



UR Medicine Home Care, Certified Services, Inc. (CHHA)
UR Medicine Home Care Licensed Services, Inc. (LHCSA)
Finger Lakes Home Care, Inc. (LHCSA)
UR Medicine Home Care, Community Services, Inc.
(individually and collectively referred to as URMHC)

Code of Ethical Conduct

Purpose of the Code of Ethical Conduct (Code)

The purpose of URMHC’s Code is to serve as a foundational document describing its fundamental principles, values and commitment to conduct its business in an ethical manner. The Code is part of URMHC’s Compliance Program that also includes the written Compliance Plan, and Compliance Policies and Procedures.

Scope

This code is applicable to all URMHC’s Affected Individuals (“affected individuals” or “individuals”) and includes employees, board members, contractors, subcontractors, independent contractors, agents and volunteers. It is URMHC’s expectation of all individuals to do the following:

- Conduct themselves in accord to the highest ethical standards.
- Comply with applicable state and federal laws, rules and regulations (regulations) as per URMHC’s Compliance Program.
- Report any real or suspected violations of the URMHC Compliance Program to the URMHC Compliance & Privacy Officer.
- Read all policies/procedures/standards applicable to an individual’s job or service responsibilities and seek out answers from a direct supervisor or URMHC Senior Leader if clarity is needed.
- Sign an acknowledgement confirming commitment to and understanding of URMHC’s Compliance Program Documents.

Certain sections of the Code may refer to specific policies to provide additional guidance. These policies may be within URMHC’s Compliance and Privacy Policies and Procedures on SharePoint or applicable written guidance from the University of Rochester Medical Center (URMC) and/or URMC Office of Integrity and Compliance (OIC) available on PolicyStat.

[See URMC Policy Stat, Office of Integrity and Compliance, ‘*Healthcare Code of Conduct*’.
<https://urmc-smh.policystat.com/policy/13183521/latest>].

URMHC Mission Statement and Values

It is URMHC’s mission to preserve and enhance the quality of life for the people and communities it serves by providing comprehensive high-quality health care at home delivered with compassion and integrity.

As an affiliate of the University of Rochester, URMHC is committed to *Meliora* – ever better. Embedded in this ideal are shared values of equity, leadership, integrity, openness, respect and accountability.

Additional Responsibilities of URMHC Management

URMHC's Senior Leadership, directors, managers and department heads ("management") must lead by example and take steps to promote the URMHC Compliance Program by fulfilling the following responsibilities:

- Serve as a positive role model in fostering a culture of compliance and ethical behavior. Don't give others the impression that it is okay to ignore policies or skip steps. Don't create or tolerate an environment where workforce members feel pressured to bend the rules.
- Guide individuals on completing all required training on time and regularly review applicable policies and make sure they know how to act in a manner consistent with the program.
- Prevent problems before they happen. Respond to individuals who raise concerns in a way that makes them feel at ease and secure.
- Prevent program violations by reporting violations and/or concerns promptly. Any individual who fails to report program violations will be subject to URMHC's Disciplinary Standards Policy up to and including termination of employment, to the extent permitted by law.
- Disciplinary procedures may also be taken when management ignore misconduct, or fail to take action to correct it.

Reporting a Potential Violation

It is URMHC's expectation that all individuals immediately report any suspected or actual violations (whether or not based on personal knowledge) of the Compliance Program to the URMHC Compliance and Privacy Officer at (585) 667-1175. Once an issue is reported, the individual has an obligation to provide all applicable updates and/or additional information that may be learned. All information reported to the Compliance and Privacy Officer will be kept confidential to the full extent possible in completing a thorough investigation of the reported violations.

Additional options to discuss or report a concern:

- Speak with your direct supervisor or anyone in URMHC Senior Leadership
- Contact the URMHC Office of Integrity and Compliance (OIC) at 585-275-1609 or by sending an email to compliance@urmc.rochester.edu; or,
- Report concerns anonymously in good faith and without fear of retaliation by calling the URMHC Integrity Helpline at 585-766-8888.

(See URMHC Compliance Policy – 'Effective Lines of Communication for Reporting')

Any individual failing to comply with the Compliance Program will be subjected to URMHC's 'Disciplinary Standards for Compliance Violations Policy' up to and including termination.

Non-Retaliation and Non-Intimidation

Individuals are protected from retaliation when reporting in good faith an actual or potential violation of the

URMHC Compliance Program including instances of intimidation and retaliation.
See URMHC Compliance Policy – ‘Non-Intimidation and Non-Retaliation’

Disciplinary Standards

URMHC has established disciplinary standards and implemented procedures that fairly and consistently enforce disciplinary action relative to violations of the URMHC Compliance Program. Disciplinary standards apply to all individuals, up to and including termination to the extent allowed by law.

(See URMHC Compliance Policy – ‘Disciplinary Standards for Compliance Violations Policy’)

Medical Records

All medical records must be accurate and complete to ensure patient safety, quality of care and accurate billing procedures. Individuals must ensure all information documented in a medical record is truthful and complete. Documentation must never be deleted from a medical record or edited except through an approved amendment process.

(Reference to URMHC Policy- ‘Clinical Staff Performance Standards’)

HIPAA Privacy and Security/Patient Confidentiality

URMHC is committed to protecting a patient’s confidentiality, and to following HIPAA Privacy and Security Policies. The URMHC Compliance Committee is responsible for adopting applicable URMHC and Affiliates HIPAA and Information Security Policies and creating HIPAA Privacy and Security procedures pertinent to URMHC operations.

(See Policy Stat URMHC – ‘HIPAA Privacy and Security Policies’)

Excluded Individuals and Entities

URMHC is committed to complying with applicable federal and state laws and regulations governing the exclusion, sanction, restriction, debarment, and/or ineligibility of individuals and entities (agents) from participating in Federal and State Health Care Programs (i.e., Ineligible Persons).

URMHC in conjunction with the URMHC Office of Integrity and Compliance (OIC) performs all required monthly exclusion screening ensuring it does not employ, credential, or do business with any agent excluded or debarred from Medicare, Medicaid, federally funded research or other state or federally funded programs.

(See URMHC Compliance Policy – ‘Exclusion Checking Policy’)

Gifts, Gratuities and Improper Inducements

URMHC has adopted the URMHC Policy 13.09, ‘Gifts, Gratuities and Improper Inducements Policy’ that provides guidelines in relation to the acceptance or provision of gifts and business gratuities, whether such gifts or gratuities are offered by patients, vendors, suppliers or donors.

Acknowledgement of Compliance Program

All individuals must complete and sign an acknowledgement statement at the beginning of employment/contract or business relationship with URMHC, stating that the individual has received, read, and understands the Compliance Program Documents and acknowledges their commitment to comply.

URMHC will retain each signed acknowledgement statement as follows:

Employees – Human Resources Employee Personnel Files

Contractors, subcontractors, individual contractors – Finance

Board Members – Office of the URMHC Chief Executive Officer and President

Volunteers – Director of CHHA (??), Director of Hospice and Director of LHCSA

In the event that a Compliance Program document requires revision, the specific document will be distributed all individuals and the individual will be asked to confirm that they have received, read, and understand it by executing another acknowledgement statement.

References:

New York Codes Rules and Regulations, Title 18, Social Services, Part 521, Fraud, Waste and Abuse Prevention.

NYCRR Title 18 Part 521-1, 'Compliance Programs'.

Created: March 2023

Approved: URMHC Compliance Committee March 2023