Attention: All University employees are required to read this policy and return the completed Certification and Agreement of Compliance form located on the last page of this booklet. Failure to complete this requirement in a timely manner may result in disciplinary action. (December 2002)
Dear Faculty and Staff,

As you know, the University of Oklahoma has enjoyed unprecedented growth in our clinical and research endeavors in recent years. The University continued its chain of record-breaking years in research and funding for externally sponsored programs in Fiscal Year 2002, closing out the year at almost $183 million, $23 million above last year’s record high. OU Physicians’ net collections hit a record high of over $80 million in Fiscal Year 2002, which is almost double what collections were only eight years ago.

As we all know, we are working in an increasingly complex legal environment and our continued growth increases the number of federal and state requirements with which we must comply. To promote the highest legal and ethical standards within the University to ensure that we meet or exceed the federal and state requirements, we have begun to implement a comprehensive, integrated Compliance and Quality Improvement Program that was adopted by the Board of Regents on January 30, 2002. The adoption of the program is a proactive step by the University to respond to the complex legal environment in the areas of (a) clinical billing and coding; (b) all types of research; and (c) environmental and radiation safety. The program is intended to promote legal and ethical behavior through education and training and prevent and detect weaknesses in our compliance systems.

The program sets forth Standards of Conduct, which are a non-exclusive compilation of guidelines regarding ethical and legal standards that all University employees are expected to follow when performing services for or on behalf of the University that are related to the areas covered by the program. A complete copy of the program is posted on the Office of Compliance’s webpage at www.ouhsc.edu/compliance.

In our continuing effort to enhance our compliance effort, we have taken many steps, including the retention of a full-time compliance officer, Cori H. Loomis, who can be contacted at (405) 271-2511. Loomis is overseeing the implementation of the program and will be available to answer compliance-related questions, provide education, and respond to compliance concerns.

The success of the program depends on the cooperation of all University employees. All of us must take the initiative to review the standards, to develop an understanding of the obligations applicable to his or her job duties, and to actively participate in the compliance training programs that are offered. We must all do our part by reporting any suspected violations of the law or the program pursuant to the reporting mechanisms set forth in the program, which includes a 24-hour hotline. Anonymous messages regarding compliance issues can be left on the hotline by calling (405) 271-2223 or toll free 1-866-836-3150.

Ethical conduct and compliance are the responsibility of all of us. It is important that we all participate. I appreciate your help as we continue our remarkable success.

Sincerely,

David L. Boren
President
1. Introduction

The University is committed to the highest standards of ethics and to compliance with all applicable laws and regulations. To promote legal and ethical behavior and to prevent and detect violations of law, the Board of Regents approved the adoption of the Compliance and Quality Improvement Program. The goals of the Program are to: (1) protect research subjects, patients and employees; and (2) assist faculty and staff with the myriad of complicated laws and regulations to which they are subject in a way that facilitates the University’s critical missions. Training and education will be the key mechanisms for achieving these goals.

The program includes Standards of Conduct, set forth below, which are a non-exclusive compilation of guidelines regarding ethical and legal standards that all University employees are expected to follow when performing services for or on behalf of the University that are related to the areas covered by the program. A complete copy of the program is posted on the University’s Web site at: www.ouhsc.edu/compliance.

In addition to the Standards, this booklet includes general information about the program in order to educate employees about their responsibilities.

2. Standards Relating to Research

The University is committed to dealing ethically with the human and animal subjects participating in research projects conducted by faculty, staff and students and research involving University property. Employees involved in human subject or animal research must comply with all federal and state statutes and regulations for research and must adhere to all University policies and procedures regarding research.

Protection of Human Subjects

In order to protect human subjects, each investigator must:

a) Design and implement ethical research consistent with the three ethical principles delineated in The Belmont Report. The three principles are: justice, beneficence and respect for persons.

b) Comply with all applicable Federal regulations impacting the protection of human subjects (e.g., 45 C.F.R. § 46 and 21 C.F.R. § 50 and 56).

c) Ensure that all research involving human subjects is submitted to and approved by one of the University’s institutional review boards ("IRB") prior to subject recruitment and data collection, as required by the policies and procedures of the IRB of the respective campus.
d) Comply with all applicable IRB policies, procedures, decisions, conditions and requirements.

e) Implement research as approved by the IRB and obtain prior IRB approval for any changes to the research protocol prior to implementation.

f) Obtain informed consent and assent in accord with Federal regulations and as approved by the IRB.

g) Document informed consent and assent in accord with Federal regulations and as approved by the IRB.

h) Report progress of approved research to the IRB, as often and in the manner prescribed by the IRB.

i) Report to the IRB any injuries, adverse events/effects, or other unanticipated problems involving risks to subjects or others.

j) Retain signed consent documents and IRB research records for at least three years past completion of the research activity.

Protection of Animal Subjects In order to protect animal subjects, each investigator must:

a) Comply with all applicable Federal laws and regulations impacting the protection of animal subjects (e.g., the Animal Welfare Act and the Public Health Service Policy on Humane Care and Use of Laboratory Animals).

b) Ensure that all research involving animal subjects is submitted to and approved by one of the University’s institutional animal care and use committees ("IACUC").

c) Comply with all applicable IACUC policies, procedures, decisions, conditions and requirements.

d) Implement research as approved by the IACUC and obtain prior IACUC approval for any changes to the research protocol.

e) Choose a species for study that is well suited for investigation of the issues posed.

f) Use the smallest number of animals necessary and sufficient to accomplish the research goals.

g) If procedures used in research or teaching involve exposure to painful, stressful or noxious stimuli, consider whether the knowledge that may be gained is justified.

h) Use only reputable suppliers for the procurement of animals.
i) Ensure that caging conditions and husbandry practices meet applicable standards.

j) Dispose of animals in accordance with applicable laws and standards.

**Scientific Misconduct** The University will not tolerate scientific misconduct that includes, but is not limited to: (i) plagiarism; (ii) falsification; (iii) fabrication; and (iv) other unethical scientific practices. Scientific misconduct is further defined in and governed by other University policies.

**Research Financial Issues** Research costs and budgets must be prepared and submitted accurately and in accordance with (i) generally accepted accounting principles, (ii) OMB Circular A-21 and/or (iii) the terms set forth in an industry-sponsored or government grant or contract, whichever is applicable, in addition to applicable statutes and regulations. Financial conflicts of interest will be reported in accordance with University policy.

### 2. Standards Relating to Health Care Activities

**Hiring and Retention** All health care professionals seeking employment and/or credentials must provide information concerning: (a) criminal convictions; (b) exclusions from any Federal Health Care Program; and (c) sanctions by any Federal Health Care Program. Health care professionals must notify the University of any changes in this information.

**Billing in General** Honesty and accuracy is vital in billing and in the submission of claims. No University employee shall submit, authorize or sign a false claim for reimbursement in violation of applicable laws and regulations. Claims for the provision of services and/or supplies should only be submitted by the University department or college that generated the charges unless an alternative billing arrangement has been approved.

**Billing and Coding - Specifics** University-employed health care professionals will refrain from any of the following practices and work to identify and correct instances in which mistakes have occurred in the following areas:

a) Billing for items or services not rendered or not provided as claimed;

b) Submitting claims for equipment, medical supplies and services that are not reasonable and necessary;

c) Double billing resulting in duplicate payment;

d) Billing for non-covered services as if covered;
e) Knowingly misusing provider identification numbers, resulting in improper billing;

f) Unbundling (billing for each component of the service instead of billing or using an all-inclusive code);

g) Failure to properly use coding modifiers;

h) Falsely indicating that a particular health care professional attended a procedure or that services were otherwise rendered in a manner they were not;

i) Clustering (billing all patients using a few middle levels of service codes, under the assumption that it will average out to the appropriate level of reimbursement;

j) Failing to refund credit balances; and

k) Upcoding the level of service provided.

Write-Offs. University employed health care professionals are not permitted to write-off charges for their services, unless the write-off is consistent with applicable State and Federal laws and regulations and any guidance issued by the DHHS Office of Inspector General. Examples of impermissible write-offs include, but are not limited to: (1) the routine waiver of co-payments and deductibles (or “insurance only” arrangements) and (2) the provision of professional courtesies to referral sources. Permissible waivers include, but are not necessarily limited to, waiver based on indigency and contractual write-offs and discounts. Waivers of payment are permitted in order to preserve State and/or University assets.

Documentation Claims for payment must be coded and billed based on the documentation contained in the patient’s medical record. University-employed health care professionals will appropriately document the services and supplies provided to, or the diagnosis and treatment of, each patient and will complete medical records in a timely manner. Medical record documentation must be complete and legible.

Anti-Kickback Statute No University employee may pay, or accept a payment, to induce the referral of a patient in violation of the federal or state anti-kickback statutes. Gifts of nominal value (not to exceed $300 in a calendar year) may be provided to a referral source if made without intent to induce a referral.

Self-Referral Proscription No University employee may have an ownership or compensation relationship that violates the Physician Self-Referral Statute, more commonly known as Stark II. Compensation and ownership relationships with physicians, including physician employment and independent contractor arrangements, must satisfy an exception to Stark II.
Gifts from Patients Employees are prohibited from soliciting tips, personal gratuities or gifts from patients and from accepting monetary tips or gratuities. Employees may accept non-monetary gratuities and gifts of nominal value from patients.

Gifts Influencing Decision-Making Employees shall not accept gifts, favors, services, entertainment or other things of value to the extent that decision-making or actions affecting such employee may be influenced. Employees may accept gifts when they are of such limited value that they could not reasonably be perceived as an attempt to affect the judgment of the recipient.

Confidentiality of Patient Information All employees have an obligation to protect the confidentiality of individually identifiable health information in accordance with the HIPAA Privacy Regulations and all other applicable laws and regulations and to adhere to the University’s policies and procedures implementing such laws and regulations.

3. Standards Relating to Environmental Health and Radiation Safety

Workplace Health and Safety The University is committed to providing a safe and healthy environment for the entire University community and to complying with all applicable Federal and State laws and regulations pertaining to occupational, environmental, and radiation health and safety. All employees must perform their jobs in compliance with all applicable laws and institutional policies. In addition, all employees must ensure that they have received all required safety training and have been authorized to perform a job before undertaking it. Employees should seek advice regarding workplace safety and compliance issues from their supervisors or the Environmental Health and Safety Office or the Radiation Safety Office. Each employee is responsible for advising his or her supervisor, the Environmental Health and Safety Office, or the Radiation Safety Office of any situation that presents a danger of exposure or injury so that timely corrective action may be taken.

Use of Radioactive and Biological Materials. No use of radioactive materials or radiation producing devices is permitted without the permission of one of the University’s Radiation Safety Committees (“RSC”). No use of microorganisms, recombinant DNA or biological toxins is permitted without first obtaining the approval of one of the University’s Institutional Biosafety Committees (“IBC”), if such approval is required by University policies. Employees must comply with all applicable RSC and IBC policies, procedures, decisions, conditions and requirements.

Protection of the Work Environment All University employees must manage and dispose of hazardous chemical, radioactive, and other wastes in a way that maximizes protection of human health and the work environment and is in accordance with all applicable laws and institutional policies. All employees must be trained to perform
their duties and conduct their activities in an environmentally responsible manner in accordance with applicable University policies.

5. Reports of Wrongdoing

All University employees have a duty to report possible wrongdoing or suspected violations of applicable Federal and State laws and regulations. The University will not retaliate or discriminate against any employee who makes a good faith report of a suspected violation regarding the observed conduct or actions by another person. It will be a violation of this program to make a report of a suspected violation that is knowingly false.

Reports of suspected violations can be made to an employee’s immediate supervisor, directly to the University’s Director of Compliance or by using the University’s Hotline which is available 24 hours a day. The Hotline number is (405) 271-2223 or toll free 1-866-836-3150. The call will not be traced and the person need not give his or her name. The Hotline only should be used for raising issues regarding one of the areas covered by the Program.

6. Training and Education

Education and training are a critical part of the Program and is the primary mechanism for preventing and correcting compliance issues. Employees will participate in any applicable training programs mandated by law or the University.

7. Audits and Investigations

In today’s legal and regulatory environment it is reasonable to anticipate that various government agencies will audit and investigate from time to time. If a University employee is contacted by a government investigator or auditor, the employee should fully and appropriately cooperate and may seek guidance regarding the appropriate response by consulting The Employee Investigative and Audit Response Guidelines which are attached to the program and which are separately available on the Web site of the Office of Compliance at www.ouhsc.edu/compliance.

8. Conclusion

If you have any questions about the standards or the program, please contact Cori Loomis, Director of Compliance at (405) 271-2511 or ou-compliance@ouhsc.edu.
Standards of Conduct

The University of Oklahoma

Certification and Agreement of Compliance

I certify that I have received and have read a copy of the University of Oklahoma’s Standards of Conduct and that I fully understand the requirements set forth in that document. I certify that I shall act in full accordance with all policies of the University including the University’s Compliance and Quality Improvement Program, as amended and revised from time to time. Such policies reflect the University’s commitment to adhere to all applicable statutes and regulations. I understand that I will be subject to disciplinary action, including the possibility of termination, for violating such policies, the Standards of Conduct or the program or for failing to report violations as required by the program.

NOTE: You may submit this certification electronically via the web (www.ou.edu/ohr/standards) or return this form through campus mail to your local human resources department. Local campus mailing addresses are listed below.

Signature / Sate:

Name:

SSN / ID Number:

Department

Phone:

Campus Address

Norman Campus: Office of Human Resources - Training and Development - NEL 258 - (405) 325 - 3706
Health Sciences Center Campus:
Tulsa Campus: Office of Human Resources - Room 1C114 - (918)-660-3192