

Member Cities

Capitola
Del Rey Oaks
Gonzales
Greenfield
Hollister
King City
Marina
Sand City
Scotts Valley
Soledad

AGENDA

JPA: MBASIA Board of Directors Meetings

DATES/TIMES: Monday, September 13, 2010 at 9:30 AM

LOCATION: City of Sand City
1 Sylvan Way
Sand City, CA 93955
Room: Council Chambers

LEGEND:

A – Action may be taken
I – Information

1 – Included
2 – Handout
3 – Separate
4 – Verbal

In accordance with the requirements of the Brown Act, notice of this meeting must be posted in publicly accessible places, 72 hours in advance of the meeting, in each of the member agencies involved.

Per Government Code section 54954.2, persons requesting disability-related modifications or accommodations, including auxiliary aids or services in order to participate in the meeting, are requested to contact Alliant Insurance Services at (415) 403-1400, 24 hours in advance of the meeting. Access to some buildings may require routine provision of identification to building security. However, MBASIA does not require any member of the public to register his or her name, or to provide other information, as a condition to attendance at any public meeting and will not inquire of building security concerning information so provided. See Government Code section 54953.3.

PAGE

A. CALL TO ORDER

B. CONSENT CALENDAR

(A)

- 1-2** 1) Approval of Minutes of Meeting of June 6, 2010
Members will review these minutes and may take action to approve or amend.
- 3-6** 2) Transition Milestone Report
Alliant will provide an informational report on the status of transition.

C. ORAL COMMUNICATIONS & PUBLIC COMMENTS

(I)

The public is invited at this point to address the Board on issues of interest to them.

D. BOARD OF DIRECTORS

1) **BILLS AND CORRESPONDENCE**

- None

2) **UNFINISHED BUSINESS**

- 7-21** a) Target Safety Platform (I)
Alliant will provide an informational report on the benefits of the Target Safety user program.

3) **COMMITTEE REPORTS**

- a) Executive and Finance Committee (A)
The Executive and Finance Committee may give a verbal report in addition to discussing the following items:
- 22-23** 1. LAIF Authorization - Resolution 1011-03
Members will review the proposed resolution to add Steve Ando as an authorized individual to make transfers to and from LAIF.
- b) Safety Committee (I)
The Safety Committee may give a verbal report.
- c) Coverage and Claims Committee (A)
The Coverage and Claims Committee may give a verbal report in addition to discussing the following items:
- 24** 1. Workers' Compensation Memorandum of Coverage
Members will review the proposed changes to the MOC and may take action or give direction.

Member Cities

Capitola
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Soledad

- 25-30** 2. Liability Memorandum of Coverage
Members will review the proposed changes to the MOC and may take action or give direction.
- 31** 3. Workers Compensation TPA Contract Amendment
Members will review the proposed change to the contract with JT2 regarding the custodial account.
- 32-33** 4) **NEW BUSINESS**
a) Delegate for CSAC-EIA (A)
The Board will review the requests from CSAC-EIA to have an assigned delegate, and may take action to assign a delegate or give direction.
- 34** b) Board of Directors Meeting Schedule (A)
Members will hear a verbal report from the Program Administrators regarding future board meeting scheduling.
- TIME CERTAIN, 10:00 AM**
- 35** c) Presentation from CONCERN EAP (A)
Humberto Chacon from CONCERN: EAP will present to the Board of Directors. The Board may take action or give direction as a result of the presentation.
- 5) **LOSS REPORT** (I)
Members will review the following Items:
- 36** a) Workers' Compensation Administrator's Report
Janet Kirkpatrick from JT2, MBASIA's Workers Compensation TPA, will provide a report on current claims status.
- 36** b) Liability Third Party Administrator's Report
Ken Maiolini from RMS, MBASIA's Liability TPA, will provide a presentation on liability claims handling guidelines and his roll with the Authority.
- E. PROGRAM ADMINISTRATORS REPORT**
- 37** 1) CAJPA Report (I)
The Program Administrators will give a report on any industry updates received at the CAJPA conference.
- F. CORRESPONDENCE / INFORMATION** (I)
- 38** 1) Workers' Compensation Rates Forecast
- 39-46** 2) The Risk Report -
- 47-48** 3) PARMA Conference – Anaheim
- 4 G. GENERAL RISK MANAGEMENT ISSUES** (I)
Subjects that of interest to members: please bring 15 copies of any materials.

ADJOURNMENT

TIME RECEIVED
June 23, 2010 2:52:17 PM PDT

REMOTE CSID

DURATION
60

PAGES
3

STATUS
Received

Agenda Item B.1
Board of Directors
September 13, 2010

Minutes of Board of Directors Meeting
Monday, June 7, 2010
Sand City, City Hall

A. Present:

Robert Galvan – Chair – Hollister
Rene Mendez – Vice Chair – Gonzales
Steve Ando – Treasurer – Scotts Valley
Steve Compton – Soledad
Mike Compton - Greenfield
Rich Hill – Capitola
Dan Dawson - Del Rey Oaks
Jim Larson – King City
Kathy McFall - Marina
Steve Matarazzo – Sand City
Lisa Murphy - Capitola
Janet Kirkpatrick – JT2
Mike Simmons - Alliant
Conor Boughey - Alliant
Kent Rice – Staff

B. Consent Calendar

1. Approval of Minutes of Meeting of March 15, 2010. Upon motion of Hill, seconded by Matarazzo, the Minutes were approved.

C. Oral Communication and Public Comment – None.

D. Board of Directors

1. Bills and Correspondence – None.
2. Unfinished Business
 - a. Transition Milestone – All files transferred to Alliant.
 - b. New Safety Officer and Claims Coordinator – Role for Kent Rice – Alliant noticed that Kent's new agreement does not call for a Safety Officer role but role will be assigned.
 - c. Del Rey Oaks – Loan – The agreement was moved by Hill, seconded by Ando. Motion carried and the signed agreement was given to Alliant.
 - d. Loan Agreement between MBASIA and Zion. After discussion the Board decided to keep the loan in place.
3. Committee Reports
 - a. Executive and Finance Committee – Reported under item 4.
 - b. Safety and Underwriting Committee – No report.

- c. Coverage and Claims Committee – After discussion, it was decided that the members were to be: Chair, Larson, McFall and Galvan. The committee is to meet as soon as possible.
- d. Ad Hoc Workers' Compensation Loss Prevention Committee – The policy as prepared by the Committee and modified at previous meetings was moved by Mendez, seconded by Ando and approved as policy.

4. New Business

- a. Workers Compensation Excess Renewal Option – After discussion on the various options found on pages 26 and 27 of the Agenda packet, it was moved by Compton, seconded by Larson to grant the Executive Committee the authority to determine to stay with LAWCX or go with CSAC at the appropriate level. Motion carried.
- b. Liability – Renewal Option – After discussion and upon motion of Hill, seconded by Larson, the Board approved remaining with CARMA at the 1 million SIR.
- c. Policy and Procedure for Target Equity
No action – item was pulled from Agenda.
- d. Target Safety – After discussion Option 1 was moved by Hill, seconded by S. Compton. Motion carried.
- e. Contract with Concern – Approval of the contract was moved by S. Compton, seconded by M. Compton and approved.
- f. Ferguson's Letter of Termination – The Board was advised of Ferguson's letter of 05-24-10 of notice of termination. After discussion it was moved by Hill, seconded by Matarazzo to authorize the Executive Committee to select JT2 or RMS for a six month agreement and do whatever is necessary on issues that may develop. Motion was approved.

5. Loss Report

- a. Janet Kirkpatrick reported on current claims volume and status.

6. Correspondence/Information – None.

7. General Risk Management Issues

- a. Coverage for Non-safety Volunteers – After discussion, the Board directed that this issue be brought back to the Board at a future meeting.

Approved

Date

Attest

Item No. B.2
Board of Directors
September 13, 2010

TRANSITION MILESTONE REPORT

ISSUE: The Transition Milestone Report has been updated to show current status and condense prior completed items. This ongoing document will be presented on the Consent Calendar at each Board meeting.

RECOMMENDATION: This is an information item on the consent calendar and therefore the report should be received and filed.

FISCAL IMPACT: No financial impact is expected from today's meeting.

BACKGROUND: At each Board Meeting Alliant has presented a transition milestone Report that states the current status of transition of responsibilities and documents from Kent Rice and Associates and Alliant Insurance Services.

In addition to the Transition Milestone Report's list of items, Alliant has also:

1. Met with Vince Hurley to review and discuss the Liability Memorandum of Coverage
2. Made numerous updates to the website.
3. Held a Coverage and Claims Committee Meeting
4. Held a Executive and Finance Committee Meeting
5. Met with Ken Maiolini to discuss Liability Claims and process
6. Met with Janet Kirkpatrick and Theresa Fernandez to discuss potential improvements to the structure of the Workers Compensation TPA agreement
7. Met with the City of Hollister to discuss the transition of Program Administration and Liability TPA duties.

ATTACHMENT: Transition Milestone Report as of September 3rd, 2010

MBASIA
Transition Milestones - Timetable of Transition
Status as of: September 3, 2010

- **July – August 2009**
- **September 2009**
- **October 2009**
- **November 2009**
- **December 2009**
- **January 2010**
 - Begin reconciliation of claims reserves as of 12/31/2009 with Val.
 - Accounting develops Quarterly Compilation Reports to be presented at Board Meetings.
- **February 2010**
- **March 2010**
- **April 2010**
- **May 2010**
- **June 2010**
- **July 2010**
- **August 2010**
 - All transition issues are resolved and completed including Kent Rice's transition to new role.
 - All accounting/investment controls will have been transferred to Alliant or Scotts Valley.
- KR - Kent Rice starts discussions with Financial Auditor to complete the June 30, 2010 Audit and subsequently works with Auditor to provide financial data as requested from Auditor.**
- **September 2010**
 - KR - Kent Rice continues to act as primary contact for the June 30, 2010 Audit until**

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completion.

- **June 2010 through April 30, 2011**

KR - Workers Compensation Claims:

- Act as a liaison to between MBASIA and their Third Party Administrator, performing;
 - As needed contact with Member City representatives regarding open claims
 - Weekly phone discussion with adjustor(s) regarding specific claims and managing their results
 - Monthly, formal Claims Oversight reviews with TPA staff
 - Conduct Quarterly in person file reviews (and with Member Cities on an as needed basis)
 - And insure that potential excess claims have been properly reported by the TPA to excess pools and carrier(s), and are being monitored by all parties.
- Present quarterly status reports to the Board of MBASIA.

KR - Liability Claims:

- Act as a liaison between MBASIA's and their Third Party Administrator performing;
 - As needed contact with Member City representatives regarding open claims
 - Regular phone discussion with adjustor(s) regarding specific claims and managing their results
 - Monthly, formal Claims Oversight reviews with TPA staff
 - And insure that potential excess claims have been properly reported by the TPA to excess pools and carrier(s), and are being monitored by all parties.

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KR - Loss Control:

- Assist MBASIA and Alliant in coordination of Loss Control efforts with the various other service providers, vendors and available programs through excess pools.
- Assist MBASIA and Alliant to implement and maintain safety programs and training at the Member level as needed.
- Present quarterly status reports to the Board of MBASIA.

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X		
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Item No. D.2.a
Board of Directors
September 13, 2010

TARGET SAFETY PLATFORM

ISSUE: MBASIA has access to Target Safety through CSAC-EIA. Target Safety is a web-based enterprise risk management solution for public entities. CSAC-EIA provides discounted access to Target Safety.

RECOMMENDATION: There is no recommendation, this is an information item. The Program Administrators would like to encourage Members to take advantage of this program to implement risk reduction training.

FISCAL IMPACT: There is no fiscal impact expected from the recommended action. Target Safety has a negotiated rate of \$12.98 per user per year. Once a user is registered and takes their first class, they can take as many classes they would like for the rest of the year at no additional cost.

BACKGROUND: When MBASIA joined CSAC they gained access to Target Safety at a discounted rate through a group purchase program. At this time, Scotts Valley is the only Member who has registered to make classes available to their employees to satisfy such requirements as AB 1825. There are many other classes available, as illustrated in the attachment listed below.

ATTACHMENT: Target Safety Course Catalog



Contact Information

TargetSafety

E-Mail: support@targetsafety.com

Toll Free: 800.840.8048

Fax: 858.487.8762

SUPPORT

Course Catalog

Welcome! On pages 2-6, you'll find all of the courses currently available to EIA members, at no extra charge, through TargetSafety's PreventionLink™ platform. Pages 8-12 feature additional courses that can be purchased by EIA members at a special, discounted rate. Should you have any questions, or wish to add courses to your current catalog, please contact TargetSafety directly at the number listed above.

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**CSAC EXCESS
INSURANCE AUTHORITY**
A Public Agency

Updated August 6, 2010

OSHA & Compliance

PreventionLink's online courses can be used to help comply with OSHA, DOT, and other federal and state regulatory agency training mandates. Complete all of your required compliance training courses online, eliminating the logistics issues inherent in traditional training methods.

General Safety

Cal/OSHA 300 Log
Back Injury Prevention
Slips, Trips & Falls Prevention
Hearing Conservation
Eye Safety
CPR Academic
General First Aid (Part 1 & 2)
Electrical Safety
General Office Ergonomics
Office Safety
Computer Security Awareness
Disaster Preparedness
Working in Extreme Temperatures
Fire Extinguisher Safety
Fire Prevention Safety
Driving Safety
Building Evacuation and Emergencies

Environmental Awareness

Asbestos Awareness
Lead Awareness
Hazard Communications
Advanced HAZWOPER Awareness (8-Hour)
Hazmat Spill Prevention & Control
Hazmat Transportation
Compressed Gas Safety
Materials Handling, Storage, Use & Disposal
Radiation Safety
Confined-Space Entry
Laser Safety
Combustible & Flammable Liquids

Human Resources

The Human Resources bundle has been designed to supplement our core course catalog and provide training that is relevant and essential to all employees.

Workplace Violence
Sexual Harassment
Workplace Diversity
Workplace Stress
Health & Wellness
Diet & Nutrition
Alcohol-Free Workplace
Drug-Free Workplace

Occupational Health

Aerosol Transmissible Diseases
Bloodborne Pathogens Safety
HIV/AIDS Awareness
Forklift Safety
Trenching & Shoring
Machine Guarding
Hand & Power Tool Safety
Incident Investigation
Laboratory Safety
Welding Safety
General Construction Safety
Personal Protective Equipment
Respiratory Protection
Risk Assessment Analysis
Lock-Out / Tag-Out
Indoor Air Quality
Fall Protection
Ladder & Scaffolding Safety
Industrial Ergonomics

General

Red Flag Rules



Fire Industry and EMS Continuing Education

NFPA 1500 Series

This series of courses is designed specifically for the fire industry and meets the NFPA 1500 code requirements. These courses were developed in conjunction with the NFPA, and specific content experts at the NFPA participated in their creation.

Hazard Communication
Confined-Space Entry

NFPA 1001 Series / Firefighter I & II

PreventionLink has a complete library of Firefighter I & II awareness and refresher level courses based on NFPA codes and standards.

Firefighter Orientation and Safety



NFPA 1021 / Company Officer

PreventionLink has developed a complete line of company officer awareness and refresher level courses based on NFPA codes and standards.

Assuming the Role of a Company Officer

EMS

PreventionLink's EMS continuing education courses allow First Responders, EMT-Basics, EMT-Intermediates, and EMT-Paramedics to complete their continuing education requirements.

Infectious Disease Control

General

Driver Intersection Safety

Water and Wastewater Continuing Education

PreventionLink's water and wastewater continuing education courses have been designed to fulfill both the safety and technical recertification requirements for all levels of water industry professionals. Please contact TargetSafety for more details regarding how PreventionLink water industry courses meet continuing education requirements for each state.

Technical

Mathematics Basics
Backflow Prevention Overview
Filtration Basics
Hydraulics
Maintenance on Pumps, Motors & Circuits

Occupational Health

Infectious Disease Control



Additional Water and Wastewater courses are available. Please see page 11 or contact TargetSafety at 800.840.8048 for more information.

Motor Vehicle Safety

Online Driver Training & Compliance Program

Our Motor Vehicle Safety courses offer organizations a convenient, easy-to-use, and time-saving solution to reduce motor vehicle losses, one of the costliest but least addressed losses in the workplace.

Driver Training Curriculum

Online training courses designed to change unsafe driving behavior and reinforce key safe driving concepts. Courses have been tailored to meet the varied needs of drivers of automobiles, large trucks, and passenger vans.

Supervisor Training Curriculum

Designed to provide supervisors with the training necessary to maintain a staff of safe and capable drivers.

Manager's Guide to Implementing a Motor Vehicle Safety Program

Outlines the elements of an effective fleet and driver safety program.

Driver Training Courses

- Driver Safety Orientation
- Impaired Driving
- Intersection Safety
- Safe Backing
- Adjusting to Changing Conditions
- Sharing the Road
- Aggressive Driving
- Defensive Driving Strategies
- The Dangers of Speeding
- Expressway and Highway Driving
- Vehicle Safety and Security
- Vehicle Inspection and Maintenance
- Seat Belt & Airbag Safety
- Accidents and Emergencies
- Passenger Van Safety
- Large Vehicle Characteristics
- Securing Materials for Transportation
- Law Enforcement Fatigue

Supervisor Curriculum

- Motor Vehicle Safety Overview for Supervisors
- Personnel Selection for Supervisors
- Incident Investigation for Supervisors
- Reasonable Suspicion of Drugs for Supervisors
- Reasonable Suspicion of Alcohol for Supervisors



Additional Motor Vehicle Safety courses for emergency vehicle operators are available. Please see page 12 or contact TargetSafety at 800.840.8048 for more information.

Employment Practices for Supervisors

This program provides an overview of **employment practices** encountered in the workplace for individuals tasked with making employment decisions, including issues of harassment, hiring and termination, discrimination, evaluation, and documentation. These courses will help to ensure that you stay ahead of current issues and practices that may affect your organization and employees.

Courses

Employment Practices Overview
 Interviewing and Hiring
 Sexual Harassment for Supervisors
 Preventing Discrimination in the Workplace
 Anger, Conflict, and Violence
 Dealing with Issues of Substance Abuse
 Performance Management
 Discipline and Termination
 Understanding Employee Leave



California AB 1825 Sexual Harassment

Designed specifically to comply with the stringent requirements of **California's AB 1825 Sexual Harassment Training** law, this course is an ideal solution for any organization looking to develop and encourage a set of values in supervisory employees that will assist them in preventing and effectively responding to incidents of sexual harassment. Specifically, this program addresses federal laws regarding harassment, the consequences of harassment, practical tips for preventing sexual harassment, how to handle sexual harassment claims, and how to maintain a respectful workplace.

California AB 1234 Board of Directors and Trustees

Public servants have a responsibility to act in the best interest of the public they represent. This course introduces public servants to their ethical responsibilities when dealing with issues related to conflict of interest situations, personal financial gain, government transparency, and fair government processes. This program is designed specifically to address **California's AB 1234 ethics training** requirement for local agency officials.

School Districts

PreventionLink™ offers a comprehensive catalog of online courses for school district employees. Following is a list of the courses in our library.

OSHA, Compliance & Safety

- Asbestos Awareness
- Avoiding Slips, Trips, & Falls (multimedia)
- Bloodborne Pathogens Safety
- Breaking Up Student Fights (multimedia)
- Building Evacuation & Emergencies
- Crossing Guard Safety
- Computer Security Awareness
- Electrical Safety
- Fire Extinguisher Safety
- Fire Prevention Safety
- Food Safety, Foodborne Illness & Kitchen Sanitation
- General First Aid – 1 & 2
- General Office Ergonomics
- Hazmat Spill Prevention & Control
- Hearing Conservation
- Incident Investigation
- Lead Awareness
- Personal Protective Equipment
- Respiratory Protection
- Playground Safety
- Playground Supervision (multimedia)
- Reporting Abuse, Neglect, and Exploitation of Children (multimedia)
- Recognition of Hazards for Principals (multimedia)
- Playground Safety
- Proper Lifting (multimedia)
- Proper Lifting in Library Operations (multimedia)
- Proper Lifting in Food Services
- School Bullying
- School Bus Behavior & Discipline
- School Meal Compliance
- School Violence & Weapons
- Working in Extreme Temperatures
- Workplace Violence



Driver Training Curriculum

- Accidents & Emergencies
- Adjusting to Changing Driving Conditions
- Defensive Driving Strategies
- Distracted Driving
- Driving Safety Orientation
- Large Vehicle Characteristics
- Passenger Van Safety

Human Resources

- Dealing with Issues of Alcohol and Substance Abuse
- Employee Discipline & Termination
- Employment Practices Overview
- Ethics in the Workplace
- Performance Management
- AB 1825 Sexual Harassment for Supervisors
- Sexual Harassment Awareness
- Understanding Employee Leave
- Workplace Diversity
- Preventing Discrimination in the Workplace

**Contact Information**

TargetSafety

E-Mail: support@targetsafety.com

Toll Free: 800.840.8048

Fax: 858.487.8762

SUPPORT

Add-On Courses

The following pages feature additional courses that are available to EIA members at an exclusive, and discounted, rate. For more information about these courses, or to add them to your course catalog, please contact TargetSafety at 800.840.8048.

Fire Industry

NFPA 1500 Series

Advanced HAZWOPER Awareness (Modules 1-4)
 Hazmat Spill Prevention & Control
 Hazmat Transportation
 Compressed Gas Safety
 Materials Handling, Storage, Use & Disposal
 Combustible & Flammable Liquids
 Personal Protective Equipment
 Respiratory Protection
 CPR Academic
 Driving Safety
 Bloodborne Pathogens Safety
 Laboratory Safety
 Welding Safety



NFPA 1001 Series / Firefighter I&II

Fire Behavior
 Ground Ladders
 Ventilation
 Forcible Entry Into a Structure
 Firefighter Personal Protective Equipment
 Protection of Evidence of Fire Origin and Cause
 Fire Prevention and Public Education
 Water Supply
 Loss Control

Fire Streams
 Vehicle Extrication
 Search and Rescue in a Structure
 Building Construction
 Portable Extinguishers
 Fire Control
 Fire Hose
 Rescue and Extrication
 Fire Detection, Alarm and Suppression Systems
 Firefighting Foam

NFPA 1021 / Company Officer

Action Plan Implementation
 Assuming the Role of the Company Officer
 Budgeting
 Community Awareness
 Company-Level Training
 Elements of Supervision and Management
 Fire Department Communications
 Fire Department Structure
 Fire Investigation
 Fire and Life Safety Inspections
 Firefighter Safety and Health

Government Structure
 Incident Response Safety
 Incident Scene Communications
 Incident Scene Management
 Information Management
 Labor Relations
 Leadership as a Group Influence
 Legal Responsibilities and Liabilities
 Pre-Incident Planning
 Professional Ethics
 Public Education Programs

General

Driver Operator
 Introduction to Wildland Fire Behavior
 Fire & EMS Grant Writing

Fire Industry

Emergency Response to Terrorism

This introductory guide for First Responders is essential for those who may be among the first to arrive at an incident of suspicious origin. It is intended to be a general introduction to the basic concepts for first responder awareness of a potential terrorist incident. This course consists of four training modules, each requiring approximately 45 minutes to complete.



Module I: Terrorism in Perspective

Module II: Incidents and Indicators

Module III: Self-Protection

Module IV: Scene Control, Notification and Coordination

First Responder Operations Level Refresher

This 8-hour course is designed to be a refresher for the Operations Level Responder to Hazardous Materials Incidents. The course consists of four training modules, each requiring approximately two hours to complete. The course fulfills the requirements of NFPA 472 and 29 CFR 1910.120(q).

Module I: Analyzing the Incident

Module II: Planning the Response

Module III: Implementing the Planned Response

Module IV: Incident Management Systems and Terrorism Awareness

S-190 Introduction to Wildland Fire

This 4-module, 8-hour course is based on the National Wildfire Coordinating Group training CD-ROM. It features extensive audio, video, and flash interactions throughout.

Module I: Basic Concepts of Wildland Fire

Module II: Topography and Fuels

Module III: Weather

Module IV: Wildland Fire Behavior

EMS Continuing Education

Preparatory

Health & Wellness
Diet & Nutrition
Back Injury Prevention
Workplace Stress
Medical, Ethical, and Legal Issues
HIPAA Awareness
Protecting Yourself From Influenza
HIV Awareness
Common Infectious Pathogens
Fire & EMS Grant Writing
Infectious Disease Control

Trauma

Bleeding and Shock Basic
Bleeding and Shock Advanced
Burn Management Basic
Burn Management Advanced
Musculoskeletal Injuries Basic
Musculoskeletal Injuries Advanced
Head and Facial Emergencies Advanced
CNS Injuries Basic
CNS Injuries Advanced
Thoracic Emergencies Basic
Thoracic Emergencies Advanced
Traumatic Injuries to the Head and Brain Advanced
Endocrine System Emergencies
Kinematics of Trauma
Abdominal Trauma Basic

Patient Assessment

Patient Assessment Basic
Patient Assessment Advanced
Pediatric Assessment
Communication and Documentation

Airway

Respiratory System: A&P Review
Airway Management Basic
Airway Management Advanced
Advanced Airways: Intubation and Beyond
Orotracheal Intubation

Medical

Respiratory Emergencies Basic
Respiratory Emergencies Advanced
Pharmacology Basic
Pharmacology Advanced
Cardiac Emergencies Basic
Cardiac Emergencies Advanced
Altered Mental Status Advanced
Poisoning and Overdose Basic
Environmental Emergencies Basic
Environmental Emergencies Advanced
Behavioral Emergencies Basic
Behavioral Emergencies Advanced
Non-Traumatic Abdominal Injuries
Allergies and Anaphylaxis Basic
Allergies and Anaphylaxis Advanced
Operating an Automatic External Defibrillator (AED)
Toxicology and Substance Abuse Advanced
Fundamentals of 12 Lead ECG Operation and Interpretation
Understanding the Basics of ECGs
Non-Traumatic Chest Pain
Heat Illness and Emergencies

Special Considerations

Obstetrical Emergencies Basic
Obstetrical Emergencies Advanced
Neonatology for Emergency Responders Advanced
Pediatric Emergencies Basic
Pediatric Emergencies Advanced
Pediatric Shock
Geriatric Emergencies Basic
Geriatric Emergencies Advanced
Patients with Special Challenges
Pediatric Cardiac Arrest Advanced

Operations

Driving Safety
Introduction to Hazardous Materials
Hazard Communication
Confined Space Entry
Emergency Response to Terrorism (Modules

**These courses are available at an additional, discounted EIA member rate.
Please contact TargetSafety at 800.840.8048 for more information.**

Water and Wastewater Continuing Education*

Technical

Mathematics Applied
Backflow Prevention Methods
Coagulation, Flocculation & Sedimentation
Disinfection Basics
Distribution Service to Customers
Distribution System Materials & Equipment
Effective Meter Reading
Storm Water Pollution Prevention
Water Main Installation

Environmental Awareness

Asbestos Awareness
Lead Awareness
Hazard Communications
HAZWOPER 8-Hour Refresher
Hazmat Spill Prevention & Control
Hazmat Transportation
Compressed Gas Safety
Materials Handling, Storage, Use & Disposal
Radiation Safety
Confined-Space Entry
Laser Safety
Combustible & Flammable Liquids

Occupational Health

Forklift Safety
Trenching & Shoring
Machine Guarding
Hand & Power Tool Safety
Incident Investigation
Laboratory Safety
Welding Safety
General Construction Safety
Personal Protective Equipment
Respiratory Protection
Risk Assessment Analysis
Lock-Out / Tag-Out
Indoor Air Quality
Fall Protection
Ladder & Scaffolding Safety
Industrial Ergonomics



General Safety

Back Injury Prevention
Slips, Trips & Falls Prevention
Hearing Conservation
Eye Safety
CPR Academic
General First Aid (Part 1 & 2)
Low Voltage Electrical Safety
General Office Ergonomics
Office Safety
Disaster Preparedness
Working in Extreme Temperatures
Fire Extinguisher Safety
Fire Prevention Safety
Driving Safety
Building Evacuation & Emergencies
Emergency Response to Terrorism
(Modules 1-4)

**These courses are available at an additional, discounted EIA member rate.
Please contact TargetSafety at 800.840.8048 for more information.**

Emergency Vehicle Operator

Online Driver Training & Compliance Program

Our Emergency Vehicle Operator courses offer departments a convenient, easy-to-use, and time-saving solution to reduce motor vehicle losses, one of the costliest but least addressed losses in the workplace.

Driver Training Curriculum

Online training courses designed to change unsafe driving behavior and reinforce key safe driving concepts. Courses have been tailored to meet the varied needs of emergency vehicle operators.

Supervisor Training Curriculum

Designed to provide supervisors with the training necessary to maintain a staff of safe and capable drivers.

Overview Guide to Implementing a Motor Vehicle Safety Program

Outlines the elements of an effective emergency vehicle safety program.



Fire Department Driver Training Curriculum

Driver Safety Orientation
Impaired Driving
Intersection Safety
Safe Backing
Distracted Driving
Emergency Vehicle Characteristics
Legal Considerations
Emergency Vehicle Operations
Adjusting to Changing Conditions
Defensive Driving Strategies
The Dangers of Speeding
Vehicle Safety and Security
Securing Materials for Transportation
Vehicle Inspection and Maintenance
The Importance of Seat Belt Use
Accidents and Emergencies

Law Enforcement Driver Training Curriculum

Driver Safety Orientation
Impaired Driving
Intersection Safety
Safe Backing
Distracted Driving
Emergency Vehicle Characteristics
Legal Considerations for the Law Enforcement Driver
Police Vehicle Technology
Police Vehicle Inspection and Maintenance
Emergency Vehicle Operations
The Dangers of Speeding
Vehicle Safety and Security
Defensive Driving Strategies
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10805 Rancho Bernardo Road, Suite 200
San Diego, CA 92127
Toll Free: 800.840.8048
www.targetsafety.com

Item No. D.3.a.1
Board of Directors
September 13, 2010

LAIF AUTHORIZATION – RESOLUTION 1011-03

ISSUE: The current LAIF resolution lists Michael Simmons and Kent Rice as authorized representatives to transfer funds to and from LAIF. The proposed Resolution would grant access to Michael Simmons and Steve Ando. Steve Ando will act as an alternate to Michael Simmons.

RECOMMENDATION: It is recommended that the Board review the attached resolution and take action to approve or give direction.

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: Currently Michael Simmons is the primary representative for LAIF and has access to transfer funds between LAIF and MBASIA's account with County Bank. Kent Rice has access and acts as a 'backup' to Michael Simmons. Kent no longer needs access to LAIF and a backup to Michael Simmons is needed.

ATTACHMENT: Resolution 1011-03

RESOLUTION NO. 1011-03

**A RESOLUTION OF THE GOVERNING BOARD OF THE MONTEREY BAY AREA
SELF INSURANCE AUTHORITY (MBASIA) AUTHORIZING INVESTMENT MONIES
IN THE LOCAL AGENCY INVESTMENT FUND**

WHEREAS, pursuant to Chapter 730 of the statutes of 1976 Section 16429.1 was added to the California Government Code to create a Local Agency Investment Fund in the State Treasury for the deposit of money of a local agency for the purposes of investment by the State Treasurer; and

WHEREAS, the Board of Directors of MBASIA does hereby find that the deposit and withdrawal of money in the Local Agency Investment Fund in accordance with the provisions of Section 16429.1 of the Government Code for the purpose of investment as stated therein as in the best interests of the member cities of MBASIA.

NOW THEREFORE, BE IT RESOLVED, that the Board of Directors of MBASIA does hereby authorize the deposit and withdrawal of MBASIA monies in the Local Agency Investment Fund in the State Treasury in accordance with the provisions of Section 16429.1 of the Government Code for the purpose of investment as stated therein, and verification by the State Treasurer's Office of all banking information provided in that regard.

BE IT FURTHER RESOLVED, that the Board of Directors of MBASIA authorizes the following representatives or their successors to order the deposit or withdrawal of monies in the Local Agency Investment Fund:

Michael L. Simmons
MBASIA Program Administrator
Alliant Insurance Services
100 Pine Street, 11th Floor
San Francisco, CA 94111

Steve Ando
MBASIA's Treasurer
City of Scotts Valley
One Civic Center Drive
Scotts Valley, CA 95066

Michael L. Simmons

Steve Ando

I hereby certify that the foregoing is a full, true and correct copy of a resolution duly and regularly adopted and passed at a meeting of the Board of Directors of the Monterey Bay Area Self Insurance Authority on the 13th Day of September, 2010 by the following vote:

AYES:

NOS:

ABSENT:

Rene Mendez, Chair

Daniel Dawson, Vice Chair

Item No. D.3.c.1
Board of Directors
September 13, 2010

WORKERS COMPENSATION MEMORANDUM OF COVERAGE

ISSUE: MBASIA's current Memorandum of Coverage (MOC) is for both Liability and Workers Compensation, however this is not standard practice and by creating a new Workers Compensation MOC the pool will be able to clarify coverage and correct a number of issues that have been created over the years by both "Cut/Paste" and combining various coverage concepts.

NOTE: Issues involving coverage of VOLUNTEERS will be discussed; however action on this issue will not be taken until the October, Long Range Planning Session.

RECOMMENDATION: It is recommended that the Board review the proposed Workers Compensation MOC and give direction or take action to adopt the MOC effective July 1, 2010 (retroactively).

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: The attached Workers Compensation MOC has been reviewed by the Coverage and Claims Committee and Executive and Finance Committee.

The Program Administrators have reviewed the Authority's current MOC and drafted a new Memorandum based on the specific coverage terms, exclusions and definitions that the Authority drafted into the existing MOC. In addition, we reviewed several other primary and excess workers compensation MOC's to incorporate language that we believed would either clarify coverage intent or adopt language specific to a pool.

The key improvement to separating the Liability MOC and Workers Compensation coverage documents is to clarify the intent of coverage. This is especially true when talking about employers liability and benefits.

SEPARATE HANDOUT: Proposed MBASIA Workers Compensation Memorandum of Coverage

Item No. D.3.c.2
Board of Directors
September 13, 2010

LIABILITY MEMORANDUM OF COVERAGE

ISSUE: MBASIA's current Memorandum of Coverage (MOC) is for both Liability and Workers Compensation. This is not a standard practice, and by creating a new Liability MOC the pool will be able to clarify coverage and correct a number of issues that have been created over the years by both "Cut/Paste" and combining various coverage concepts.

RECOMMENDATION: It is recommended that the Board review the proposed Liability MOC and give direction or take action to adopt the MOC effective July 1, 2010 (retroactive).

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: The attached Liability MOC has been reviewed by the Coverage and Claims Committee as well as Vince Hurley and the Executive and Finance Committee. Vince Hurley was instructed to spend about four hours reviewing the MOC and to report back to the Program Administrators. **We have attached Vince Hurley's findings to this document and incorporated his recommendations in redline strikethrough to the MOC.**

The Program Administrators have reviewed the Authority's current MOC and drafted a new Memorandum based on the specific coverage terms, exclusions and definitions that the Authority drafted into the existing MOC. In addition, we reviewed several other primary and excess liability MOC's to incorporate language that we believed would either clarify coverage intent or adopt language specific to a pool.

An example of some of the exclusions carried over from the existing MOC are:

- Air show exclusion
- Firing ranges
- Land use
- Multi Passenger Vehicles

There are also certain exclusions considered to be standard exclusions in many JPA's, but MBASIA has adopted particular language that we incorporated into the new coverage document. For example, under the Airport exclusion there is a 'giveback' for Errors and Omissions and Employment Practices.

ATTACHED: Letter from Vince Hurley

SEPARATE HANDOUT: Proposed MBASIA Liability Memorandum of Coverage

LAW OFFICES
OF
VINCENT P. HURLEY
A PROFESSIONAL CORPORATION
38 SEASCAPE VILLAGE
APTOS, CALIFORNIA 95003

AUG 30 2010

Vincent P. Hurley
vphurley@hurleylaw.com

Telephone: (831) 661-4800
Facsimile: (831) 661-4804

August 27, 2010

Mr. Conor Boughey, ARN
Alliant Insurance Services, Inc.
100 Pine Street, 11th Floor
San Francisco, CA 94111

Comments to Vince's
letter are handwritten
here.

Re: *Monterey Bay Area Self Insurance Authority
Liability Program Memorandum of Coverage*

Dear Mr. Boughey:

I received your letter of August 3, 2010, indicating that the MBASIA coverage and claims committee would be reviewing new memoranda of coverage, and I would receive further direction after the board met on August 4, 2010. Subsequently, Kent Rice directed me to provide my comments to the memorandum of coverage. I reviewed the liability memorandum based on the issues presented in your memo to the Coverage and Claims Committee as follows:

- 1) Address coverage that is clarified and what is corrected so that the board understands the benefit of the clarification or correction.
- 2) Identify any clarification of coverage intent and any language necessary or specific to the MBASIA.
- 3) Identify any particular language incorporated in the new coverage document specific to MBASIA.
- 4) Address the "give back" for E&O coverage and employment practices under the airport exclusion.

I have tried to review insertions, deletions and changes as I find them between the existing coverage documents and the new memorandum of coverage. My discussion will simply follow the order of the new draft memorandum of coverage. I note that there are three changes in coverage amounts expressed in the new memorandum, including sub-limits of \$100,000 for sudden and accidental pollution, special events, and asbestos types of cases.

Good catch ~ Not suppose to be in
the document with this low of a
sublimit. These have been removed.

SECTION II – DEFINITIONS

- Section 6(a) now excepts airport commissions from the definition of covered party. This may have an effect on MBASIA members with airports. *Yes - NO change to Fix.*
- Section 6(b) provides that an airport commission may be added to the memorandum of coverage by an endorsement after approval by the board. *Correct, but EFO (including EPLI) granted as exception to exclus. VI.6. on page #11*
- *Changed to "Authority" see redline doc. taking out reference on page #2* "Board" is capitalized in various definition sections, but "board" is not included in the definitions. Additionally, the word "administrator" is in bold in section 6(d) but I do not believe that "administrator" is in the definitions.
- Section 6(e), definition of "covered party", deals in part with persons or entities who might be involved in any other joint powers authority or separate "agency or entity", and a requirement that such must be added to the memorandum by endorsement. The board will have to discuss what effect that has on agreements such as the Monterey Peninsula Regional Special Response Unit law enforcement agreement, which includes Marina and Sand City. *TAKEN OUT UNTIL DISCUSS AT OCTOBER LONG RANGE PLANNING.*
- Definition No. 9, "DEFENSE COSTS" includes a typographical error in the fifth line from the bottom that, depending on the correction, may need clarification. *FIXED*
- Definition No. 10, "EMPLOYMENT PRACTICES LIABILITY" is silent on coverage for employment contracts damages, back wages or reinstatement payments. I discuss this further below, but this may require further discussion. *SEE BELOW on page #4*
- Definition No. 15, "OCCURRENCE" does not include EMPLOYMENT PRACTICES LIABILITY, and "PERSONAL INJURY" is not in bold, though I assume it is meant to refer to that defined in Definitions Section 16. *FOUND MISSING STATEMENT (b) AND INSERTED*
- Definition No. 19, Public Officials Errors and Omissions is unclear about airport commissions. They are excluded elsewhere, but may be re-included by endorsement. This may require further Board discussion. *yes intent is to cover by exempting in IV.6. on page #11.*
- Definition No. 21, "SUDDEN AND ACCIDENTAL POLLUTION" contains a new sublimit of \$100,000 per occurrence. *FIXED - out*
- Definition No. 22, "ULTIMATE NET LOSS" indicates that the ultimate net loss includes damages, attorney's fees and costs, or defense costs. I am unclear whether defense costs are depleting the indemnity amount, or if defense costs are separate from indemnity. That may need clarification. *Replaced w/ prior ~ to be discussed at October LRP meeting*

SECTION V – COVERAGE PERIOD AND TERRITORY

I am unclear whether personal injury is covered under EMPLOYER LIABILITY. Employer liability claims against MBASIA members will invariably include a claim for violation of civil rights, which is included in PERSONAL INJURY.

Further, EMPLOYER LIABILITY is not mentioned in the COVERAGE PERIOD AND TERRITORY section. SUDDEN AND ACCIDENTAL POLLUTION and

Mr. Conor Boughey, ARN
Alliant Insurance Services, Inc.
August 27, 2010
Page 3

EMPLOYMENT PRACTICES LIABILITY are added to or refined in the new memorandum. Section V-COVERAGE PERIOD does not match with Section I-COVERAGE in the following ways: SUDDEN AND ACCIDENTAL POLLUTION is in Section V, but not included in Section I-COVERAGE, while EMPLOYMENT PRACTICES LIABILITY is in Section I, but not included in Section V.

now deleted in V.
now added to V.

SECTION VI-EXCLUSIONS

The draft contains typographical errors that create some confusion, but may have already been corrected on review by the board. It is my understanding from a reading of Exclusion number 1 regarding pollution that sudden and accidental sewer back-ups are not excluded from coverage. I believe that sudden and accidental sewer back-ups now have a sublimit of coverage of \$100,000.

Fixed sublimit NO LONGER in

Exclusion Nos. 5 and 6 exclude airports and operations of airfields, but exclusion No. 6 excepts from the exclusion PUBLIC OFFICIALS ERRORS AND OMISSIONS or EMPLOYMENT PRACTICES LIABILITY. The definition of covered parties, section 6(b), provides that airport commissions may only be covered if by a separate endorsement approved by the Board. So, the exception to Exclusion No. 6 may require some clarification or explanation of intent.

Fixed by delete "approval" for Board to give back in II. 6. (b) page 2

Exclusion No. 13, excludes inverse condemnation by whatever name called. This is the same exclusion as existed in the previous memorandum of coverage. There have been several high exposure cases over the years where the coverage questions have arisen because of inverse condemnation claims. In those cases, claims for inverse condemnation usually arise concurrently with claims for nuisance, trespass and negligence, which are covered. It is a question of fact at the commencement of the litigation whether or not inverse condemnation will eventually be found, since the damage must occur as a result of a public project operating as designed and constructed. If the public project was not being operated as designed and constructed, but damage resulted from some negligence, then by the strict definition it was not an inverse condemnation. This usually cannot be decided until the conclusion of the litigation.

Correct - currently excluded and should be discussed at October LRP

Exclusion No. 16 adds "storm drainage" to the exclusion and creates some of the same questions as discussed above regarding inverse condemnation. Furthermore, there is no definition of "storm drainage" or what failure of storm drainage is not covered. I assume the intent is to preclude coverage for storm drainage capacity, but that is not stated. The word "capacity" is tied to "sewer".

current wording in Agreement

Exclusion No. 20 for special events creates a sublimit of \$100,000.

ANOTHER Good Discussion for OCT. LRP

Now inserted behind "storm drainage" also

Fixed

REFERENCED - DELETED in Document. INSERTED in ERROR

Mr. Conor Boughey, ARN
Alliant Insurance Services, Inc.
August 27, 2010
Page 4

Exclusions No. 24 and 25 again create questions of fact that may not be determined until the conclusion of litigation.

Exclusion No. 26, excluding claims arising from breach of contractual obligations, bodily injury or property damage may need more clarification. It seems to exclude employment contracts, though employment contracts are not mentioned in definitions number ten, EMPLOYMENT PRACTICES LIABILITY. Additionally, there is a reference to exclusions 24(a) and (b) but I think that reference is intended to be exclusion number 26(a) and (b).

Exclusion No. 31 creates a new sublimit of \$100,000 for asbestos-type cases.

Exclusion No. 38, which excludes PERSONAL INJURY from PUBLIC OFFICIAL'S ERRORS AND OMISSIONS COVERAGE seems to require some clarification on the subject of personal injury. PUBLIC OFFICIAL'S ERRORS AND OMISSIONS COVERAGE covers statements of public officials as specified at definition number 19. PERSONAL INJURY includes statements (libel and slander) in definition number 16(c). Therefore, I suggest there should be some clarification about whether statements of public officials in the course of their duties is or is not covered under E&O if the claim is for libel or slander.

Exclusion No. 39.4 regarding EMPLOYMENT PRACTICES LIABILITY excludes personal injury. Definition 16(d) PERSONAL INJURY includes discrimination and Definition number 10, EMPLOYMENT PRACTICES, includes discrimination. Therefore, if personal injury as defined is excluded, discrimination appears to be excluded, even though it is included in coverage for EMPLOYMENT PRACTICES, and most employment practices claims involve allegations of discrimination. This requires clarification.

SECTION VII – CONDITIONS

Condition No. 9, arbitration, carries a typographical error (a comma) that is carried forward from the previous Memorandum of Coverage. The first paragraph indicates that the coverage and claims committee will make the initial determination whether to deny coverage "on all or part of a claim, or to reserve the Authority's right to deny coverage on all or part of a claim, if a loss subsequently exceeds the retained limit." I think that should say "...on all or part of a claim, or to reserve the Authority's right to deny coverage on all or part of a claim if a loss subsequently exceeds the retained limit." I am open to being corrected, but that sentence should be reviewed.

BASICALLY saying as old;
just wanted to match new.
in context; so we should
discuss excluding. ~~NOT~~
ALSO similar
OLD wording.

I think we
are okay &
will tell
Vince where
referenced.

Fixed; Taken
out

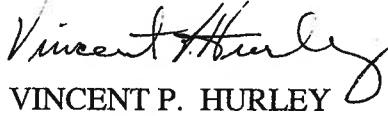
Keeping
for now -
discussion to
follow.

Typo Fixed

Mr. Conor Boughey, ARN
Alliant Insurance Services, Inc.
August 27, 2010
Page 5

That concludes my review of the liability program memorandum of coverage. I will remain available to discuss this with you further.

Best regards,


VINCENT P. HURLEY

VPH/dls

Item No. D.3.c.3
Board of Directors
September 13, 2010

WORKERS COMPENSATION ACCOUNTING – CUSTODIAL ACCOUNT

ISSUE: JT2 is currently writing checks out of a MBASIA custodial account at Santa Cruz County Bank. JT2 relies on the Program Administrator to be certain the checking account has sufficient funds. JT2's typical banking arrangement is to have a bank account under their control which MBASIA would transfer funds to. This was, JT2 is responsible for verifying the fund balance and avoiding any potential 'bounced checks'.

RECOMMENDATION: The Executive and Finance Committee recommends the Board review the proposed contract amendment and take action to approve or give direction to the Program Administrators.

FISCAL IMPACT: JT2 will take responsibility for the banking at no additional charge. However, MBASIA will lose investment income on the funds while in possession of JT2; if MBASIA was keeping those funds in an interest bearing account under our current arrangement.

BACKGROUND: Alliant met with JT2 on June 7th to discuss MBASIA's account and become more familiar with any issues under the current arrangement and how we could improve any aspect of the account. During that meeting it was brought to our attention that the current banking arrangement relies on the Program Administrator to monitor the balance of the checking account and transfer funds to cover outstanding checks. This is not a typical arrangement and JT2 offered to set up a custodial account in which they would hold the funds for checks written in an account that they manage. By doing this, JT2 would be responsible for maintaining the fund balance and requesting funds as needed from the Program Administrator.

HANDOUT: Proposed contract amendment received from JT2

Item No. D.4.a
Board of Directors
September 13, 2010

DELEGATE FOR CSAC-EIA

ISSUE: CSAC-EIA would like each Member to have a designated representative.

RECOMMENDATION: The Program Administrators recommends the Board discuss the attached resolution and grant authority to a Board Member to be MBASIA's CSAC-EIA Member Representative.

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: *From CSAC-EIA:*

In order to update our records, the EIA needs the governing board for each public entity member to ***designate an individual or position*** who is authorized to officially act on behalf of and enter into agreements with the EIA. Please bring this matter to your governing board ***by September 1, 2010***. Attached is a ***sample resolution*** for your convenience. Please feel free to modify the format of the resolution to fit the style and terminology of your own entity.

The individual or designated position does not have to be the only contact person with your organization. In fact, you can have more than one contact that receives information and communications. To review who your entity has listed as contacts, please go to the EIA website (www.csac-eia.org), click the member tab, choose public entity from the drop down list, then click on the name of your entity.

Please note, if your governing body designates an individual, the governing body will need to adopt a new resolution if that individual leaves the organization or the governing body decides to appoint someone else. If your governing body designates a position, such as city manager, they won't have to adopt a new resolution if the city manager changes, but we would like to receive the new contact information if that occurs.

ATTACHMENT: Resolution 1011-04

RESOLUTION NO. 1011-04

**A RESOLUTION DELEGATING AUTHORITY TO _____ TO
ACT ON BEHALF OF MONTEREY BAY AREA SELF INSURANCE
AUTHORITY**

WHEREAS, the CSAC Excess Insurance Authority (Authority) has determined that it is necessary for each member of the Authority to delegate to a person[s] or position[s] authority to act on the member's behalf in matters relating to the member and the Authority; and

WHEREAS, except as to those actions that must be approved by Monterey Bay Area Self Insurance Authority, such delegation of authority is necessary in order to carry out the purposes and functions of the Authority with its members; and

WHEREAS, in order to ensure a person[s] or position[s] is delegated with authority to act on the member's behalf in matters relating to the member and the Authority, action by the member's governing body is necessary; and

NOW THEREFORE, BE IT RESOLVED by the Monterey Bay Area Self Insurance Authority as follows:

Except as to actions that must be approved by the Monterey Bay Area Self Insurance Authority, _____ is hereby appointed to act in all matters relating to the member and the Authority.

PASSED AND ADOPTED by the Monterey Bay Area Self Insurance Authority this 13th day of September, 2010, by the following vote:

AYES:

ABSENT:

NOES:

Rene Mendez, Chair

ATTEST:

Daniel Dawson, Vice Chair

Item No. D.4.b
Board of Directors
September 13, 2010

BOARD OF DIRECTORS MEETING SCHEDULE

ISSUE: MBASIA does not have a set schedule of Board Meetings. The following is our proposed Board of Directors Meeting schedule:

- Monday, September 13, 2010 – Board of Directors Meeting
- Thursday, October 28, 2010 – Long Range Planning Meeting
- Friday, October 29, 2010 – Board of Directors Meeting
- Monday, April 11, 2011 – Board of Directors Meeting
- Monday, June 13, 2011 – Board of Directors Meeting

For future years, we will present the annual calendar following the same general timing of each Board Meeting. Meaning that the month and general date will be approximately the same year after year.

In addition to the Board Meeting schedule outlined above, the Committees will meet as needed throughout the year.

RECOMMENDATION: The Program Administrators recommend the Board of Directors review the proposed meeting schedule and take action to approve the proposed schedule or give direction to amend.

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: The proposed meeting schedule follows a quarterly Board of Directors Meeting format. We have strategically planned the timing of these meetings to accomplish several goals relating to renewals, audits, and the Board and Program Administrators availability.

ATTACHMENT: None

Item No. D.4.c

Board of Directors

September 13, 2010

TIME CERTAIN: 10:00 AM

PRESENTATION FROM CONCERN EAP

ISSUE: Humberto Chacon from CONCERN EAP will give a verbal report to the Board of Directors at 10:00 AM.

RECOMMENDATION: There is no recommendation, this is an information item.

FISCAL IMPACT: No financial impact is expected from the recommended action.

BACKGROUND: None.

HANDOUT: Humberto Chacon will provide a handout at the meeting.

**Item No. D.5.a&b
Board of Directors
September 13, 2010**

LOSS REPORTS: WORKERS COMPENSATION AND LIABILITY REPORTS

ISSUE: Janet Kirkpatrick, MBASIA's Workers Compensation TPA, may give a presentation on current claims or pertinent issues related to the Workers Compensation program.

Ken Maiolini, MBASIA's Liability TPA, may give a presentation on current claims or pertinent issues related to the Liability program.

If claims are to be discussed, the Authority will enter closed session pursuant to Gov't Code 54956.95

RECOMMENDATION: The Program Administrators recommend the Board review any handouts, presentations or reports provided by the Liability and Workers Compensation TPAs.

FISCAL IMPACT: No financial impact is expected. If a TPA requests settlement authority or the values of particular claims, the financial impact will be discussed as part of that item.

BACKGROUND: In the past MBASIA relied heavily on Kent Rice, as an employee of the Authority, to evaluate claims and make coverage decisions with the TPAs. Since Kent is no longer an employee, and Alliant is a consultant, the TPAs will be making reports directly to the Board of Directors. This new method will allow the Board to rely on the TPAs as the claims professions.

ATTACHMENT: None

HANDOUT: Will be provided by the TPA as needed.

Item No. E.1
Board of Directors
September 13, 2010

CAJPA REPORT

ISSUE: The Program Administrators will give a verbal report on any pertinent issues discussed at the CAJPA conference and may provide handouts of useful information.

RECOMMENDATION: There is no recommendation, this is an information item.

FISCAL IMPACT: No financial impact is expected.

BACKGROUND: In the 1970-1980s, public agencies were faced with rising insurance costs and little coverage. Private insurance companies were unwilling or very reluctant to provide insurance products to public agencies.

In the mid-1970s, the California Legislature amended the Government Code to add the ability for two or more public agencies to join together, under a joint powers authority (JPA), to provide more effective or efficient government services or to solve a service delivery problem. With this came the ability to lower premiums to their members and reduce taxpayer dollars.

The California Association of Joint Powers Authorities (CAJPA) was formed in 1981. The pooling concept for insurance purposes was relatively new and fairly obscure. JPAs ventured alone in uncharted waters as they wrestled new and perplexing problems.

CAJPA was formed to meet the need for communication and cooperation among the newly formed JPAs. Its founders structured an association that serves as an information and educational network; one that has grown to also promote unique insurance and risk management concepts and services for its members.

There are 154 risk management joint powers authorities in the State of California of which over 100 are members of CAJPA. CAJPAs members represent 58 counties, 471 cities, over 1000 school districts and well over 3500 special districts in California. CAJPA also represents over 100 service providers, Associate Members, who provide services to our regular membership.

HANDOUT: Presentation materials from CAJPA

SACRAMENTO, CALIF. (SACBEE.COM) —

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Agenda Item F.1

Board of Directors

September 13, 2010



The latest on California politics and government

August 19, 2010

Big boost proposed for in workers' compensation premiums

The **Workers' Compensation Insurance Rating Bureau** has formally proposed a nearly 30 percent increase in employer-paid premiums, touching off another version of the perennial battle over the system that compensates workers for job-related injuries and illnesses.

The bureau has been proposing premium increases for the past several years after they plunged sharply earlier in the decade, thanks largely to a major overhaul of the system. But Gov. **Arnold Schwarzenegger**, who pushed the overhaul through the Legislature in 2004, and Insurance Commissioner **Steve Poizner**, both Republicans, have opposed major premium boosts, saying they would damage the business climate in a period of severe recession.

The bureau, in its filing with Poizner's office, said the proposed boost of 29.6 percent in "is largely a reflection of increases in claim severity inflation following the full implementation of the reforms in 2005 that have more than offset declining claim frequency." It said that even were the full proposal to be adopted, premiums still would be 53 percent lower than they were in 2003, before the Schwarzenegger-sponsored changes in eligibility for benefits and medical care..

With Schwarzenegger and Poizner both leaving office in a few months, the premium issue -- along with demands of unions, medical care providers and workers' compensation attorneys for undoing some of the 2004 changes -- will be dropped in the laps of their successors.

The full WCIRB filing can be found [here](#).

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Categories: Steve PoiznerPosted by **Dan Walters**9:57 AM | [Comments \(0\)](#) | [Share](#)[vote now](#)



THE RISK REPORT

Volume XXXII

No. 12

Agenda Item F.2

Board of Directors

August 2010

September 13, 2010

ENSURE QUALITY TPA SERVICE WITH THE RIGHT RFP QUESTIONS

The request for proposal (RFP) process can be a daunting experience for those organizations seeking a new third-party claims administrator or for those simply wishing to shop the market for an alternative to internal claims administration. For some, the primary objective is cost savings, with an emphasis on receiving as many price quotes as possible. However, many other organizations look beyond price, seeking solutions to claims problems. Either way, the primary objective for an RFP is to elicit detailed responses from qualified vendors to make the right choice for your organization.

If you are planning on contracting a third-party administrator (TPA) for services that will be used for multiple years, it makes sense to do your homework before—and not after—you sign a service agreement. At that point, it will be too late to negotiate a customized level of claim service. This is why it is so important to develop a comprehensive, probing RFP and, if you are considering oral presentations after your RFP reviews, ask targeted questions until you receive precise information and service assurances from the presenting TPA.

This article explains how to test the market, develop an RFP, and come up with the technical questions to help you choose the best claims TPA for your firm.

Testing the Market

It's certainly easy to take the path of least resistance when choosing a TPA. These quick decision paths may include choices made on price, broker word of mouth, case studies, or informal conversations from industry peers. How likely is it that these measurements will lead to the best decision? Individually, each is an important factor to consider but should not be the only one when making such an important decision.

Many informed and judicious organizations begin the RFP process with a request for information (RFI). An RFI is a preliminary litmus test that assesses the ability of a TPA to administer quality claims services. By definition, an RFI would inform the TPA of the issuing organization's goal and how it tentatively plans to achieve it. An organization may already have a number of prequalified TPAs in mind to start the RFP process; therefore, the distribution process is already targeted.

In response to the RFI, the TPA will compete for the opportunity to provide the requesting organization with the most targeted information available. This information may be in a range of varied formats, including narrative and data. Often, TPAs send generic sales proposals that provide only a basic outline of their service program. This

"high-level" information may be beneficial to a certain extent, but it may not help in assessing TPA's claim service strategies and routine claims handling tactics, for example.

The RFI process is also an important way for an organization to determine a prospective TPA's capabilities and expertise. RFIs can help identify and disqualify financially underperforming TPAs, TPAs with limited reach of service (local only and not regional), TPAs without a concentration in the organization's industry, TPAs not approved by the excess insurer, and TPAs with limited claims administration capability (workers compensation but not liability) and adjuster resources. These are all areas of consideration an organization should analyze to determine where it should submit the detailed RFP.

Developing the RFP

Once the RFI process points to the most appropriate TPAs to compare and choose between, a request for proposal process (RFP) is used to choose a vendor to retain. First and foremost, the questions contained in the RFP should reflect the precise desired outcome of the organization's risk management goals. This is a detailed approach that requires total buy-in from those within the organization who have an understanding of what it takes to successfully administer a claims program. This buy-in process puts the organization in control of the desired service levels by helping develop the most appropriate and collaborative questions for the most appropriate response.

Gather an internal team for a roundtable discussion of what data will be important in choosing the right TPA for an organization's needs. In particular, those individuals with knowledge of workers compensation claims or liability claims need to be included on the team. These internal subject matter experts recognize

the impact claims handling makes on insurance and operational costs, the work environment, and overall customer satisfaction. Consider human resources personnel, finance and accounting colleagues, benefits analysts, and other departmental heads (e.g., parks and recreation, law enforcement, fire, factory/manufacturing, distribution, operations, and other segmented divisions).

Cost Questions. When determining the cost for a liability and/or workers compensation service, these subject matter experts should develop cost questions addressing the following:

- Rehabilitation service
- Medical bill review
- Utilization review
- Case management
- Claim report availability/accessibility
- Subrogation recovery
- Special investigation
- Catastrophic claims
- Litigation
- Damage assessments/appraisal
- Salvage/disposal
- Data conversion
- Ongoing maintenance
- Risk management information system

It's never safe to assume that a new TPA will continue to administer claims using the existing process or generate the same cost savings as the current TPA or internal staff. Many TPAs have internal departments or they own service subsidiaries (i.e., bill review, managed care) whose fees may not be included in the fee schedule presented. To receive for the most detailed response, it is important to convey the organization's "must" service areas. This powerful word immediately signals to vendors the important "must know" process questions and costs that need to be customized for the potential client—not generalized from a generically written sales proposal or marketing brochure.

Here are a few sample questions to consider when developing targeted cost questions about hidden fees:

- Have you budgeted for these hidden costs?
- Are these additional costs necessary?
- Might these costs have otherwise been prevented if the TPA followed the proper claims process?

These sample introspective questions will help design targeted RFP language that will hold the successful TPA accountable from the onset.

Flexibility. What is the TPA's service model? Virtually integrated TPAs will insist on utilization of preselected services and have standardized protocols for their utilization. Other service models will allow the use of various vendors of the client's own choosing.

When determining the outcome of how a claim may impact the organization's work environment, the RFP team should prepare a few questions in the following areas:

- What is the TPA's compliance with our modified duty/return-to-work plan?
- Will a dedicated, on-site unit be a better choice for claims administration?
- Will staff have immediate and convenient online access to claims information?
- How will new service implementation impact internal staff's time?
- What are the TPA's Occupational Safety and Health Act (OSHA) reporting capabilities?

These and other questions will be discussed later in this article.

Developing Technical Questions

When determining how claims administration affects the overall level of customer satisfaction, ask questions pertaining to both the adjuster and the TPA. These questions include the TPA's history, staff, claim han-

dling standards, systems, data migration/implementation, adjuster/client training, industry expertise, internal/external accountability, internal quality control, managed care, bill review, and contractual details.

TPA History. The TPA's historical background will provide insight into its longevity, expertise, and size. Trends revealed in the history can also indicate where it is headed. Some risk professionals look for acquired growth or organic growth, while others may judge on financial stability and other factors. A Better Business Bureau rating and a Hoover's Dun & Bradstreet review can also be helpful to corroborate the information provided by proposing TPAs.

One key consideration is a TPA's client retention rate. Claims administration is a service business, and technical claim performance, pricing, and communication are extremely important. Third-party claim administrators that fail in these categories often lose clients. To determine a TPA's success, consider requesting at least a 3-year client retention rate. In addition to an average retention rate, request a rate of retention by number of years a client has been with the TPA. This will reveal the TPA's mix of short- and long-term clients.

Ownership is another key factor to consider. When requesting background information, it is important to ask for data regarding the top management of the TPA. This will provide an understanding of how the company is run based on management's past experience in similar roles or with other companies. Look for good, long-term senior members who have an active participation in the day-to-day routine of claims administration. This will be a great benefit for receiving immediate customer service for any claim discrepancies and other grievances.

Staff. A TPA's claims administration performance begins with its adjusters. Adjusters are the voice and face behind the com-

pany. Since a successful claims program depends on the adjuster's knowledge and ability to follow procedure, it is important to learn about who will be adjusting the claims.

When preparing the RFP questions, consider asking for a designation of the individual adjuster or adjusters that will be assigned to the account. Request resumes or background biographies on each adjuster that breaks out their TPA and other work history, education, and advanced claims education. Also request that current claim caseloads be stipulated for allowing an analysis to determine if the identified adjusters might be overextended when they take on a new account. An option to consider is to request that one or more adjusters be dedicated exclusively to the account rather than sharing adjusters with other accounts. If a dedicated adjuster is requested, be sure to inquire about the TPA's backup claim adjusting plan in the event the dedicated adjuster is unavailable to handle claims. This may include requesting an organizational chart and an emergency number of the supervisor assigned to the account.

Once a determination as to whether a designated or dedicated adjuster will be required for the account, think about the organization's need for daily availability. Some organizations prefer a traditional office approach where the adjuster is accessible by phone and e-mail at the TPA's location. Another choice is having an adjuster on-site or in a nearby office to administer the account. Once the option that best fits the organization's requirements is ascertained, consider the best timing for periodic meetings for status reports and claims reviews. Quarterly meetings and one annual meeting is standard for most TPAs. An on-site adjuster will always provide more frequent meetings and claim reviews. Just be sure to determine the TPA's standard approach with appropriate questions in the RFP.

Lastly, a high staff turnover rate can indicate major problems at a TPA, including low morale, poor performance incentives, managerial issues, etc. Be sure to request 3-year turnover ratios for both the adjusters only and for overall staff.

Claim Handling Standards. For an adjuster to provide exceptional claim services, the TPA must have effective and thorough claim handling guidelines in place. A TPA's claim handling guidelines should cover initial contact methodology, reserving practices, documentation, diary, litigation management, investigation, subrogation, excess and special reporting, follow-up and controls, settlement authority, supervision, and coverage. Figure 1 provides a sampling of possible questions to ask on the TPA's claim handling guidelines.

Another claims handling consideration regards catastrophic (CAT) claims. Due to their high cost potential and often multiple claimants, CAT claims should be handled by senior personnel. It is imperative to follow early intervention procedures including a review by a registered nurse with the first report of injury. The nurse should recommend catastrophic and serious injury cases for case management, where appropriate. After approval from the client, the case manager should immediately follow these cases.

Before choosing a TPA, consider how current run-in or "tail claims" will be handled. These are the claims already being handled by the current TPA. Questions concerning cost and capability to convert from a competitor's risk management information system (RMIS) should be asked. One of the most important questions to ask is the conversion time frame. Without the full data set, run-in/tail claims will be difficult, if not impossible to administer.

One last claim standard to consider would be claim record ownership. All material generated in the handling of any

claim incurred by a TPA should remain the client's property and be accessible to the client at any time. Be sure there is an agreement to include this in the contract.

Systems. Today's claim business relies heavily on technology to stay current on all claim file activity. RMISs are extremely relevant for determining the TPA's overall performance and success with handling

FIGURE 1 CLAIM HANDLING QUERIES

Initial Contact/Reporting Methodology—Initial contact protocol is important to meet overall claim success. Will there be three-point workers compensation contact within 24 hours? Are there any additional contacts, such as witnesses, and when and why would they be contacted? Can you establish reporting procedures that are compatible with the needs and structure of our organization? What are the after-hour options for reporting new claims?

Reserving Practices—Determine timeliness and adequacy of reserves. What are the time limits for setting initial reserves? Are reserves handled with realistic probable exposure or other? How often are reserves adjusted?

Documentation—Knowing the proper notes are being captured is extremely important. How soon are new notes added to the claims system? What type of detail is captured in the documentation, i.e., payments?

Diary—Access to the adjuster(s) diary can be critical to determining claim status. Do all open files carry an open diary date? Are diaries worked timely, and is a plan-of-action in place? Is the diary worked often? If it is, how often is it worked?

Litigation Management—Understanding a TPA's role with pursuing claim litigation will help control legal counsel costs. Are litigation pretrial reports created? Is referral made within 24 hours? How are bills handled? What is your policy on settlement versus defense?

Investigation—All new claim files should have some level of investigation. To what level do the adjusters perform investigations? Do you search for fraudulent claims, and

what is the criteria and process? Can you review adjuster investigative guidelines to determine they meet your business requirements and contractual obligations?

Subrogation—A third-party source of recovery is important when there is fault. When do you pursue subrogation? What is the follow-up process for recovering funds? What is the process used, and how knowledgeable are the adjusters in these matters?

Excess and Special Reporting—Providing reports to excess insurers is extremely important. What tracking mechanism does the TPA use to identify and report claims? Do you prepare, maintain, and file all state, local, and federal mandated forms? What is the third-party claims administrator's ability to assist in the preparation and filing with the appropriate state agencies?

Follow-Up and Controls—Claim closure relies heavily on proper follow-up procedures. How often is follow-up conducted? Are action plans kept current and meaningful?

Settlement Authority—This involves knowing when to settle claims and for how much. What is the dedicated adjuster's settlement authority? What is the process for exceeding that amount?

Supervision—Proper claim procedures require supervised assessment. How does a supervisor assign claims? Are they active with claim audits?

Coverage—Providing the correct coverage to an incident is very important. What are your procedures for documenting coverage? How is coverage addressed?

claims from inception to closure. These systems are designed to provide access to all claim detail by claim adjusters, supervisors, management, and clients.

Many TPAs choose to partner with leading RMIS developers, while others choose to use their own proprietary systems. Regardless of which solution is preferred, a number of targeted questions must be asked to determine if the proposed system is right for the organization, such as:

- Does the system offer real-time claim accessibility?
- How many users can have access and at what cost?
- What are the options for report generation and frequency of reports?
- What customization report options are available?
- Can reports be generated at all organizational levels?
- How is data confidentially secured?
- What is the process for reporting new claims?
- What are the system's electronic data interchange (EDI) features?
- How does the system control reserves?
- How does the system calculate and verify payments against reserves?
- Does the system eliminate duplicate payments with online payment history?
- How does the system manage rehabilitation programs?
- How is comprehensive legal information accessed?
- Are subrogation activities tracked?
- Is there an automated adjuster diary?
- Are there unlimited adjuster notes on each claim?
- Does the system produce government forms including 1099s, OSHA 300, CMS, and annual reports?
- Does the system store data by accounting periods, enabling loss development analysis?

- Are summaries of claims data by user-defined parameters available?

A comprehensive RMIS should be capable of prioritizing cost control efforts by identifying important workers compensation and liability claims cost drivers within an organization in a real-time environment. Other benefits would include a system that provides timely feedback to management with standard and ad hoc reports. These reports will facilitate proactive and properly targeted loss control practices throughout the organization. Lastly, these systems are designed to improve productivity and "go green" by reducing or eliminating paper handling and manual production of reports or statistics.

Data Migration/Implementation. Once it is determined that a change of TPAs is likely, the process of developing an implementation/migration strategy should begin. Implementation can be a time-consuming process that requires the assistance of all parties, including the new third party claim administrator, the former TPA, and the client. The new TPA should facilitate the process by providing a detailed timetable to use in developing the implementation/migration strategy. It's also helpful to know a TPA's data migration expertise in advance. This includes its track record of success with converting claims data from the RMIS system that is currently being used.

Another important implementation item is the development of the loss funding/banking arrangements. There are two choices readily available today: self-management or TPA management. Under the first option, the client funds and manages the account. Under the second, the client funds the account and allows the TPA to manage it.

Adjuster/Client Training. Knowledgeable adjusters will achieve the best results for their clients, and it is therefore appropriate to evaluate the TPA's philosophy on training staff, including the frequency

and quality of the programs offered, and subjects covered. Try to determine if the TPA is merely trying to meet minimum requirements of any applicable state regulations or is truly committed to improving the knowledge and professionalism of its staff.

In addition to adjuster training, there will be a need for client training. Do the training topics offered address the needs of the organization's staff? Is claim system training available? Determine whether training will be handled in person, by CD-ROM, streaming online, or via webinars.

Industry Expertise. There will much information available on most TPAs from brochures, presentations, websites, and more. These marketing pieces are, of course, designed to reflect as positively as possible on the TPA firm. However, the best judges on the quality of a TPA's service are those organizations already doing business with the firm. Valuable insight may be gained by requesting at least three references from similar clients. These may include clients from the same or similar industry, similar employee sized clients, or clients with a similar size claim load. In addition to contacting these TPA clients, also request case studies that describe how problems have been resolved.

A less direct request and follow-up for industry expertise may come from a competitive analysis. Many TPA's distinguish themselves from the competition by outlining their strengths based on client feedback. Consider creating a question regarding the third-party claim administrator's perception and standing within its own industry.

Internal/External Accountability. Many states require TPAs to be licensed to operate. Requesting information about their state licensure is a prudent first step toward evaluating their accountability. Also ask the TPA for its policy on fine reim-

bursment for failure to comply with the state. Another way to verify a TPA's standing in a state or city of operation is by requesting any pending litigation or judgments against it. To evaluate a TPA's financial performance, an audited financial statement may be requested and a Dun & Bradstreet report obtained. Additionally, it is wise to require a certificate of insurance showing the lines of coverage and limits available in case it is necessary to make a claim against the TPA. These lines should generally include commercial general liability, business auto, workers compensation, errors and omissions, and crime coverage.

Internal Quality Control. An entire section of the RFP should be focused on the TPA's quality control and internal efficiencies. These necessary controls may include the TPA's audit frequency, the method and depth of investigation employed, performance measurements, and sharing of results with the client. Request a list of the members of the team involved in this process and how the final results impact the client's claim program. Include questions to determine the protocol for the client administering its own audit of the TPA, and assure the contract will specifically grant the right and ability to independently review and measure the TPA's success.

The best quality control plan begins with the claim file and the adjuster's ability to maintain it with thoroughness and timeliness. An internal TPA efficiency program with a financial incentive is very beneficial for receiving quality service. The assigned adjuster(s) should be graded on claims handling performance, and the specifics of how this internal program operates should be reviewed.

An emergency backup plan should be requested and analyzed. In the event of a disruption in claim services (i.e., a natural disaster or blackout), it will be important to

know how that office or its adjusters will be able to perform their duties.

Managed Care. A big chunk of workers compensation claims administration comes from managed care. When reviewing the options, determine if the third-party claim administrator owns or leases managed care services. Another consideration is the ability to compare the preferred provider organization (PPO) network choices. An important question is flexibility of using more than one PPO, and how adding and removing providers within the applicable local region is accomplished.

Case management is another managed care offering. Many TPAs offer nurse or physician case management. These choices will include case management by telephone and in the field. It would be beneficial to learn the TPA's philosophy on the use of case management. The overall response to managed care questions should reflect the TPA's compliance with the approach used in the organization's return-to-work program.

Bill Review. The next process to consider is bill review. The bill review procedure should involve closely examining the bill and reviewing the medical notes submitted to ensure charges are correct for the services performed. Develop RFP questions designed to reveal:

- How bills are coded in the system
- State fee schedule and usual and customary charges
- PPO application process
- Out-of-network negotiations
- Nurse reviews
- Pharmacy bill reduction

Contractual Details. One of the last considerations to make before committing to any third-party claim administrator is the contract terms. It is helpful to request a sample copy of the TPA's contract to review the detailed level of service to be received. A "scope of services" or fee

schedule will outline the type of claim services that are part of the total fee structure. Another key cost driver is the term of the contract. Is there room for a multiyear contract with 1-year renewal options? These are a couple of questions to consider.

Quite often, TPA contracts require their clients to use the TPA's chosen service providers (e.g., legal counsel, special investigation services). To assure a voice in selecting these service providers, ask for the TPA's policy on this issue and consider including a stipulation that the client may select the service providers to use.

Conclusion

Choosing a third-party claim administrator isn't the same as reviewing a side-by-side matrix of similar products or services from *Consumer Reports*. A carefully developed RFP process provides a roadmap for determining how claims should be handled for the organization and choosing the best firm to achieve the identified goals. RFP questions need to be targeted so that responses are clarified with no guessing involved. Never assume that one TPA's service will be the same as another's, as this will rarely be the case. Once that contract is signed, the hard facts about the hired TPA will only be learned through experience, good or bad.

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Robert Bennett has served as chief executive officer for Alternative Service Concepts since 2002. During his career, he has served as a multiline field adjuster, a claims supervisor, and a major accounts adjuster. Mr. Bennett worked for 15 years at Willis Administrative Services when he earned his Licensed Tennessee Agent designation, Senior Claim Law Associate (SCLA) designation, and Chartered Property Casualty Underwriter (CPCU) designation. He is a graduate of the University of North Carolina at Chapel Hill.

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37th Annual Risk Managers Conference and Exhibition

February 6-9, 2011
Disneyland Conference Center, Anaheim, CA
Conference at a Glance

Agenda Item F.3

Board of Directors

September 13, 2010



Sessions are color-coded by their educational focus. Leadership Track sessions are noted.

Sunday, February 6, 2011			
8:00am-2:00pm	2011 PARMA Annual Golf Tournament at Coyote Hills Golf Course, Fullerton, CA (Separate fee)		
1:00pm-5:00pm	Registration Desk Open		
Monday, February 7, 2011			
6:30am - 7:15am	Morning Walk with Jack Blyskal (PARMA T-Shirt for all walkers)		
7:30am-8:15am	Breakfast in the Exhibit Hall/Separate First-Time Attendee Breakfast		
8:30am-9:30am	Keynote: Overcommitted, Overwhelmed and Over It! Success Skills for the Blisteringly Busy Presented By: Juliet Funt Sponsored by: TRISTAR Risk Management		
9:30am-10:15am	Dedicated Exhibit Time		
9:30am-5:00pm	A7 Everything You Ever Wanted to Know About Risk Management 101		
10:15am-11:45am	A1 Strategies for Managing Employees with Serial Workers Compensation Claims	A2 AEDs and other Medical “Hot Buttons”: Dispelling Myths and Recognizing Liabilities	A3 Solving Safety Problems
	A4 Developing a Risk Management Peer Community through Social Networking LT	A5 Health Care Reform 2011 One Year Later- What Have We Learned?	A6 Sucking Blood From A Turnip: The Twilight/New Moon” Approach to Risk Management
11:45am-2:00pm	Exhibit Time and Sponsor Appreciation Lunch (Exhibit Hall closed during lunch)		
2:00pm-3:30pm	B1 Section 4850 Benefits and Presumptions of Injury	B2 Technology, Constitutional Rights and Discipline - Can the Three Coexist?	B3 OSHA Doesn’t Prohibit Smiling or Laughing: Using Humor in Safety Presentations
	B4 Walking the Plank - The ABC’s of Sustaining Discipline LT	B5 How to Measure Property Loss for Risk Managers	B6 ISO 31000 in Action: Public Sector Implementation
3:30pm-3:45pm	Break		
3:45pm-5:00pm	C1 Is Everything in Your Claims File Discoverable by the Opposing Counsel?	C2 Law Enforcement & Corrections Legal Update	C3 Do Your Post-claim Corrective Actions Really Change Anything?
	C4 Using Good Leadership Practices to Market Safety LT	C5 Releases: A Liability Shield	C6 “So an Actuary, a Claims Manager and a Risk Manager all walk into a bar....”
5:30pm-7:00pm	Conference Welcome Reception - Sponsored by: Carl Warren & Company and Alliant Insurance Services		

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Tuesday, February 8, 2011			
6:30am - 7:15am	Morning Walk with Jack Blyskal (PARMA T-Shirt for all walkers)		
7:30am-8:30am	Sit-down Plated Breakfast		
8:30am-9:45am	D1 Prescription for Success - A Dose of Reality	D2 Getting Rear-Ended by Indemnity	D3 Create your Risk Scorecard
	D4 Risk Management & Wellness: On A Shoestring LT	D5 The State of the Future: Black Swans and More	D6 COVERAGE COVERED: The ins & outs of Risk Sharing, Self-insurance and Insurance
9:45am-10:15am	Morning Break		
10:15am-11:45am	E1 Mr. Ogilvie's Wild Ride	E2 30 Key Questions: An Employment Law Update	E3 Conflict Resolution
	E4 Living in the NOW Moment LT	E5 Insurance Requirements in Contracts - An Update on the Basics	E6 Volunteers: Free Labor and Liability
11:45am - 12:15pm	Last Pass through the Exhibit Hall		
12:15pm-1:30pm	Annual Membership Meeting Lunch		
1:30pm-2:45pm	F1 Resolving Workers' Compensation Cases Through Mediation	F2/G2 FEHA: Implementing Compliance Solutions	F3/G3 Business Continuity and Disaster Recovery Planning: The Basics
	F4/G4 Ethical Decision - Tough Choices LT	F5 Cyber Liability - Are You Covered?	F6/G6 Contracts - A Continuing Series By Robert Marshburn
2:45pm - 3:00pm	Afternoon Break - Exhibitor Prizes to be posted and available for pick up through the conclusion of the conference on Wednesday at the PARMA Registration Desk		
3:00pm-4:30pm	G1 Workers' Compensation Bingo	F2/G2 FEHA: Implementing Compliance Solutions	F3/G3 Business Continuity and Disaster Recovery Planning: The Basics
	F4/G4 Ethical Decision - Tough Choices LT	G5 Using Benefit Eligibility Reviews to Reduce Health Benefit Costs	F6/G6 Contracts - A Continuing Series By Robert Marshburn
6:00pm-7:00pm	Pre-Banquet Reception		
7:00pm-11:00pm	PARRRRMA Annual Banquet Costume Contest Sponsored By Mullen & Filippi and Grand Prize Drawing Sponsored by Sedgwick CMS <i>There are no banquet tickets this year and seating will be done on a first-come, first-served basis.</i>		
Wednesday, February 9, 2011			
8:00am-9:00am	Breakfast		
9:00am-10:30am	H1 Extinguish Exaggeration! Manage Malingers! Abolish Abuse! Fight Fraud!	H2 Permits, Floods, Slides, Trees and Trails	H3 Bloodborne Pathogen and Aerosol Disease Prevention For Law Enforcement
	GH4 Public Agency Leadership - Commitment Planning Execution LT	H5 Novice Cracker Barrel	H6 Safety/Risk Management Cracker Barrel
10:30am-10:45am	Break		
10:45am-11:45am	Closing Session: David Clovis, General Manager of California Joint Powers Risk Management Authority and Past PARMA President LT Attendance at closing session required for Leadership Tracks in order to turn in your attendance record. All certificates will be mailed.		