

HEALTH PLAN POLICY	
Policy Title: Non-Retaliation Policy	Policy Number: AC08 Revision: D
Department: Administration	Sub-Department: Compliance
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare	
Origination/Effective Date: 07/16/2015	
Reviewed Date(s):	Revision Date(s): 12/01/2016, 09/28/2017, 08/23/2018, 08/14/2019

SCOPE:

This policy applies to the health plan and each service area/entity under the management or control of the health plan. The health plan recognizes that a critical aspect of its compliance program is the establishment of a culture that promotes prevention, detection, and resolution of instances of conduct that do not conform to applicable federal and state laws and regulations, as well as the health plan's Code of Ethics, and policies and procedures. To promote this culture, the health plan has established a reporting process and a strict non-retaliation policy to protect employees and others who report problems and concerns in good faith. Any form of retaliation can undermine the problem correction process and result in a failure of communication channels in the organization.

DEFINITIONS AND ACRONYMS:

- **CHRISTUS Integrity Line** – A 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 health plan has engaged an outside company with trained operations to take hotline calls. The Integrity Line is available 24 hours per day, seven days a week and callers may report anonymously, if desired. The Integrity Line is also available for internet at www.christusintegritylink.org.
- **Compliance Committee (CC)** – The group appointed to assist the Compliance Officer and provide support and feedback for developing priorities, identifying resources and implementing the program.
- **Health Plan Compliance Officer (CO):** CHRISTUS Health Plan employs a full-time dedicated Compliance Officer who reports directly to the Vice-President of Health Plans and Population Management as well as to the Vice-President of Corporate Compliance and Privacy and the Board of Directors, as needed. The Compliance Officer shall be a full-time employee of the health plan or its parent entity, CHRISTUS Health, and not an employee of any first tier, downstream or related entity of the health plan.
- **Compliance Program** – A system of individuals, processes, policies and procedures designed to monitor compliance with the applicable laws, rules, regulations, standards, policies and procedures relating to the health plan's business activities. The program establishes oversight, education and training to assist the organization comply with laws and regulations governing the health plan's operations. The program focuses on the detection and prevention of violations and fosters an environment in which employees and agents affiliated with the health plan are encouraged to report concerns about business practices.

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POLICY:

The health plan is committed to open communication, the highest level of professionalism and the highest standards of moral, ethical and legal conduct.

Each health plan employee has a responsibility for promptly reporting suspected misconduct or violations of laws and regulations, in accordance with the health plan Code of Ethics and the health plan policies and procedures.

Each health plan employee must report any instances of Medicare program noncompliance and potential Fraud, Waste and Abuse.

Health plan employees who report problems or concerns in good faith will not be subject to retaliation. Retaliation is 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. Prohibited retaliation includes any retaliation in connection with:

- A. Reporting ethical concerns or other unlawful conduct to Human Resources, the Compliance Officer (CO), the health plan Integrity Line or management;
- B. Supporting an internal or external review or audit;
- C. Reporting suspected Fraud, Waste and Abuse;
- D. Disclosing information to a government or law enforcement agency, where the employee 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 employee reasonably believes involves a violation or possible violation of applicable laws or regulations; or
- F. Reaching out to human resources in good faith, concerns about actual or potential wrongdoing or Fraud, Waste and Abuse or other reasonable concern with compliance with legal obligations or health plan policies or 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 for such action on the first offense.

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

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Any health plan employee 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.

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

The health plan's corrective actions toward an employee for prior, current or future performance or behavior issues do not constitute retaliation, retribution or harassment.

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

REFERENCES:

- Medicare Managed Care Manual Chapter 21
- Prescription Drug Benefit Manual Chapter 9, Section 50.1.2 Policies and Procedures Section 50.4.2 – Communication and Reporting Mechanisms


RELATED DOCUMENTS:

- CHRISTUS Health Code of Conduct
- Compliance Program
- Policy AC06 Reporting Misconduct

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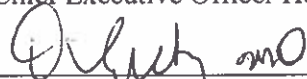
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Nancy Horstmann
Chief Executive Officer Health Plans

8/21/19
Date



David Engleking, M.D.
Medical Officer Health Plans

8/13/19
Date

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