be the legal or ethical action, a number of options are available, including the following:

1. *Communicate with an immediate supervisor or manager*  
The individual can discuss the issue with his or her supervisor, manager, or team leader because these individuals should be the most familiar with the particular job requirements and business practices. The supervisor should provide a timely response to the individual or work with him or her to seek alternative solutions.

**UC\_\_ [insert campus name] HEALTH SCIENCES  
"CODE OF CONDUCT"**

**COMPLIANCE IS EVERYONE'S RESPONSIBILITY**

Integrity – both personal and professional – is the cornerstone of the healthcare professions. At the University of California, each of us reflects the highest standards of integrity. Refer to the list of key contacts below to report questions or concerns about issues related to the "Standards of Ethical Conduct" or the "Code of Conduct".

**LIST OF CONTACTS FOR REPORTING CONCERNS**

*Reports should be made in person, by telephone, or in writing to any of the following:*

Your Supervisor

\_\_\_\_\_

UC\_\_ [insert campus name] Compliance & Privacy Officer

UC\_\_ [insert campus name] Health System

XXX-XXX-XXXX

\_\_\_\_\_



<p>2. <i>Talk with higher level management</i>          If an individual is not comfortable speaking with a direct supervisor or manager, he or she can contact a higher level manager in the department, the academic health center or campus.</p> <p>3. <i>Contact the health sciences clinical enterprise corporate Compliance Officer (CO)</i>          At each campus, the Chancellor has designated the CO as the individual with lead responsibility for health science clinical enterprise compliance issues. The CO reports directly to executive leadership at the individual campus (see Section on Corporate Compliance Officer responsibilities). At any time, an individual can bring a question or concern to the CO or staff within the Compliance Office. This would include situations where the individual believes that he or she has not received an appropriate, timely or ethical response from a supervisor.</p> <p>4. <i>Obtain help from other University resources.</i>          University personnel can contact management in other administrative or academic departments, or the Office of the President. There are many resources within the University that are available to help, including the campus corporate compliance office, human resources, the Division Academic Senate Chair at each campus, Office of Internal Audit, and University general counsel and, where appropriate, campus counsel.</p> <p>5. <i>Call the Campus Compliance Hotline or Helpline</i>          Each campus has established at least one toll-free campus Hotline and/or Helpline for confidential use by University personnel. At any point, an individual can contact the Hotline/Helpline to raise questions, clarify issues or report</p>	<p>Director of Compliance</p> <p>UC__ [insert campus name] Health System</p> <p>XXX-XXX-XXXX</p> <p>_____</p> <p>Director, Research Compliance</p> <p>UC__ [insert campus name] Health System</p> <p>XXX-XXX-XXXX</p> <p>_____</p> <p>Director, Human Resources &amp; Employee Relations</p> <p>UC__ [insert campus name] Health System</p> <p>XXX-XXX-XXXX</p> <p>_____</p> <p>Director, Audit Management &amp; Advisory Services (<i>Internal Audit</i>)</p>
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<p>suspected violations. Reports will be investigated or referred to appropriate personnel for resolution. University personnel who contact the Hotline/Helpline may choose to remain anonymous.</p> <p>University personnel may want to maintain a personal record of any communications or questions raised.</p> <p><b><u>REPORTING POTENTIAL ERRORS OR SUSPECTED VIOLATIONS</u></b></p> <p>All University personnel are strongly encouraged to report issues, concerns or suspected violations related to the University's Program. The University's Business and Finance Bulletin G-29, <i>Procedures for Investigating Misuse of University Resources</i>, requires reporting and describes the responsibilities and procedures for reporting and investigating known or suspected misuse of University resources by University personnel.</p> <p>Chancellors are responsible for implementing the provisions of G-29 by designating an official to be responsible for implementation of local procedures and for general oversight of investigation activities. University policy G-29 addresses procedures that University personnel should follow to report suspected misuse, including the following:</p> <p>“instances of suspected misuse that come to the attention of University employees as part of the performance of their job responsibilities, for example, through the performance of routine control procedures or as a result of evidence disclosed during the course of an audit, shall be immediately reported to either the Chancellor's designee in accordance with campus procedures or to the person appointed to receive whistleblower reports.”</p>	<p>UC__ <i>[insert campus name]</i> Campus                  XXX-XXX-XXXX                  _____                  Executive Director – Medical Services                  University of California Office of the President                  XXX-XXX-XXXX                  _____                  Vice-President, Audit and Compliance                  University of California Office of the President                  XXX-XXX-XXXX                  _____                  Office of General Counsel                  UC__ <i>[insert campus name]</i> Health System</p>
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The University's *Policy and Procedures for Reporting Improper Governmental Activities and Protection Against Retaliation for Reporting Improper Activities* affirms that the University does not tolerate retaliation against University personnel who report suspected violations.

For additional information regarding the University's G-29 policy or other University policies, University personnel can contact the local corporate Compliance Office or Internal Audit.

XXX-XXX-XXXX

UC\_\_ *[insert campus name]* Health Sciences – Hot Line *(Available 24/7)*

XXX-XXX-XXXX

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**Government investigations advice comparison**

*Left: 8/7/2000*

*Right: proposed*

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<p><b>GOVERNMENT INVESTIGATION POLICY</b></p> <p><b>PURPOSE</b></p> <p>Occasionally, representatives of the government may arrive unannounced at the _____ Medical Center (“Medical Center”) or at the homes of present or former employees, staff members and contractors (collectively referred to in this policy as “employees”). Generally, these representatives wish to either interview employees or obtain certain documents. The purpose of this policy is to establish a procedure for an orderly response to the government’s requests to enable Medical Center to protect its and its patients’ interests while fully cooperating with the investigation.</p> <p><b>POLICY</b></p> <p>It is the policy of the Medical Center to comply with all applicable healthcare laws and regulations and to cooperate with appropriately authorized governmental investigations and audits.</p> <p><b>I. TYPES OF GOVERNMENT AGENCIES THAT MAY INVESTIGATE HEALTHCARE PROVIDERS</b></p> <p>A. A variety of federal and state governmental agencies may be involved in investigating healthcare providers for various reasons. These agencies include, but are not limited to, the Office of Inspector General (“OIG”), the Health Care Financing Administration (“HCFA”), the Federal Bureau of Investigation (“FBI”), the Department of Defense, the United States</p>	<p><b>APPENDIX – B</b></p> <p><b><i>GUIDELINES FOR RESPONDING TO GOVERNMENT INVESTIGATIONS</i></b></p> <p>Refer to UC-Campus Policies for Specific Procedures</p> <p>In the unusual event of an investigation by the government, representatives of the government could arrive unannounced at the School of Medicine, Medical Center or at the home of present or former personnel, staff members or contractors (collectively referred to as "personnel"). Generally, these government representatives wish to either conduct interviews or obtain certain documents. The following procedures constitute an orderly response to such government requests and enable UC__ <i>[insert campus name]</i> to protect its and its patients’ interests while cooperating with the investigation.</p> <p>It is the policy of UC__ <i>[insert campus name]</i> to comply with all applicable health care laws and regulations and to cooperate with appropriately authorized governmental investigations and audits. Every member of the UC__ <i>[insert campus name]</i> Health System is expected to cooperate with appropriately authorized governmental investigations and audits. Personnel have the legal right to consult a supervisor, Compliance Officer, Risk Management or UC General Counsel before answering questions and have the right to refuse to answer questions. The following guidance is intended as a brief supplement to UC Campus policies.</p>
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Attorney's Office, Medicare Intermediaries, the California Attorney General's Office and the California Department of Health Services.

**II. PROCEDURES**

A. When a representative from a federal or state agency contacts an employee anywhere, such as at home or at the office, for information regarding the Medical Center or any Medical Center-affiliated health care entity, or any other entity with which the Medical Center does business, the employee should contact the Hospital Director immediately.

If the Hospital Director is not immediately available, the employee should contact the Risk Management Department, the Medical Center's Corporate Compliance Officer ("Compliance Officer") or University legal counsel.

B. The Hospital Director will give the employee instructions on how to proceed.

**C. The employee should ask to see the government representative's identification and business card, if the government representative is there in person. Otherwise, the employee should ask for the person's name and office, address and telephone number, identification number and call the government representative's office to confirm his or her authority.**

D. If the government representative wishes to

**Guidance:**

- **Your rights** if you are contacted by a Government Investigator:

1. You have the right to consult with University Counsel or the Compliance Officer.
2. You should immediately notify the appropriate hospital director or \_\_\_\_\_. If the hospital director is not immediately available, you should contact the Risk Management Department, the Compliance Office, Internal Audit, or campus legal counsel.
3. Ask to see the government representative's identification and business card if the government representative is there in person. Otherwise ask for the person's name and office, address and telephone number, identification number so that the UC\_\_ [insert campus name] can call the government representative's office to confirm his or her authority.

- Refer Requests for Documents to UC Counsel for Legal Review:

4. Refer requests for documents to University general counsel for legal review and response.
5. Consult with a supervisor before providing the investigator with confidential patient, personnel, student or other UC\_\_ [insert campus name] documents.
6. You may not give or show the investigators any University

<p>speaking with the employee personally, the employee should find out why without getting into details. (See Section III, Interviews, below after completing all other tasks in this section.)</p> <p>E. If the government representative wants to search the Medical Center facilities or obtain any documents from the Medical Center, the employee should ask to see a legal document authorizing the search, such as a search warrant, and any affidavit supporting the warrant. The employee should make a copy of this legal documentation. (See Section IV, Searches, below after completing all other tasks in this section.) The employee and/or his or her supervisor should send a copy immediately to the Risk Management Department, University legal counsel and the Compliance Officer. If the government representative has appeared at the Medical Center in person, he or she should be escorted to the Hospital Director's office for further assistance. The employee should NOT respond to the request to search the Medical Center facilities or obtain any documents.</p> <p>F. If an employee receives a request in person or in the mail from a government representative for documents or a subpoena, the employee should immediately give a copy to his or her supervisor. The employee and/or his or her supervisor should send a copy immediately to the Medical Center's Custodian of Records (if the records sought are under the control of a Medical Center-designated Custodian of Record) and to the Risk Management Department in</p>	<p>documents without permission.</p> <p>7. Do not destroy or alter documents in anticipation of a government request.</p> <ul style="list-style-type: none"> <li>• Be Truthful:</li> </ul> <p>8. Do not lie or make misleading statements to government investigators.</p> <p>9. Refrain from speculation, hearsay, or opinion, and from decisions beyond your level of responsibility.</p> <p>10. Do not pressure or advise anyone to hide information or provide false or misleading information.</p> <ul style="list-style-type: none"> <li>• If You Agree to be Interviewed:</li> </ul> <p>11. You have the right to specify that the interview take place on University premises during normal business hours and that either University Counsel or your personal counsel be present.</p> <p>12. If you elect to be interviewed, you must be truthful in responding to any questions.</p> <p>13. Anything you say may be used against you by the government in a future civil or criminal proceeding.</p> <p>14. You may refuse to answer any questions asked of you and may stop the interview at any time.</p>
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accordance with the Medical Center's subpoena handling policies. The employee and/or his or her supervisor should also send a copy immediately to the Compliance Officer. The employee should NOT respond to the request.

### III. INTERVIEWS

- A. Occasionally, government representatives may ask to speak with individual employees regarding the Medical Center or any Medical Center-affiliated healthcare entity or any other entity with which the Medical Center does business. EMPLOYEES ARE NOT REQUIRED TO SPEAK TO A GOVERNMENT REPRESENTATIVE ON THE SPOT. Employees may either agree to be interviewed or refuse to be interviewed - the government representative does not have the right to insist upon an interview. Employees may also make an appointment to speak with the government representative at a later date.
- B. If an investigator contacts an employee at home and the employee wishes to submit to an interview, the employee has the right to insist that the interview take place in the office during normal business hours.
- C. Employees are entitled to have someone with them during any interview with a government representative. The Medical Center will arrange to have an appropriate individual (possibly an attorney) present with the employee during the interview. The employee may also consult with an attorney of his or her own choosing at the

**15. There is no such thing as an "off the record" conversation.**



employee's expense if he or she so desires.

- D. If, during the course of an interview, the investigator asks an employee to provide him or her with copies of any hospital records (including but not limited to, patient, billing, financial, quality assurance or peer review records), the employee should refuse explaining that such records can only be provided in response to a lawfully issued subpoena or other lawful methods. University legal counsel will direct the collection and transfer of records and provide other instructions as necessary to assure that the Medical Center responds expeditiously and completely to the demands of the subpoena.
- E. If an employee chooses to be interviewed by a government representative before calling a Medical Center representative as identified above, the employee should contact his or her supervisor and/or the Compliance Officer as soon as possible after the interview. Employees are encouraged to take detailed notes during the interview.
- F. An employee's decision to be interviewed or not will not be used in any way against the employee by the Medical Center.
- G. During the interview with the government representative, employees should follow these tips:
  - 1. **Always tell the truth.** If the employee

does not recall something or has no knowledge or insufficient knowledge about the topic that the government representative is asking about, the employee should say so. The employee should not guess or speculate.

2. In talking with the government representative, the employee should be very careful to answer questions completely, accurately and concisely so that there will be no misunderstanding as to what the employee is saying. It is important for the employee to make clear to the government representative whether the information he or she is providing is first-hand knowledge or something the employee has heard. The employee SHOULD NOT speculate. In providing information, the employee should not provide information they do not have first hand knowledge of.
3. **The employee should contact the Compliance Officer as soon as possible after the interview.**

#### **IV. SEARCHES**

If the government representative wants to obtain documents or search the Medical Center, the government representative should be escorted to the Hospital Director's office for assistance. With respect to searches of the Medical Center, employees should remember the following:

- A. A "search" occurs any time a government representative enters the Medical Center premises and begins to look for any documents or asks questions. A search may not be conducted without a legally valid search warrant. However, some government agencies have the authority to assess penalties if representatives of the agency are not granted immediate access upon reasonable request to a health care entity. These agencies include the OIG. Therefore, Medical Center employees should strive to be courteous and helpful to government representatives while following the guidelines set forth in this section.
- B. A search warrant is different from a subpoena or a records request. A subpoena or records request requires the production of information but does not allow for a search. Most subpoenas or records requests allow a reasonable time in which to respond. The time frame (typically ranging from 10 to 30 days) will usually be identified on the subpoena itself. In contrast, a search warrant is issued by a magistrate or a judge and allows immediate access to the hospital premises or property which are described in the search warrant.
- C. The employee should request that the investigator wait at the Hospital Director's office until either the Compliance Officer or University legal counsel arrives. If the warrant is valid, the employee may not stop the search. However, before permitting the government representative to proceed with a requested

search, University legal counsel should be first allowed to determine the validity of the warrant.

- D. The confidentiality of medical records, patient records, and other hospital records must be maintained even when responding to a subpoena, warrant, or other request for document production. The Compliance Officer and/or University legal counsel will direct the collection and transfer of records and provide other instructions as necessary to assure that the Medical Center safeguards the confidentiality of these records and responds completely and appropriately to the warrant.

**V. ADMINISTRATIVE ISSUES**

- A. Once a government contact is initiated, the employee should establish a specific file for communications with legal counsel. The employee should caption the file and all of his or her memos to legal counsel with the words **"Confidential Attorney-Client Privileged Communication."**
- B. The employee should **NOT** make copies other than a file copy and do not distribute confidential communications with legal counsel. Distribution may destroy the privilege of confidentiality.
- C. IF AT ANY TIME, THE EMPLOYEE IS UNSURE OF WHAT TO DO, HE OR SHE SHOULD CONTACT THE COMPLIANCE OFFICER OR UNIVERSITY LEGAL COUNSEL IMMEDIATELY. THIS POLICY

CONTAINS GENERAL GUIDELINES. AT ALL TIMES, THE EMPLOYEE SHOULD FOLLOW INSTRUCTIONS FROM THE COMPLIANCE OFFICER AND/OR UNIVERSITY LEGAL COUNSEL.

**VI. MEDIA CONTACTS**

A. It is important that employees not discuss their involvement with an investigation or any issue relating to an inquiry by a government agency with other employees or with people outside of the Medical Center. If an employee receives an inquiry from the media or any other outside person, the employee should do the following:

1. If the media representative appears in person:
  - a) Verify their credentials by asking to see their identification and business card.
  - b) Politely state that he or she is unable to comment or respond at the present time, but that he or she will pass along their business card to a person with authority to speak on behalf of the Medical Center.
  - c) Explain that in order to provide the best Medical Center spokesperson, he or she will need to know what information the individual is seeking to obtain

about the Medical Center.

- d) The employee should not answer or respond to any requests for information or provide his or her opinion to any media representative.
- e) Contact his or her supervisor/department director immediately or if the employee's supervisor/department director is unavailable, the employee should contact the Health Sciences Communications Office at ext. \_\_\_\_\_.

2. If an employee is contacted by telephone:

- a) The employee should ask for the person's phone number and their affiliation for the purpose of returning their call at a more appropriate time.
- b) The employee should determine the purpose of the call. The employee should never provide information, answer questions, or speculate. What an employee says, when taken out of context, can be misinterpreted. The Health Science Communications Office at \_\_\_\_\_

will be responsible for coordinating all media contacts.

- c) The employee should contact his or her supervisor/department director immediately or if his or her supervisor/department director is unavailable, the employee should contact the Health Sciences Communications Office at \_\_\_\_\_.

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**Signature page comparison**

*Left: 8/7/2000*

*Right: proposed*

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January 28, 2008





<hr/>			
<hr/>		Signature	
Date	Department	Date	
		Optional: License number(s) for Continuing Education Units (CEUs) (if applicable) <hr/>	

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1 [INSERT LOGO]

2 ***UC\_ [insert campus name] HEALTH SCIENCES CODE OF CONDUCT***

3 Dear Colleagues,

4 Members of the University of California community share a commitment to the highest ethical, legal,  
5 and professional standards in furtherance of our mission of patient care, teaching, research and public  
6 service. We recognize that we hold the University in trust for the people of the State of California. This  
7 Code of Conduct and our policies, procedures and standards provide guidance for application of the  
8 University's Statement of Ethical Values and Standards of Ethical Conduct in our daily lives and work as  
9 members of this community.

10 ***Statement of Ethical Values***

- 11 • **Integrity.** We will conduct ourselves with integrity in our dealings with and on behalf of the  
12 University.
- 13 • **Excellence.** We will conscientiously strive for excellence in our work.
- 14 • **Accountability.** We will be accountable as individuals and as members of this community for our  
15 ethical conduct and for compliance with applicable laws and University policies and directives.
- 16 • **Respect.** We will respect the rights and dignity of others.

17 The Code of Conduct ("Code") has been adopted by the University of California and is in effect for all UC  
18 health science campuses. The Code applies to everyone who is associated with a UC Health Sciences  
19 campus — all faculty members, full- and part-time employees, students, volunteers, and vendors or  
20 independent contractors performing work on behalf of the University.

21 Just as we take pride in our reputation for high quality patient care, education, and research, we are  
22 equally proud of our commitment to ethical, legal and professional conduct. Please review the Code  
23 carefully and familiarize yourself with its content. It is your responsibility to uphold these ethical, legal  
24 and professional principles without exception. If you have any questions about this Code, you should  
25 contact your supervisor or the UC\_ [insert campus name] Compliance Office. [Add phone # and /web  
26 address]

27

28 \_\_\_\_\_, M.D.

29 Dean and Vice-Chancellor

30 UC\_ [insert campus name] Health Sciences

31 **SECTION 1. CODE OF CONDUCT (“CODE”)**

32 **1. Adherence to the Highest Standards.**

33 We shall, at all times, conduct ourselves with honesty and integrity in accordance with the highest  
34 ethical, legal and professional standards.

- 35 • UC Standards of Ethical Conduct: <http://www.universityofcalifornia.edu/compliance/ethics/>
- 36 • We endeavor to hire the best, most qualified individuals and strive to attract, train and retain a  
37 diverse workforce.

38 **2. Individual Responsibility & Accountability.**

39 Each of us is expected to become familiar with the laws and regulations that apply to our positions and  
40 duties, as well as University of California Campus and Health System policies. We will comply with both  
41 their letter and spirit.

- 42 • All questions and concerns about the legality or appropriateness of any action or failure to take  
43 action by or on behalf of the UC\_\_ *[insert campus name]* Health Sciences should be referred to your  
44 supervisor, the Compliance Office, Internal Audit, the UC Legal Counsel or the UC\_\_ *[insert campus*  
45 *name]* Hot Line. (Refer to Section 2, Reporting Violations).

46 **3. Respect for the Rights and Dignity of Others.**

47 We treat everyone with respect and dignity.

- 48 • We make no distinction in the availability of services; the admission, transfer or discharge of  
49 patients; or in the care we provide based on age, gender, disability, race, color, religion, or national  
50 origin.
- 51 • The University prohibits discrimination in any work-related decision on the basis of race, color,  
52 national origin, religion, sex, physical or mental disability, medical condition (cancer-related or  
53 genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a  
54 covered veteran. The University is committed to providing equal employment opportunity and an  
55 academic and work environment where each individual is treated with fairness, dignity, and respect.
- 56 • We are committed to the ethical and compassionate treatment of patients and compliance with  
57 established policies and statements of patient rights.
- 58 • We act as positive role models for our trainees, staff and visitors; and show due respect to  
59 subordinates and each other.

60 **4. Respect for Confidentiality and Privacy (Personal and Confidential**  
61 **Information).**

62 Health information, including billing records, is confidential. We use confidential information only to  
63 perform our job responsibilities and do not share such information with others unless the individuals or  
64 entities have a legitimate need to know the information. We follow applicable laws and University

65 policies regarding privacy and information security when accessing, using, disclosing, or creating,  
66 storing, receiving and transmitting confidential records. We do not share passwords.

- 67 • Personnel records should only be accessible to management, Human Resource Staff, Internal Audit  
68 and those responsible for protecting them.
- 69 • UC HIPAA Guidelines: <http://www.universityofcalifornia.edu/hipaa/>
- 70 • UC\_\_ [insert campus name] Health Science HIPAA Policies: \_\_ [insert web-link]

## 71 **5. Strive to Attain the Highest Standards of Patient Care.**

72 We provide quality health care in a manner that is appropriate, medically necessary, and efficient.

- 73 • University physicians (and other health care professionals authorized by law to order items or  
74 services) shall only order or provide those services and items that are determined by the  
75 professional to be medically appropriate.
- 76 • We place the interests of our patients above our own.

## 77 **6. Medical Necessity.**

78 The UC\_\_ [insert campus name] Health System shall submit claims for payment to governmental,  
79 private, or individual payers only for services or items that are medically necessary and appropriate.

- 80 • Patients may request a service that is not a covered benefit. The service may be provided as long as  
81 the patient has been given advance notice that a service is not a covered benefit and has agreed to  
82 pay for the services.

## 83 **7. Compliance with all Coding, Billing, Cost Reports and Other Contractual /** 84 **Grant Terms and Conditions**

85 Every member of the UC\_\_ [insert campus name] Health System who is involved, directly or indirectly, in  
86 the preparation or submission of a bill to any governmental or private payer is expected to ensure the  
87 bill reflects only those services rendered and products delivered and in the correct amount, supported  
88 by appropriate documentation.

- 89 • UC personnel and agents who are responsible for providing services, for documentation, coding,  
90 billing, and accounting for patient care services must comply with all applicable state, federal and  
91 payer regulations and policies, as well as UC policies and procedures.
- 92 • Cost reports will be properly prepared, allocated to the correct cost centers, and supported by  
93 verifiable and auditable cost data according to all applicable rules and regulations.
- 94 • Certain individuals with responsibility for preparation of financial statements and disclosures will be  
95 required to make attestations in support of *Standards of Ethical Conduct*.

96 **8. Avoidance of Conflicts of Interest or Commitment**

97 We avoid both actual conflicts of interest and commitment and the appearances of such conflicts and  
98 devote professional allegiance to patients, the University, and its mission of teaching, research, and  
99 patient care by:

- 100 • Complying with University policy and guidelines for reporting and reviewing actual and potential  
101 conflicts of interest and conflicts of commitment.
- 102 • Not giving or accepting gifts, gratuities, loans or other special treatment of value from third parties  
103 doing business with or wishing to do business with UC in a manner that is not in accordance with the  
104 California Political Reform Act.
- 105 • As a general rule, UC\_\_ *[insert campus name]* personnel should avoid contracting for goods or  
106 services with family members of other UC\_\_ *[insert campus name]* personnel.
- 107 • Do not use UC\_\_ *[insert campus name]* funds to contribute to a political party, committee,  
108 organization or candidate in connection with a federal campaign.

109 **9. Ethical Conduct of Clinical Trials & Research.**

110 We protect the rights of study participants, their well being and rights of privacy through compliance  
111 with ethical standards and all applicable UC policies and federal and state regulations.

- 112 • Everyone involved in teaching and research activities is expected to conform to the highest  
113 standards of honesty and integrity.
- 114 • Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited.
- 115 • Research must be conducted in strict conformity with the applicable UC policies, human research  
116 procedures and approvals, and the requirements of all governmental and private research sponsors.
- 117 • Billing for research subjects shall conform to University policy and law.
- 118 • UC\_\_ *[insert campus name]* policies provide local guidance for compliance with federal, state and  
119 UC standards, including protection of the rights and safety of research subjects, possible conflicts of  
120 interest and/or commitment, regulatory non-compliance and scientific misconduct.

121 **10. Maintenance and Preservation of Accurate Records.**

122 We create and maintain patient records and documentation conforming to all applicable legal  
123 requirements, professional standards, and UC policies.

- 124 • University personnel will not knowingly create records that contain any false, fraudulent, fictitious,  
125 deceptive or misleading information.
- 126 • University personnel must not delete any entry from a medical record. Medical records may be  
127 amended and material added to ensure the accuracy of a record in accordance with medical center  
128 and medical staff policies and procedures. If records are amended, personnel must indicate that the  
129 notation is an addition or correction and include the date / time it was amended.

- 130 • University personnel must not sign someone else's signature or initials on a record unless they have  
131 been authorized and clearly marked that they are signing on behalf of another (e.g., by initialing the  
132 signature).
- 133 • Unless authorized by University policy, University personnel shall not destroy or remove any  
134 University records from the University's premises.

## 135 **11. Compliance with Applicable Policies, Laws & Regulations; Preventing** 136 **Improper Referrals, Kickbacks, and Influences on Clinical Decisions.**

137 We deal with patients, payers, vendors, and community health care providers and businesses with  
138 honesty and integrity. This duty includes, but is not limited to:

- 139 • Adhering to the University's policy as defined in the Compendium of University of California  
140 Specialized Policies, including Guidelines and Regulations related to Conflict of Interest and  
141 University Health Care Vendor Relations.
- 142 • Adhering to anti-trust laws prohibiting actions such as price fixing or improper sharing of  
143 competitive information, and
- 144 • Procurement integrity ensuring that goods and services are procured in a competitive, fair and  
145 timely manner; and
- 146 • Not accepting or offering for individual benefit, or for the University, anything of value in exchange  
147 for referrals of business, equipment or the referral of patients.

## 148 **12. Government Investigations & Government Requests for Information.**

149 We are expected to cooperate with appropriately authorized governmental investigations and audits.  
150 Personnel have the right to consult a supervisor, Compliance Officer, Risk Management or UC General  
151 Counsel before answering questions.

- 152 • University policy (\_\_\_\_[insert policy number]) provides advice on the procedures to follow when  
153 representatives of the government arrive unannounced at the UC\_\_ [insert campus name] Health  
154 System, or the offices or homes of present or former University personnel.
- 155 • If you are contacted by a government investigator:
- 156 1. You should immediately notify the appropriate hospital director or \_\_\_\_\_. If the hospital  
157 director is not immediately available, you should contact the Risk Management Department, the  
158 Compliance Office, Internal Audit, or campus legal counsel.
  - 159 2. Ask to see the government representative's identification and business card if the government  
160 representative is there in person. Otherwise ask for the person's name and office, address and  
161 telephone number, identification number so that the UC\_\_ [insert campus name] can call the  
162 government representative's office to confirm his or her authority.
  - 163 3. Consult with a supervisor before providing the investigator with confidential patient, personnel,  
164 student or other UC\_\_ [insert campus name] documents.
  - 165 4. Do not destroy documents. Do not lie or make misleading statements.
  - 166 5. *Refer to Appendix A for additional guidance.*

167 ***Section 2. Reporting Violations & Non-Retaliation Policy***

168 Any suspected violations of the Code or Standards of Ethical Conduct should be reported to a direct  
169 supervisor, the Compliance Officer, Risk Management, Internal Audit, UC Legal Counsel, the Human  
170 Resources Department, the Locally Designated Official for Whistleblower Complaints, or the UC\_\_  
171 [insert campus name] Hotline: 1-XXX-XXX-XXXX. <http://ucwhistleblower.ucop.edu/welcome.html> (Refer  
172 to the list of contacts at the end of this brochure.)

173 How to Report: You may make a report anonymously (by phone, mail or hotline). The University will, if  
174 requested, make every reasonable effort to keep confidential the identity of anyone reporting a  
175 suspected violation, except if doing so would effectively prevent the University from conducting a full  
176 and fair investigation of the allegations.

177 Non-Retaliation: University employees are prohibited from retaliating against an employee or applicant  
178 for employment who has made a good faith report or refused to obey an illegal order, even if the  
179 allegation ultimately proves to be without merit. UC will, however, pursue disciplinary action against any  
180 member who is shown to have knowingly filed a false report.

181 Code of Conduct will be Enforced: All members of the University community are expected to report all  
182 known or suspected code of conduct violations. Managers and persons in supervisory roles are required  
183 to report allegations presented to them and to report suspected violations that come to their attention  
184 in the ordinary course of performing their supervisory duties. Reports of suspected violations will be  
185 investigated by authorized University personnel. Everyone is expected to cooperate fully with any  
186 investigation undertaken.

187 If it is determined that a violation has occurred, the University reserves the right to take corrective or  
188 disciplinary action against any person who was involved in the violation or who allowed it to occur or  
189 persist due to their failure to exercise reasonable diligence. The University may make an appropriate  
190 disclosure to governmental agencies, including law enforcement authorities. Disciplinary actions will be  
191 determined on a case-by-case basis and in accordance with the applicable University policies and  
192 procedures.

193 The University reserves the right, at any time, to amend this Code of Conduct.



194 ***UC\_ [insert campus name] HEALTH SCIENCES “CODE OF CONDUCT”***

195 **COMPLIANCE IS EVERYONE’S RESPONSIBILITY**

196 Integrity – both personal and professional – is the cornerstone of the healthcare professions. At the  
197 University of California, each of us reflects the highest standards of integrity. Refer to the list of key  
198 contacts below to report questions or concerns about issues related to the “Standards of Ethical  
199 Conduct” or the “Code of Conduct”.

200 **LIST OF CONTACTS FOR REPORTING CONCERNS**

201 *Reports should be made in person, by telephone, or in writing to any of the following:*

202 Your Supervisor

203 \_\_\_\_\_  
204 \_\_\_\_\_,

205 UC\_ [insert campus name] Compliance & Privacy Officer

206 UC\_ [insert campus name] Health System

207 XXX-XXX-XXXX

208 \_\_\_\_\_  
209 \_\_\_\_\_,

210 Director of Compliance

211 UC\_ [insert campus name] Health System

212 XXX-XXX-XXXX

213 \_\_\_\_\_  
214 \_\_\_\_\_,

215 Director, Research Compliance

216 UC\_ [insert campus name] Health System

217 XXX-XXX-XXXX

218 \_\_\_\_\_  
219 \_\_\_\_\_,

220 Director, Human Resources & Employee Relations

221 UC\_ [insert campus name] Health System

222 XXX-XXX-XXXX

223 \_\_\_\_\_  
224 \_\_\_\_\_,

225 Director, Audit Management & Advisory Services (*Internal Audit*)

226 UC\_ [insert campus name] Campus

227 XXX-XXX-XXXX

228 \_\_\_\_\_  
229 \_\_\_\_\_.

230 Executive Director – Medical Services

231 University of California Office of the President

232 XXX-XXX-XXXX

233

234 \_\_\_\_\_,

235 Vice-President, Audit and Compliance

236 University of California Office of the President

237 XXX-XXX-XXXX

238

239 \_\_\_\_\_,

240 Office of General Counsel

241 UC\_\_ *[insert campus name]* Health System

242 XXX-XXX-XXXX

243

244 UC\_\_ *[insert campus name]* Health Sciences – Hot Line (*Available 24/7*)

245 XXX-XXX-XXXX

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246 **APPENDIX – B**

247 **GUIDELINES FOR RESPONDING TO GOVERNMENT INVESTIGATIONS**

248 Refer to UC-Campus Policies for Specific Procedures

249 In the unusual event of an investigation by the government, representatives of the government could  
250 arrive unannounced at the School of Medicine, Medical Center or at the home of present or former  
251 personnel, staff members or contractors (collectively referred to as "personnel"). Generally, these  
252 government representatives wish to either conduct interviews or obtain certain documents. The  
253 following procedures constitute an orderly response to such government requests and enable UC\_\_  
254 [insert campus name] to protect its and its patients' interests while cooperating with the investigation.

255 It is the policy of UC\_\_ [insert campus name] to comply with all applicable health care laws and  
256 regulations and to cooperate with appropriately authorized governmental investigations and audits.  
257 Every member of the UC\_\_ [insert campus name] Health System is expected to cooperate with  
258 appropriately authorized governmental investigations and audits. Personnel have the legal right to  
259 consult a supervisor, Compliance Officer, Risk Management or UC General Counsel before answering  
260 questions and have the right to refuse to answer questions. The following guidance is intended as a brief  
261 supplement to UC Campus policies.

262 Guidance:

- 263 • **Your rights** if you are contacted by a Government Investigator:
- 264 1. You have the right to consult with University Counsel or the Compliance Officer.
  - 265 2. You should immediately notify the appropriate hospital director or \_\_\_\_\_. If the hospital  
266 director is not immediately available, you should contact the Risk Management Department, the  
267 Compliance Office, Internal Audit, or campus legal counsel.
  - 268 3. Ask to see the government representative's identification and business card if the government  
269 representative is there in person. Otherwise ask for the person's name and office, address and  
270 telephone number, identification number so that the UC\_\_ [insert campus name] can call the  
271 government representative's office to confirm his or her authority.
- 272 • Refer Requests for Documents to UC Counsel for Legal Review:
- 273 1. Refer requests for documents to University general counsel for legal review and response.
  - 274 2. Consult with a supervisor before providing the investigator with confidential patient, personnel,  
275 student or other UC\_\_ [insert campus name] documents.
  - 276 3. You may not give or show the investigators any University documents without permission.
  - 277 4. Do not destroy or alter documents in anticipation of a government request.
- 278 • Be Truthful:
- 279 1. Do not lie or make misleading statements to government investigators.

- 280        2. Refrain from speculation, hearsay, or opinion, and from decisions beyond your level of  
281            responsibility.
- 282        3. Do not pressure or advise anyone to hide information or provide false or misleading  
283            information.
- 284        • If You Agree to be Interviewed:
- 285            1. You have the right to specify that the interview take place on University premises during normal  
286            business hours and that either University Counsel or your personal counsel be present.
- 287            2. If you elect to be interviewed, you must be truthful in responding to any questions.
- 288            3. Anything you say may be used against you by the government in a future civil or criminal  
289            proceeding.
- 290            4. You may refuse to answer any questions asked of you and may stop the interview at any time.
- 291            5. **There is no such thing as an “off the record” conversation.**

292 **APPENDIX – C**

293 **ACKNOWLEDGMENT STATEMENT**

294 **UC\_\_ [insert campus name] HEALTH SCIENCES “CODE OF CONDUCT”**

295 My signature on this form acknowledges that I have received and agree to read the UC\_\_ [insert campus  
296 name] Health Sciences Compliance Program “Code of Conduct”.

297 I confirm that I have not been excluded by the federal government from participation in any  
298 governmental program nor, to the best of my knowledge, have I been proposed for exclusion.

299 I agree to notify the Compliance Officer or the University's Office of the General Counsel immediately  
300 upon my receiving written or verbal notification that I am proposed for exclusion from any  
301 governmental health care program.

Name (Please Print)	
Department / Area	
Signature	
Date	

302 Optional:

303 License number(s) for Continuing Education Units (CEUs) (if applicable)

304 \_\_\_\_\_

**Code comparison**

***Left: 8/7/2000***

***Right: proposed***

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<p>[From UC Standards of Ethical Conduct]</p> <p>Purpose</p> <p>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.</p>	<p><b>Adherence to the Highest Standards.</b></p> <p>We shall, at all times, conduct ourselves with honesty and integrity in accordance with the highest ethical, legal and professional standards.</p> <ul style="list-style-type: none"> <li>• UC Standards of Ethical Conduct: <a href="http://www.universityofcalifornia.edu/compliance/ethics/">http://www.universityofcalifornia.edu/compliance/ethics/</a></li> <li>• We endeavor to hire the best, most qualified individuals and strive to attract, train and retain a diverse workforce.</li> </ul>
<p>[From UC Standards of Ethical Conduct]</p> <p><i>4. Compliance with Applicable Laws and Regulations</i></p> <p>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.</p>	<p><b>Individual Responsibility &amp; Accountability.</b></p> <p>Each of us is expected to become familiar with the laws and regulations that apply to our positions and duties, as well as University of California Campus and Health System policies. We will comply with both their letter and spirit.</p> <ul style="list-style-type: none"> <li>• All questions and concerns about the legality or appropriateness of any action or failure to take action by or on behalf of the UC__ <i>[insert campus name]</i> Health Sciences should be referred to your supervisor, the Compliance Office, Internal Audit, the UC Legal Counsel or the UC__ <i>[insert campus name]</i> Hot Line. (Refer to Section 2, Reporting Violations).</li> </ul>
<p><i>13: FAIR TREATMENT OF EMPLOYEES</i></p> <p><i>The University prohibits discrimination in any work related decision on the basis of race, color, national origin, religion, sex, physical or mental disability, ancestry, marital status, age, sexual orientation, citizenship, or status as a covered</i></p>	<p><b>Respect for the Rights and Dignity of Others.</b></p> <p>We treat everyone with respect and dignity.</p>

<p><i>veteran. The University is committed to providing equal employment opportunity and a work environment where each employee is treated with fairness, dignity, and respect.</i></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• The University does not tolerate harassment or discrimination by anyone based on the diverse characteristics or cultural backgrounds of those who work for the University pursuant to the <i>University of California Nondiscrimination and Affirmative Action Policy Regarding Academic and Staff Employment</i>.</li> <li>• Any form of workplace violence or sexual harassment is strictly prohibited. University personnel should refer to campus specific policies dealing with workplace violence or sexual harassment.</li> <li>• For employees who observe or experience any form of discrimination, harassment or violence, the University provides a number of ways to report the incident, including, but not limited to the following: a supervisor, the CO, University general counsel, campus counsel when available, human resources, the campus Office of Equal Opportunity &amp; Diversity, the campus Compliance hotline, and appropriate Academic Senate committee</li> </ul>	<ul style="list-style-type: none"> <li>• We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, color, religion, or national origin.</li> <li>• 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 (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or status as a covered veteran. The University is committed to providing equal employment opportunity and an academic and work environment where each individual is treated with fairness, dignity, and respect.</li> <li>• We are committed to the ethical and compassionate treatment of patients and compliance with established policies and statements of patient rights.</li> <li>• We act as positive role models for our trainees, staff and visitors; and show due respect to subordinates and each other.</li> </ul>
<p><b>5: PERSONAL AND CONFIDENTIAL INFORMATION</b>  <i>All efforts will be made to protect personal and confidential information concerning the academic health center and health system's patients and the respective health care practices of those entities.</i></p> <ul style="list-style-type: none"> <li>• University personnel shall not disclose confidential patient information unless at the patient's request and/or when authorized by law. Appropriate use of patient information</li> </ul>	<p><b>Respect for Confidentiality and Privacy (Personal and Confidential Information).</b></p> <p>Health information, including billing records, is confidential. We use confidential information only to perform our job responsibilities and do not share such information with others unless the individuals or</p>



<p>for research purposes must be obtained from the Institutional Review Board.</p> <ul style="list-style-type: none"> <li>• Confidential patient information should only be discussed with or disclosed to appropriate University personnel on a limited, "need to know" basis and in response to a legal or authorized request.</li> <li>• Confidential patient information should not be discussed with or disclosed to non-University personnel unless requested by the patient. Non-University personnel include the family or business and social acquaintances of the patient or of University personnel, customers, suppliers, or others.</li> <li>• In general, patients can request and are entitled to receive copies or summaries of their records with the exception of minors, some mental health patients, and patients being treated for alcohol and drug abuse, who may be provided with copies of the records if it is appropriate as judged by their clinician.</li> <li>• Some information may be sought under the <i>California Public Records Act</i>, the <i>Information Practices Act</i>, or other statutes requiring the release of information. University personnel should review any such information request with a supervisor, CO, general counsel, or, where appropriate, campus general counsel.</li> <li>• University personnel who have any questions regarding patient confidentiality should refer to University policies for additional information and consult with appropriate medical records supervisors, risk management, University general or campus. University policies should be updated as necessary to reflect changes to federal and state law regarding medical records privacy, and protection of paper-based and electronic health care information.</li> </ul>	<p>entities have a legitimate need to know the information. We follow applicable laws and University policies regarding privacy and information security when accessing, using, disclosing, or creating, storing, receiving and transmitting confidential records. We do not share passwords.</p> <ul style="list-style-type: none"> <li>• Personnel records should only be accessible to management, Human Resource Staff, Internal Audit and those responsible for protecting them.</li> <li>• UC HIPAA Guidelines: <a href="http://www.universityofcalifornia.edu/hipaa/">http://www.universityofcalifornia.edu/hipaa/</a></li> <li>• UC __ <i>[insert campus name]</i> Health Science HIPAA Policies: __ <i>[insert web-link]</i></li> </ul>
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<p><b>1: QUALITY OF CARE</b>  <i>The University's academic health centers and health systems will provide quality health care in a manner that is appropriate, medically necessary, and efficient.</i></p> <ul style="list-style-type: none"> <li>• All patients will be afforded quality clinical services.</li> <li>• Urgent and/or medically necessary services will be provided independent of payment methodology. The University's health care professionals will follow current medical and ethical standards regarding physicians and other health care providers' communication with patients, and where appropriate, their representative, regarding the care delivered.</li> <li>• The University recognizes the right of patients to make choices about their own care, including the right to do without recommended care or to refuse treatment.</li> <li>• University personnel, generally the patient's health care provider or knowledgeable designee, will inform patients about the alternatives and risks associated with the care they are seeking and obtain the informed consent of the patient or their representative. To the extent possible, this will be provided in a language that the patient can understand.</li> </ul> <p><b>2: MEDICAL NECESSITY</b>  * * *</p> <ul style="list-style-type: none"> <li>• When ordering or providing services or items, University physicians (or other health care professionals authorized by law to order items or services) shall only order those services and items that are consistent with generally accepted medical standards for diagnosis or treatment of disease and are determined by the profession to be medically necessary and appropriate.</li> </ul>	<p><b>Strive to Attain the Highest Standards of Patient Care.</b></p> <p>We provide quality health care in a manner that is appropriate, medically necessary, and efficient.</p> <ul style="list-style-type: none"> <li>• University physicians (and other health care professionals authorized by law to order items or services) shall only order or provide those services and items that are determined by the professional to be medically appropriate.</li> <li>• We place the interests of our patients above our own.</li> </ul>
<p><b>2: MEDICAL NECESSITY</b>  <i>The University's academic health centers and health systems shall submit claims for payment to governmental, private, or individual payers for those services or items that are medically</i></p>	<p><b>Medical Necessity.</b></p> <p>The UC__ <i>[insert campus name]</i> Health System shall submit claims for</p>

*necessary and appropriate.*

- When ordering or providing services or items, University physicians (or other health care professionals authorized by law to order items or services) shall only order those services and items that are consistent with generally accepted medical standards for diagnosis or treatment of disease and are determined by the profession to be medically necessary and appropriate. [Moved to 5: Strive to attain the highest standards of care.]
- In some cases, a health care professional may determine that services are medically necessary or appropriate, but the patient's health plan may not cover those services. In those cases, a patient should refer to his or her health plan administrator to receive information about the process for disallowed claims or uncovered benefits.
- Patients may request services that are not covered benefits. Such services may be provided as long as the patient has been given 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.
- Professional coding and documentation will be consistent with the standards established in the University and Campus Programs and relevant policies. [Moved to 7: Compliance with all coding, billing, cost reports and other contractual / grant terms and conditions]

### 3: CODING, BILLING, AND PATIENT ACCOUNTING

\* \* \*

- Elective procedures that are not covered by governmental or private payer can be provided. However, before providing any elective services, the provider must inform the patient that these services may not be covered. The provider should obtain the patient's agreement to pay for

payment to governmental, private, or individual payers only for services or items that are medically necessary and appropriate.

- Patients may request a service that is not a covered benefit. The service may be provided as long as the patient has been given advance notice that a service is not a covered benefit and has agreed to pay for the services.

<p>the services if payers deny the claim. A patient has the right to have a claim submitted even if services are excluded from coverage.</p> <p><i>11: PATIENT'S FREEDOM OF CHOICE</i>  <i>When referring patients to home health agencies, medical equipment suppliers or long term care and rehabilitation providers, University personnel should respect the patient's right to choose his or her own providers.</i></p> <ul style="list-style-type: none"> <li>Some healthcare plans limit the patient's choice of provider, or pay less than the full cost of a provider. The patient may choose a provider outside the health plan, but probably will have to pay for non-covered care.</li> </ul>	
<p><i>2: MEDICAL NECESSITY</i>  * * *</p> <ul style="list-style-type: none"> <li>Professional coding and documentation will be consistent with the standards established in the University and Campus Programs and relevant policies.</li> </ul> <p><i>3: CODING, BILLING, AND PATIENT ACCOUNTING</i>  <i>University 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 campus policies and procedures pertaining to the implementation of the University's Program.</i></p> <ul style="list-style-type: none"> <li>The University will bill only for services actually rendered and shall seek the amount to which the University is entitled. The University does not tolerate billing practices that misrepresent the services actually rendered.</li> <li>Supporting medical documentation must be prepared for all services rendered. University personnel shall bill on the principle that if the appropriate and required documentation has not been provided, then the service has not been rendered.</li> <li>All services must be accurately and completely coded and submitted to the appropriate payer in accordance with</li> </ul>	<p><b>Compliance with all Coding, Billing, Cost Reports and Other Contractual / Grant Terms and Conditions</b></p> <p>Every member of the UC__ <i>[insert campus name]</i> Health System who is involved, directly or indirectly, in the preparation or submission of a bill to any governmental or private payer is expected to ensure the bill reflects only those services rendered and products delivered and in the correct amount, supported by appropriate documentation.</p> <ul style="list-style-type: none"> <li>UC personnel and agents who are responsible for providing services, for documentation, coding, billing, and accounting for patient care services must comply with all applicable state, federal and payer regulations and policies, as well as UC policies and procedures.</li> <li>Cost reports will be properly prepared, allocated to the correct cost centers, and supported by verifiable and auditable cost data according to all applicable rules and regulations.</li> <li>Certain individuals with responsibility for preparation of financial statements and disclosures will be required to make</li> </ul>

<p>applicable regulations, laws, and contracts and campus policies and procedures. Federal and state regulations take precedence; campus policies and procedures must accurately reflect those regulations.</p> <ul style="list-style-type: none"><li>• All patients shall be consistently and uniformly charged. Discounts will be appropriately reported and items and services consistently described so that comparability can be established among payers.</li><li>• 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 campus CO or University Office of the General Counsel.</li><li>• Billing and collections will 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, University personnel shall direct those issues to the academic health center or health system's accounting or risk management departments or other personnel responsible for patient accounts.</li><li>• University personnel should be aware of the existence of system-wide and campus Professional Fee Billing Guidelines and Clinical and Laboratory Billing Guidelines. These Guidelines, available through the campus Compliance Office, provide for the policies and procedures to be followed when the University bills payers for professional fees and laboratory services. University personnel responsible for coding, billing and documentation should be knowledgeable about University policies and procedures, federal and state regulations regarding those activities. The University shall provide these individuals with opportunities for training to allow them to accurately code, document, and bill according to federal and state regulations and the University's policies</li></ul>	<p>attestations in support of <i>Standards of Ethical Conduct</i>.</p>
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and procedures. Management at each academic health center campus should ensure that appropriate evaluation processes have been established to assess whether University personnel understand and carry out correct procedures.

- Elective procedures that are not covered by governmental or private payer can be provided. However, before providing any elective services, the provider must inform the patient that these services may not be covered. The provider should 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. [Moved to 6: Medical necessity]
- An accurate and timely billing structure and medical records system is critical to ensure that University personnel can effectively implement and comply with required policies and procedures. Demonstrated lapses in the information and billing systems infrastructure should be remedied in a timely manner by the campus executive management team, other designated University personnel and billing entities.

#### *4: COST REPORTS*

*University personnel who are responsible for the preparation and submission of cost reports must ensure that all such 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 cost 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.

**10: AVOIDING CONFLICTS OF INTEREST**

*All University personnel shall conduct clinical enterprise 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 should follow the Compendium of University of California Specialized Policies, Guidelines, and Regulations Related to Conflict of Interest and be knowledgeable about activities that may be an actual or potential conflict of interest. Examples of such activities may include, but are not limited to, the following:
  - a. giving to or receiving gifts, gratuities, loans, or other special treatment of value from third parties doing business with or wishing to do business with the University in a manner that is not in accordance with the University's *Gifts Policy* and the *California Political Reform Act*. Third parties may include, but are not limited to, customers, patients, vendors, suppliers, competitors, payers, carriers, and fiscal intermediaries;
  - b. using University facilities or resources for other than University activities;
  - c. using the University's name to promote or sell non-University products or personal services; and
  - d. contracting for goods or services with family members of University personnel directly involved in the purchasing decision.
- University personnel should consult with a supervisor, executive management, the campus conflict of interest coordinator, University general counsel or, if available, campus counsel prior to engaging in any activity that could raise conflict of interest issues.

**Avoidance of Conflicts of Interest or Commitment**

We avoid both actual conflicts of interest and commitment and the appearances of such conflicts and devote professional allegiance to patients, the University, and its mission of teaching, research, and patient care by:

- Complying with University policy and guidelines for reporting and reviewing actual and potential conflicts of interest and conflicts of commitment.
- Not giving or accepting gifts, gratuities, loans or other special treatment of value from third parties doing business with or wishing to do business with UC in a manner that is not in accordance with the California Political Reform Act.
- As a general rule, UC\_\_ *[insert campus name]* personnel should avoid contracting for goods or services with family members of other UC\_\_ *[insert campus name]* personnel.
- Do not use UC\_\_ *[insert campus name]* funds to contribute to a political party, committee, organization or candidate in connection with a federal campaign.

<p>[From UC Standards of Ethical Conduct]</p> <p>7. Ethical Conduct of Research</p> <p>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.</p>	<p><b>Ethical Conduct of Clinical Trials &amp; Research.</b></p> <p>We protect the rights of study participants, their well being and rights of privacy through compliance with ethical standards and all applicable UC policies and federal and state regulations.</p> <ul style="list-style-type: none"> <li>• Everyone involved in teaching and research activities is expected to conform to the highest standards of honesty and integrity.</li> <li>• Activities such as plagiarism, misrepresentation, and falsification of data are expressly prohibited.</li> <li>• Research must be conducted in strict conformity with the applicable UC policies, human research procedures and approvals, and the requirements of all governmental and private research sponsors.</li> <li>• Billing for research subjects shall conform to University policy and law.</li> <li>• UC__ [<i>insert campus name</i>] policies provide local guidance for compliance with federal, state and UC standards, including protection of the rights and safety of research subjects, possible conflicts of interest and/or commitment, regulatory non-compliance and scientific misconduct.</li> </ul>
<p><i>6: CREATION AND RETENTION OF PATIENT AND INSTITUTIONAL RECORDS</i></p> <p><i>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.</i></p> <ul style="list-style-type: none"> <li>• The complete and accurate preparation and maintenance of all records (medical, professional,</li> </ul>	<p><b>Maintenance and Preservation of Accurate Records.</b></p> <p>We create and maintain patient records and documentation conforming to all applicable legal requirements, professional standards, and UC policies.</p> <ul style="list-style-type: none"> <li>• University personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive or</li> </ul>



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| <ul style="list-style-type: none"><li>• Electronic, paper and institutional) by University physicians, clinicians, nurses, and others are important for providing quality care and conducting the business of the University's clinical enterprise. Accurate records are required in order for the University hospital or clinic to retain licensure and accreditation.</li><li>• University personnel will not knowingly create records that contain any false, fraudulent, fictitious, deceptive or misleading information.</li><li>• 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.</li><li>• University personnel must not sign someone else's signature or initials on a record unless they have been authorized and clearly marked that they are signing on behalf of another (e.g. by initialing the signature).</li><li>• University records shall be maintained according to accepted standards and principles of the particular profession and applicable University policies and procedures.</li><li>• Unless authorized by University policy, University personnel shall not destroy or remove any University records from the University's premises.</li><li>• 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.</li></ul> | <p>misleading information.</p> <ul style="list-style-type: none"><li>• University personnel must not delete any entry from a medical record. Medical records may be amended and material added to ensure the accuracy of a record in accordance with medical center and medical staff policies and procedures. If records are amended, personnel must indicate that the notation is an addition or correction and include the date / time it was amended.</li><li>• University personnel must not sign someone else's signature or initials on a record unless they have been authorized and clearly marked that they are signing on behalf of another (e.g., by initialing the signature).</li><li>• Unless authorized by University policy, University personnel shall not destroy or remove any University records from the University's premises.</li></ul> |
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**8: PREVENTING IMPROPER REFERRALS OR KICKBACKS**

*University personnel must not accept or offer, for themselves or for the University, anything of value in exchange for referrals of business or the referral of patients.*

- Federal law generally prohibits anyone from offering anything of value to a Medicare, Medicaid or Tricare patient that is likely to influence that person's decision to select or receive care from a particular health care provider.
- University personnel may not offer or receive any item or service of value as an inducement for the referral of business or patients to or from University providers or practitioners.
- In addition to the prohibition regarding exchange of goods or money to induce referral, certain prohibitions exist with regard to receipt of gifts by University personnel.
- University personnel should adhere to the University's policy as defined in the *Compendium of University of California Specialized Policies, Guidelines and Regulations Related to Conflict of Interest, the University's Gifts Policy, as well as the California Political Reform Act.*
- Each campus shall establish procedures for the review of all pricing and discounting decisions to assure that appropriate factors have been considered and that the basis for such arrangements are documented.
- The following types of business arrangements must be reviewed and approved by one or more of the campus executive management team to assure compliance with University policies and federal regulations. The executive management team may determine that certain business transactions must first be approved, in accordance with University policy, by the University's Board of Regents charged with taking action on such matters:
  - a. pursuing joint ventures, partnerships, corporations;
  - b. developing hospital financial arrangements with hospital-based physicians;

### **Compliance with Applicable Policies, Laws & Regulations; Preventing Improper Referrals, Kickbacks, and Influences on Clinical Decisions.**

We deal with patients, payers, vendors, and community health care providers and businesses with honesty and integrity. This duty includes, but is not limited to:

- Adhering to the University's policy as defined in the *Compendium of University of California Specialized Policies, including Guidelines and Regulations related to Conflict of Interest and University Health Care Vendor Relations.*
- Adhering to anti-trust laws prohibiting actions such as price fixing or improper sharing of competitive information, and
- Procurement integrity ensuring that goods and services are procured in a competitive, fair and timely manner; and
- Not accepting or offering for individual benefit, or for the University, anything of value in exchange for referrals of business, equipment or the referral of patients.

- c. entering into an arrangement to lease or purchase equipment or supply items from a vendor; or
- d. acquiring physician practices, hospitals, and other facilities, clinical and ancillary services, or any other entities.

#### 9: ADHERENCE TO ANTITRUST REGULATIONS

*The University will comply with all applicable federal and state antitrust laws.*

- University personnel should not, for example, agree, or attempt to agree, with a competitor to artificially set prices or salaries; divide markets, restrict output, or block new competitors from the market; share pricing information with competitors that is not normally available to the public; deny staff privileges to physicians or allied practitioner, 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; or agree to or participate with competitors in a boycott of government programs, insurance companies, or particular drugs or products.

#### 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 will be honest and truthful in all marketing and advertising practices pertaining to the business practices of the University's academic health centers and health systems.
- Vendors who contract to provide goods and services to the University's academic health centers and health systems will be selected on the basis of quality, cost-effectiveness and appropriateness for the identified task or need, in accordance with University policy.

**7: GOVERNMENT INVESTIGATION POLICY**

*University personnel should cooperate with appropriately authorized governmental investigations and audits.*

- The University has developed detailed policy to advise University personnel on the procedures to be followed when representatives of the government arrive unannounced at the respective medical center or at the homes of present or former University personnel. Generally, these representatives wish to either interview employees or obtain certain documents. The policy outlined in *Appendix B* establishes a procedure for an orderly response to the government's request to enable the medical center to protect its and its patients' interest while fully cooperating with the investigation.
- When a representative from a federal or state agency contacts University personnel anywhere, such as at home or at the office, for information regarding the medical center or any medical center-affiliated health care entity, or any other entity with which the medical center does business, the individual should contact the hospital director immediately. If the hospital director is not immediately available, the individual should contact the Risk Management Department, the CO or the General Counsel or campus general counsel.
- University personnel should ask to see the government representative's identification and business card, if the government representative is there in person. Otherwise University personnel should ask for the person's name and office, address and telephone number, identification number and then call the government representative's office to confirm his or her authority.

**Government Investigations & Government Requests for Information.**

We are expected to cooperate with appropriately authorized governmental investigations and audits. Personnel have the right to consult a supervisor, Compliance Officer, Risk Management or UC General Counsel before answering questions.

University policy (\_\_\_\_ *[insert policy number]*) provides advice on the procedures to follow when representatives of the government arrive unannounced at the UC\_\_ *[insert campus name]* Health System, or the offices or homes of present or former University personnel.

If you are contacted by a government investigator:

1. You should immediately notify the appropriate hospital director or \_\_\_\_\_. If the hospital director is not immediately available, you should contact the Risk Management Department, the Compliance Office, Internal Audit, or campus legal counsel.
2. Ask to see the government representative's identification and business card if the government representative is there in person. Otherwise ask for the person's name and office, address and telephone number, identification number so that the UC\_\_ *[insert campus name]* can call the government representative's office to confirm his or her authority.

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|  | <ol style="list-style-type: none"><li>3. Consult with a supervisor before providing the investigator with confidential patient, personnel, student or other UC__ <i>[insert campus name]</i> documents.</li><li>4. Do not destroy documents. Do not lie or make misleading statements.</li><li>5. <i>Refer to Appendix A for additional guidance.</i></li></ol> |
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# Appendix

## ***Background***

In 2000, the University of California implemented a Compliance Program for the University's health sciences clinical enterprise, as part of a \$22,500,000 settlement agreement with the US Department of Justice for incorrect billing of faculty physician services (the PATH audit). The purpose of the Program is to demonstrate the University's commitment to ethical and legal behavior and to communicate clearly the specific standards of conduct that address those potential areas of risk in health care identified by the Federal government. The Program applies to all members of the University Community at the health sciences schools and University-owned, leased, or operated health care facilities.

The compliance program consists of seven elements:

- The development and distribution of written standards of conduct, as well as written policies and procedures that promote commitment to compliance.
- The designation of a chief compliance officer and other appropriate bodies, e.g., a corporate compliance committee, charged with the responsibility of operating and monitoring the compliance program, and who report directly to the CEO and the governing body.
- The development and implementation of regular, effective education and training programs for all affected employees.
- The maintenance of a process, such as a hotline, to receive complaints, and the adoption of procedures to protect the anonymity of complainants and to protect whistleblowers from retaliation.
- The development of a system to respond to allegations of improper/ illegal activities and the enforcement of appropriate disciplinary action against employees who have violated internal compliance policies, applicable statutes, regulations or Federal health care program requirements.
- The use of audits and/or other evaluation techniques to monitor compliance and assist in the reduction of identified problem areas.
- The investigation and remediation of identified systemic problems and the development of policies addressing the non-employment or retention of sanctioned individuals.

The code of conduct is an integral part of the first element. We are proposing an update to the code of conduct.

The proposed changes to the code of conduct:

- Shorten and simplify the code.
- Remove items that were only relevant to a few individuals.
- Update the code to conform to the UC Statement of Ethical Values and Standards of Ethical Conduct.

- Add a research standard conforming to the UC Standards of Ethical Conduct, as four of the five campuses had already independently amended the 2000 code to add a research standard. This update will make the existing research standards conform.
- Update the code to conform with requirements in the 2005 Deficit Reduction Act to “Include in any employee handbook for the entity, a specific discussion of the [Federal and California False Claims Acts], the rights of employees to be protected as whistleblowers, and the entity’s policies and procedures for detecting and preventing fraud, waste, and abuse.”

## ***History of health sciences code of conduct in UC***

### **Regents’ items**

June 18, 1998 <http://www.universityofcalifornia.edu/regents/minutes/1998/hs698.pdf>  
page 18 item 6.

The President recommended that, in consultation with the General Counsel and the Vice President for Clinical Services Development, he be authorized to develop a systemwide health sciences clinical enterprise compliance program (Program) to include the following principles: \* \* \* Adoption of a written code of conduct by the Board of Regents \* \* \* Upon motion duly made and seconded, the Committee approved the President’s recommendation and voted to present to the Board.

September 17, 1998

<http://www.universityofcalifornia.edu/regents/minutes/1998/hs998.pdf> starting on page 6 item 2.

The Health Sciences Clinical Enterprise Code of Conduct is being finalized by the systemwide Clinical Enterprise Corporate Compliance Committee in coordination with General Counsel. This systemwide Code of Conduct will provide the framework for each of the University’s academic health centers to develop campus-specific Plans and will address a number of issues, including, but not limited to, the following:

- Quality of care;
- Unlawful or improper referrals and kickbacks;
- Cost reports and billing/coding practices;
- Antitrust;
- Conflicts of interest; and
- Medical necessity.

\* \* \*

Upon motion duly made and seconded, the Committee approved the President’s recommendation and voted to present it to the Board.

May 20, 1999 <http://www.universityofcalifornia.edu/regents/minutes/1999/hs599.pdf>  
Page 15 item 3.

In June 1998, The Regents authorized the President, in consultation with the General Counsel and the Vice President of Clinical Services Development, to develop a Health Sciences Clinical Enterprise Corporate Compliance Program and report periodically on its status. In September 1998, The Regents, at the request of the President and the Universitywide Corporate Compliance Committee, approved a resolution supporting the principles that would provide the framework for the development of the Program's Code of Conduct. As of May 1, 1999, the Universitywide Committee, in close consultation with the General Counsel, University Auditor, and the Offices of Clinical Services Development and Business and Finance, has completed a proposed "Health Sciences Clinical Enterprise Corporate Compliance Program and Code of Conduct." This document has provided the guidelines for the development of campus-specific Corporate Compliance Plans. To finalize the systemwide program and implement the campus plans, the Committee has proposed the following time line:

- May 1 to July 1, 1999: review of proposed program guidelines;
- July 1999 meeting of the Board of Regents: action item approving the program;
- Guidelines and update on the status of campus plans;
- Mid to Late Summer 1999: Distribution of program to all University employees in coordination with Universitywide Corporate Compliance Education workshops.

July 16, 1999 <http://www.universityofcalifornia.edu/regents/minutes/1999/board799.pdf>  
[Page 13 item 6.](#)

***Authorization for the President to Approve Corporate Compliance Program***

The Committee recommended that:

A. The Regents authorize the President to approve the University of California Health Sciences Corporate Compliance Program (University's Program), subject to review by affected academic and staff employees and employee organizations as appropriate under the Higher Education Employer-Employee Relations Act and by Academic Senate members as appropriate under the Standing Orders of The Regents.

B. The President be charged with implementing the University's Program in consultation with the Office of the General Counsel and the Office of Clinical Services Development.

C. The President be charged with providing a report to The Regents no later than November 1999, in coordination with the Office of Clinical Services Development, on the status of the University's Program.

Upon motion of Regent Lansing, duly seconded, the recommendation of the Committee on Health Services was approved.



## **Academic senate review**

There academic senate reviewed the health sciences corporate compliance plan, which included the code of conduct.

<http://www.universityofcalifornia.edu/senate/news/ssr/ssrfeb00.pdf>

### **Health Sciences Clinical Enterprise Corporate Compliance**

In its relations with defense contractors, the federal government has long employed corporate "compliance" programs that are meant to ensure that the government is not paying for more than it is getting. In these programs, contractors put into place internal cost-accounting and billing regulations that are based on guidelines issued by the federal government. Now this model is being applied to hospitals that receive federal dollars in such forms as Medicare payments. Once again the aim is to reduce fraud and abuse committed against the federal government, only now the potential abusers are not defense contractors and their employees but hospitals and their doctors. In line with this, the University has been constructing its own Corporate Compliance Program, a preliminary form of which was adopted by the UC Regents this past summer. Much remains to be decided about the final shape of UC's program, however, and to that end Senate divisions this fall provided the Academic Council with their initial analyses of the program's provisions. Important issues for the Senate are the degree of responsibility being assigned to clinical faculty in guarding against fraud and abuse, and the disciplinary procedures that are proposed to be employed in connection with faculty who violate UC's rules. The Senate and administration were far enough apart on the original compliance document that, at Senate suggestion, a joint Senate-administration work group has been set up to exchange views and try to resolve differences. Headed by UCSF Divisional Chair Larry Pitts, this group includes clinical faculty, health science administrators, lawyers, and human resources personnel. Group members got together for an all-day session in San Francisco on Saturday, February 5.

There is no record of final approval by the academic senate or by the university president.

### **Adoption by the health sciences campuses**

The compliance program was adopted by the five health sciences campuses in 2000. The code of conduct has been distributed since then to all faculty and employees. Each of the campuses has made modifications to the original code, and four of the five have added a "research" section to their version of the code of conduct.