2023 FRAUD PREVENTION AND DETECTION PLAN

Revised 10/27/2022

Introduction

Highmark Wholecare hereby establishes this Plan for the Detection and Prevention of Fraud. The purpose of the plan is to organize and implement an anti-fraud strategy to identify and reduce costs to Highmark Wholecare and its beneficiaries. The detection, prevention and elimination of Fraud, Waste and Abuse (FWA) is essential to maintaining an insurance system that is affordable to current and future beneficiaries.

1. Highmark Wholecare's Fraud Prevention and Detection plan is filed with State insurance entities in accordance with their applicable State insurance statutes;
2. Highmark Wholecare's Fraud Prevention and Detection Plan hereby provides that in accordance with Highmark Wholecare's Pennsylvania Medicaid contract and the Centers for Medicare and Medicare (CMS) guidance, Highmark Wholecare's Fraud, Waste and Abuse Team establishes procedures for the investigation of referrals of suspicious or fraudulent applications and claims. Referrals will be made to the appropriate insurance or law enforcement entity as required;
3. Highmark Wholecare's Fraud Prevention and Detection Plan hereby provides anti-fraud education and training to all employees; as well as anti-fraud education to providers and beneficiaries.
4. Highmark Wholecare's Fraud Prevention and Detection Plan hereby establishes a Fraud Prevention and Procedure Manual, which is accessible to all employees through the company intranet.

Organization

Highmark Wholecare hereby establishes a full-time Fraud, Waste and Abuse (FWA) department. The FWA team works closely with the Highmark Wholecare Compliance Officer to coordinate related compliance activities in order to assure compliance with all Federal, State, and local laws and regulations. The Director of FWA reports to the Vice President of Financial Investigations and Provider Review (FIPR). The Director of FWA and VP of FIPR are responsible to notify the Compliance Officer upon discovery of significant noncompliance and/or FWA issues. The Compliance Officer reports at least four times a year to the Corporate Compliance Committee on activities and status of the Anti-Fraud Plan, including allegations of possible noncompliance and FWA.

FWA is currently comprised of a Compliance Officer, Vice President, Director, Managers, Compliance Consultant, Senior Business Solutions Consultant, , Lead Investigators, Senior Investigators, Investigators, Associate Investigators, and Investigation Coordinators. Highmark

Wholecare's Investigators possess at least a bachelor's degree or a minimum of six years of experience in the health insurance industry and/or healthcare fraud investigations.   The FWA Team is composed of professionals with deep and diverse clinical, audit and law enforcement experience, including: Certified Professional Coders (CPC), Certified Healthcare Compliance Professionals (CHC), Certified Fraud Examiners (CFE), Data
Analysis Professionals, Accredited Healthcare Fraud Investigators (AHFI), attorneys, and medical ethicists. The FWA Team is supported by a clinical fraud advisory team that includes clinicians from different specialties including doctors, nurses, pharmacists and behavioral health therapists.

Highmark Wholecare's main office is located in Pittsburgh, PA. FWA's accessibility and knowledgeable staff are made available to address all matters related to the prevention and detection of fraud as well as conducting investigations in a timely manner.

The FWA Leadership Subcommittee is delegated the authority from the Compliance Committee to provide oversight of FWA activities within Highmark Wholecare and provide guidance to the Special Investigations Unit (SIU). The Subcommittee is chaired by the Director of FWA. Membership includes the Chief Compliance
Officer (or designee), VP of FIPR, and other Highmark Wholecare leadership from business areas most susceptible to FWA. The Subcommittee assists the Highmark Wholecare Corporate Compliance Committee in monitoring FWA activities within Highmark Wholecare, reviews reports of alleged FWA, and provides guidance to the SIU on responses and corrective actions. The Subcommittee reports to the Corporate Compliance Committee on the status of FWA activities within Highmark Wholecare. Such reports are incorporated into the updates Compliance Officer's report to the Audit and Compliance Committee of the Highmark Board of Directors, as necessary.

Detection of Fraud, Waste and Abuse

Highmark Wholecare's FWA Team works to ensure that claims are paid correctly by both monitoring and auditing methods and in accordance to recipient benefits and provider contracts. Examples of FWA auditing and monitoring activities are listed below:

- *Claims Edits*: FWA coordinates with the Highmark Wholecare Claims Department to implement claims edits that will deny claims that are contrary to Federal, State and Contractual requirements.
- *Pre-payment Edits and Reviews:* FWA contracts with Vendors to monitor claims prior to payment to ensure claims accuracy. FWA has the capability to suspend claims to conduct prepayment reviews prior to releasing payment to flagged Providers.
- *Post-payment Edits*: FWA contracts with Vendors to audit claims through retrospective reviews.
- *Data Mining:* FWA runs monthly reports to search for aberrant claims patterns, including historically known FWA schemes and emerging trends. FWA utilizes vendors that conduct data

mining to test for and assign, as appropriate, risk scores to providers who may be engaged in FWA schemes.

- *Recipient Verification:* Highmark Wholecare calls a monthly sample of recipients to verify that services paid were actually provided or received.
- *Sanctioned Screenings*: Highmark Wholecare uses tools designed by the Office of the Inspector General (OIG) and the General Services Administration (GSA) and contracts with a Vendor to identify individuals or entities excluded, sanctioned, disqualified or otherwise ineligible form working in a federal health care program.

Investigation of Fraud, Waste and Abuse

Highmark Wholecare FWA's SIU is responsible for the thorough investigation of suspected FWA. Highmark Wholecare's FWA Team has established policies and procedures that provide guidance to SIU investigators conducting investigations and ensure uniform reporting. At a minimum, investigations by the SIU shall be composed of the following integral activities:

- Highmark Wholecare's FWA conducts investigations of issues referred by providers, members, subcontractors, employees and beneficiaries when red flags are identified concerning claims, applications, providers, policies and beneficiaries.
- After investigation, FWA will refer an investigation, if there is a reasonable suspicion that an infringement may have occurred, to the applicable State insurance department, MEDIC, BPI or other law enforcement entity, in accordance with applicable Federal and State statutes; and will pursue restitution, where appropriate, for financial loss caused by insurance fraud.
- FWA will act as a liaison with State insurance fraud departments, Centers for Medicare and Medicaid Services Medicare Drug Integrity Contractor (MEDIC), Department of Human Services Bureau of Program Integrity (BPI), other law enforcement personnel and entities, as needed. FWA will also cooperate with insurance and law enforcement entities in the prosecution of suspected insurance fraud cases, including but not limited to testimony at trials.
- FWA maintains a database of all investigations, which contains the names, addresses and other identifying information regarding all parties to the investigation.
- FWA hereby assures that all relevant evidence related to investigations referred to FWA including, but not limited to, checks issued in payment of claims, medical records, recorded statements, original receipts and original documents submitted by a person or entity in support of or in opposition to a claim applicant, will be identified, collected and preserved in order to be turned over to the appropriate State insurance or law enforcement entities in accordance with applicable Federal and State statutes.
- Investigators are required to record all findings and recommendations within the case management system. Prior to the closure of a case, all findings and outcomes are required to be submitted to applicable regulatory oversight agencies in a written report. The written report will be uploaded to the case files.

- Highmark Wholecare issues the Code of Conduct and Business Ethics to educate Highmark Wholecare employees regarding their responsibility to report any incidents or concerns of fraud.
- FWA conducts audits on providers to identify possible FWA. FWA also conducts special audits as requested by Senior Management.
- Highmark Wholecare allocates budgetary resources to provide staffing opportunities for FWA Investigations.
- External vendors are utilized as subcontractors to provide payment policy development and management. Highmark Wholecare staff works collaboratively with external vendors to assure collection of all claims in need of recovery and to configure system updates.
- FWA maintains metrics on the utilization of the case management system. Training on best practices and procedures is conducted with all analysts who utilize the tool for documenting case activity.

Delegate Investigations

In our continued effort to prevent and detect FWA, Highmark Wholecare's FWA utilizes delegates for audits including facility type audits and other audits when internal resources are not available. FWA maintains oversight of the delegates by conducting routine monitoring and providing quarterly reports to the Delegation Oversight Committee (DOC), as stipulated by Centers for Medicare and Medicaid Services (CMS) guidelines and Highmark Wholecare's Delegation Oversight policies. Delegates must provide FWA and general compliance training to all employees and downstream entities assigned to provide required administrative and/or healthcare services for Highmark Wholecare. CMS has developed a free, standardized, web-based compliance training module that is available to employers and their employees who provide services related to Medicare, Medicaid and other Federal healthcare programs. In accordance with 42 CFR §422.503(b)(4)(vi)(C)(1), 42 CFR §423.504(b)(4)(vi)(C)(1), and subsequent CMS Guidance, all Highmark Wholecare Delegates must use CMS' FWA Training and General Compliance Training available on the CMS Medicare Learning Network.

Employee Investigations

Highmark Wholecare's FWA coordinates with the Human Resources and the Compliance department when FWA referrals and investigations include Highmark Wholecare's employees or temporary contractors.

Auditing of Fraud, Waste and Abuse

Highmark Wholecare's FWA Team conducts announced and unannounced audits of providers, members, subcontractors, employees and beneficiaries to detect FWA as well as assure compliance with appropriate State and Federal regulations. FWA performs the following activities to protect Highmark Wholecare from FWA; to prevent unnecessary cost; and to avoid reimbursement for

services that are not medically necessary or that fail to meet professionally recognized standards for health care:

- Performs monthly audits to review the following:
  - Duplicate claims
  - CPT quantity billing issues
  - Date of death reviews
  - Disenrollment reviews
- Peer review ranking reports to identify outlier providers and members including referral activities.
- Periodic audits with an emphasis placed on audits identified in the yearly Office of Inspector General (OIG) Work Plan, the CMS and delegate activities related to FWA.
- Scheduled audit validation, as well as periodic member utilization reviews, to confirm services billed to Health Options were received by member.

Annual Risk Assessment and Audit Plan

Highmark Wholecare is required to conduct audits for potential FWA. In order to properly audit and monitor FWA, a risk assessment is conducted. Once the risk assessment is completed, FWA implements an audit work plan that includes the identified risk(s). Highmark Wholecare's FWA Team determines the greatest exposure for FWA by comparing and analyzing the key areas by high spend threshold and likelihood of the risks according to the following:

- CMS's Medicaid high risk provider types
- OIG's Annual Report
- Annual Fraud Employee Survey of select internal staff
- Annual assessment of provider specialties
- Trends in previous FWA cases
- Collaboration with FWA delegates throughout the year to proactively identify key areas of spend.
- Trends identified through Highmark Wholecare's partnership with, and participation in Healthcare Fraud Prevention Partnership (HFPP) studies.

Progressive Audits

Highmark Wholecare's SIU relies on a progressive audit model. The providers advance through progressive stages of the audit based on claims billing and documentation error rates. The progressive audit stages are the discovery reviews, expanded audits and outcomes:

- *Discovery Reviews*: Probes and samples to determine if the claims billing and documentation errors are valid. The Discovery Reviews can include the subsequent auditing tools:

    - Probe samples of provider medical records
    - Data analysis and provider profiling
    - Member verification of services
    - Provider and member interviews
- *Expanded Audits*: When the Discovery Reviews confirm provider overpayment issues, documentation deficiencies, or claims billing errors, the reviews are expanded. The Expanded Audits are designed to determine the entire exposure and can prompt additional auditing components, such as:
    - Statistical random samples or 100% claims reviews
    - Provider compliance evaluations
    - On-site assessment and audits
    - Claims extrapolation
- *Outcomes:* After Highmark Wholecare's FWA progresses through the audit, the SIU notifies the providers of the audit results and can require additional actions and audits from the provider which can include the following:
    - Provider corrective action plans (CAP)
    - Provider self-audit of the remaining populations based on OIG and Medicaid requirements
    - Recoveries of identified overpayments

If at any point during a progressive audit the SIU suspects potential fraud, the provider will be referred to law enforcement agencies; and additional provider actions may be taken in coordination with the Medicare and Medicaid oversights (such as payment suspension and potential provider termination).

Recovery of Fraud, Waste and Abuse

Highmark Wholecare has FWA functions that are responsible for ensuring claims payment accuracy and to detect and prevent FWA which include:

- Pre-payment claims edits
- Retrospective claims reviews
- Provider education
- FWA investigations and audit

Highmark Wholecare's FWA functions rely on reimbursement policies, medical record standards and coding requirements that are outlined in the following: Centers for Medicare and Medicaid Services (CMS), American Medical Association (AMA), National Correct Coding Initiative (NCCI), National Committee for Quality Assurance (NCQA) and State Medicaid regulations.

Highmark Wholecare will conduct pre-payment and retrospective reviews of claims and medical records to ensure claims accuracy and record standards. Highmark Wholecare will recover claims

payments that are contrary to national and industry standards. Highmark Wholecare will conduct progressive reviews, such that, providers may be requested to submit additional samples or documentation during the reviews. If any of the FWA efforts identify overpayments, the following activities will occur:

- Highmark Wholecare will comply with all Federal and State guidelines to identify overpayments;
- Highmark Wholecare will pursue recoveries of overpayments through claims adjustments with recoveries by claims offsets or provider checks within 60 days or settlement negotiations;
- Highmark Wholecare will refer suspected FWA to appropriate agencies, such as Medicaid oversight and CMS Medics; and
- Highmark Wholecare may recommend corrective actions that may include pre-payment review, payment suspension and potential termination from Highmark Wholecare's provider network.

Highmark Wholecare may pursue overpayments for the following reasons (but is not limited to):

NCCI Procedure to Procedure (PTP) edits
NCCI Medically Unlikely (MUE) edits
NCCI Add-On Code edits
Retrospective coordination of benefits
Retrospective termed member eligibility
Retrospective rate adjustments
Incorrect fee schedule applied to claim
Provider excluded
Provider license terminated or expired
Provider does not meet the requirements to render services
Different rendering provider
No authorization or invalid authorization
Inaccurate claim information
Duplicate claims
Non-covered service
Outpatient services while member was inpatient
Overlapping services
Patient different than member
Per diem services billed as separate or duplicate charges
Services provided outside of practice standards

Group size exceeds limitations
No services provided including no-shows and cancellations
Missing records
Missing physician orders
Missing medication records
Missing laboratory results
Invalid code or modifier
Invalid code combinations
Diagnosis codes that do not support the diagnosis or procedure
Add-on codes reported without a primary procedure code
Clinical documentation issues
Claims documentation issues
Insufficient documentation
Potential fraudulent activities
Excessive services
Altered/forged records

Reporting

Highmark Wholecare's FWA Team relies on external sources for referring potential incidents of FWA. All reporting of FWA will be kept confidential as allowed by law.

Internal Referrals

Highmark Wholecare employees who suspect or are aware of FWA or violations of Highmark Wholecare's Code of Conduct, internal policies, contractual requirements, or State or Federal rules and regulations, have an obligation to make a good faith report of that conduct. Employees can anonymously report suspicions of FWA through the following sources:

- *Compliance and Fraud, Waste, and Abuse Hotline:* employees can report FWA through SIU's dedicated hotline by calling 844-718-6400
- *Inter-office mail:* employees can report FWA to Highmark Wholecare FWA's SIU via inter-office mail
- *SIU email:* employees can report FWA by sending an email to the SIU's dedicated inbox at SIU@Highmarkwholecare.com
- *Internal Referral Form:* employees can report FWA through completing a FWA referral form located on the Fraud & Abuse webpage on Highmark Wholecare's intranet

Employees can also make a report directly to an FWA analyst through in-person meetings, business phone, or email. Pursuant to Highmark Wholecare's Non-Retaliation policy, retaliation or threatening staff for reporting compliance concerns in good faith is prohibited.

External Referrals

Highmark Wholecare Health members and providers can make anonymous referrals of FWA through the following channels:

- *Member & Provider Services:* the Member or Provider Services representative will create a referral to the Special Investigations Unit (SIU)
- *Hotline:* telephone calls can be placed to the Compliance and Fraud, Waste, & Abuse Hotline at 844-718-6400; or
- *Website:* individuals can complete and submit an FWA Referral Form located through the "Fraud and Abuse" hyperlink at the bottom of the Highmark Wholecare public facing website found at www.Highmarkwholecare.com

Reporting to Law Enforcement & Regulatory Agencies

Highmark Wholecare's FWA is responsible for reporting credible allegations of fraud to law enforcement, regulatory agencies and professional boards. Policies and procedures are maintained to align with contractual requirements and Federal and State rules and regulations (including but not limited to OPI, BMS, MFCU, DMME and MEDIC agencies). Policies and procedures define processes to identify and obtain evidence of suspected FWA. When credible allegations of fraud are suspected, the FWA Team reports the allegation to the appropriate agencies in accordance with applicable policies, State and Federal requirements and agency instructions. Designated senior FWA staff shall review referral content for quality and appropriate supporting evidence prior to the submission of such a referral.

Reporting of credible allegations of fraud will include:

- Subject information
- Scope of review
- Review findings
- Communications or actions taken in response to findings
- Applicable Federal and State statues, laws and regulations that are suspected of being violated

Federal, State and local law enforcement agencies may seek information from Highmark Wholecare to further their own investigations or prosecutions of FWA. Highmark Wholecare's FWA fully cooperates with, and promptly responds to, all fraud, waste and abuse investigation efforts by regulatory, State and Federal agencies and law enforcement agencies. This includes timely responses to Requests for Information (RFI's), obtaining requested information from appropriate

departments for requests and coordinating with the appropriate staff to provide evidence, interviews, or testimony as needed.

FWA has access to run system-generated reports for audits and to identify information necessary for Highmark Wholecare to complete required reports in accordance with Medicaid contracts. Highmark Wholecare will submit, when required, annual reports regarding fraud data in accordance with applicable State insurance statutes.

In addition to coordinating communications with law enforcement and State and Federal agencies, FWA may be involved in submitting information to central database systems.

Education and Training

Highmark Wholecare Personnel

FWA education will be provided for all employees, including Senior Management and the Board of Directors. The education includes a detailed and comprehensive program of fraud awareness and education designed to prepare all employees for fraud prevention and detection.

The training program includes Basic Entry Level Training and Continuing Education training addressing specific aspects of fraud associated with the company's product lines. FWA utilizes a variety of methods to conduct training such as: classroom instruction, self-guided instruction, videotape, seminar; and computer based online training. Training is provided as follows:

- FWA Basic Entry Level Training consists of one (1) hour of computer-based training. FWA Basic Entry Level Training is provided to all new employees including Senior Management and the Board of Directors within 90 days from the commencement of their employment or appointment. Training includes but is not limited to the following areas:
    - Definitions of FWA
    - Various Federal and State regulations and statutes concerning FWA, including the False Claims Act, Stark Law, Anti-Kickback Statute, and Deficit Reduction Act
    - Examples of member and provider FWA
    - An overview of Highmark Wholecare's Fraud, Waste and Abuse team and SIU
    - Identifying and referring FWA

- FWA Continuing Education Training consists of one (1) hour of training per year for all existing employees. The one (1) hour of FWA Continuing Education Training is provided to all employees including Senior Management and the Board of Directors, stresses the importance of identifying red flags and reporting alleged incidences of FWA to the appropriate area. Training includes, but is not limited to, the following areas:
    - Information on who pays the cost for insurance fraud;
    - Identifying "red flags";

- When and how to refer suspicious claims to FWA;
- Various Federal and State regulations and statutes; and
- Current trends in healthcare FWA.

- FWA also conducts skills-oriented training for departments by focusing on key red flags, trends and regulations that would impact their department.

Highmark Wholecare's FWA utilizes an on-line intranet environment to make information regarding the detection, investigation, prevention and reporting of FWA available to all Highmark Wholecare employees. Through FWA's SharePoint web site, Highmark Wholecare employees can find information regarding Federal healthcare fraud statutes, contact information for FWA team members and the available methods to report FWA. Every Highmark Wholecare employee desktop also displays the Compliance and Fraud, Waste, & Abuse Hotline number.

Further Information regarding the FWA Team's efforts to detect, investigate, prevent and report FWA is outlined in FWA's policies and procedures. FWA policies are located on the on-line intranet environment in the Highmark Wholecare Policy Book. The policies and procedures contain information including, but not limited to, the following:

1. Information for all employees regarding general investigation guidelines, unfair claims practices, conducting interviews, report writing, information disclosure and law enforcement relations;
2. The process to be employed for reporting to applicable State insurance or law enforcement entities, including the MEDIC and BPI, in accordance with applicable Federal and State statutes;
3. The specific facts and circumstances that, when identified in connection with a claim or application upon further FWA investigation, leads to a reasonable conclusion that a violation has occurred;
4. "Red flags" or "indicators" for insurance fraud, application fraud and claims fraud;
5. The duties and functions of the SIU;
6. The procedure for referral of an issue to the SIU;
7. The post-referral procedure for communication between the reporting entity and the SIU;
8. Procedures for both scheduled and random audits;
9. Instructions for reporting potential incidents of FWA through various channels, including:
    a. *Member Services:* the Member Services representative will create a referral to the Special Investigations Unit (SIU)
    b. *Hotline:* telephone calls can be placed to the Compliance and Fraud, Waste, & Abuse Hotline at 844-718-6400;

   c. *Website:* individuals can complete and submit an FWA Referral Form through the "Fraud and Abuse" link at the bottom of the Highmark Wholecare public facing website found at www.Highmarkwholecare.com; or
   d. *In-Person:* employees can make a report directly to an analyst via inter-office mail, email, phone or in-person
   e. *Compliance Reporting/Referral Hyperlink* on SharePoint
10. List of suspected or potential violations if an employee reports violations of law and policy;
11. List of third-party vendors that perform external audit and data analytic functions and also established monitors to prevent fraud and abuse in the following areas: Utilization Management, Credentialing/Re-credentialing, Claims Processing, Fraud and Abuse Sanctions and Violations;
12. Ongoing education requirements for Highmark Wholecare personnel to stay up-to-date on current FWA schemes and investigative techniques.

All training materials and other resources regarding the prevention, detection and reporting of FWA are accessible to the Highmark Wholecare organization through the company intranet. Investigative procedures are implemented into the training of the investigators. Desk level procedures are also developed to ensure consistent performance for repeated processes.

Special Investigations Unit

In addition to the FWA training completed by all Highmark Wholecare personnel, SIU investigators stay current regarding developments in the detection and investigation of FWA through attendance at annual professional conferences and monthly workshops coordinated by the Director of Fraud, Waste and Abuse.

First Tier, Downstream and Related Entities

Highmark Wholecare is responsible for assuring that appropriate training is provided to all of Highmark Wholecare's First Tier, Downstream and Related Entities (FDRs) in accordance with CMS guidelines. Highmark Wholecare maintains oversight by requiring FDRs to complete an annual risk assessment.

Public Awareness

Highmark Wholecare's FWA assures that its beneficiary and provider populations are also educated on healthcare FWA issues. Methods of educating include:

1. Highmark Wholecare's website by accessing the "Fraud and Abuse" link at the following web addresses:
   a. www.Highmarkwholecare.com;
   b. www.medicareassured.com

2. Provider FWA Training, hosted on the Highmark Wholecare "Fraud and Abuse" page;
3. Fraud statements on all claims forms and credentialing applications;
4. Quarterly and ad-hoc newsletters (to members and providers);
5. Compliance and Fraud, Waste, & Abuse Hotline number;
6. Audit finding notifications, including corrective action plans;
7. Explanation of Benefits [provides a fraud statement which includes the Compliance and Fraud, Waste, & Abuse hotline number];
8. Provider Manual and Provider Forums; and
9. Member Handbook

Opioid Abuse Training

Highmark Wholecare's FWA Team strives to work within the communities and provide critical knowledge around issues plaguing the nation, such as the opioid epidemic. The Opioid Abuse Training is aimed at achieving CMS recommendations specific to over-prescribing, impact of misuse, and standards of care for diagnoses and procedures. Additionally, the Highmark Wholecare SIU will present educational interventions to specific providers identified as potential outlier opioid prescribers.

Retention of Records

Highmark Wholecare's FWA maintains up-to-date and accurate records in its Case Management System including the name of the subject, referral date, costs, savings/recoveries, subject's address and date closed. All records will be retained for a minimum of ten (10) years as stipulated by CMS guidelines and Highmark Wholecare's Record Retention policy.

Investigation Assistance

Federal, State and local law enforcement agencies may seek information from Highmark Wholecare to further their own investigations or prosecutions of FWA. Highmark Wholecare's FWA Team fully cooperates with and promptly responds to all fraud and abuse investigation efforts by regulatory, State and Federal agencies and law enforcement agencies.

Compliance and Ethics

Highmark Wholecare is committed to making every effort to prevent, detect, investigate and report violations of FWA as defined by applicable laws and regulations. Pursuant to corporate policy, all Highmark Wholecare personnel have an obligation to report any known or suspected violations of the Code of Conduct and Business Ethics, policies and procedures or laws and regulations. Highmark Wholecare prohibits retaliation or threatening staff for reporting compliance concerns in good faith, pursuant to the Non- Retaliation policy.