

HEALTH PLAN POLICY	
Policy Title: Code of Ethics for CHRISTUS Health Plan Louisiana	Number: AC34 Revision: D
Department: Administration	Sub-Department: Compliance
Applicable Lines of Business: <input type="checkbox"/> Children’s Health Insurance Plan <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Commercial Insured <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Health Insurance Exchange <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
Effective Date: 07/30/2019	
Revision Date(s): 07/02/2020, 05/28/2021, 06/24/2022, 09/21/2023	

PURPOSE:

The purpose of this policy is to identify the Code of Ethics that will govern the conduct of CHRISTUS Health, and CHRISTUS Health Plan employees, business owners, subcontractors, and First-Tier, Downstream or Related Entities (FDRs).

DEFINITIONS AND ACRONYMS:

- **First Tier, Downstream, or Related Entities (FDRs)**
 - **First-Tier Entity** – Any party that enters into a written arrangement, acceptable to CMS, with an MAO or Part D plan sponsor or applicant to provide administrative services or health care services to a Medicare eligible individual under the Medicare Advantage Program or Part D program¹
 - **Downstream Entity** – Any party that enters into a written arrangement, acceptable to the Centers for Medicare and Medicaid Services (CMS), with persons or entities involved with the Medicare Advantage benefit or Part D benefit, below the level of the arrangement between a Medicare Advantage Organization (MAO) or applicant or a Part D plan sponsor or applicant and a first tier entity. These written arrangements continue down to the level of the ultimate provider of both health plan and administrative services.²
 - **Related Entity** – Any entity that is related to an MAO or Part D sponsor by common ownership or control.
- **Subcontractor** – Any individual or entity, including an Affiliate, which has entered into a Subcontract with the health plan.

POLICY:

CHRISTUS Health Plan has adopted the CHRISTUS Health System’s Code of Ethics. The Compliance department will update and disseminate the Code of Ethics to employees, business owners, subcontractors, and FDRs initially and annually thereafter. The Health Plan Compliance team, with oversight from the Compliance Officer, will ensure that the annual Code of Ethics training is completed timely. New hires are given the Code of Ethics handbook. The Code of Ethics Policy and Procedure will be reviewed annually, and all associates will sign an attestation.

¹ Ibid.
² CMS Medicare Managed Care Manual, Chapter 21, Compliance Program Guidelines and Prescription Drug Benefit Manual, Chapter 9, Compliance Program Guidelines. <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/mc86c21.pdf>

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CHRISTUS Health will review the Code of Ethics, which can be found at:

www.christushealth.org/about/our-mission-values-and-vision/integrity on an annual basis.

The Code of Ethics will contain the following information, subject to review, updates and Board of Director approval. Associates are expected to work together, follow this Code, and model CHRISTUS Health Plan's values in our behavior. Every associate and Health Care partner has the responsibility to act accountably, professionally, and ethically. Individuals who violate this Code are subject to disciplinary action, up to and including termination.

A. INTRODUCTION

The Code of Ethics and Business Conduct outlines the principles that CHRISTUS Health Plan uses to guide our professional decisions, and expected behavior from associates, leaders, and health care partners (physicians, residents, fellows, students, volunteers, vendors, contractors and/or subcontractors). CHRISTUS Health Plan is committed to complying with all applicable state and federal laws in the countries and state in which we operate. Our actions are filled with a spirit of mutual respect, which encourages us to treat those we serve with compassion, especially the underserved and vulnerable.

B. OUR HERITAGE

MISSION: TO EXTEND THE HEALING MINISTRY OF JESUS CHRIST

1. A Ministry of the Catholic Church
2. Your Responsibilities
3. The Compliance Program
4. Reporting Concerns
5. No Retaliation

C. DIGNITY - Respect for the worth of every person, recognition, and commitment to the value of diverse individuals and perspectives, and special concern for the poor and underserved

1. Serving Our Communities
 - Community Benefit
 - Advocacy
2. Promoting Diversity and Inclusion
3. Fostering Positive Relationships Among Associates
 - Treating Others with Respect
 - Gifts Shared Among Associates
 - Fundraising Efforts
 - Nepotism
4. Respect for Human Life

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D. **INTEGRITY** - Honesty, justice, and consistency in all relationship

1. Complying with Laws and Regulations

- False Claims Act
- Anti-Kickback Laws
- Self-Referral Laws
- HIPAA Act
- Excluded Persons
- Credentialing
- Laws Specific to the Health Plans

2. Working with Physicians and Other Referral Sources

3. New Ventures

4. Values Based Decision-Making Process

5. Maintaining Proper Vendor Relationships

- Gifts with Vendors
- Vendor Compliance with this Code
- Non-Retaliation

6. Avoiding Conflicts of Interest:

- Conflicts of interest occur when non-CHRISTUS responsibilities or loyalties affect (or appear to affect) your ability to prioritize the Plan's interests in carrying out your job responsibilities objectively and independently;
- Examples include; personal investments, personal relationships, personal business opportunities, and/or other community service to other organizations;
- All associates are encouraged to disclose an issue if they ever feel their motives are being questioned;
- Depending on your role, you may be required to regularly report any actual or potential conflicts of interest by completing the CHRISTUS Conflict of Interest Disclosure form;

7. Preventing Corruption

- Foreign Corrupt Practices Act Overview
- Anti-Corruption and Anti-Bribery
- Vendor Obligations

8. Responding to Government Investigations

9. Ethics Committees

- Ethics Consult Teams
- Ethics Hotline- When an issue is reported via the Ethics Hotline, the Compliance Officer is

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notified and investigates to remediation.

- E. **EXCELLENCE** - High standards of service and performance
1. Providing Quality Patient Care
 2. Achieving Accreditation
 3. Marketing Properly
- F. **COMPASSION** - Service in a spirit of empathy, love, and concern
1. Protecting Patient Rights
 2. Handling Patient Grievances
 3. Protecting Research Participants
 4. Using Social Media and Photography
- G. **STEWARDSHIP** - Wise and just use of talents and resources in a collaborative manner
1. Complying with Billing and Coding Requirements
 2. Keeping Accurate Business Records
 3. Using Our Resources
 4. Protecting Confidential and Proprietary Information
 5. Investing Responsibly
 6. Responding to the Call

REFERENCES:

- CHRISTUS Health System Code of Ethics and Business Conduct
- Medicare Managed Care Manual, Chapter 21, Element I, 50.1- Standards of Conduct

RELATED DOCUMENTS:

None

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	07/30/2019	Initial release.	Executive Leadership
A	07/02/2020	Annual review. No change to policy content.	Executive Leadership
B	05/28/2021	Annual review. No change to policy content.	Executive Leadership
C	06/24/2022	Annual review. Updated references, minor verbiage and grammatical changes for clarity.	Executive Leadership
D	09/21/2023	Annual review. Updated definitions and verbiage.	Executive Leadership