



WELCOME!



More than a Meal

Employee Training

This document contains the required **2022 Training Materials**.

After you have read the entire document, please visit mobilemeals.org/employeetrainingform and fill out the **Training Acknowledgment Form**.

THANK YOU!



Section 1: Charitable Deduction for Volunteers

A taxpayer may not deduct the value of his time or services contributed to a charity, but he may deduct any reasonable expenses incurred in performing charitable services.

For example, if a taxpayer incurs transportation expenses in service of a charitable organization, those expenses are deductible. Taxpayers may deduct the actual cost of the transportation or a flat rate of \$0.14 per mile driven. Deductible expenses include but may not be limited to parking fees, tolls, and mileage to and from the location of the charitable service. These expenses are itemized deductions on Schedule A of Form 1040. Consult your tax advisor to determine if the deduction applies to you.

Section 2: Volunteer Meal Delivery Driver Position

PURPOSE OF POSITION:

The volunteer driver will ensure the prompt delivery of meals to consumers

RESPONSIBLE TO:

The volunteer driver is directly responsible to Mobile Meals of Toledo's Volunteer Coordinator

DUTIES:

Pick up prepared meals and deliver them to the consumers on a pre-determined route

SKILLS AND EXPERIENCE REQUIRED:

- Excellent interpersonal skills
- A solid commitment to working with frail aged and people with disabilities
- Able to work with a minimum of supervision
- Able to accept direction and guidance
- Able to read and understand directions
- Able to operate innovative technology, i.e. tablet, smartphone, and mobile application

VOLUNTEER RIGHTS AND RESPONSIBILITIES:

As a Volunteer, you have the right to:

- Information about the organization for which you are volunteering
- A clearly-written position description
- Know to whom you are accountable
- Be supported and supervised in your role
- A healthy and safe working environment
- Say no if you feel you are being exploited
- Be informed and consulted on matters which directly or indirectly affect you and your work
- Be made aware of the grievance procedure within the organization
- Orientation and training, including specific instructions as to how to respond to possible delivery problems, such as persons not answering the door

As a Volunteer, you need to:

- Be reliable, responsible, and ethical
- Respect confidentiality
- Carry out the specified job description as you have agreed to do.
- Be accountable
- Be committed to the organization
- Use your own car and gas to deliver meals
- Have a valid driver's license and automobile insurance
- Undertake training as requested
- Ask for support when you need it
- Be aware that it is the volunteer's responsibility to see that the correct meal is delivered to the correct person by reading the label on each bag before delivery
- Be aware that the "average" Mobile Meals' route delivers to approximately 10 to 12 clients
- Notify the Volunteer Coordinator, in advance if possible, if you are unable to deliver your scheduled route
- Be non-judgmental and remember that each client has been appropriately assessed before starting meal service, so don't judge a book by its cover
- Recognize that for the clients on your route, you may be their only visitor or personal contact that day
- Try to be cheerful and patient while delivering to each client
- Remember that as well as delivering much-needed nutrition, you need to observe the client's well-being, any changes in their condition
- Report route completion by logging each delivery in the Mobile Meals app at each stop
- Report any problems and concerns regarding directions or the meal recipients to the Mobile Meals' office via comments or Change of Condition reporting within the Mobile Meals app
- Give notice as soon as you decide you no longer wish to continue volunteering



Section 3: Mobile Meals App Quick Reference Guide

PIN

The number was provided during training, never changes, unlocks the tablet.

Driver Name

Your name, if someone else's name is there erase it and type in your name.

Driver Contact Number

Your mobile number, if someone else's phone number is there erase it and type in your mobile number, no space or punctuation is needed between numbers.

Customer ID, Route Code, Password

Should all automatically be filled in for you upon pickup. Verify that your route letter appears in the Route Code field, i.e. assigned to A, Route Code = A. If fields are blank reference sheet inside tablet box.

Pass Key

The Pass Key is provided at the pickup site, changes daily, last field of the App Sign In Page.

Driver Comments - DO BEFORE CLICKING "DELIVERED"

Refers to delivery. If a client is not seen and their bag is being left, make a comment to indicate where the bag is being left prior to indicating that a meal is delivered, i.e. Robin isn't home, special instructions indicate Luke can accept meals, Luke accepts delivery, put in a comment "bag with Luke", tap DELIVERED or Carolyn isn't home, special instructions indicate bag can be left at the door or in a cooler, put in a comment "bag at door", tap DELIVERED.

Delivered

Regardless if client is seen or not, if a bag is left based on special instructions it should be marked delivered.

Not Delivered

The bag was not left for some reason, indicate reason after selecting not delivered.

Change of Condition - DO AFTER CLICKING "DELIVERED" ONLY IF OBSERVED

Refers to observation or conversation with the client. Use this feature to report all other information, i.e. Client reported they are moving next week, Barbara's cast has been removed, JoAnne fell and is now using a walker, George's lawn is overgrown, Bill's front step is broken, Evelyn was in great spirits today and very chatty, John has 15 milks in his fridge, Sarah's daughter is now staying with her, Pam had new bruising on her left arm, Pam seems confused today and her bag was at the door from yesterday, etc. When reporting a change, select the category you think is the best fit.

Scheduled Deliveries Complete: Scheduled Deliveries Complete will appear once all clients have been marked as delivered or not delivered. Once this box appears choose **SIGN OUT NOW**, then sign your name, check both boxes below the signature line along the left-hand side of the screen, and tap done on the right-hand side of the screen. Delivery is not complete until you sign your name. Please sign legibly.

Other Items to Note:

Delivery Associated Times:

Gordon Food Service

Pick up meals between 9:00 am and 10:30 am, return tablet by 1:00 pm.

Great Lakes Sound

Pick up meals from the walk-in cooler between 10:00 am and 11:00 am, return tablet by 1:00 pm.

St. Anne Hospital

Pick up meals between 11:30 am and 12:30 pm on Tuesdays and between 11:00 am and 12:00 pm on Fridays, return tablet by 2:00 pm.

St. Charles' Hospital

Pick up meals between 9:00 am and 10:00 am, return tablet by 12:30 pm.

St. Luke's Hospital

Pick up meals between 10:30 am and 11:00 am on Tuesdays and between 10:00 am and 10:30 am on Fridays, return tablet by 1:00 pm.

Tablet Return

Tablets may be left on when you return them at the end of delivery.

App for Download

An app is available in the Apple Store or Google Play if you would like to use your own device during delivery.



Section 4: CHANGE OF CONDITION CHEAT SHEET

Physical & Mental Health	Self-Care & Safety	Mobility	Nutrition	Home Environment	Social & Community	Emergency
Unusual Breathing	Disheveled Appearance	Starts or Stops Using Walker/Cane/Wheelchair	Noticeable Weight Gain/Loss	Dirtier Than Usual/Clutter/Hoarding	No Longer Goes to a Senior Center	Immediate Injury
New Cuts or Bruises	Unkempt Hair or Nails	Answers Door Faster than Before	Abundance of Meals or Milk	Heating/Cooling Problem	Change in Family Support/Caregiver	Concerning Illness
Apparent Change in Mood or Behavior	Suspected Signs of Neglect or Abuse	Taking Longer than Usual to Answer the Door	Dental Problem/Trouble Chewing or Swallowing	Difficulties Managing Home/Yard Broken Lock	Reported Loss of Family Member, Friend, or Pet	Unconscious Upon Arrival/Becomes Unconscious
Confusion	Body Odor	New Limp	Dehydration	Unsafe Electrical or Gas Appliances (Gas Odor)	New Aide	Eviction
Muscle Weakness	Bathing More Regularly	Decreased Mobility	Decrease or Increased Appetite	Trip Hazards	Started Attending Church Regularly	FIRST, CALL 911 WHEN WARRANTED
Fatigue	Tidy Appearance	Unsteady	Finishing Meals	Tidy/Clean Home	Garden Club	
Facial Droop	Medication Theft	Can No Longer Answer the Door	Bare Cupboards	New Ramp/Railing Installed	Family Moved In	NEXT, NOTIFY MOBILE MEALS' OFFICE 419-255-7806
Skin Discoloration (Yellow, Blue, etc.)	Not Taking Medications		Ill-fitting or Lost Dentures	Pest Control Needed	Started Playing Bingo on Tuesdays	



Section 5: Meal Delivery Information & Handling Emergency Situations

Please Review the Following Meal Delivery Information

1. Meals should be picked up within the designated window associated with your pick up site. If you are going to be late, please call our office at 419-255-7806 to let us know with as much advance notice as possible.
2. Upon arriving at your designated site, locate the tablet assigned to your route, sign into the tablet using your personal information, verify your route information has loaded, and locate the bags assigned to your route for the day.
3. Before you leave the site and begin delivering please ensure that you have all the bags designated for your route.
 - a. Be sure to compare the names on your client list in the mobile app to the names on each label of the bags that you have prior to leaving the site.
4. Delivery instructions for each client should still be referenced. Volunteers may call clients from their vehicles to ensure meals are received.
5. Follow the client's specific instructions listed in the Driver Instruction section of their information on the mobile app: i.e. leave bag in cooler, leave bag at door, leave food with Susan Jones in apartment #47, etc. Prior to marking the client's meals as delivered please write a comment to indicate where the bag was left so that this information is transmitted back to Mobile Meals properly, i.e. bag left in cooler, bag left on bench near door, bag left with neighbor Susan, etc.
6. During delivery for each client you will be prompted by the mobile app to indicate if there is a Change in Condition for each client. If you notice a change in a client's condition please mark "yes" when prompted. After marking "yes," choose which category the change falls under, i.e. health, nutrition, mobility, etc. Once a category has been marked please write a comment to explain this change, i.e. abundance of milk, not eating the meals, difficulty answering the door, disheveled appearance, no longer using a walker, now able to walk without use of a cane, appetite has returned, etc. Change does not have to be negative. If a client seems to be the same as always you may simply mark "no" when prompted about change of condition. If you mark "no" you will not be prompted to include a comment.
7. At the end of your delivery route please make sure you sign out and exit the mobile app.
8. Return the tablet to the site in which you picked up. These items need to be returned same day as delivery. Each site has a specific cut off time for the return of these items (see Quick Reference Guide). If you are going to return the items after the cut off time please contact the office immediately. Ensuring that we receive each tablet is critical to the next delivery.

Handling Emergency Situations:

It is possible that you may encounter an emergency situation while delivering meals.

If you encounter a client in an emergency situation:

- Immediately contact emergency personnel by calling 911.
- Call our office at 419-255-7806 to notify us of the situation.
- Do not attempt to provide medical care for the client, unless you are professionally trained and qualified to do so.
- Monitor the client until emergency personnel arrive.



Section 6: FOOD SAFETY ON THE GO

Food Safety Basics & Volunteer Responsibilities

This document explains why food safety is essential and matters when providing meals to older adults. It discusses the food safety responsibilities of home-delivered meal program volunteers.

Food-borne Illness (Food Poisoning)

Food poisoning is caused by eating food that is contaminated. Bacteria and viruses are the most common causes of food-borne illness.

Bacteria - Salmonella, Shigella, E. coli, Campylobacter

Viruses - Norovirus, Hepatitis A

Salmonella Outbreak in 2015

- Imported cucumbers from Mexico
- Over 900 infected in 40 states
- About 200 people hospitalized
- At least 4 died

E. coli Outbreak in 2017

- Romaine lettuce
- 25 infected in 15 states
- 9 people were hospitalized
- 1 death reported

E. coli Outbreak in 2019

- Contaminated ground beef
- About 209 infected in 10 states
- 29 were hospitalized
- No deaths reported

Food-borne Illness is Common

- Every year, about 48 million Americans (1 in 6 Americans) get a food-borne illness. Approximately 128,000 of them go to the hospital, and 3,000 die.
- Adults 50 and over are more likely to be hospitalized and die of food-borne illness.
- The health-related cost of food-borne illness in the U.S. is thought to be about \$15.6 billion per year.

Older Adults are at High Risk

Health Conditions

Health conditions such as liver disease, organ transplant, HIV/AIDS, diabetes, arthritis, cancer, heart disease, and kidney disease, and the side effects of some medications can weaken the immune system and increase a person's risk of getting a food-borne illness. According to national surveys, home-delivered meal clients have much higher rates of these health conditions than the general population. Home-delivered meal clients are therefore at substantially higher risk of food-borne illness than the general population.

Weaker Immune System

Older adults are especially vulnerable to food-borne illnesses. With age, the immune system can become weaker and have a hard time resisting harmful bacteria and viruses.

Less Stomach Acid

Stomach acid, which limits the number of harmful bacteria and viruses that enter the intestines, often decreases with age. Many older adults also take medications that lower the amount of stomach acid.

Symptoms of Food-borne Illness

- Stomach and intestines: nausea, vomiting, diarrhea
- May not appear for weeks
- Not “stomach flu” or “24-hour flu”
- There can be serious complications: kidney failure, arthritis, paralysis

The Food Supply is Changing

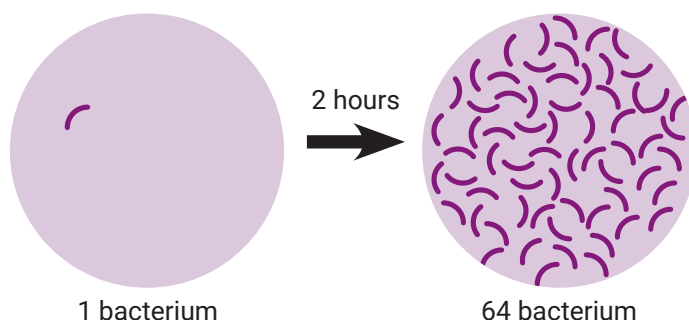
The food supply in the U.S. is one of the safest in the world. Nowadays, foods are produced on a much larger scale and go through more processing, which has raised the chance of food contamination. A few decades ago, food was grown, produced, and distributed locally. Now, many foods travel over 1,000 miles to get from a farm to a person’s plate. **15% of food in the U.S. comes from other countries with different food production practices.**

How Food is Contaminated

- Bacteria are in the soil, water, air, plants, animals, and humans.
- Food can be contaminated during growing, harvesting, processing, storing, transport, preparation, holding, and delivery.
- Viruses mainly come from humans.

Harmful Bacteria

Most bacteria and viruses that cause food-borne illness go unnoticed because they don’t change how food looks, smells, or tastes. Some people even claim that the potato salad or other food that made them sick was the best they ever tasted. Bacteria that spoil food and change its smell, taste, or texture are generally different from the bacteria that cause food-borne illness.



Harmful Bacteria multiply in food, grow best at certain temperatures, can produce toxins, and can change into spores.

Temperature “Danger Zone”

Harmful bacteria grow fastest between 40°F and 140°F. Time/Temperature for Safety (TCF) should be kept out of the “Danger Zone.” Perishable foods should not be left out in the “Danger Zone” for more than 2 hours.



Health and Personal Hygiene

Employees and volunteers need to be in good health and maintain good personal hygiene so that they don't transmit harmful viruses or bacteria through food to clients. Washing hands is one of the best ways to reduce the risk of food-borne illness, as it can keep harmful viruses and bacteria from spreading.

Health of Drivers

Volunteers who are ill may contaminate food and spread food-borne illness by delivering meals. Request a substitute for your delivery route if you are diagnosed with a food-borne illness or are experiencing any of the following symptoms: vomiting, diarrhea, jaundice (yellow skin and eyes), sore throat, with fever.

Washing Hands



Washing hands is one of the best ways to reduce the risk of food-borne illness. Up to 80% of infections transmitted by harmful bacteria and viruses can survive on unwashed hands for hours. You should wash your hands before and after handling food, after using the restroom, touching pets, and touching one's hair, face, body, clothing, or anything else that could contaminate hands.

Washing Hands:

- Wash hands in warm soapy water for at least 20 seconds
- Dry with a clean paper towel or a hand dryer
- Cover any wounds you may have on hands, fingers, and arms using bandages

Hand Sanitizers

Drivers should clean their hands before handling any food containers during meal pick-up and delivery. It is best to wash hands with soap and clean water. If this is not an option, hand sanitizer is a good alternative.

- Hand sanitizers do not remove soil and other materials
- Hand sanitizers, wipes or lotions, should have an alcohol content of at least 60%

To Use Hand Sanitizing Lotion:

- Apply to palm of one hand
- Rub hands together
- Rub over all surfaces of hands and fingers until hands are dry
- Cover any wounds you may have on hands, fingers, and arms using bandages

Delivery

- Routes should be as short as possible, so there is less chance for harmful bacteria to grow to unsafe levels in the food. All routes are limited to 13 clients.
- The ServTracker App helps ensure meals are not outside proper refrigeration for too long by tracking start and end delivery times.
- The inside of vehicles should be cleaned regularly.
- Drivers should not bring pets (dogs, cats etc.) along in their vehicles during meal delivery, as pets could contaminate drivers' hands and the meals.

Visit nutritionandaging.org for more information on this training series.





Section 7: Combating Medicare Parts C and D Fraud, Waste, and Abuse Training Course

ACRONYMS

The following acronyms are used throughout the course.

CFR	Code of Federal Regulations
CMS	Centers for Medicare & Medicaid Services
EPLS	Excluded Parties List System
FCA	False Claims Act
FDRs	First-tier, Downstream, and Related Entities
FWA	Fraud, Waste, and Abuse
HIPAA	Health Insurance Portability and Accountability Act
LEIE	List of Excluded Individuals and Entities
MA	Medicare Advantage
MAC	Medicare Administrative Contractor
MLN	Medicare Learning Network®

This training assists Medicare Parts C and D plan Sponsors' employees, governing body members, and their first-tier, downstream, and related entities (FDRs) to satisfy their annual fraud, waste, and abuse (FWA) training requirements in the regulations and sub-regulatory guidance at:

- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi)(C)
- 42 CFR Section 423.504(b)(4)(vi)(C)
- CMS-4182-F, Medicare Program; Contract Year 2019 Policy and Technical Changes to the Medicare Advantage and the Medicare Prescription Drug Benefit Programs
- Section 50.3.2 of the Compliance Program Guidelines (Chapter 9 of the Medicare Prescription Drug Benefit Manual and Chapter 21 of the Medicare Managed Care Manual)

Why Do I Need Training?

Every year billions of dollars are improperly spent because of FWA. It affects everyone—including you. This training will help you detect, correct, and prevent FWA. You are part of the solution.

Combating FWA is everyone's responsibility! As an individual who provides health or administrative services for Medicare enrollees, every action you take potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

Training Requirements: Plan Employees, Governing Body Members, and First-Tier, Downstream, or Related Entity (FDR) Employees & Volunteers

Certain training requirements apply to people involved in Medicare Parts C and D. All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in this course as "Sponsors") must receive training for preventing, detecting, and correcting FWA. FWA training must occur within 90 days of initial hire and at least annually thereafter. More

information on other Medicare Parts C and D compliance trainings and answers to common questions is available on the CMS website.

LESSON 1: WHAT IS FWA?

Introduction and Learning Objectives

This lesson describes fraud, waste, and abuse (FWA) and the laws that prohibit it. Upon completing the lesson, you should be able to correctly:

- Recognize FWA in the Medicare Program
- Identify the major laws and regulations pertaining to FWA
- Recognize potential consequences and penalties associated with violations

Fraud

Fraud is 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.

The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment up to 10 years. It is also subject to criminal fines up to \$250,000.

Waste and Abuse

Waste includes practices that, directly or indirectly, result in unnecessary costs to the Medicare Program, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

For the definitions of fraud, waste, and abuse, refer to Section 20, Chapter 21 of the Medicare Managed Care Manual and Chapter 9 of the Prescription Drug Benefit Manual on the Centers for Medicare & Medicaid Services (CMS) website.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. 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.

Examples of FWA

Examples of actions that may constitute Medicare fraud include:

- Knowingly billing for services or supplies not provided, including billing Medicare for appointments the patient failed to keep
- Billing for nonexistent prescriptions
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment

Examples of actions that may constitute Medicare waste include:

- Conducting excessive office visits or writing excessive prescriptions
- Prescribing more medications than necessary for treating a specific condition
- Ordering excessive laboratory tests

Examples of actions that may constitute Medicare abuse include:

- Unknowingly billing for unnecessary medical services
- Unknowingly billing for brand name drugs when generics are dispensed
- Unknowingly excessively charging for services or supplies
- Unknowingly misusing codes on a claim, such as upcoding or unbundling codes

Differences Among Fraud, Waste, and Abuse

There are differences among fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to obtain payment and the knowledge the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program but do not require the same intent and knowledge.

Understanding FWA

To detect FWA, you need to know the law.

The following information provides high-level information about the following laws:

- Civil False Claims Act, Health Care Fraud Statute, and Criminal Fraud
- Anti-Kickback Statute
- Exclusion from all Federal health care programs
- Health Insurance Portability and Accountability Act (HIPAA)

For details about specific laws, such as safe harbor provisions, consult the applicable statute and regulations.

Civil False Claims Act (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:

- Conspires to violate the FCA
- Carries out other acts to obtain property from the Government by misrepresentation
- Conceals or improperly avoids or decreases an obligation to pay the Government
- Makes or uses a false record or statement supporting a false claim
- Presents a false claim for payment or approval

For more information, refer to 31 United States Code (USC) Sections 3729–3733.

EXAMPLES

A Medicare Part C plan in Florida:

- Hired an outside company to review medical records to find additional diagnosis codes it could submit to increase risk capitation payments from CMS
- Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported
- Failed to report the unsupported diagnosis codes to Medicare
- Agreed to pay \$22.6 million to settle FCA allegations

The owner-operator of a medical clinic in California:

- Used marketers to recruit individuals for medically unnecessary office visits
 - Promised free, medically unnecessary equipment or free food to entice individuals
 - Charged Medicare more than \$1.7 million for the scheme
 - Was sentenced to 37 months in prison
-

Whistleblowers

A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.

Protected: Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation.

Rewarded: Persons who bring a successful whistleblower lawsuit receive at least 15 percent, but not more than 30 percent, of the money collected.

Health Care Fraud Statute

The Health Care Fraud Statute states, “Whoever knowingly and willfully executes, or attempts to execute, a scheme or artifice to defraud any health care benefit program ... shall be fined under this title or imprisoned not more than 10 years, or both.”

Conviction under the statute does not require proof the violator had knowledge of the law or specific intent to violate the law. For more information, refer to 18 USC Sections 1346–1347.

EXAMPLES

A Pennsylvania pharmacist:

- Submitted claims to a Medicare Part D plan for non-existent prescriptions and drugs not dispensed
- Pleaded guilty to health care fraud
- Received a 15-month prison sentence and was ordered to pay more than \$166,000 in restitution to the plan

The owner of multiple Durable Medical Equipment (DME) companies in New York:

- Falsely represented themselves as one of a nonprofit health maintenance organization’s (that administered a Medicare Advantage plan) authorized vendors
 - Provided no DME to any beneficiaries as claimed
 - Submitted almost \$1 million in false claims to the nonprofit; \$300,000 was paid
 - Pleaded guilty to one count of conspiracy to commit health care fraud
-

Criminal Health Care Fraud

Persons who knowingly make a false claim may be subject to:

- Criminal fines up to \$250,000
- Imprisonment for up to 20 years

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

Anti-Kickback Statute

The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program including the Medicare Program.)

EXAMPLE

From 2012 through 2015, a physician operating a pain management practice in Rhode Island:

- Conspired to solicit and receive kickbacks for prescribing a highly addictive version of the opioid Fentanyl
- Reported patients had breakthrough cancer pain to secure insurance payments
- Received \$188,000 in speaker fee kickbacks from the drug manufacturer
- Admitted the kickback scheme cost Medicare and other payers more than \$750,000

The physician must pay more than \$750,000 restitution and is awaiting sentencing.

Civil Monetary Penalties (CMP) Law

The Office of Inspector General (OIG) may impose civil penalties for several reasons, including:

- Arranging for services or items from an excluded individual or entity
- Providing services or items while excluded
- Failing to grant OIG timely access to records
- Knowing of and failing to report and return an overpayment
- Making false claims
- Paying to influence referrals

Exclusion

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the OIG. The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE).

EXAMPLE

A pharmaceutical company pleaded guilty to two felony counts of criminal fraud related to failure to file required reports with the U.S. Food and Drug Administration concerning oversized morphine sulfate tablets. The pharmaceutical firm executive was excluded based on the company's guilty plea. At the time the unconvicted executive was excluded, there was evidence he was involved in misconduct leading to the company's conviction.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA created greater access to health care insurance, strengthened the protection of privacy of health care data, and promoted standardization and efficiency in the health care industry. HIPAA safeguards deter unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA.

LESSON 2: YOUR ROLE IN THE FIGHT AGAINST FWA

Introduction and Learning Objectives

This lesson explains the role you can play in fighting against fraud, waste, and abuse (FWA), including your responsibilities for preventing, reporting, and correcting FWA. Upon completing the lesson, you should correctly:

- Identify methods of preventing FWA
- Identify how to report FWA
- Recognize how to correct FWA

Where Do I Fit In?

As a person providing health or administrative services to a Medicare Part C or Part D enrollee, you are likely an employee (or volunteer) of a:

- Sponsor (Medicare Advantage Organization [MAO] or a Prescription Drug Plan [PDP])
- First-tier entity (Examples: Pharmacy Benefit Management [PBM]; hospital or health care facility; provider group; doctor's office; clinical laboratory; customer service provider; claims processing and adjudication company; a company that handles enrollment, dis-enrollment, and membership functions; and contracted sales agents)
- Downstream entity (Examples: pharmacies, doctor's office, firms providing agent/broker services, marketing firms, and call centers)
- Related entity (Examples: Entity with common ownership or control of a Sponsor, health promotion provider, or SilverSneakers®)

What Are Your Responsibilities?

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare noncompliance.

- **FIRST**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **SECOND**, you have a duty to the Medicare Program to report any compliance concerns and suspected or actual violations of which you may be aware.
- **THIRD**, you have a duty to follow your organization's Code of Conduct that articulates your and your organization's commitment to standards of conduct and ethical rules of behavior.

How Do You Prevent FWA?

- Look for suspicious activity
- Conduct yourself in an ethical manner
- Ensure accurate and timely data and billing
- Ensure coordination with other payers
- Know FWA policies and procedures, standards of conduct, laws, regulations, and CMS' guidance
- Verify all received information

Stay Informed About Policies and Procedures

Know your entity's policies and procedures. Every Sponsor and First-Tier, Downstream, and Related Entity (FDR) must have policies and procedures that address FWA. These procedures should help you detect, prevent, report, and correct FWA.

Standards of Conduct should describe the Sponsor's expectations that:

- All employees (and volunteers) conduct themselves in an ethical manner
- Appropriate mechanisms are in place for anyone to report noncompliance and potential FWA
- Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs compliance is everyone's responsibility, from the top of the organization to the bottom.

Report FWA

Everyone must report suspected instances of FWA. Your Sponsor's Code of Conduct should clearly state this obligation. Sponsors may not retaliate against you for making a good faith effort in reporting. Report any potential FWA concerns you have to Mobile Meals' compliance department or your Sponsor's compliance department. Your Sponsor's compliance department will investigate and make the proper determination. Often, Sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain an FWA Hotline.

Correction

Once fraud, waste, or abuse is detected, promptly correct it. Correcting the problem saves the Government money and ensures your compliance with CMS requirements.

Develop a plan to correct the issue. Ask your organization's compliance officer about the development process for the corrective action plan. The actual plan is going to vary, depending on the specific circumstances. In general:

- Design the corrective action to correct the underlying problem that results in FWA program violations and to prevent future noncompliance.
- Tailor the corrective action to address the particular FWA, problem, or deficiency identified. Include time frames for specific actions.
- Document corrective actions addressing noncompliance or FWA committed by a Sponsor's employee or FDR's employee, and include consequences for failure to satisfactorily complete the corrective action.
- Monitor corrective actions continuously to ensure effectiveness.

Corrective Action Examples

Corrective actions may include:

- Adopting new prepayment edits or document review requirements
- Conducting mandated training
- Providing educational materials
- Revising policies or procedures
- Sending warning letters
- Taking disciplinary action, such as suspension of marketing, enrollment, or payment
- Terminating an employee or provider

Section 8:



PASSPORT, Assisted Living and Individual Provider Code of Ethics Requirements for providers to become, and to remain, certified PASSPORT All Providers 173-39-02 (B)(8)(a) through (n), and Agency providers (C)(1)(d), Assisted Living providers(C)(4)(e),

Ethical, professional, respectful, and legal service standards: The provider shall not engage in any unethical, unprofessional, disrespectful, or illegal behavior including the following:

- Consuming alcohol while providing services to the individual.
- Consuming medicine, drugs, or other chemical substances in a way that is illegal, unprescribed, or impairs the provider from providing services to the individual.
- Accepting, obtaining, or attempting to obtain money or anything of value, including gifts or tips, from the individual or his or her household or family members.
- Engaging the individual in sexual conduct or conduct a reasonable person would interpret as sexual in nature, even if the conduct is consensual.
- Leaving the individual's home when scheduled to provide a service for a purpose not related to providing the service without notifying the agency supervisor, the individual's emergency contact person, any identified caregiver, or the individual's case manager.
- **Treating ODA or its designee (including the AOoA or the individual's case manager) disrespectfully.**
- Engaging in any activity while providing a service that may distract the provider from providing the service, including the following:
 - Watching television, movies, videos, or playing games on computers, personal phones, or other electronic devices whether owned by the individual, provider, or the provider's staff.
 - Non-care-related socialization with a person other than the individual (e.g., a visit from a person who is not providing care to the individual; making or receiving a personal telephone call; or, sending or receiving a personal text message, email or video).
 - Providing care to a person other than the individual.
 - Smoking tobacco or any other material in any type of smoking equipment, including cigarettes, electronic cigarettes, vaporizers, hookahs, cigars, or pipes.
 - Sleeping.
 - Bringing a child, friend, relative, or anyone else, or a pet to the individual's place of residence.
 - Discussing religion or politics with the individual and others.
 - Discussing personal issues with the individual or any other person.

- Engaging in behavior that causes or may cause physical, verbal, mental, or emotional distress or abuse to the individual, including publishing photos of the individual on social media without the individual's written consent.
- Engaging in behavior a reasonable person would interpret as inappropriate involvement in the individual's personal relationships.
- Making decisions, or being designated to make decisions, for the individual in any capacity involving a declaration for mental health treatment, power of attorney, durable power of attorney, guardianship, or authorized representative.
- Selling to, or purchasing from, individual products or personal items, unless the provider is the individual's family member who does so only when not providing services.
- Consuming the individual's food or drink or using the individual's personal property without his or her consent.
- Taking the individual to the provider's business site, unless the business site is an ADS center, RCF, or (if the provider is a participant-directed provider) the individual's home.
- Engaging in behavior constituting a conflict of interest, taking advantage of, or manipulating services resulting in an unintended advantage for personal gain that has detrimental results to the individual, the individual's family or caregivers, or another provider.

**AFTER READING ALL 8 SECTIONS,
CLICK HERE TO COMPLETE THE TRAINING**
or visit: mobilemeals.org/employeetrainingform

**Please contact Rochelle Rodgers, Volunteer Coordinator, with any questions
or concerns regarding the information in this document.
mstevens@mobilemeals.org • 419-255-7806**