HEALTH PLAN POLICY	
Policy Title: Non-Retaliation Policy	**Number:** AC08 **Revision:** I
Department: Administration	**Sub-Department:** Compliance
Applicable Lines of Business: ☐ Children's Health Insurance Plan ☒ Medicare ☐ Commercial Insured ☐ Non Insured Business ☒ Health Insurance Exchange ☒ USFHP ☐ Medicaid	
Effective Date: 07/16/2015	
Revision Date(s): 12/01/2016, 09/28/2017, 08/23/2018, 08/14/2019, 07/15/2020, 06/16/2021, 08/05/2021, 09/08/2022, 12/13/2023	

PURPOSE:

This policy applies to CHRISTUS Health Plan (CHP), each service area/entity under the management or control of CHP, and all First Tier, Downstream and Related Entities (FDRs) or other delegated entities with which CHP contracts. A critical aspect of the Compliance Program is a culture that promotes prevention, detection, and resolution of conduct that does not conform to applicable federal and state laws and regulations, CHP's Code of Ethics, and related policies and procedures. To promote this culture, CHP maintains both a reporting process and a strict non-retaliation policy to protect associates, FDRs, and delegated entities who report problems and concerns in good faith.

DEFINITIONS AND ACRONYMS:

- **Associate(s) -** An employee, consultant, contractor, volunteer, intern, board member, agent, affiliate, subsidiary, or similar person or entity performing services for or conducting business with CHRISTUS Health Plan in support of its mission to provide world-class care to its health plan members.
- **CHRISTUS Health Plan (CHP)**
- **CHRISTUS Integrity Line** – A confidential toll-free phone line (1-888-728-8383) for callers to utilize when they may not be comfortable utilizing the normal chain of command when reporting concerns. The Integrity Line is also avaible via internet at www.christusintegritlink.org.
- **Compliance Committee** – A team comprised of leaders from various areas of the organization who support the Compliance Officer by helping to define potential compliance risks, providing feedback for developing priorities, reviewing data, policies and procedures review and development, and identifying resources and implementing the program. ..
- **Compliance Officer (CO) –** An employee of CHP who ensures the health plan program(s) maintain compliance with regulatory and legal requirements and guidance, as well as internal policies and bylaws.
- **Compliance Program** – A formalized program of activities, training, policies and procedures designed, structured, and implemented to assist the health plan's personnel, providers, contractors and agents in meeting legal, regulatory, and contractual obligations in performing tier responsibilities and provide guidance for complying with federal, state, and local laws and regulations that apply to the services provided on behalf of the organization.
- **Delegated Entity (DE) -** An entity, other than a health maintenance organization authorized to engage in business, that by itself, or through subcontracts with one or more entities, undertakes to arrange for or provide medical care or health care to an enrollee in exchange for a predetermined payment on a prospective basis and that accepts responsibility for performing on behalf of the health

maintenance organization The term does not include an individual physician or a group of employed physicians, practicing medicine under one federal tax identification number, whose total claims paid to providers not employed by the group constitute less than 20 percent of the group's total collected revenue computed on a calendar year basis.

- **First-Tier, Downstream and 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 program.
    - **Downstream Entity –** Any party that enters into a written arrangement, acceptable to 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.
    - **Related Entity** – Any entity that is related to a Medicare Advantage Organization or Part D sponsor by common ownership or control and (1) performs some of the plan sponsor's management functions under contract or delegation; (2) furnishes services to Medicare enrollees under an oral or written agreement; or (3) leases real property or sells materials to the plan sponsor at a cost of more than $2,500 during a contract period.
- **Fraud, Waste, and Abuse –**
    - **Fraud** – Knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program.
    - **Waste –** The overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.
    - **Abuse –** Actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary. Abuse involves paying for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment..
- **Retaliation** – Any reprisal or adverse employment action taken against an employee as a result of his or her utilizing any of the health plan's internal reporting procedures or otherwise reasonably exercising any of his or her rights as a health plan employee or contracted FDR.

POLICY:

CHP is committed to open communication, professionalism, and the high standards of moral, ethical and legal conduct.

Each and every CHP Associate has the responsibility of promptly reporting suspected misconduct or violations of laws and regulations in accordance with the CHP's Code of Ethics, policies, and

procedures.

Each CHP Associate must report instances of Medicare program non-compliance and potential Fraud, Waste, and Abuse.

CHP Associates who report problems or concerns in good faith will not be subject to retaliation. Prohibited retaliation includes any retaliation in connection with:

A. Reporting ethical concerns or other unlawful conduct to Human Resources, the Compliance Officer (CO), the CHRISTUS Integrity Line, or management;

B. An internal or external review or audit;

C. Reporting suspected or actual Fraud, Waste and Abuse;

D. Disclosing information to a government or law enforcement agency, where the Associate has reasonable cause to believe that the information demonstrates a violation or possible violation of federal or state law or regulation;

E. Providing information, causing information to be provided, filing, causing to be filed, testifying, participating in a proceeding filed or about to be filed, or otherwise assisting in an investigation or proceeding regarding any conduct that the Associate reasonably believes involves a violation or possible violation of applicable laws or regulations; or

F. Reaching out to Human Resources in good faith to discuss concerns about actual or potential wrongdoing, Fraud, Waste and Abuse, and/or other reasonable concerns with compliance, legal obligations, or policies/practices.

Allegations of retaliation, retribution or harassment will be promptly investigated and, if supported will result in disciplinary action, up to and including termination of employment or contractual agreement.

Any CHP Associate with a concern regarding retaliatory conduct should promptly report the claim of retaliation, retribution, and/or harassment to his or her supervisor or the CHP Compliance Officer. The supervisor and/or CHP Compliance Officer will, in conjunction with Legal and Human Resources, investigate and determine the appropriate discipline, if applicable.

Any CHP Associate who makes a false report\ or provides evidence that he or she knows to be false or without a reasonable belief in the truth and accuracy of such information will not be protected by the provisions of this policy and may be subject to disciplinary action, up to and including termination of employment or contractual agreement.

If a CHP Associate reports a concern regarding their own inappropriate or inadequate actions, reporting those concerns does not exempt them from the consequences of those actions. Prompt and forthright disclosure of an error by an aAssociate, even if the error constitutes inappropriate or inadequate performance, will be considered a positive constructive action.

CHP's corrective actions toward an Associate for prior, current or future performance or behavior issues do not constitute retaliation, retribution, or harassment.

HEALTH PLAN POLICY	
Policy Title: Non-Retaliation Policy	**Number:** AC08 **Revision:** I

It is the responsibility of CHP's management to make sure that retaliation of any kind is not tolerated.

All Associates have access to the Non-Retaliation Policy posted within in the CHP policy library at all times or through distribution via their management and they will receive the policy annually as part of the Medicare Part C and D and FWA Training . Each Associate will be required to sign an electronic attestation upon completion of the policy review.

REFERENCES:

- Medicare Managed Care Manual, Chapter 21
- Prescription Drug Benefit Manual Chapter 9

RELATED DOCUMENTS:

- CHRISTUS Health Code of Conduct
- Reporting Misconduct Policy (AC06)

REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	07/16/2015	Initial release.	Board of Directors
A	12/01/2016	Placed document on new policy template. Added Health Plan to Compliance Officer role, Corrected phrase in Section "F" under Policy, Removed name and Title of VP Health Plans and added ED/ Anita Leal and Removed name and Title of Interim Chief Medical Officer and added MD/ David Engleking.	Board of Directors
B	09/28/2017	Annual review. No content change. Updated signatory to reflect CEO.	Board of Directors
C	08/23/2018	Compliance review.	Executive Leadership
D	08/14/2019	Annual review. No change to policy. Made minor correction to grammar.	Executive Leadership
E	07/15/2020	Annual review. No change to policy content.	Executive Leadership
F	06/16/2021	Annual review. No change to policy content.	Executive Leadership
G	08/05/2021	Updated to include FDRs.	Executive Leadership
H	09/08/2022	Annual review. Verbiage changes throughout for clarity.	Executive Leadership
I	12/13/2023	Annual review. Updated definitions and verbiage.	Executive Leadership