

CODE OF CONDUCT

2020



Dear Colleagues,

Children's Hospital Los Angeles Medical Group (CHLAMG) is recognized for its excellence in patient care and service to our community. This reputation is built on integrity and a commitment to our Mission, Vision and Values. This is how we achieve the trust of our patients and their families and inspire those around us.

Maintaining our integrity and preserving the trust of the community is the responsibility of each person who works on behalf of CHLAMG and it is the primary reason for our Compliance and Integrity Program. This program ensures we follow our ethical commitments and the laws, rules and regulations that govern our business conduct. Through this program we promote and support ethical conduct and work together to prevent misconduct and violations of law.

This Code of Conduct describes the general expectations we have for our employed medical professionals, staff and business associates. The Compliance Plan provides more detailed guidance on how we ensure we comply with this Code. It is everyone's responsibility to promote and maintain the reputation of CHLAMG through their actions and ethical conduct.

Please review the Code of Conduct thoroughly. If you have questions, discuss these with a supervisor or contact our Compliance Department.

Matt Keefer, MD

President, Children's Hospital Los Angeles Medical Group

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Chief Executive Officer, Children's Hospital Los Angeles Medical Group

President and Chief Executive Officer, Pediatric Management Group

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Mission, Vision
and Values

MISSION

We create hope and build healthier futures.

As an internationally recognized pediatric multi-specialty academic medical group, we do this by:

- Optimizing the health of infants, children and youth
- Providing cohesive, integrated and pioneering care to patients and families
- Building interdisciplinary teams of the best clinicians
- Training future generations.

VISION

We will be the pediatric health system of choice by offering compassionate care and life-changing discoveries.

VALUES

We achieve our best together.

We are hopeful and compassionate.

We are learners leading transformation.

We are stewards of the lives and resources entrusted to us.

We serve with great care.



We achieve our
best together.

Who Does This Code of Conduct Apply To?

This Code of Conduct applies to members of Children's Hospital Los Angeles Medical Group (CHLAMG) and employees of its subsidiary, Pediatric Management Group (PMG). The obligations under the Code of Conduct also apply to our relationships with patients, third-party payers, subcontractors, independent consultants, contractors and vendors with whom we do business. The Code supports our commitment to ethical and legal business practices.

The Code is designed to be understood by everyone. It is supplemented by our Compliance Plan and our policies and procedures, which provide additional guidance on significant regulatory compliance requirements. CHLAMG members and PMG employees are expected to comply with the Code of Conduct, the Compliance Plan, and applicable policies and procedures.

Why Is the Code of Conduct Important and How do I Use It?

The Code of Conduct promotes honest and ethical conduct by setting standards and providing guidance on acceptable conduct in support of our patients, our communities, our business associates, and our government and private payers. Our Mission, Vision and Values cannot be achieved without this commitment. In addition to the Code of Conduct, there are also policies and procedures that may apply to our work. Health care practitioners who are granted privileges are governed by medical staff bylaws and rules and regulations and must follow them. These bylaws provide a process for resolving ethical and compliance matters relating to the practice of medicine.

The CHLAMG Code of Conduct asks you to reflect on our Mission, Vision and Values as you apply ethical and legal standards to your work. The Code of Conduct helps answer these questions:

- Are my actions consistent with the expectations of the Code and CHLAMG's Mission, Vision and Values?
- Am I supporting the spirit, as well as the letter, of laws, regulations and policies or other standards?
- Does my behavior support patient care, a healing environment and health education among those in need?

- Who should I contact if I believe a violation has occurred?
- What do I do if retaliation occurs when I raise a concern?
- Who can help me with questions?
- How do I contact the physician compliance officer or the compliance department?

The Compliance Program

The CHLAMG Board of Directors has overall responsibility for the oversight of the Compliance Program, which is delegated to the Executive Compliance Committee. Day-to-day responsibilities rest with the Physician Compliance Officer and the Compliance Director. Members of the CHLAMG Executive Compliance Committee include:

- The Physician Compliance Officer, who chairs the Committee
- The President
- The President-elect
- The Pediatrics Department Chair
- The Surgery Department Chair
- The Anesthesia Critical Care Medicine Department Chair
- The Pathology Department Chair
- The Radiology Department Chair
- The Chief Executive Officer
- The Compliance Director

The Executive Compliance Committee meets quarterly or more often as required to review the reports and recommendations from the Physician Compliance Officer and Compliance Director concerning compliance program activities, including data generated through auditing, monitoring and individual reporting of compliance and privacy concerns. Based on these reports, the Executive Compliance Committee makes recommendations on compliance program activities and evaluates the effectiveness of the compliance program on an ongoing basis.

Reporting Integrity and Compliance Concerns

It is expected that integrity, compliance and legal concerns will be reported promptly. Each person has a responsibility to report any activity that appears to violate laws, rules, regulations or policies. If you have a concern that you believe

poses a serious or immediate compliance risk or that could lead to a legal claim, report these concerns directly to the CHLAMG Physician Compliance Officer or to the Compliance Director. Other integrity and compliance concerns may be reported using any of these options:

- Report to your immediate supervisor.
- Report to the Division Chair or Department Head.
- Report to the CHLAMG Physician Compliance Officer.
- Report to the CHLAMG Compliance Director.
- Call the 24/7 CHLAMG Compliance Line at 1-877-658-8022.

You also may report a concern anonymously to the CHLAMG Compliance Line. The CHLAMG Compliance Line is answered by a third-party company that sends all reports to the CHLAMG Compliance Department for review and investigation. Reporters receive a tracking number to obtain information about the status of their report.

If you report a concern anonymously, it is important you clearly describe the situation and give enough detail so that your concern may be properly investigated. We may not be able to investigate your concern if you do not provide us with enough details.

Confidentiality

We will make every effort to protect the confidentiality of information reported to the extent allowed by law, unless maintaining confidentiality could create a significant health or safety risk or could significantly impair CHLAMG's ability to conduct a complete investigation.

Retaliation Not Tolerated

Retaliation against a CHLAMG member or PMG employee for reporting a concern in good faith, or assisting in the investigation of a concern, is prohibited by policy and under state and federal laws. A supervisor or other person who engages in retaliation or harassment directed at a person who raises a concern, is believed to have raised a concern, or who assists in an investigation is subject to disciplinary action as provided for by contract or in accordance with applicable Human Resources policies. If you believe retaliation has occurred, contact the PMG Human Resources Director or the Compliance Director at 323-361-2173.

Corrective Actions

Where an internal investigation substantiates a reported violation, CHLAMG and/or PMG will initiate corrective action, as appropriate, including refunding overpayments, notifying appropriate government agencies and payers, taking disciplinary action or implementing other corrective actions as necessary to prevent a similar violation from occurring in the future.

Leadership Responsibilities

- Support our commitment to patients and the community by upholding our Mission, Vision and Values.
- Model ethical behavior and foster a culture of transparency by listening and being receptive to concerns about integrity and compliance-related matters.
- Ensure that written compliance policies and procedures are followed.
- Support individuals in the completion of mandatory education requirements and take corrective action when individuals fail to complete such education.
- Monitor and ensure compliance with this Code of Conduct, applicable policies and standards, and federal and state laws and regulations.
- Take appropriate corrective action to resolve matters when necessary.
- Prevent retaliation against any individual who reports, supplies information about, or assists in an investigation into an integrity and compliance concern.

Member and Employee Responsibilities

- Follow the principles in the Code of Conduct.
- Perform your job duties in accordance with policies and all federal and state regulations that apply.
- Participate in compliance program education and job-specific education as necessary.
- Report all concerns or alleged violations promptly.
- Keep patient, employee and business information confidential.
- When in doubt, ask questions.



We are hopeful
and compassionate.

Patient Financial Need

We do not offer or provide professional courtesy discounts for reductions in fees for professional services. This includes no-charge services, insurance-only payments, waivers of co-payments and deductibles, and reduced billing rates.

We assist patients who would have trouble accessing our care due to financial hardship. If a patient and their family are experiencing financial hardship, they may be referred to the PMG Revenue Cycle Department for consideration under our charity care policy.

Respectful Behaviors

We treat others with respect and courtesy, and conduct ourselves in a professional manner. Behaviors that contribute to a positive patient care and work environment include:

- Promoting a professional and safe environment where all persons are treated with dignity and respect.
- Avoiding behaviors or actions that are disruptive to a healing environment and the workplace.
- Responding to requests for information in a timely and supportive manner.
- Handling conflicts and disagreements through appropriate channels by using available leadership and HR resources.

We have a zero-tolerance policy for behaviors that are not respectful. This includes behaviors that are intimidating and disruptive and behaviors that are derogatory to any protected group, including, but not limited to, age, gender, race, ethnicity, religion, sexual orientation and disability. Behaviors that are not tolerated include:

- Threatening and abusive language
- Degrading or demeaning comments
- Profanity or similarly offensive language
- Racial or ethnic jokes or comments
- Inappropriate physical contact, sexual or otherwise
- Sexual comments or innuendo
- Refusal to abide by organizational policies, rules and regulations, or medical staff bylaws, if applicable

Any person who becomes aware of a behavior that is inconsistent with a respectful workplace should report the incident to a supervisor, division head or department chair, Human Resources, the Compliance Department or the Compliance Line.



We are learners
leading transformation.

Information Security and Safeguarding Confidential Information

We implement safeguards and controls to protect the confidentiality, security and integrity of our information and information systems. Data created on our information systems remains the property of the organization and cannot be removed, copied or forwarded outside of the organization without proper authorization.

Users of our information systems should not have an expectation of privacy. Email messages, attachments and other data may be reviewed at any time and without notice to, or the knowledge of, the user. Use of information systems must comply with all applicable management of information systems policies, as well as local, state and federal laws.

In addition to patient health information, we have a responsibility to protect confidential information. Confidential information includes sensitive internal documents, records or data that is not available to the public. This may include employee information, financial information, strategic business plans, legal matters, contractual terms and similar types of information.

Best Practices for Safeguarding Patient Information

- Do not leave patient information visible on computer screens. Always log off or lock your workstation if you walk away.
- Do not leave paper containing protected health information open and visible on desks or counters.
- Shred printed documents containing patient data when you are done with them or place in designated secure shred bins.
- Always use the minimum necessary information for payment and operations purposes.
- Avoid patient-related discussions in public areas or on social networking sites.
- Follow secure email and fax policies for transmitting health information.
- Never leave patient health information, whether stored on an electronic device or on paper, unattended.
- Always store patient health information in a secure location—a locked desk, cabinet, or office—and never in a vehicle.

Social Media Use

We recognize the importance of social media in remaining connected to the health care community and colleagues. Examples of social media include Facebook, LinkedIn, YouTube, Twitter, Instagram, Snapchat and other instant messaging and external blogs.

Our workplace policies—including policies regarding harassment and discrimination, as well as privacy and confidentiality—also apply when using any form of social media. If you visit sites where patients or family members provide ratings of care, you must not respond to an online comment left by a patient or family member to avoid a violation of patient privacy.

Likewise, if you comment about our health care services, you must disclose your relationship to the organization so that patients and others are not misled.

Research and Clinical Trials

Physicians and professional staff follow the highest ethical standards and comply with all laws, regulations and guidelines that govern human subjects research. We participate with other organizations responsible for protecting human subjects, investigators, sponsors and research participants. We maintain and communicate accurate information regarding our research projects and submit true, accurate and complete costs related to research grants.

We do not engage in research misconduct that includes activities such as falsifying results, failing to deal appropriately with investigator or institutional conflicts of interest, and proceeding without Institutional Review Board (IRB) approval or failing to follow IRB protocols.

We actively promote excellence in all aspects of research.



We are stewards of the lives and resources entrusted to us.

Licensure, Certification and Excluded Individuals

We verify the qualifications of health care professionals who treat our patients. We require health care professionals to following all applicable licensing, credentialing and certification requirements.

Federal and state laws prohibit us from employing or contracting with organizations or individuals who have been excluded from participation in government programs. We regularly review state and federal databases to check for excluded organizations and individuals. While an individual is excluded, they cannot work as a health care professional, employee, volunteer or vendor.

We will not bill for services ordered, rendered or supervised by an organization or individual that is excluded, suspended, debarred or ineligible to participate in a federal health program, or has been convicted of a criminal offence relating to the provision of health care items or services and has not been reinstated.

Any individual who receives notice that they will be or have been excluded from participation in a federal or state health care program is required to notify PMG Human Resources or the Compliance Department immediately. Practitioners have additional obligations for reporting to Children's Hospital Los Angeles.

Fraud, Waste and Abuse and False Claims

Our provision of health care services is governed by a variety of federal and state laws and regulations. These laws and regulations cover subjects such as false claims, illegal patient referrals and the provision of medically necessary services. We are committed to full compliance with these laws and regulations.

We expect that those who create and file claims for payment to government and commercial payers will file claims that are accurate, complete and represent the services provided. The following principles guide our compliance:

- Charges will be submitted only for services provided to the patient and that are accurately and completely documented in the medical record or other supporting documentation.

- Charges will accurately represent the level of service provided to the patient.
- Only those services that are medically necessary and are supported by valid orders will be submitted to payers.
- Under no circumstances will charges or CPT codes be purposely selected to improperly increase the level of payment received.
- Overpayments will be reported and refunded as required by law or contract.
- Financial statements will be accurate.

We monitor billing and coding to detect errors and inaccuracies. If you have concerns about documentation, coding and billing, report these concerns to your supervisor, the PMG Revenue Cycle Director, the Compliance Department or the CHLAMG Compliance Line.

Referrals

Federal and state Anti-Kickback statutes and the federal Stark Law apply to relationships between hospitals and physicians. Our relationships are structured to ensure compliance with these laws, with our policies and procedures, and with operational guidance that may be issued on these matters.

We accept patient referrals based solely on the patient's medical needs and our ability to render the medically necessary services.

We do not solicit or accept anything of value in exchange for the referral of patients. When we refer patient to another health care provider, we do so based on the best interests of the patient. We do not consider the volume or value of referrals this provider makes to us.

Our agreements between any hospital and our physicians are based on fair market value and are commercially reasonable, and do not account for the volume or value of referrals to any facility or physician.

Conflicts of Interest

We recognize the potential for conflicts of interest to occur and avoid activities and relationships that could impair our independent judgment and unbiased decision making in the best interests of the organization.

Conflicts of interest may arise from many sources. These sources include, but are not limited to, personal or family member financial interests; service, employment or consulting arrangements with a vendor or prospective vendor; receipt of gifts from those we do business with; or the use of our resources or confidential information to benefit an outside interest. While employment of relatives may create a conflict, such employment is not precluded provided measures are taken to ensure there is no conflict of interest in the work relationship.

CHLAMG members are required to disclose potential conflicts on their annual conflicts of interest disclosure form. Other persons who believe they may have a conflict of interest should discuss the issue with their supervisors, PMG Human Resources or the CHLAMG Compliance Director. Conflicts of interest must be managed, mitigated or eliminated.

Gifts, Gratuities and Business Courtesies

Our reputation is based on integrity in the delivery of quality health care services. For this reason, we avoid the appearance of impropriety that can be created when accepting items of value from other persons who do business with, or seek to do business with us, including:

- Meals outside of professional business meetings, presentations and discussions
- Tickets to events
- Discounts or free services
- Paid travel for spouses and partners

You may accept an occasional gift of nominal value from a person who does business with CHLAMG or PMG if the gift is shared among those in your department. Common examples of acceptable items include consumable gifts like fruit baskets, boxes of chocolates, gourmet food boxes and similar items.

Cash or cash equivalents, including gift cards, are never appropriate except when given by CHLAMG or PMG in recognition for individual service, performance or appreciation.

Physicians who receive gifts should disclose such items on their annual conflict of interest disclosure. Other individuals should discuss whether receipt of a gift is appropriate with their supervisor or the Compliance Director.

Use of Organization Resources

We are committed to the effective stewardship of our company resources in support of patient care and organizational goals. Our assets are reserved for legitimate business purposes. Incidental and minor personal use of resources may be permitted provided such use is not for personal financial benefit or gain and does not interfere with your job or the ability of others to do their jobs. If you have a question about your use of resources, contact your supervisor, manager or PMG Human Resources.

Records Retention

Records can take the form of all types of media including, but not limited to, paper documents, images, facsimiles, photocopies, electronic mail and sound recordings. We prepare and maintain accurate and complete records. We do this to comply with regulatory and legal requirements, and to support our delivery of health care services, business transactions and legal obligations. A record that exceeds its retention period will be reviewed for continuing business value and destroyed when no longer needed.

We do not alter or falsify records, and do not destroy records to deny authorities information that may be relevant to a government investigation. Examples of records we are required to maintain include:

- Accounting and tax documents
- Claims records
- Payroll
- Contracts
- Expense reports
- Policies and procedures
- Financial statements
- Benefit enrollment forms
- Insurance policies
- Complaints
- Requests for billing records



We serve with
great care.

Patient Rights and Privacy

We inform our patients and their families of their privacy rights and uphold these rights if we have access to patient health information. We treat protected health information (PHI) of patients with special care and in compliance with federal and state laws that protect the privacy and security of a patient's health information.

We collect PHI to provide quality care and service and protect access to this information regardless of form or media. We do not access, use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient and complete our job duties, or when a disclosure is required by law or is authorized by the patient or his or her authorized representative. For purposes other than involvement in patient care and treatment, we do not access PHI other than the minimum necessary to perform our work.

We promptly report suspected inappropriate uses or disclosures, loss, or theft of PHI to the CHLAMG Compliance Director or to the Compliance Line. When privacy incidents involve PHI belonging to Children's Hospital Los Angeles or another health care entity, investigations may be coordinated with the CHLA Privacy Office or other appropriate privacy office.

Improper use or disclosure of PHI can result in corrective actions. Individuals who violate HIPAA and other privacy laws also may be subject to civil and criminal penalties depending on the nature of the violation.

Patient Privacy Best Practices

- Do not leave patient information visible on computer screens—lock your screen or log off your workstation when away from your desk.
- Do not leave charts or other confidential information open and visible on your desk.
- Place printed documents containing patient information in designated secure shred bins when you are finished working with them.
- Use only the minimum necessary information for payment and operations purposes.
- Do not leave voice or phone messages containing sensitive information.
- Follow secure email and fax policies for transmitting PHI to those with a need to know.

- Do not take patient information off site except as necessary for care.
- Do not download or send patient information to a personal account or device.
- Never leave patient data, whether stored on an electronic device or on paper, unattended. The information should be in your possession or stored in a secure location—a vehicle is not considered a secure location.

Breach Reporting

When a patient's protected health information is used, accessed or disclosed in an unlawful or unauthorized manner, we may be required to notify the affected patient and report the incident to state and federal government oversight agencies. When this occurs, it is called a breach. A breach may be intentional or unintentional.

If you become aware of an unauthorized or improper disclosure of a patient's health information, immediately report the incident to the Compliance Department so that a prompt investigation can occur. Breaches have specific timelines for investigation and reporting. If a breach is not reported in a timely manner to state and/or federal agencies, a large monetary fine may be levied against the organization.

Types of Health Information— It's More Than You Think

Protected health information includes demographic data, medical histories, test results, health insurance information, and other information used to identify a patient or provide health care services or health care coverage. Examples of protected health information:

- Name (full or last name and initial)
- Address
- Dates (other than year) directly related to an individual
- Phone numbers
- Email addresses
- Social Security number
- Medical record number
- Health insurance account number

- Full face images
- Device identifiers and serial numbers
- Unique identifying number, characteristic or code

If you are unsure whether you are working with protected health information, seek guidance from your supervisor or the Compliance Department.

Quality of Patient Care

We are committed to a patient-first philosophy and to providing high-quality patient care in the communities we serve. The care we provide is:

- Effective, in that we match care to science to provide the most appropriate care
- Equitable, to ensure that our care is consistent in quality regardless of patient characteristics
- Safe, to avoid injury to patients from the care that is intended to help them
- Patient- and family-centered and respectful of the choices of patients, their families and caregivers

We adhere to applicable standards, including the Medicare Conditions of Participation (COPs) and The Joint Commission (TJC) on Hospital Accreditation standards.

Emergency Medical Treatment and Labor Act (EMTALA)

We comply with all applicable requirements of the Emergency Medical Treatment and Labor Act (EMTALA). EMTALA requires that any individual who comes to an emergency department and requests a medical screening examination (MSE) will be provided with an MSE regardless of his or her ability to pay or insurance coverage status. If the patient has an emergency medical condition, the hospital must provide appropriate stabilizing treatment or appropriate transfer of the patient to another facility. A hospital must accept appropriate transfers if the hospital has the specialized capabilities and capacity to treat the individual who is transferred.

Health and Safety

Our policies and practices promote workplace health and safety to include prohibitions against the use of alcohol, illegal drugs or controlled substances in the workplace. We share a responsibility in understanding these policies and how they apply to our job responsibilities. We seek advice when we have a question or concern about the workplace. We are obligated to report any serious workplace injury so that corrective action can be taken to resolve the matter.

Contact by Government Investigators and Requests for Documents

We will respond appropriately to, and not interfere with, any lawful government inquiry, audit or investigation.

All documents, including documents in electronic formats, must be retained in the event of a government investigation. If the government investigator presents identification and a search warrant, the government investigator has the authority to enter the premises and may seize any documents or other items listed in the warrant.

Government investigators may arrive at one of our sites and request the production of documents. This request may come in the form of a demand letter, subpoena or search warrant. If this occurs, notify the CHLAMG Compliance Director, PMG Chief Executive Officer and/or PMG Chief Financial Officer immediately.

You may also be contacted by a government investigator with a request for an interview. Follow these steps if contacted:

1. If contacted in person, ask the investigator(s) for identification and note the person's name, title and office location. If contacted by telephone, ask for and note the name, title, office location and a return phone number for the caller.
2. Contact your supervisor and the CHLAMG Compliance Director.

While a government investigator may ask you to participate in an interview, you are under no obligation to do so. If you do grant an interview to a government investigator, anything you say can be used against you in a criminal prosecution or a civil enforcement proceeding. You may request that legal counsel be present before you talk to an investigator. If you request legal counsel, the company can make legal counsel available for the interview without charge.

Contact Information

CHLAMG Compliance Line

877-658-8022 (Toll Free)

Compliance Department

323-361-2173 or 323-361-8429

Compliance Department Email

CHLAMGCompliance@chla.usc.edu

