

2025 ANNUAL VOLUNTEER TRAINING



This document contains the required **2025 Training Materials**.

After you have read the entire document and reviewed the videos, please visit mobilemeals.org/2025volunteerform to complete a short quiz and fill out the **Training Acknowledgment Form**.

THANK YOU!



**More
than a Meal**

Section 1:

The Importance of Volunteering

Thank you for being an essential part of Mobile Meals. We appreciate your support, whether it's delivering nutritious meals with a friendly presence at the door or making meaningful wellness calls. Your contributions truly make a difference in the lives of our clients.

Volunteering makes an immeasurable difference in people's lives. Your actions, big or small, can help others and benefit your health. Research has shown that volunteering offers significant health benefits, especially for older adults, including:

1. Improves physical and mental health.

Volunteer activities keep people moving and thinking at the same time. Research has found that volunteering among adults, age 60 and over, provided benefits to physical and mental health. Volunteers report better physical health than non volunteers. Research also has shown that volunteering leads to lower rates of depression and anxiety, especially for people 65 and older.

For all ages, volunteering reduces stress and increases positive, relaxed feelings by releasing dopamine. By spending time in service to others, volunteers report feeling a sense of meaning and appreciation, both given and received, which can have a stress-reducing effect.

Reduced stress further decreases the risk of some physical and mental health problems, such as heart disease, stroke, depression, anxiety and general illness. In addition, people who volunteer have lower mortality rates than those who do not, even when controlling for age, gender and physical health.

2. Provides a sense of purpose and teaches valuable skills.

The work that volunteers provide is essential to everyday activities, giving volunteers a sense of purpose, especially when giving their time and talent in the areas they find meaningful. Older volunteers experience greater increases in life satisfaction and self esteem.

3. Nurture new and existing relationships.

Volunteering increases social interaction and helps build a support system based on common interests. One of the best ways to make new friends and strengthen existing relationships is to participate in a shared activity.

In many cases, volunteers have diverse backgrounds, which helps expand their social network and allows them to practice social skills with others.

People volunteer for different reasons, such as exploring careers, sharpening skills, staying active during retirement, meeting new people and serving their communities. Yet all volunteers share a common desire to improve the health and welfare of people in their communities.

Source: Mayo Clinic Health System, August 2023

Section 2: Delivery Checklist

Accurately matching and giving out meals equals happy and well-fed clients who eat their meals on time to take their medications. Clients may have dietary restrictions indicated on the meal label.

AT THE PICK-UP SITE:

#1

GO SLOW AND REVIEW THE ROUTE thoroughly by matching the clients to the route list. Check your ROUTE CODE on the top left corner of the meal label to ensure you only have bags for your route.



#2

If you are MISSING something after checking your bags, ASK THE DRIVER. If the driver is unable to help, call the Volunteer Manager at 419.255.6619.



#3

Client bags with a #1 or #2 printed on them have a TWO-BAG DELIVERY. Make sure that you have BOTH of them. *Tip: Load the meals in reverse order so the first client's bag will be at your fingertips.*



#4

IF YOU CONFIRMED BOXES #1 - #3 ABOVE, proceed to the route.

In the warmer months, run the air conditioning to keep the meals at a safe temperature. In colder months, load the meals in your trunk.



WHILE DELIVERING:

If you have a few minutes, stay and chat. It will go a long way to brighten their day.

Please read all delivery instructions before leaving bags and report to us any clients you did not see in the Driver Comments section.

If the Driver Instructions ask you to offer assistance or remain until the client answers the door but doesn't respond, call one of the office numbers below before leaving their residence.

Please sign legibly before exiting the ServTracker App and return the tablet by the designated time.

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



IF YOU CANNOT CONFIRM ALL THE STEPS outlined on this sheet or need clarification, PLEASE ASK A DRIVER FOR HELP or CALL THE OFFICE at 419.255.6619 or 419.255.7806.

WHAT TO DO IF YOU DELIVER THE WRONG BAG TO A CLIENT OR FORGET A BAG?

Please ensure that the client receives the correct bags.

Contact the office immediately if you accidentally deliver the wrong bags or forget any. Mobile Meals will contact the client so you can return to deliver any missed items or switch the bags.

If it's **NOT** possible to correct the delivery right away, the kitchen will assemble new bags and arrange for someone to deliver them to the client later in the day. When this happens, it is generally inconvenient for the client and incurs additional costs for Mobile Meals. **Thank you for your attention to this matter.**



MOBILE MEALS HANDY INFORMATION

PICK-UP SITE INFORMATION

GFS/Toledo Team Ice House

Pick up meals between 9:00 am and 10:30 am, return tablet by 11:30 am. (The tablets can be returned by 2:00 pm at the St. Anne Hospital site)

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 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

Mercy Health Neuoscience Institute (St. Luke's)

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

HANDLING EMERGENCIES

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

1. Provide comfort and **IMMEDIATELY CALL 911** in an emergency situation, but do not attempt to move or treat a client when you find them in distress.
2. Call our office to notify us of the situation: Volunteer Manager at 419-255-6619 or Nadia at 419-255-6111. Refer to the **Change of Condition** form (keep handy in your vehicle for reference).
3. Keep calm and monitor the client until emergency personnel arrive.
4. Remaining clients on your route will be informed that there will be a delay in receiving their meals.

Section 3: ServTracker App Overview

Below is a link to the ServTracker video. This video will cover some information on using the ServTracker App. Please select the link below to go to the webpage so you can watch the video. There are some additional notes below to review after watching this training video.



1. If you enter a no service area, the App may not continue to capture data. When you return to a service area, if your data that you entered does not appear please reenter it. The office can provide the passkey for you if you did not take a screenshot of it.
2. If you finish your route and you are unable to sign out because you lost connection, please call the Volunteer Manager at 419.225.6619 and she will sign you out if you have returned the tablet to the Mobile Meals pick up site.
3. Optimized route - Please deliver meals to the first client on the route list. In most cases, we ask that you deliver the meals in the order of the route list.

Examples of times you may deliver out of order:

- The client has asked for an earlier or later delivery
- The client would like you to socialize a little longer so you visit them last.

4. Summary Button, click settings, to mask your phone number. However, please do not change the Maps App from Google Maps. Click Save.
5. To return to the route list after clicking "Get Directions", please select the square at the bottom of the screen.
6. To view or send a message(s) in the ServTracker app, please click the chat icon button [2 way chat] in the top ribbon prior to the start of your route and halfway through too. Previously, you would receive a pop up message from the office and click acknowledged. That is no longer the case.
7. Please sign legibly for auditing purposes. For example. Corporate Care Name - driver name.

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HOW TO GET THE MOBILE MEALS APP FOR YOUR DEVICE

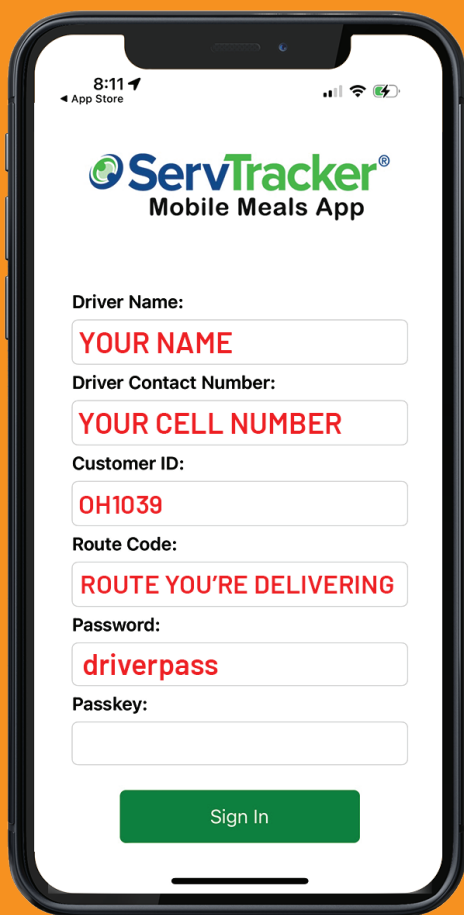
If you prefer to have the app on your own device instead of using the tablet that Mobile Meals provides, follow the instructions below to download the free app.

For iPhones:

1. Tap on App Store.
2. Tap on the search bar with the magnifying glass and type "ServTracker Mobile Meals".
3. When the app appears, tap the "GET" button. Then, double click your side button to agree to the download and start the installation.
4. Select "OPEN" or the app icon on your home screen to launch app.
5. Allow the app to track your location (for GPS).

For Android:

1. On your device, open Google Play Store or visit the Google Play store on a web browser.
2. Search for "ServTracker Mobile Meals."
3. Select "INSTALL."
4. Follow the on-screen instructions.
5. Select "OPEN" or the app icon on your home screen to launch the app.



PIN

The number that unlocks the tablet. Pin: 2200

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, view the reference sheet inside the tablet box.

Pass Key

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



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	NEXT, NOTIFY MOBILE MEALS
Facial Droop	Medication Theft	Can No Longer Answer the Door	Bare Cupboards	New Ramp/Railing Installed	Family Moved In	Main 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	Volunteer Manager: 419-255-6619
						Nadia: 419-255-6111

CONTINUED NEXT PAGE

Please select the link below to watch a video on the subject of the importance of each delivery and recognizing and recording client change of condition.



MEALS on WHEELS
AMERICA
PRESENTS

WHAT WE DELIVER

CLICK HERE TO WATCH THE VIDEO
or visit: mobilemeals.org/newvolunteers

Section 5:

Benefits of Being Involved: Combat Isolation and Promoting Socialization

This article has been personalized to address our Mobile Meals clients' socialization needs.

Everyone needs social connections to survive and thrive. But as people age, they often find themselves spending more time alone. Being alone may leave our clients more vulnerable to **loneliness and social isolation**, which can affect their health and well-being. Studies show that loneliness and social isolation are associated with higher risks for health problems such as **heart disease, depression and cognitive decline**.

What is the difference between loneliness and social isolation?

The number of older adults age 65 and older is growing, and many are socially isolated and regularly feel lonely.

Loneliness and social isolation are different, but related. Loneliness is the distressing feeling of being alone or separated. Social isolation is the lack of social contacts and having few people to interact with regularly. You can live alone and not feel lonely or socially isolated, and you can feel lonely while being with other people.

Losing a sense of connection and community can change the way a person sees the world. Emotional pain can activate the same stress responses in the body as physical pain.

Certain factors may increase your risk of social isolation and loneliness. These include:

- Loss of mobility
- Vision or hearing problems
- Psychological or cognitive challenges
- Feeling a lack of purpose
- Financial struggles
- Living alone
- Lack of transportation
- Inability to leave home without help
- A major life change, such as the death of a family member or retirement
- Separation from friends or family
- Lack of social support
- Caring for a loved one who is unwell
- Living in a rural, unsafe, or hard-to-reach neighborhood
- Experiencing discrimination based on age, racial, ethnic, sexual orientation, or gender identity
- Language barriers/hearing loss

If you notice any of these signs of loneliness and social isolation in a client, please say "Yes" to the Change of Condition question in the ServTracker App or note it in your weekly wellness report if you make calls to check in on our clients. Our meal program supervisor and operations manager, will reach out to that client and connect them with the available community resources and talk to their case manager.

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Here are some other ideas to share with the clients on your route to help them to stay connected:

- Find an activity that you enjoy, restart an old hobby, or take a class to learn something new. You might have fun and meet people with similar interests.
- Schedule time each day to stay in touch with family, friends, and neighbors in person, by email, social media, voice call, or text. Talk with people you trust and share your feelings. Suggest an activity to help nurture and strengthen existing relationships. Sending letters or cards is another good way to keep up friendships.
- Use communication technology such as video chats or smart speakers to help keep you engaged and connected.
- If you're not tech-savvy, sign up for a class at your local public library or community center to help you learn how to use email or social media.
- Consider adopting a pet if you are able to care for one. Animals can be a source of comfort and may also lower stress and blood pressure.
- Stay physically active. Find ways to exercise with others, such as joining a walking club or working out with a friend. Adults should aim for at least 150 minutes (2 1/2 hours) of moderate-intensity activity each week.
- Introduce yourself to your neighbors.
- Find a faith-based organization where you can deepen your spirituality and engage with others in activities and events.
- Check out resources and programs at your local social service agencies, community and senior centers, and public libraries.
- Join a cause and get involved in your community.

A client may have dementia and it is important for them to identify a person they trust, such as a neighbor and stay connected with family and friends.

Wellness Volunteer Check In - Wellness volunteers in our organization conduct weekly wellness calls with our clients who receive meals. Through these calls our volunteers provide a listening ear, develop a friendly relationship with our clients to establish a meaningful connection, and report any change in our client's condition. It is also our way of providing a well check since our clients do not receive meals daily, and this can be reassuring for their family members who may live out of town.

If you are interested in volunteering to make wellness calls, please call the Volunteer Manager at 419-255-6619. You can make these wellness calls from the comfort of your home.

This content is provided by the NIH National Institute on Aging (NIA). NIA scientists and other experts review this content to ensure it is accurate and up to date. Website Article: Loneliness and Social Isolation — Tips for Staying Connected that may Help Foster Healthy Aging Content reviewed: July 11, 2024

<https://www.nia.nih.gov/health/loneliness-and-social-isolation/loneliness-and-socialisolation-tips-staying-connected>

Please select the link below to watch a video on the subject of loneliness and isolation.



Section 6: Understanding Dementia (video)

Please select the link below to watch a video that will help you to engage with a client who has dementia in a healthy and meaningful way.



Takeaways from viewing “Dementia Friends Overview” video by Dementia Friends USA:

Alzheimer’s is a brain disease that has a wide range of symptoms that are associated with the decline of memory and thinking skills.

Isolation can be a result for those living with Dementia or their family members who care for them.

Tips on how to engage those living with this disease and help them to be a part of their community:

- treat individuals living with Dementia with dignity and respect
- avoid talking past the person
- be patient and supportive
- take the time to listen and try to understand
- avoid criticizing or correcting
- offer comfort and reassurance
- reassure and encourage the person to continue speaking

Section 7: Volunteering at Events and Social Media Advocacy



Volunteering at Special Events – We Need You!

Volunteers are essential for the success of our fundraising events. We particularly need assistance for two upcoming events: **Pies & Pints** and **Sip, Sip HOORAY! Under the Big Top**. There are various roles available, including selling tickets, pouring beer, managing auction tables, and helping with setup. We truly appreciate your time and hope you can lend a hand.

If you're interested in assisting with our organization's special events, please contact Jennifer at jziolkowski@mobilemeals.org.

Be Our Social Media Advocate

If you have a social media account like Facebook or Instagram you can become a **Mobile Meals Social Media Advocate**. To become an effective advocate, you must take a proactive and engaging approach across your social media platforms. Start by regularly sharing our official content, such as posts, images, and videos, highlighting our mission, the services we provide, and our impact on the community.

Promote upcoming events by creating or sharing posts that inform your family and friends and inspire them to participate.

Encourage your friends, family, and followers to support Mobile Meals by emphasizing the importance of donations and volunteer work. Share personal stories or testimonials about your experiences with Mobile Meals to create a deeper connection and foster a sense of community.

Lastly, ensure that the voice you maintain on your personal social media accounts is consistent with Mobile Meals' values. Be authentic in your posts and interactions, as this sincerity will resonate with your friends and family and motivate them to act in support of our cause. Remember, your unique perspective can be a powerful tool for advocacy.

If you have any questions, please reach out to Charles at clinden@mobilemeals.org.

Section 8:

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 9:

Passport Code of Ethics

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), and Assisted Living providers(C)(4)(e)(i)

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 in conduct a reasonable person would interpret as sexual in nature, even if the conduct is consensual.
- 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.
- 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.
- **Failing to cooperate with or treating ODA or its designee (Case Manager, Reviewer) respectfully.**
- Engaging in any activity while providing a service that may distract the provider from providing the **service as authorized**, 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 or 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, unless otherwise permitted under rule 5160-44-32 of Administrative Code.
- Selling to, or purchasing from, the 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, or 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.

Please contact the Volunteer Manager with any questions
or concerns regarding the information in this document.
volunteer@mobilemeals.org • 419-255-6619

**AFTER READING ALL 9 SECTIONS,
CLICK HERE TO COMPLETE THE TRAINING**
or visit: mobilemeals.org/2025volunteerform