

MMAP Team Member Agreement

As a MMAP (Michigan Medicare/Medicaid Assistance Program) team member, I agree to act within the scope of my responsibilities and abide by all program policies and procedures as specified in, but not limited to the following: team member position descriptions, handbooks, manuals, and other guidance.

MMAP Inc. and the local Area Agencies on Aging (AAA) are not responsible for any activity that I engage in or any responsibility that I assume other than those specified in the following program policies and procedures. Any action that I take outside the scope of responsibilities for my position will be taken at my own personal risk.

MMAP relies upon volunteers and paid staff to serve Medicare/Medicaid beneficiaries and their community. The scope of responsibilities varies for each team member. MMAP team members provide services free of charge to any client who seeks assistance from the program.

Nature of Team Member Service

I understand that as a member of the MMAP team:

- My responsibilities may include, but are not limited to, providing accurate and objective counseling and assistance for clients that include Medicare beneficiaries, their representatives and caregivers, and persons soon to be eligible for Medicare. This may include understanding Medicare and Medicaid, Medicare Prescription Drug Coverage, Medicare supplemental insurance, Medicare health plans, Medicaid or Medicare Savings Program application, identifying and reporting Medicare and Medicaid fraud/abuse or scams, long term care insurance options, and other tasks as assigned.
- My responsibilities may include the use of internet-based programs to help clients identify and compare health and prescription drug plan options.

- I must enter documentation of my MMAP activities into a web-based reporting system or submit documentation of my activities in a format agreed upon with my local MMAP Coordinator.
- My responsibilities may also include educating the public on Medicare, Medicaid, and health insurance issues that affect older adults and people with disabilities.
- My team member activities may need to take place at specific counseling sites, by telephone, or at clients' homes when health conditions make it necessary.
- I am making a commitment to serve a minimum number of hours per month as arranged with the MMAP local coordinator.
- An employment relation has not been created or intended between myself and MMAP, Inc. or the Area Agency on Aging that is responsible for supervising my MMAP activities.

Confidentiality

- I understand that I will have access to certain files and other information about my clients, including medical, insurance, financial and other personal data of a sensitive or confidential nature.
- I agree to keep such information confidential and to use it only to perform my duties as a MMAP team member, to the extent that a client explicitly authorizes.
- I agree to comply with MMAP's information and data security policies and procedures to ensure the safe handling, transmission, and storage of beneficiary information.
- I understand that I will be provided with a Personal Identification Number (PIN) that will give me access to the SHIP on-line data reporting system (NPR) and SHIPTools, the MMAP on-line Team Management system and that these systems contain personal and confidential data about MMAP clients and team members.
- I agree that I will not share my MMAP PIN with any individual who is not a certified MMAP team member or give anyone who is not a certified MMAP team member access to either NPR or SHIPTools.

Non-Conflict of Interest

I understand that it is an important goal of MMAP to provide objective information, education , and assistance to beneficiaries about Medicare health benefits. I also understand that MMAP team members cannot promote any personal, religious, or business interests while engaged in MMAP work. To comply with this requirement:

- I affirm that I am not engaged in the sale of insurance as an agent or broker, nor do I hold an active license to sell health insurance.
- I agree that I will not solicit or persuade clients to purchase or enroll in any specific health insurance plan, switch from one carrier to another, replace existing insurance coverage, go to a specific provider of service for treatment, or direct a client to a specific insurance agent/broker.
- I agree that I will in no way attempt to conduct market research in connection with my work with MMAP.
- I agree that I will not disclose or use confidential or other personal information obtained through my association with MMAP for personal gain or the gain of an employer or any other party.
- I also agree to report an potential conflict of interest that may arise during my service with MMAP to my regional coordinator.

Agreement

- I agree to serve in the role of:
Counselor Outreach Technician Administrative Assistant
for _____ hours per month. ***Please choose just one role.***
- I agree to attend the initial and update training programs that MMAP provides.
- I agree to respect the confidentiality of my clients and to exercise good faith and integrity in performing my duties as a MMAP team member.
- *I understand that a breach of this agreement will result in the termination of my service and may subject me to liability for harm that I cause a client through a breach of confidentiality or acting outside the scope of my responsibilities.*

Team Member's Name: _____

Team Member's Signature: _____

Date: _____

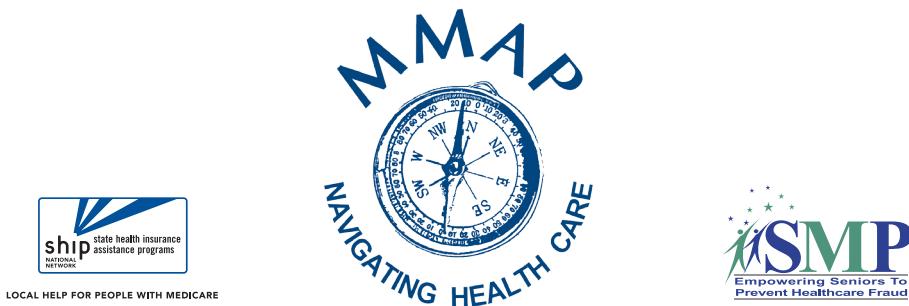
Coordinator's Signature: _____

Date: _____

Coordinator: Please keep the original for your files and fax to 517-886-1305 or mail a copy of this form to MMAP, Inc.

MMAP Mission

To educate, counsel, and empower Michigan's older adults and individuals with disabilities, and those who serve them, so that they can make informed health benefit decisions.



Developed by MMAP, Inc.

Last updated 4-6-15 - older versions obsolete