

<p>UNIVERSITY HEALTHCARE ALLIANCE</p>	<p>Approval Date: 4/2/13 Revision Date: Approval Signature: _____</p>
<p>Policy Name: Duty to Report Non-Compliance/Non-Retaliation Policy Number: CG-08 (Compliance - General)</p>	<p>Page 1 of 2</p>

I. PURPOSE

To ensure University HealthCare Alliance (“UHA”) employees, contractors and affiliated health care providers (collectively, “workforce members”) understand their obligation for reporting compliance issues and to establish a policy of non-retaliation for reporting such concerns in good faith.

II. POLICY STATEMENT

As required by UHA’s Compliance Program and Code of Conduct, all workforce members must report any suspected or actual non-compliance with state or federal laws or UHA policies.

State and federal law and UHA policy prohibits retaliation against any UHA workforce member who reports compliance concerns, including potential non-compliance with state or federal laws or UHA policies in good faith.

III. SCOPE

This policy applies to all UHA workforce members.


IV. DEFINITIONS

A. Retaliation—any negative response taken against a workforce member solely as a result of that individual reporting perceived or actual non-compliance with UHA polices and/or state and federal laws. Examples of “negative responses” include, by may not be limited to, termination demotion, suspension, transferring, denying a promotion, discrimination or threatening or harassing the workforce member.

V. PROCEDURES

A. Duty to Report Potential or Actual Non-Compliance

1. All workforce members are required to immediately report any perceived or actual non-compliance with state or federal law or UHA policy to the Director of Compliance. Workforce members are also encouraged to report compliance concerns to their immediate supervisor, or if uncomfortable, another UHA manager, Director or Vice President.
2. The Director of Compliance will strive to maintain the confidentiality of the workforce member if requested. The Director of Compliance

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will explicitly communicate to an individual making a report that such confidentiality may not be able to be maintained under some circumstances, such as if state or government officials were to become involved in the matter.

3. Failure to report a potential or actual non-compliance may lead to disciplinary measures, including up to termination.

B. Compliance Investigations. All reported compliance concerns will be documented, investigated, and addressed as necessary, including any necessary corrective actions. Compliance investigations may include, as applicable, coordination with the Office of General Counsel, SHC Compliance, operational units, and/or clinical sites.

C. Non-Retaliation.

1. Any workforce member who believes they have been retaliated against for reporting any compliance concerns may contact the UHA Director of Compliance at (650) 724-0326.
2. The Director of Compliance will work with Human Resources, and if necessary, the Office of General Counsel to investigate and address all allegations of retaliation.
3. Complaints of retaliation will be logged and maintained by the Director of Compliance, including the nature of any investigations and the results.

VI. RELATED DOCUMENTS/POLICIES

- A. False Claims Act Policy
- B. Compliance Program Policy
- C. Corrective Action—Overpayments Policy

VII. REFERENCES

- A. 31 U.S.C. § 3801-3812
- B. 31 U.S.C. § 3729-3733
- C. Deficit Reduction Act of 2005, Sections 6031 and 6032)
- D. Patient Protection and Affordable Care Act, Section 6402 (H.R. 3590, March 23, 2012)
- E. California Govt. Code § 12650-12656