

HEALTH PLAN POLICY	
Policy Title: Non-Discrimination Notice	Number: AC25 Revision: E
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 type="checkbox"/> USFHP <input type="checkbox"/> Medicaid	
Effective Date: 09/28/2017	
Revision Date(s): 04/10/2019, 04/20/2020, 04/14/2021, 04/06/2022, 08/03/2023	

PURPOSE:

CHRISTUS Health Plan (CHP) complies with applicable Federal civil rights laws and does not discriminate on the basis of -age, expected length of life, present or predicted disability, degree of medical dependency, quality of life, health conditions, race, color national origin, sex, gender identity or sexual orientation.

DEFINITIONS AND ACRONYMS:

- **Annual Notice of Change (ANOC)** – A document mailed annually to currently enrolled Medicare Advantage beneficiaries that sets out any changes in coverage, costs or service area that become effective in the following January.
- **CHRISTUS Health Plan (CHP)**
- **Centers for Medicare and Medicaid Services (CMS)** – The federal agency responsible for setting guidelines, regulations, and standards for healthcare providers as well as administering the Medicare and Medicaid programs.
- **Evidence of Coverage (EOC)** – A document mailed to enrolled members that provides details about the what the plan covers, what is not covered, how much the member will pay and other details about the plan.
- **Non-Discrimination Notice** – A document that explains how an organization does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities.

POLICY:

CHRISTUS Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CHP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHRISTUS Health Plan provides free aids and services to people with disabilities to communicate with the Plan, such as:

- Qualified sign language interpreters; and
- Written information in alternative formats (large print, audio, and accessible electronic formats).

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CHRISTUS Health Plan also provides free language services to individuals whose primary language is not English, such as:

- Qualified interpreters; and
- Information written in alternative languages.

Individuals are advised that if they need services or have questions regarding language services, they can contact the Health Plan Member Services Department at 1-844-282-3026 (TTY: 711).

Regardless of the 5 percent (5%) service area threshold, the health plan will include the Non-Discrimination Notice Insert with the Summary of Benefits, ANOC/EOC, and the enrollment form. The Health Plan may incorporate the insert in the document or mail it as a separate document.

The Notice Insert may not be modified except to include additional languages and/or to insert the health plan logo/name. If the health plan chooses to add additional languages, it must be translate the following statement verbatim:

“We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at [1-xxx-xxx-xxxx]. Someone who speaks [language] can help you. This is a free service.”

Information is provided in the Non Discrimination Notice to contact the CHRISTUS Health Civil Rights Coordinator if the Plan should ever fail to provide the above services or if an individual feels discriminated in any way on the basis of race, color, national origin, age, disability, or sex.

If a member believes that CHRISTUS Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, they can file a grievance with:

CHRISTUS Health Plan
Attn: Appeal and Grievance Department
P.O. Box 169009
Irving, TX 75016

Grievance and Appeal Form can be found online at <https://www.christushealthplan.org/member-resources/appeals-and-grievances/medicare>. Members can download a paper Grievance and Appeal Request Form and fax it to 1-866-416-2840, or Email CHRISTUS.HP.AppealsandGrievances@christushealth.org.

REFERENCES:

- Medicare Managed Care Manual, Chapter 3, Medicare Marketing Guidelines,
- CHRISTUS Health Plan Website: <https://www.christushealthplan.org/member-resources/appeals-and-grievances/medicare>
- 45 CFR § 156.200(e) Medicare Managed Care Manual, Chapter 4 Benefits and Beneficiary Protections, Section 10.5

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RELATED DOCUMENTS:

- Appendix A – Non-Discrimination Notice

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	09/28/2017	Initial release.	Board of Directors
A	04/10/2019	Annual review. Updated verbiage throughout the document. Updated title of policy. Updated attachment.	Executive Leadership
B	04/20/2020	Annual review. Updated References. Added grievance and appeal information.	Executive Leadership
C	04/14/2021	Annual review. No change to policy content.	Executive Leadership
D	04/06/2022	Annual review. Updates to language and attachment.	Executive Leadership
E	08/03/2023	Annual review. Minor updates made for formatting and grammar.	Executive Leadership

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Appendix A



CHRISTUS Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. CHRISTUS Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

CHRISTUS Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

CHRISTUS Health Plan also provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

**If you need these services or have questions, contact
CHRISTUS Health Plan Member Services at 1-844-282-3025
(TTY: 711).**

If you believe that CHRISTUS Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Gabriela Saenz, J.D.
CHRISTUS Health
Civil Rights Coordinator
919 Hidden Ridge
Irving, TX 75038
Telephone: 469-282-1298
Fax: 210-766-9468

CHRISTUS.CivilRights@christushealth.org.

You may file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. Please call the above phone number.

You may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।

توجه: اگر بہ زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung.

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます

ໂປດລູກໄປ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ.

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis.

ഭിഷകൻ: മലയാളം സംസാരിക്കുന്നവർക്ക് സഹായ സേവകൾ സൗജന്യമായി ലഭിക്കും.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti.

Díí baa akó nínízin: Díí saad bee yánílti'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, koji'