MONTANA MUNICIPAL INTERLOCAL AUTHORITY

News and Views

SUMMER 2011

2011 Workers' Compensation Reform

By Ann Komac and Thomas B. Danenhower

Workers' Compensation reform was a primary goal of the 2011 Montana Legislature. Montana has had the highest rate for workplace injury in the United States (6.3 per 100 employees vs. a national rate of 4.2). Couple this with Montana's high frequency of claims and a much longer duration for claims, the result is the highest rate for workers' compensation insurance in the United States. The 2011 legislature responded to this situation by passing legislation substantially revising Montana's workers' compensation law.

The reform began back in 2007 when legislation was passed which authorized the State Department of Labor and Industry to develop medical Utilization and Treatment Guidelines (U&T) for providers to use for medical treatment of workers' compensation claimants. Once adopted, these guidelines have greatly streamlined the medical side of workers' compensation operations in other states. They have proved a boon to employees and employers who get better system service, providers who have less paperwork and uncertainty and insurers who have less claim cost and reduced claim duration resulting in lower rates for workers' compensation insurance. As a result we are hopeful the Guidelines will provide the employees and employers in Montana the same benefit. The U&T Guidelines will go into effect on July 1, 2011 and can be viewed by going to www.mtguidelines.com. With the U&T Guidelines, physicians will have to be certified to perform impairment ratings and will also have to be certified to perform Independent Medical Exams (IMEs).

At the direction of the Governor, the Labor Management Advisory Council (LMAC) met for the first time in December 2006. The Council was tasked with identifying problems within the state of Montana and recommending legislative solutions to address the cost drivers in our state's current Workers' Compensation system. The original proposed LMAC legislation was tabled but from this effort HB 359 and HB 334 were conceived which included many of the LMAC's proposals.

HB 359 provides for letting claimants and insurers mutually agree to settle lifetime medicals for a lump sum more easily than under the present statute. This bill will take effect July 1, 2011.

Workers' comp continued on page 3

On Private Sector Insurance and Risk Retention Pools: The Rest of the Story

CEO'S CORNER

By Alan W. Hulse, MMIA CEO

Recently an MMIA member was approached by a private insurance agency concerning the agency providing insurance to our member. Part of the proposal was a comparison of private insurance and risk retention pools. While the information in this presentation told a very interesting story, I feel it is important for you to consider "the rest of the story" relative to pooling vs insurance. Below is a summary of the comparison that was made by this private insurance agency between insurance and pooling, along with my observations about the story not told in this comparison or…. "The rest of the story."

▸ Insurance is risk transfer

Your premium is guaranteed for the policy period no matter how many claims you have. The insured is not obligated to the insurer for anything else during the policy period; if the insurer loses money, it is a stockholder issue. The insured selects an agent and program and has no long term obligation.

Pooling is risk sharing

Members are assessed for their estimated share of pool losses. If losses exceed the assessment, members may have to pay an additional assessment. Pool members are jointly liable for pool losses. If the pool loses money it is the members' problem. Member obligation to the pool can go on indefinitely; even if a member leaves the pool, they might continue to be assessed.

The Rest of the Story: With insurance the premium will not go up during the policy period, but what happens in the next policy period if you have a bad claims year, and the insurer loses money on your account? You will almost certainly face an increase in cost of insurance, and may be dropped from coverage. Look what happened to cities and towns in the mid-1980's. You couldn't find liability insurance in the commercial markets, which is why the MMIA was started. Insurers are profit driven and not in business to lose money. When an insured selects the insurer of their choice, profits, private sector salaries and sales commissions will always be a significant part of the costs.

With the MMIA pool, we do calculate assessments retroactively, but those retroactive assessments cut both ways, if you have performed better than expected in a given year, you get a credit and are reimbursed. Under commercial insurance, do you get reimbursement of premium dollars if you perform better than expected? In terms of calculating retros, it is important to note that losses are pooled but any one loss is capitated so members do not suffer large increases in assessments like they can with insurers. MMIA has traditionally had stable, low rates and our programs are extremely well reserved. The MMIA is financially sound. MMIA is a non-profit organization and programs run at expense ratios in the 15% range; there are no commissions or extravagances. Private insurer's expense ratios are usually significantly higher and are motivated primarily by profit.

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▸ Insurance Risk Transfer

Insurance transfers risk and protects tax payer money. Insurance companies are regulated by State insurance commissioners and subject to independent financial ratings. In the event of an insurance company failure, insureds have the right to recovery against the State guarantee fund

Self Funded Pools

Being a pool member might be entering into a long term speculative venture putting taxpayers' money at risk. Pools are typically not regulated by State insurance departments, nor do they receive independent financial ratings. Pool members share the risk and cannot collect from the State guarantee fund; members might get an additional assessment to raise funds to pay claims.

The Rest of the Story: Although insurance companies do transfer risk, it is at a very fair price for their efforts. They also can and do regularly fail despite rating agencies and State Insurance Commissioner oversight. Then a municipality is out of insurance. Recall how badly rating agencies failed in the recent Collateralized Debt Obligation crisis – paper and financial institutions with very high ratings failed and or became worthless. Insured's cover the costs of State guarantee funds adding to premium costs.

The MMIA has been in existence for 25 years and is financially strong and stable. The MMIA pool is not a long term speculative venture. Our organization is extremely transparent and regulated by members. Detailed financials, accounting and actuarial reports are publically available and you or any member of the public are invited and can attend

Rest of the story continued on page 3

Rest of the story continued from page 2

MMIA Board meetings. Coverage disputes can be, and often are, resolved at no cost by an appeal to your Board. The MMIA has high levels of reinsurance coverage and thus direct risk to members is strongly limited.

In conclusion, it is important to remember the MMIA is owned by our members and run by a Board made up of our members. Changes at MMIA are made with members in mind, not profits. In short, members control the programs. It is important to keep in mind this was not the case in 1986 when due to market conditions, Montana's municipalities had difficulty finding insurance. The MMIA resulted in this crisis. The MMIA risk retention pools are not a fly-by-night operation. Our liability and workers compensation programs have excellent reserves and both programs are on very sound financial footing. Both programs have completely retired the debt created to start the programs. We have had, and will continue to have, excellent service and relationships with both our actuary and accountant. If you have questions or would like more information, please contact Alan Hulse at ahulse@mmia.net or (800) 635-3089. ■

Clerk alert

For dates of injury July 1, 2011 and forward, when an injured worker is unable to work for 21 days or longer as a result of an on-the-job injury, the MMIA will be required to reimburse them their first four days of wage loss. Currently, the Montana Workers' Compensation statute has a 4-day waiting period before being eligible for wage loss benefits.

Typically, workers utilize sick leave or vacation to cover these four days. The new statute, effective July 1, 2011, still allows workers to elect to use sick leave or vacation for the four days, however if they are off work for 21 days or longer they will be retroactively paid wage loss for those initial four days. The MMIA will carbon copy its members with a letter advising a payment for the first four days has been sent. The member will then be responsible to credit back any sick leave used during those first 4 days. Montana law does not allow a worker to draw both wage loss benefits and sick leave for the same time period. However, a worker can legally collect wage loss benefits and vacation pay. If the worker elects to take vacation leave during the waiting period and is subsequently reimbursed wage loss benefits, it is their decision whether they want their vacation leave credited back.

The MMIA recommends its members review their individual processes and policies to determine what if any changes need to be made to ensure compliance. ■

Workers' comp continued from page 1

Utilization and Treatment Guidelines: www.mtguidelines.com

HB 334 will have the most profound effect on the cost of workers' compensation within our state. An injured worker's entitlement to permanent partial disability will be based on objective medical findings only, will be applied if there is an actual wage loss as a result of injury and will require use of the 6th Edition of the American Medical Association Guides to Evaluation of Permanent Impairment. Impairments falling within class one of the Guidelines will not be payable unless there is a permanent wage loss. Therefore, the MMIA recommends our members develop stay-at-work or early-return-to-work programs that allow their valuable employees to stay at work. In the end, that is the most effective way to maintain employee productivity and minimize costs.

HB 334 also provides for a multitude of reforms including claim closure at 60 months of benefits with a hearing process to keep a claim open for two additional years, settlement of medical benefits by mutual agreement, a retro-active payment of the 4-day waiting period after a claimant's lost time injury exceeds 21 days, and for insurer approval of the treating physician after a claim has been accepted. The law also provides clarification on work comp course and scope; claimants will no longer be covered while on breaks doing personal business or while engaged in social or recreational activity sponsored by the employer.

HB 359, HB 334 and the new *U&T Guidelines* will bring many new practices to how claims are handled. There will be more use of physical therapists, nurse case managers and occupational rehabilitation providers at the front end of a claim to assess employee capabilities and facilitate stay at work and early return to work programs. U&T Guidelines will streamline medical treatment, healing and returning claimants to work more rapidly. This will cut down on claim duration and system costs. HB 334 takes effect on July 1, 2011. The reform facilitates teamwork between an insurer, provider, employer and employee to rapidly reach the best outcome possible for the employee and employer.

Due to this, the MMIA Board of Directors has recently decided to reduce work comp rates an average of 8.3% for FY 2012, keeping MMIA assessment rates extremely competitive.

The reforms will bring many changes to how the work comp system works and the MMIA intends to provide a series of regional training sessions in the Fall of 2011 for members and employees so everyone is aware of new rules and best practices—stay tuned! If you have questions or need more information please contact Ann Komac, akomac@mmia.net or Thom Danenhower tdanenhower@mmia.net or call us at (800) 635-3089. ■

Frequently Asked Property Program Questions

By John Craig, Property Program Manager

I can't tell you how many times I hear: "I should know the answer to this, but I don't, so here's my question" and, it's usually a question I just answered for someone else. I then wonder who else would like to know as well. So, excuse the rambling but I'm going to list out and answer some of my frequently asked property coverage questions:

Do we have Flood and Earthquake coverage?
Yes, and it extends to all of the property you have listed in your annual declaration. There is a shared per occurrence pool limit* of $50,000,000 flood coverage for property outside of flood zones A, V, and all other 100 year flood plains; $25,000,000 shared per occurrence pool limit* for property within those zones; and $100,000,000 in shared per occurrence pool limit* for earthquake losses. This coverage comes with a separate high deductible and is intended to protect members from severe catastrophic loss.

*Shared pool limit means you share the limit with any other pool member who has experienced a loss from the same occurrence/event.

I'm taking a municipal vehicle out of state. Do you cover it?
MMIA property coverage follows the vehicle anywhere in the U.S. Coverage also extends to Canada but controlled and may be limited by their laws and regulations. If there is vehicle loss or damage, your coverage has followed the vehicle. As the vehicle owner or lessee the municipality's third party liability (damage or loss caused to others) will also follow. Driver's liability is also in place if the driver is in course and scope of their employment or assignment to the municipality. Permissive users may also have coverage. As we've explained in the past, rental cars are tricky and are dependent on who rents them, how they are rented, and how they are used. It's always best to get the rental company insurance and close those potential coverage gaps.

What happens to my premium when I make a mid-year change?
First off MMIA does not have premiums, we have annual assessments. This means that once each year you make a declaration of all of the property you own or have control of and how you want it covered against property loss. Once you've done that we calculate (and assess) the cost to provide coverage on your declaration list. You are billed and pay that assessment only once at the beginning of each program year in July. As you add new properties to your list, MMIA provides automatic coverage at no additional cost. We ask you to report the acquisition at the time it happens so we can keep your coverage records straight and assure coverage is in place as you want it to be. Yes, this seems more than fair, but when you delete an item from coverage we do not issue a partial refund. This system tends to balance out in our member's favor since the additions tend to be the newer higher value and the deletes are generally the older lower value items. Believe it or not, trend also seems to be for many more additions than deletions, i.e. the fleets and properties are growing.

When should I report any changes?
As noted above, it helps us to know when a change happens so we can correct your documentation. It also helps you, because if we progressively make the changes you will have an easier time making next year's coverage declaration to us. Instead of entering all new information, you should only need to confirm the changes were correctly made.

What happens if I don't get something declared on my list?
You have an 18 month grace period to report new acquisitions. If you are within those 18 months you will enjoy full replacement coverage of the property. Once outside of the grace period, any adjustment for loss will be made on an Actual Cash Value or market depreciation basis. Your settlement values come down quickly. This is only fair to the other pool members as without declaration you have paid no assessment for coverage.

Do I really need to have a detailed inventory of my building and vehicle contents?
Absolutely! Your annual declaration list identifies these items in aggregate as personal property associated with each line item building listing. BUT, when you experience a loss and submit a claim you must also submit a proof of loss statement. This statement must be based on evidence of the existence and insurable interest of the lost property. Without an inventory it becomes very difficult, if not impossible, to establish proof of loss.

Do I have to cover everything we own?
No, but you do have to declare your intention not to cover something. You do that by listing every item on your annual declaration and assigning a zero ($0) dollar value to those you do not wish to cover. This tells us you have it but don't want coverage for it.

Do you cover underground pipes like water and sewer systems?
Generally, no! Underground pipes are specifically excluded from coverage with this exception: The first 1000 feet of underground pipe leading to or from and entering a covered structure will also be covered for loss.

Do you cover trees?
Yes, but the coverage has specific restrictions and coverage limits. Trees can be covered for loss from perils like fire or vandalism but are not covered for loss from a thermal event like freeze/thaw or untimely weather cycles.

What's the difference between "Stated Amount" and "Replacement" coverage?
This is a big one but much easier than you may think. Replacement coverage means if there is damage resulting in a covered loss, the property will be repaired or replaced (whichever is least costly to the other pool members) to restore the owner to their original pre-accident condition. This may mean an upgrade in model or construction year so, yes; you could wind up with a new replacement for an old or older piece of property. All repair or replacement is subject to the construction or building code in effect at the time of the loss and must be declared safe for operation or return to service. To get replacement coverage, you and I have to come to agreement as to what it would cost to replace with new the subject property in like and kind. Your annual assessment cost is then based on the value you and I agree upon (this usually means I pay you a visit and do a valuation work up on your property). Once we agree to this replacement value, full repair or replacement loss adjustment is guaranteed regardless of actual cost. If the costs exceed our replacement valuation

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Property FAQ continued from page 4

amount they will be paid without penalty or added assessment to the member.

"Stated Amount" coverage is surprisingly the same thing (same coverage form) except you are in control of setting your coverage values or "loss recovery limit". There is a multitude of logic as to why you may choose to share the risk of property loss. Usually it is an attempt to reduce the annual assessment to save money. By stating a limit to the amount of coverage you want us to provide, you cap the coverage we will provide for that property. We provide the exact same coverage scope as with replacement but stop once we hit your declared 'stated amount' limit. This capped limit may not be enough to fully repair or replace the damage and the difference will fall directly to you, BUT your annual assessment will be based on only the amount of coverage you requested. The savings are instant, and if you go for several years with small or no claims the money can be directed elsewhere. There is risk however. One big loss on an undervalued property could instantly eat up your savings for many years to come. This is why it is called managed risk taking.

You should be sensing by now that the answers here are situational and dependent on case specific facts unique to each claim. This is a very general interpretation of the coverage in our Memorandum of Property. For detailed information please go to our web page www.mmia.net/property tab/program documents/Memorandum of Property Coverage, July1, 2010. At this point it may seem redundant, but I sincerely hope you will continue to call me with your questions: (800)635-3089 or jcraig@mmia.net. ■

Wellness Hot Summer Tip: Too much sun exposure can cause wrinkling and sagging of the skin, eye damage due to macular degeneration and deadly skin cancer. The American Academy of Dermatology recommends that, regardless of skin type, a broad-spectrum (protects against UVA and UVB rays), water resistant sunscreen with a Sun Protection Factor (SPF) of at least 30 should be used year round. Old and young alike need to opt for a sunless tan with sunscreen and sunglasses that block the harmful UV radiation. Learn the facts, arm yourself and keep stylish while staying safe. Most of all get out there and enjoy your time in the sun—safely.

Bob Worthington Risk Management Achievement Award

MMIA recognizes outstanding risk management efforts with our annual Bob Worthington Risk Management Achievement Award. Each quarter a finalist is chosen by a unit within MMIA and during the fourth quarter an internal vote is cast to choose the winner. The intention of this award is to recognize exceptional behavior to manage risk and prevent losses.

The third quarter finalist is the City of Billings for taking numerous proactive steps to protect their employees from injury. These include developing good safety policies and holding employees accountable for injuries and incidents. As an example, the purchase of fall prevention cleats for all employees has reduced the number of slips and fall injuries dramatically.

In addition, the City of Billings allocates workers' compensation premium directly to departments mainly based on each department's loss experience for the prior year. As a result, those that have minimal claims experience pay a lesser proportion of the premium and those departments with a high number of claims will pay proportionately more. The process of allocating premium to departments benefits a member in numer-

THIRD QUARTER FINALIST
CITY OF BILLINGS

ous ways. First and foremost, it lets supervisors and managers know they and their staff will be held accountable for the incidents and injuries which occur within their department. As a result, they are more diligent in monitoring their staff to ensure they are adhering to safety policies and procedures and holding their staff accountable when policies and procedures are not complied with.

Also, the City of Billings approached the MMIA in mid 2010 requesting an opportunity to meet quarterly to review and discuss their pending claims. MMIA staff began meeting with City staff in August 2010 and have met quarterly since. This program has been expanded to the City of Missoula and will be offered to other members in the near future. These meetings have proved productive in they give the parties an opportunity to discuss their loss experience and what could have been done to prevent the injury. Also, the coordination of efforts for the return to work of injured employees can be talked about. Clearly, returning an employee to employment as soon as safely possible following an injury is a benefit to the employee as well as the City.

In summary, the City of Billings had a .75 mod factor for FY2011 and will be rated with a .78 mod for FY2012. The MMIA pool average Workers' Compensation modification factor is 1.00. Obviously, the steps the City's administration has taken to reduce workplace injuries by holding supervisors, managers and staff directly accountable for safety violations, and by working with the MMIA to develop return to work plans has paid off. Not only has the pay been in financial savings but also increased worker satisfaction. Employees know they are appreciated.

Obviously, the ultimate goal is prevention of all workplace injuries. However, being realistic and knowing that all our efforts will never eradicate all on-the-job injuries, the City of Billings is an example of what proactive steps can be taken to minimize the risk of injury to each of their highly valued employees. And when an injury does occur, the willingness of the City to accommodate restrictions and return workers to modified work.

Hats off to the City of Billings! ■

Spring and Summer in the Sun

By Mark Gauthier

April showers may bring May flowers, but it also brings warmer temperatures as well as spring and summer recreational activities within your communities.

Hopefully you have already sent crews out for inspection and maintenance of your recreational areas. It's best to identify the type of use, inspect and maintain your recreational area before increase in use, as to reduce the possibility of an incident and claims arising out of use of your recreational areas.

Accurate detailed documentation of inspection and maintenance activity of your facilities is necessary. A detailed record should be kept of all inspection and maintenance activity whether it is for swim areas, golf courses, tennis courts, basketball courts, softball and baseball complexes, parks, park equipment, and hiking or walking paths. This must include sidewalks in and around your facilities as well. Any place in which you have invited the public to access your facilities should be periodically inspected and maintained for summer recreational activity as well as year around. Your record keeping can be as simple as a check list with notation of maintenance and/or repairs. Failure to inspect and or failure to maintain could make defending a claim difficult.

Now is a good time to review or establish use agreements for group use of recreational areas. Many groups that are not affiliated with your entity often utilize facilities such as municipal swimming pools, golf courses, tennis courts, basketball courts, softball and baseball complexes, parks, walking paths and hiking trails. You probably have many more uses that are not mentioned.

Often users are of the opinion that since the activity is on city or town property, they have insurance coverage through the city or town for their activity. However, this is not the case. MMIA is a risk retention pool that provides liability coverage to its city and town members. Independent organizations or individuals utilizing your properties are typically not afforded coverage through the MMIA. You should require by way of use agreement that the organization carry liability insurance for the activity and use of your facility.

Use agreements transfer liability risks onto users, such as a softball or baseball tournaments or other special events, which are organized by groups other than the city or town. Your use agreement needs to include a requirement in which the user agrees to hold harmless and indemnify your city or town of all claims arising out of the use of the facility. You may even consider transferring maintenance requirements arising out of the event as well.

The use agreement should require that the liability insurance coverage for the event names your city or town as an additional insured. The certificate of liability should be specific as to the event and facility of use and dates in which that activity is to be held. A copy of the certificate of liability insurance for that event should be provided to the city or town at the time of entering into a use agreement. Requiring organizations to carry liability insurance not only protects the city or town, but it also provides coverage to the party organizing and/or operating the activity that otherwise might not have any protection.

Taking the above precautionary steps often feels like a lot of work rather than fun. Identifying the type of use of your facilities, inspection, maintenance, record keeping, and transferring of risk onto users, can provide a peace of mind to you and your facility users should a claim arise.

Advance precautions can make your recreational facility use experience, as well as organizing future activity, less stressful and more enjoyable for everyone. ■

EMPLOYEE SPOTLIGHT

MMIA is happy to welcome three new employees to our team!

Mark Wilson joined us in April as our new Information Systems Technician. Mark brings 31 years of experience in the Information Technology field from employment in Computer Retail/Maintenance, University of Montana computer support, and most recently, at an industry leading energy company for fifteen years.

Denise Jensen is our new Liability and Property Claims Adjuster. She is a native Montanan with 30 years experience in the insurance industry. Away from the office Denise enjoys spending time with her family-boating, fishing, and scouring the mountains for that perfect rock or spooky ghost town. Usually, along for the rides are her two dogs Belle Starr and Wyatt Earp.

Danette Giono-VanLuchene is our newest addition to MMIA as the new Employee Benefits Member Service Representative/Wellness Coordinator. Danette has worked in the health insurance industry for the past 7 years and has 17 years experience as a certified fitness instructor and Personal Trainer. Danette also comes from a law enforcement background working for several years as a 911 dispatcher and retail Loss prevention Manager.

Welcome to the MMIA, Mark, Denise and Danette!

Small town people running small towns—with help from LGC

By Sondra Ashton, City of Harlem Council Member

The highway from Harlem to Billings at four o'clock in the morning is an empty stretch of road. Mayor Bill drove the Yukon. Council Member Sondra rode shotgun. The mayor and I were headed to the annual Municipal Elected Officials Workshop. Bill's handsome young grandson Brandon, resplendent in Navy whites, slept upright in the back seat. Bill and I talked quietly. We noted the greening beauty of the countryside, the play of shadow as the sun rose, the abundance of wildlife.

We arrived at the Billings airport, our first stop, too early for Brandon to check in for his flight to Norfolk, so we went upstairs to the restaurant. After a leisurely though hearty breakfast, we lingered over coffee. Once we had seen the young man safely on his way, Bill and I drove to the Heights for a short visit with my sister, a visit I thoroughly enjoyed, more so since I had not seen her for a couple of years. Judy, who owns her own shop, cut my hair. We caught up on family gossip and hugs.

The workshop we were attending was provided by the Local Government Center, an educational outreach extension of Montana State University. In conjunction with the Montana Municipal Interlocal Authority and the Clerks Institute, it offers trainings, technical assistance and research for elected officials of Montana cities and towns. There were sessions for mayors and council members, city attorneys and clerks from all over the state. Once we checked into our rooms we immersed ourselves in trainings from Wednesday through Friday. City clerks and treasurers had arrived early for a full week of day and night sessions. Sometimes we met jointly; other workshops were specific to each group.

Lectures, simulated incidents, table-top exercises, group discussions, Q&A sessions—all were valuable. Emergency management, jurisdictions, the declaration process, how to request assistance—all good stuff! Issues that require public participation and deliberation, tips on researching an issue, and ways to advocate to decision makers so that public policy may be developed or changed—this was exciting! Wetlands, flood mitigation, maximizing benefits of wetlands, improving water quality—how timely. Managing conflict constructively—gathering tools and skills to effectively manage potentially contentious interpersonal and community conversations—all provocative topics.

The whole workshop experience definitely increased my ability to be effective in my role as a council person. But the best part, to me, was interacting with other elected officials from around Montana. Some were friends from previous workshops; others I met for the first time. We shared our stories. We asked multitudes of questions, to one another and to the workshop leaders. We indulged in stimulating dialogue as each workshop topic brought new challenges.

We found that most of us know the same frustrations and rewards of living in small communities. When we don't take the opportunity to share our experiences, strengths, hopes, failures and frustrations with one another, we often get to feeling like we are pushing a heavy boulder uphill by ourselves. At least that is how I felt when I arrived at the workshop.

This was beautifully summed up by a workshop leader, "Most small towns are run by STP." "What does that acronym stand for?" we asked. "Same Ten People". The room exploded with laughter. And I felt at home. I learned that I am not alone.

Our jobs would be extremely difficult without the help of the Local Government Center and the trainings and workshops they hold throughout the state. Being a municipal official is a lot like getting married or like parenting. We sign up for it without a clue, without a training manual, without a step-by-step book of instructions. LGC fills the gap.

LGC means a lot to me and to my home town. Any one of us in city government can pick up the phone and dial for help. LGC personnel are always ready to answer questions, give us information, help with research, steer us in the right direction, and keep us out of jail. The Legislature, in their dubious wisdom, failed to fund the LGC this session. Instead they gave a no-strings chunk of money to the University system and suggested LGC request funding from them. I hope the University Regents listen. ■

Staff Changes in Employee Benefits

There have been many changes in the Employee Benefits department and we want to make sure that you're familiar with your contacts for various issues.

Amanda Clark, Program Manager: Amanda ensures the program is running smoothly and works to implement contracts and maintain vendor relationships. She is the staff liaison for the Board of Directors and oversees all other department operations.

Amber Ireland, Program Development Specialist: Amber is new to the EB program but has been around MMIA in the Risk Management department. She assists the manager in multiple areas and is also responsible for member education and marketing.

Janet Mackin, Eligibility Technician: Janet handles all billing and enrollment issues. If you have a new hire, a termination or any billing issue, Janet is the one to contact.

Danette Giono-VanLuchene, Member Services Representative/Wellness Coordinator: Danette is the frontline of customer service and our Wellness program. She will be in your community presenting the importance of participating in the Wellness endeavor and also assisting our participants with any of their questions or issues.

The entire department is dedicated to assisting you and really tries to be familiar with the various facets of each other's jobs so that there is always someone who can help you, or at least, make certain of follow up.

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Calendar of Events

June	17	Board of Directors meeting, Helena
July	4	Independence Day, holiday
	26-27	GEM Board meeting, Seattle
August	18	MMIA EB Committee meeting, Helena
	19	MMIA Board of Directors meeting, Helena
September	6	Labor Day, holiday
	12-14	MEHA Fall Conference, Billings
	19	Defense Counsel Summit, Helena
October	5-7	MLCT, Billings
	6	MMIA Board of Directors meeting, Billings
	6	MMIA Annual Meeting, Billings