



Gallagher Religious Practice Group
culture driven success

Serving the Church Worldwide

Medicare as Secondary Payer and Diocesan Priests 2008

Whitepaper

Mark E. Chopko, Esq., Partner
Nonprofit & Religious Practice
Stradley Ronon Stevens & Young
mchopko@stradley.com

James Podheiser, Esq., Partner
Stradley Ronon Stevens & Young
jpodheiser@stradley.com

Philip Bushnell, Area Executive Vice President
Managing Director, Religious/Nonprofit Practice Group
Gallagher Benefit Services, Inc.
phil_bushnell@ajg.com

For further information, contact:
religiouspractice@ajg.com
or Toll-Free (888) 285-5106, ext. 3898



ARTHUR J. GALLAGHER & Co. FOUNDED IN 1927

ABSTRACT

A concern of Catholic dioceses is the provision of medical benefits for those clerics, age 65 and older, still in active ministry. Under the Code of Canon Law, a bishop has what has been termed by commentators a fiduciary obligation to care for his priests, including assurances of a pension and medical insurance. How that obligation is discharged is not specified, and both the Commentary on the Code and US canonical Norms contemplate use of government programs to fulfill this obligation. If priests age 65 and older are under a group health plan of an employer (parish or diocese) that has 20 or more employees, the primary payer for medical benefits is the plan and Medicare is a secondary payer for services covered under the plan. Although Church entities speak about “active” versus “retired” clergy, the civil law looks to whether a person has “current employment status.” A priest would be considered in this status if he receives remuneration “for [current] services rendered.” Even persons considered self-employed may have this status by virtue of their association with an “employer” in a “business” relationship.

Under the law, group health plan of an employer may not take into account the Medicare entitlement of an individual and must provide the same benefits under the same conditions to all participants regardless of age. Moreover, an employer or insurer

may not offer incentives to Medicare – eligible employees to terminate enrollment in a plan or not to enroll in a plan that is considered primary to Medicare. A series of specific regulations lay out additional considerations. There is no exception to these rules for religious institutions.

There are, however, some alternatives. Where persons are “employed” by entities that are not owned in common (as defined under the law), a group plan may seek an exception from the Medicare rules from the government for all entities that fall below the 20 employee threshold. In addition, a plan that covered only “self-employed” persons would not be a group health plan and not be subject to the Medicare secondary payer rules. As might be expected, there are specific regulations that govern both of these arrangements to avoid having them be a subterfuge to gain access to Medicare as the primary payer.

Another alternative, as further explained in an addendum to this paper, could be to offer an alternative plan option, in addition to the core plan, to all employees. This plan could have minimal hospital benefits, be lower priced, and if elected by an active employee over age 65, including diocesan priests, could allow Medicare to pay as the secondary payer.

Law Offices

Stradley, Ronon, Stevens & Young, LLP

2600 One Commerce Square
 Philadelphia, Pennsylvania 19103-7098
 (215) 564-8000

MEDICARE AS SECONDARY PAYER AND DIOCESAN PRIESTS

Pursuant to Section 1862(b)(1)(A) of the Social Security Act,¹ coverage for services provided under the Medicare health insurance program shall be secondary to group health plan coverage provided to individuals age 65 or older by virtue of current employment. The pertinent provisions of the Social Security Act, and the implementing regulations² promulgated by the Center for Medicare and Medicaid Services ("CMS"),³ shall be referred to in this paper, collectively, as "MSP," or the "MSP rules."⁴

The goal of this paper is to summarize the MSP rules and their impact on Catholic dioceses and diocesan priests who are in the active service of their dioceses at and after age 65. It begins with a brief discussion of the relationship between a diocesan Bishop and his Priests. It then moves forward to discuss the particulars of Medicare issue in the context of that relationship. While it is not a purpose of this paper to advocate a position which any diocese should take with respect to the health insurance coverage of their active priests, issues which are subject to varying interpretations will be highlighted and assessed in a fair and objective manner.

This paper will not summarize the sanctions which may be imposed for failure to comply with the MSP rules, although it should be noted that employers are subject to the assessment of significant civil penalties by both the Internal Revenue Service and CMS for noncompliance, as well as legal action by CMS for the recovery of two times the amount improperly paid by Medicare which should have been covered by the employer's health insurance plan.

Summary of Bishop-Priest Relationship and Obligation of Support

By virtue of his incardination into a diocese, the Code of Canon Law binds the priest in a unique relationship to a bishop. This is not a secular employment relationship, or even a "master-servant" relationship, but a broader and more intimate relationship often analogized to a familial relationship, based on trust and a shared ministry through sacred orders. Commentators on the Canon Law of the Catholic Church have said that the relationship is a fiduciary one: The priest promises obedience and adherence to the policies and directives of his bishop,⁵ including

matters of assignments to work or service.⁶ For his part, the Bishop is obliged to provide for the decent support of his priest, including a "remuneration and support"⁷ and assurances of pension and medical insurance.⁸ All priests in "good standing" are entitled to this support according to their condition and need.⁹

Although under Church law a bishop has a solemn obligation to see that his priests are sustained and supported, how that obligation is undertaken and the civil law consequences are not specified. Indeed, experience shows that priests may be treated differently under the civil law for different purposes. A priest is statutorily "self-employed" for purposes of Social Security, but may receive a "W-2" as "employee" for purposes of reporting his income to the Internal Revenue Service. The W-2 may be provided by his parish (as place of ministry and the source of the funds used to meet the payroll) or the diocese. For liability purposes, when cases charge employment-related supervisory torts (e.g., negligent supervision of a priest), that kind of claim could only be stated against a bishop and a diocese, since regardless of where his salary and benefits arise or how they are reported, the priest is only supervised by a bishop. The case law recognizes this distinction.¹⁰ And, an "active diocesan priest" may have his salary paid from sources other than the diocese, for example, if he is a "graduate student" (stipend), professor (university), or parochial minister (parish). The source of funds is not determinative for fixing the ecclesial nature of the bishop-priest relationship, or dictating the civil consequences of that relationship.

Canon 281, Section 2 addresses the specific point about insurances: "Provision must also be made so that [priests] possess that social assistance which provides for their needs suitably if they suffer from illness, incapacity, or old age." The Code does not say "who" or "what" is the source of those supports or insurances, and the Commentary on the Code of Canon Law and the corresponding United States canonical Norms both mention use of government programs to fulfill this obligation.¹¹ Receipt of government assistance (on the same terms as other citizens) is specifically contemplated and would not affect the priest's status as a priest in good standing with a diocese.

We draw from this that, although under the canon law, a bishop, by default, would have the obligation to provide for the support, even into old age, of his priests, there is neither a canonical barrier to nor a directive specifying placement of a priest under a diocesan versus a parish-based benefit program versus under Medicare. Thus, we turn to the legal discussion to illuminate the solution.

Summary of MSP¹²

Medicare is the secondary payer for services covered under group health plans (“GHPs”) of employers that employ at least 20 employees and that cover Medicare beneficiaries age 65 or older who are covered under the GHP by virtue of the individuals’ current employment status with an employer.¹³ In addition, GHPs of employers of 20 or more employees must provide to any employee age 65 or older the same benefits, under the same conditions, that they provide to employees under age 65, whether or not the employee is entitled to Medicare.¹⁴

An individual has “current employment status” if he is actively working as an employee, is the employer (in the case of a self-employed person), or is associated with the employer in a business relationship.¹⁵ A self-employed person is considered to have GHP coverage by virtue of his current employment status during a particular tax year only if, during the preceding tax year, his net earnings, from work in that year related to the employer that offers the GHP coverage, were at least \$400.¹⁶ A member of the clergy is considered to have current employment status with a church or other religious organization if he is receiving cash remuneration from the church or other religious organization for services rendered.¹⁷

A GHP of an employer of at least 20 employees may not take into account the age-based Medicare entitlement of an individual age 65 or older who is covered, or who seeks to be covered, under the GHP by virtue of his current employment status, and must provide to employees age 65 or older the same benefits under the same conditions as it provides to employees under age 65.¹⁸ In addition, an employer or other entity (such as an insurer) is prohibited from offering Medicare beneficiaries financial or other benefits as incentives not to enroll in, or to terminate enrollment in, a GHP that is, or would be, primary to Medicare.¹⁹ This prohibition precludes offering to Medicare beneficiaries an alternative to the employer primary plan (such as prescription drug coverage) unless the beneficiary has primary coverage other than Medicare, such as through an individual health insurance policy procured by the employee.²⁰

Additional examples of impermissibly taking into account Medicare eligibility include the following:

- offering coverage that is secondary to Medicare to individuals entitled to Medicare (such as “Medigap” coverage);²¹

- terminating coverage because the individual has become entitled to Medicare;²²
- imposing limitations on benefits for an individual entitled to Medicare that do not apply to others enrolled in the GHP, such as providing less comprehensive coverage, charging higher deductibles or coinsurance, or reducing benefits;²³
- charging higher premiums to individuals entitled to Medicare, or requiring such individuals to contribute a greater share of a uniform premium;²⁴ and
- providing misleading or incomplete information that would have the effect of inducing an individual entitled to Medicare reject the GHP.²⁵

The above rules also apply to a GHP that is a multi-employer plan in which at least one of the participating employers has at least 20 employees.²⁶ However, if the multi-employer plan is subject to MSP, MSP will not apply with respect to those individuals enrolled in the multi-employer plan who are covered by virtue of current employment status with an employer that has fewer than 20 employees and the GHP requests an exception and identifies the individuals for whom it requests the exception.²⁷

In applying the 20-employee threshold with respect to any single employer, an employer is considered to employ 20 or more employees if it has 20 or more employees (whether or not covered under a GHP) for each working day in each of 20 or more calendar weeks in the current calendar year or the preceding calendar year.²⁸

The following terms are specifically defined for purposes of the MSP rules described above.

- An “employee” is an individual who is working for an employer, or an individual who is not working for an employer but is receiving payments that are subject to FICA taxes, or would be subject to FICA taxes except that the employer is exempt from FICA taxes under the Internal Revenue Code of 1986 (“Code”).
- An “employer” is an individual (i.e., a self-employed person) or other organization engaged in a trade or business, and other entities exempt from income tax such as religious, charitable and educational institutions. Separate entities that would otherwise be treated as separate employers under the common law are treated as a single “employer” for purposes of MSP if they are treated as a single employer under Code Section 52(a) or (b), which in turn are based on the rules for treating separate corporations and unincorporated trades or business under common control as a single employer under Code Section 414(b) and (c), or are members of an affiliated service group as defined in Code Section 414(m).

- A “GHP” is any arrangement made by one or more employers to provide health care directly or through other methods such as insurance or reimbursement, to current or former employees, the employer (in the case of a self-employed person), others associated or formerly associated with the employer in a business relationship, or their families, that (a) is of, or contributed to by, one or more employers, (b) if it involves more than one employer, provides common administration, and (c) provides substantially the same benefits or the same benefit options to all those enrolled under the arrangement. A plan exclusively for self-employed persons is not a GHP.
- A “multi-employer plan” includes a plan that is sponsored jointly by two or more employers.
- A “self-employed person” encompasses consultants, owners of businesses and directors of corporations, and members of the clergy and religious orders who are paid for their services by a religious body or other entity.²⁹

Implications for Dioceses and Priests

It is clear, as a general proposition, that the MSP rules apply to GHPs covering diocesan priests, as there is no broad exception to those rules for GHPs maintained by churches or for GHPs with respect to the coverage of priests. Accordingly, absent an exception, Medicare coverage will be secondary to GHP coverage of an active priest, and a GHP cannot exclude an active priest from coverage on account of his attaining age 65, reduce the coverage available to an active priest under the GHP on account of his attaining age 65 or make such coverage more expensive for him personally, or provide any kind of financial incentive for an active priest who attains age 65 to voluntarily relinquish coverage under the GHP. Certainly, any active priest who attains age 65 could voluntarily relinquish GHP coverage at age 65 (provided that no financial incentive is provided for him to do so), but voluntary removal from GHP coverage by all or most active priests upon attaining age 65 as a result of an overall plea by a diocesan bishop or otherwise through the Church hierarchy could be challenged by CMS and its contractors as not truly “voluntary.”

As an initial matter it is important to determine when a priest is “active,” and thereby counted as someone for whom Medicare must be secondary to GHP coverage, as opposed to retired or otherwise not “active.” To be precise, the inquiry under MSP is whether an individual has “current employment status.”³⁰ In that regard, a reemployed retiree who is covered by a GHP and who performs sufficient services to qualify for coverage as an active employee is considered covered by the GHP by reason of “current employment status.”³¹ In that event, Medicare would be secondary to the GHP coverage (including Medigap type coverage provided by the GHP).

The MSP rules attempt to address this issue in the context of clergy by providing that a member of the clergy is considered to have current employment status with a church or other religious organization if he is receiving cash remuneration from the church or other religious organization “for services rendered.”³² Read literally, this could mean that a retired priest who is receiving a pension or retirement stipend from his diocese is in “current employment status” because the amount paid is for services rendered, albeit for services rendered in the past. The better reading, however, is that the cash remuneration must be for current services in order to have a “current employment status.” Accordingly, a priest who has retired under the diocese’s usual and customary procedures and is receiving a pension or retirement stipend should not be considered as having “current employment status,” even if he performs some duties on behalf of the diocese from time to time, provided that he is not separately compensated for those duties or if he is separately compensated his level of activity is not sufficient for eligibility under the GHP by active persons.

It is also clear that the distinction between an active priest’s status as an employee or status as a self-employed person providing services on behalf of his parish or diocese is not relevant for purposes of application of the general MSP rules, as those rules apply with respect to covered individuals covered by a GHP by virtue of their “current employment status,” which includes not only employees but also individuals covered by virtue of their self-employed status and individuals covered by virtue of their association with an employer in a business relationship.

There are two possible avenues which a diocese could explore, however, to avoid the MSP rules with respect to their active priests.

1. Multi-Employer Plan Exception

To the extent that a GHP covers individuals in current employment status as employees of two or more separate, legal entities which are not aggregated by common ownership interests pursuant to Code Section 52(a) or (b), the GHP can request an exception from CMS with respect to the application of the MSP rules to all employees with respect to those entities that fall below the 20-employee threshold. Thus, for example, if one or more parishes of a diocese are separately incorporated as non-stock, nonprofit corporations, each such parish that falls below the 20-employee threshold would be exempt from the MSP rules, and its active employees who have attained age 65, either all employees or only priests, could be excluded from the GHP coverage, or can be offered financial incentives to drop GHP coverage.³³

A diocesan multi-employer plan would not be subject to the rules governing multiple employer welfare arrangements (“MEWAs”) under the Employee Retirement Income Security Act of 1974, as amended (“ERISA”),³⁴ including the M-1 filing requirement, because of such plan’s exemption from ERISA as a “church plan.”³⁵ In addition, pursuant to the Church Plan Parity and Entanglement Prevention Act of 1999,³⁶ such a plan will be deemed to be a plan sponsored by a single employer that reimburses costs from general church assets, or purchases insurance coverage with general church assets, or both, for purposes of determining the plan’s status under any State insurance laws pertaining to licensing, solvency and insolvency that might otherwise regulate church plan MEWAs.³⁷

It should be noted, however, that the multi-employer plan exception would only be available with respect to those separate, legal entities which fall below the 20-employee threshold. In addition, this exception can present some administrative complexities which are not easily resolved inasmuch as the 20-employee threshold is a moving target. As noted, the exception would not apply with respect to an entity for any calendar year if that entity employed 20 or more employees (whether or not covered under a GHP) for each working day in each of 20 or more calendar weeks in preceding calendar year **or the current calendar year**. If the entity fell below the threshold for the preceding calendar year, but then has had 20 or more employees on each working day of 20 calendar weeks of the current calendar year, it must offer its active priests age 65 or older primary coverage under the GHP for the remainder of the year and through the following year (at a minimum).³⁸

2. Exception for Plans Covering Only Self-Employed Persons

As noted, a plan that covers only self-employed persons is not a “GHP” within the meaning of the MSP rules, and is not subject to those rules. Accordingly, if (a) active priests are “self-employed persons” within the meaning of the MSP rules, and (b) a separate health insurance plan can be created that covers only priests (and not lay employees or other individuals), that plan would not be subject to MSP.

As to the first requirement, it is not clear whether priests should be treated as “employees” or “self-employed persons” for purposes of the MSP rules. The definition of “employee” under the MSP is somewhat vague.³⁹ However, the implication of the definition, by virtue of its inclusion of certain individuals as “employees” either because they are subject to FICA taxes or would be subject to FICA taxes if the employer was not exempt from FICA taxes, is that there is a linkage between the treatment of individuals as employees or self-employed persons for Federal employment tax purposes and their treatment for MSP purposes.

In that regard, priests are excluded from the FICA and Medicare tax regime of the Code, and are subject to the self-employment tax regime of the Code.⁴⁰

In addition, the definition of “self-employed person” under the MSP rules expressly provides that the term “encompasses” members of the clergy and religious orders who are paid for their services by a religious body or other entity.⁴¹ While the use of the word “encompasses,” rather than the word “includes” or the word “means,” leaves some doubt as to whether a diocesan priest will always be treated as a self-employed person for purposes of the MSP rules, the definition provides further support for the conclusion that diocesan priests should be so treated. Consequently, while there may be some reason for doubt, it appears that there is at least a reasonable basis to conclude that diocesan priests are “self-employed persons” for purposes of the MSP rules.

The second requirement would require the establishment of a separate health insurance arrangement solely for priests (either active priests only or active and retired priests). The term “plan” is not defined by the MSP rules with this concept in mind. At a minimum, in the case of a fully insured plan, the underwriting or other basis for negotiation of premiums for the priests’ plan should be entirely separate from and unrelated to any other plan maintained by the diocese, and neither the premium structure nor its availability should be conditioned in any manner on the health insurance coverages provided under a plan or plans for other groups, or vice versa. Preferably, there should be some differences between the terms of and coverages available under the priests’ plan and the other plan(s), to further evidence that they are separate “plans.” While there is no regulation or CMS pronouncement that specifically aggregates “clone” plans for this purpose, it would be prudent to create as many distinctions as possible between the health insurance programs in order to sustain the position that they are separate “plans” for MSP purposes.

Treasury Circular 230 Notice:

The advice above was not written and is not intended to be used and cannot be used by any taxpayer for purposes of (i) avoiding United States federal income tax penalties that maybe imposed or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein. We provide the foregoing disclaimer to satisfy obligations we have under Circular 230 governing standards of practice before the Internal Revenue Service.

¹⁴² U.S.C. Section 1395y(b)(1)(A).

²⁴² C.F.R. Section 411.100 et seq. ("CMS Reg.").

³ CMS is an agency of the U.S. Department of Health & Human Services. Prior to July 1, 2001, CMS' name was "Health Care Financing Administration," and often referred to as "HCFA." The MSP regulations were promulgated prior to this change in name.

⁴ The discussion in this paper is based on the MSP rules and other pertinent authorities in effect as of January 31, 2008.

⁵ Code of Canon Law, Canon ("C.") 273 (Canon Law Society of America 1989).

⁶ C. 274, Section 2.

⁷ C. 281, Section 1.

⁸ C. 281, Section 2.

⁹ Although not a category in canon law, "active priests" (distinguished from "retired priests") are those engaged in work or service whose assignments are made or approved by the bishop.

¹⁰ See *Brillhart v. Scheier*, 758 P.2d 219, 224 (Kan. 1988); Mark E. Chopko "Stating Claims Against Religious Institutions," 44 B. C. L. Rev. 1089, 1096, 1103-06 (2003).

¹¹ Rev. John E. Lynch, "The Obligations and Rights of Clerics," p. 369, *NEW COMMENTARY OF THE CODE OF CANON LAW* (Beal, et al, eds. Paulist Press 2000). "Norms for Priests and Their Third Age," National Conference of Catholic Bishops (November 19, 1987). Quoting the 1966 decree of the Second Vatican Council *Presbyterorum ordinis* (at ¶21), the Commentary says that bishops' conferences should act to provide these insurances "[i]n countries where social security has not yet been adequately organized for the benefit of clergy."

¹² References in the MSP rules to spousal coverage and group health plans maintained by employee organizations will be eliminated in this paper.

¹³ CMS Reg. Section 411.100(a)(i).

¹⁴ *Id.* at 411.100(a)(3).

¹⁵ *Id.* at 411.104(a)(1).

¹⁶ *Id.* at 411.104(d). 42 U.S.C. Section 411(b)(2).

¹⁷ CMS Reg. Section 411.104(e)(3).

¹⁸ *Id.* at 411.102(b).

¹⁹ *Id.* at 411.103(a).

²⁰ *Id.*

²¹ *Id.* at 411.108(a)(1)

²² *Id.* at 411.108(a)(3)

²³ *Id.* at 411.108(a)(5)

²⁴ *Id.* at 411.108(a)(6).

²⁵ *Id.* at 411.108(a)(9).

²⁶ *Id.* at 411.170(a)(i)(ii) and 411.172(a)(3)(i).

²⁷ *Id.* at 411.172(b).

²⁸ *Id.* at 411.170(a)(2)(i).

²⁹ *Id.* at 411.101.

³⁰ *Id.* at 411.102(b)(1).

³¹ *Id.* at 411.172(d).

³² *Id.* at 411.104(e)(3).

³³ This concept is expressly noted by CMS in its Medicare Secondary Payer (MSP) Manual, Chapter 1, Section 60(C). ("The CMS does not aggregate religious organizations for MSP purposes. Incorporated parishes and churches that are part of a church-wide organization such as a diocese or synod, are considered to be individual employers. A GHP . . . for employees of such parishes or churches is considered to be a multi-employer GHP.") Evidently, the CMS' position is based on the assumption that such incorporated entities will be non-stock entities, and thus there is no "ownership" triggering aggregation under Code Section 52(a) and (b) or Section 414(m). The CMS's position in that regard should not be impacted by regulations published by the Treasury Department under Code Section 414(b) and (c) on July 26, 2007. Although those regulations generally treat an entity as under common control with another entity for purposes of Code Section 414(b) and (c) (and, consequently, for purposes of Code Section 52(a) and (b)) if at least 80% of the trustees or directors of one organization are either representatives of, or directly or indirectly controlled by, the other organization, those regulations do not apply to churches. 26 C.F.R. Section 1.414(c)-5(a).

³⁴ 29 U.S.C. Section 1001 et seq.

³⁵ *Id.* at Section 1002(33),

³⁶ Public Law No. 106-244 (July 10, 2000).

³⁷ *Id.* at Section 2.

³⁸ Medicare Secondary Payer (MSP) Manual, Chapter 1, Section 10.1.

³⁹ See text accompanying footnote 29 above.

⁴⁰ Code Section 3121(b)(8)(A). See also IRS Publication 517 ("Social Security and Other Information for Membership of the Clergy and Religious Workers"). It should be noted, however, that priests are almost uniformly considered by the IRS to be "employees" for Federal income tax purposes, even though they are subject to self-employment tax and their compensation is not subject Federal income tax withholding at the source. Code Section 3401(a)(9). See IRS Publication 517.

⁴¹ CMS Reg. Section 411.101.

ADDENDUM TO MEDICARE AS SECONDARY PAYER AND DIOCESAN PRIESTS

A question has been posed as to whether a diocese could offer two health plans available to all employees regardless of age and on the same terms and conditions, one being higher cost but with good coverages, and the other being inexpensive but with more limited coverage. The thinking behind this approach is that if an active employee over age 65, including diocesan priests, elected the limited plan, Medicare would step in and fill most of the gaps as a secondary payer.

In reviewing this approach with Stradley Ronon Stevens & Young, LLP, the following response was submitted:

1. Medicare-eligible individuals are free to elect out of the employer's plan, provided that the employer does not offer Medicare-eligible individuals a financial incentive to elect out. Relief from having to pay for part of the premium for an employer's plan is not a prohibited financial incentive, as long as that premium contribution for employees is the same regardless of their Medicare eligibility or lack thereof. Similarly, if the employer offers three choices to all employees regardless of age, a Cadillac plan with a greater premium share, a Geo plan with a lower premium share, or no plan (and thus no premium share), there is no "financial incentive" that violates MSP.
2. On the other hand, the MSP regulations also provide that if a Medicare-eligible individual refuses the employer plan, the employer may not then offer the individual coverage that is "complementary to Medicare." I'm not sure how the Geo plan might be viewed as "complementary to Medicare;" my guess is that it is designed to provide generous coverage for expenses other than hospital stays for people who have good hospitalization coverage from another source, such as through a spouse, and not only for people who are Medicare-eligible. However, if in fact the coverage is designed to be no good, or as a practicable matter not a real choice for anyone other than a Medicare-eligible individual because it is in fact complementary to Medicare, then it is suspect. If those are the facts, I don't think you can find any comfort in the MSP regulations simply by virtue of the fact that the Geo plan is offered to everyone.



Gallagher
Religious Practice Group