

AGENCY NAME:	South Carolina Workers' Compensation Commission		
AGENCY CODE:	R08	SECTION:	



Fiscal Year 2014-15 Accountability Report

SUBMISSION FORM

AGENCY MISSION	<p>The mission of the South Carolina Workers' Compensation Commission is to provide an equitable and timely system of benefits to injured workers and employers in the most responsive, accurate, and reliable manner possible.</p>
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Please identify your agency's preferred contacts for this year's accountability report.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Mr. Gary Cannon	803.737.5744	gcannon@wcc.sc.gov
SECONDARY CONTACT:	Mr. Grant Duffield	803.737.5718	gduffield@wcc.sc.gov

I have reviewed and approved the enclosed FY 2014-15 Accountability Report, which is complete and accurate to the extent of my knowledge.

AGENCY DIRECTOR (SIGN/DATE):	
(TYPE/PRINT NAME):	Mr. Gary M. Cannon

BOARD/CMSN CHAIR (SIGN/DATE):	
(TYPE/PRINT NAME):	Mr. T. Scott Beck

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AGENCY'S DISCUSSION AND ANALYSIS

Background

Established in 1935 as the South Carolina Industrial Commission, the South Carolina Workers' Compensation Commission strives to serve the needs and interests of employers and employees in the Palmetto State through the just administration of the South Carolina Workers' Compensation Act (the Act). Every South Carolina employer and employee, with certain notable exceptions, is presumed to be covered by the Act. Exceptions to this provision include railroad and railway express companies and employees, certain casual employees, Federal employees in South Carolina, businesses with less than four regularly employed employees, agricultural employees, and certain real estate salespersons, and, by election, corporate officers. An employer's losses related to workplace injuries are limited to statutorily defined amounts. The Act establishes "loss parameters" that are known factors to employers while ensuring workers in South Carolina receive quality medical treatment and compensated wages if injured in the workplace.

Employers covered by the provisions of the Act are required to maintain insurance sufficient for the payment of compensation, or they shall furnish the Commission satisfactory proof of their ability to pay the compensation in the amount and manner due an injured employee. The South Carolina Department of Insurance is responsible for approving rates and classifications for all workers' compensation insurers.

ORGANIZATIONAL STRUCTURE

Workers' Compensation Commission has a total of 64 authorized positions. During FY14-15 the Commission employed 54 FTEs and two temporary employees; 8 unclassified positions and 46 classified positions.

The Commission consists of seven Commissioners appointed by the Governor with the advice and consent of the Senate for terms of six years. The Governor designates one commissioner as Chairman for a term of two years. The Chair may serve two terms in a six-year period, though not consecutively. The Chair is the chief executive officer of the Commission and responsible for implementing the policies established by the Commission in its capacity as the governing board. The Chairman is the chief executive officer and shall execute the policies established by the Commission. Commissioners are responsible for hearing and determining all contested cases, conducting informal conferences, approving settlements, and hearing appeals. In their quasi-judicial role, Commissioners conduct legal proceedings throughout the state.

The Executive Director reports to the Chairman and is responsible to the Commission for the administrative operations of the Commission, compilation of the statistics and reports and, with the approval of the Chairman, the appointment and discharge of the support personnel.

It is the responsibility of the Commission to administer the Act, found in Title 42 of the Code of Laws of South Carolina. In accordance with the Administrative Procedures Act, the Commission also promulgates rules and regulations necessary to implement the provisions of Title 42.

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The Commission's mission is functionally carried out by four departments: Judicial, Claims, Insurance, Medical and Administrative Services and Information Technology Services. Each department is under the supervision of a director and may be organized into one or more operational divisions.

The administrative support function, previously provided by the Administrative Department, was integrated into the Insurance and Medical Services Department to create the Insurance, Medical and Administrative Services Department (IMAS). The IMAS Department is divided into four divisions: Administrative, Coverage and Compliance, Medical Services and Self-insurance. Administrative responsibilities include oversight of the financial operations, accounting, budgeting, purchasing, inventory control, facility maintenance, motor vehicles, mail and printing, office services, and retention and storage of case files. The Coverage and Compliance Division maintains records for employers' workers' compensation insurance and ensures employers required to carry insurance under the Act obtain and maintain the insurance coverage in compliance with the Act. It conducts investigations on uninsured employers to determine if they are subject to the workers' compensation Act. Qualifying and regulating the self-insured employers is the responsibility of the Self-Insurance Division. Under certain conditions, South Carolina employers may self-insure against losses resulting from on-the-job injuries. This division administers the employers' self-insurance programs by processing applications for an employer's self-insurance and monitoring self-insured employers to ensure compliance with the financial requirements established in the Act. The department's Medical Services Division is responsible for the oversight of the medical fee schedules which regulates the maximum allowable payment medical service providers may charge. The division resolves medical bill disputes between the medical service provider and the payer.

The Judicial Department oversees the disposition of cases for hearings with contested matters and scheduling cases for informal conferences. This includes coordinating cases for mediation, preparing cases with contested issues for individual Commissioners' hearings, preparing case files and dockets for Full Commission Appellate Reviews and scheduling and coordinating venues for Commissioners' hearings and informal conferences in various locations across the state.

The Claims Department is responsible for ensuring carriers and employers comply with all reporting requirements of the Act. This includes the initial injury report, periodic open claims status reports and final reports to close the claim. Claims department personnel review individual case records to ensure the requirements of the Workers' Compensation Act and the rules and regulations of the Commission are being observed.

The Information Technology Services (IT) Department is responsible for the coordination and management of the flow of information and assisting agency departments with evaluation of business processes to eliminate redundant systems and streamline workflow using information technology management systems. This includes the development, maintenance, retention, storage, processing and security of data and information. IT is the primary source for developing and maintaining a system for monitoring and reporting departmental data and metrics.

Goals of the Commission

The Commission has adopted four basic goals and implementation strategies to ensure the Mission is successfully accomplished on behalf of our stakeholders. The Commission considers stakeholders in the system to be those individuals, businesses, and other organizations participating and utilizing or otherwise involved with the system. These include, but are not limited to, employers, injured employees,

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insurance carriers, representatives in the legal community, and medical service providers.

The Commission's core values of competency, continuous improvement, professionalism, efficiency, employee development, stakeholder needs and cost effectiveness are engaged and leveraged throughout the organization in the support of this goal, to the benefit of the workers, employers and key stakeholders in the State.

To accomplish the Mission, the Commission has 4 goals:

1. Ensure statutory and regulatory requirements and agency policies and practices are implemented and applied in a fair and consistent manner to all system stakeholders.
2. Develop and propose reasonable policies and regulations to control the cost of workers' compensation in the State.
3. Interact and engage system stakeholders for feedback to improve efficiencies and effectiveness of system.
4. Adopt a continuous improvement program to enhance the effectiveness and efficiency of the Commission's business processes and procedures.

In order to pursue these goals, the Commission is committed to build a culture of continuous review and improvement of policies, procedures and business practices; increased efficiency and effectiveness; and fairness and consistency. The Commission utilizes new Information Technology Management Systems to achieve many of the objectives that follow herein. Financial considerations and human resource capacity pose key strategic challenges to the organization as it seeks to deploy new information technology management systems. Our financial challenges mirror those of other public sector organizations; namely "how do we best leverage our limited resources to facilitate improvements for our stakeholders and those we serve"? New information technology systems allow staff to access and process data efficiently and effectively.

Internally, the strategic challenge arises with the adoption of the new processes by all segments of the business operation and the proper training of human resources to utilize the new process in the most efficient and effective manner. Deployment of the new IT initiatives is intended to reduce the fiscal burden of the workers' compensation program on the business community, while continuing to provide excellent services to our customers.

Externally, the deployment of new information technology management processes will allow external business partners to interface with the Commission electronically for the submission of required data to meet legally imposed deadlines. The new electronic interface will allow business partners to be more efficient and reduce cost of operations by reducing expenditures for fines and assessments. As a substantial portion of the Commission's annual operating expenses are offset by the collection of such fines and assessments, the implementation of this information technology management system may create a strategic challenge for the Commission in future years.

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MAJOR ACHIEVEMENTS

The agency's major achievements during the period covered by this report include:

- Convened stakeholder group to provide guidance on issues involving claims processing, medical services oversight and hearing processes.
- Improved procedures to coordinate and schedule venues for single commissioner hearings and informal conferences with state agencies, local governments, and educational institutions. Added 21 available venues statewide.
- Established a system to track number of days to complete review of contested medical bills.
- Improved the system to process motions, mediation requests and informal conference requests and implemented a method to monitor data for effectiveness and efficiency.
- Implemented use of information technology systems to improve the process for scheduling and serving proper notice for Compliance Show Cause Hearings.
- Continued implementation of procedures to scan and create an electronic image of incoming case file documents for electronic storage and access.
- Implemented phase I of Subsequent Report of Injury (SROI) in the Claims Department to allow carriers to submit Form 18s electronically.
- Improved web portal data access to refer claimants to SC Department of Vocational Rehabilitation for claimant outreach and referral for vocational rehabilitation services. One hundred nineteen claimants were referred in FY2014-15.
- Implemented a process by which stakeholders can transmit (upload) electronic images of case documents via the Commission's Internet portal (eCase).
- Adopted the International Association of Industrial Accidents Boards and Commissions (IAIABC) Claims EDI Release 3.0 standard for the voluntary electronic transfer of Subsequent Report of Injury (SROI) information in place of the Commission's Form 18.
- Utilized stakeholder groups to develop amendments to the Medical Services Provided Manual.
- Approved a revision to the Medical Services Provider Manual (MSPM) to reflect 2015 CPT codes while maintaining the \$50 conversion factor. Effective date is September 1, 2015.
- Approved an amendment to the Master Services Agreement for professional services to provide a funding mechanism for the annual update of the Medical Services Provider Manual.
- Improved the process for identifying outstanding carrier fine debt to be addressed through the Order and Rule to Show Cause process.
- Approved thirteen information security policies developed by the Department of Administration to comply with requirements established by General Assembly. The policies included standards and guidelines to meet the implementation date of July 1, 2016.
- Adopted Administrative Policies and Procedures for the use of Court Reporter Services.

Financial Position

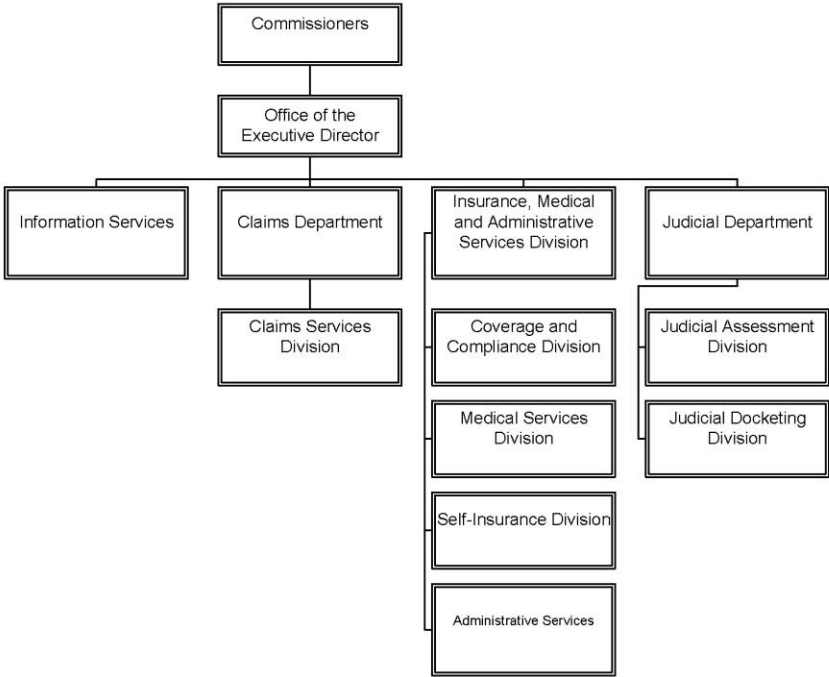
The Commission's operations are funded by General Appropriations from the State and Other Earmarked funds received by the Commission for filing fees, violation fines, and fifty percent of the Self Insurance Tax collected. The Commission's total annual operating budget was \$5.2 million; \$1.9 million from State Appropriations and \$3.3 million in Other Earmarked Funds. Due to projected decreases in operating revenues in the Other Earmarked Fund, the Commission was authorized to use \$898,131 of available fund balance. The actual use of fund balance was \$517,625, leaving \$380,506 to be released back to unappropriated fund balance. Pursuant to Act 95 of the General Assembly the

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Commission was authorized to retain fifty percent of the Self-Insurance Tax collected. On June 30, 2015 the amount retained by the Commission was \$2.4 million.

Summary of Revenues and Expenditures			
Fiscal Year Ending June 30, 2015			
	Budget	Actual	Surplus
State Appropriations			(Deficit)
Authorized Expenditures	\$ 1,925,339	\$ 1,915,177	\$ (10,162)
Other Earmarked Funds			
Revenues	\$ 2,421,000	\$ 2,743,748	\$ 322,748
Authorized Expenditures	\$ 3,319,131	\$ 3,261,373	\$ (57,758)
Surplus (Deficit)	\$ (898,131)	\$ (517,625)	\$ 380,506
Appropriated Fund Balance (Authorized)	\$ 898,131	\$ 517,625	

South Carolina
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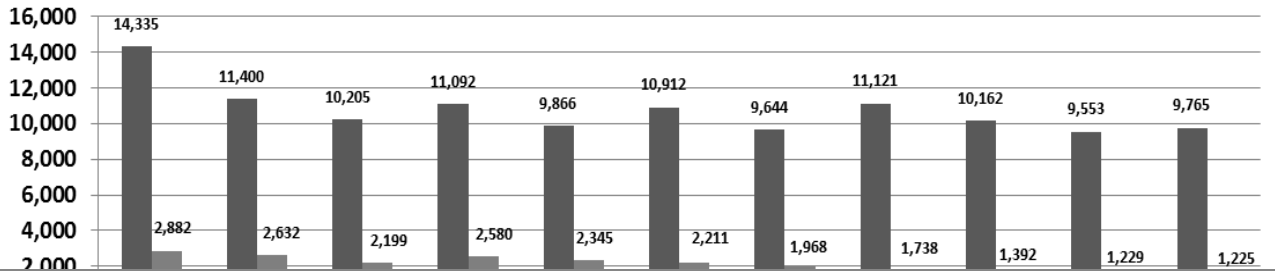
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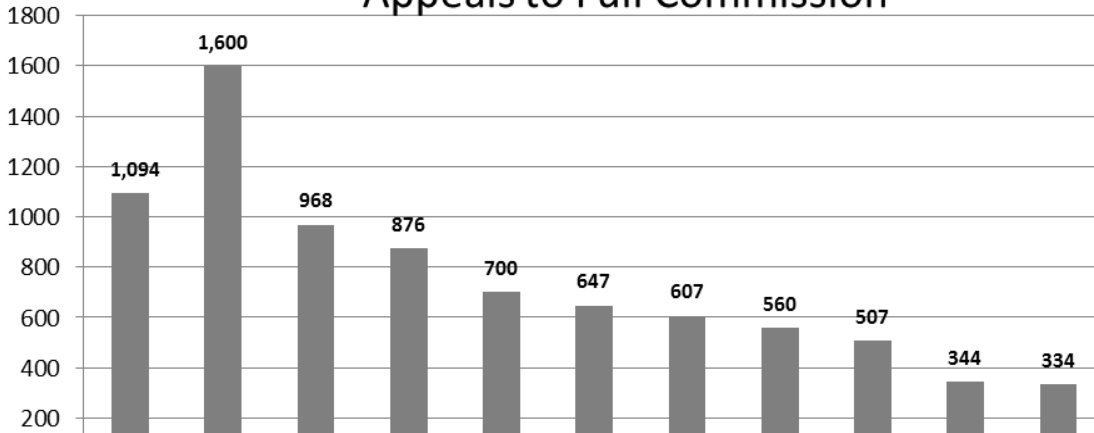
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Single Commissioners Docketed & Hearings Conducted

■ # of cases docketed ■ # cases conducted

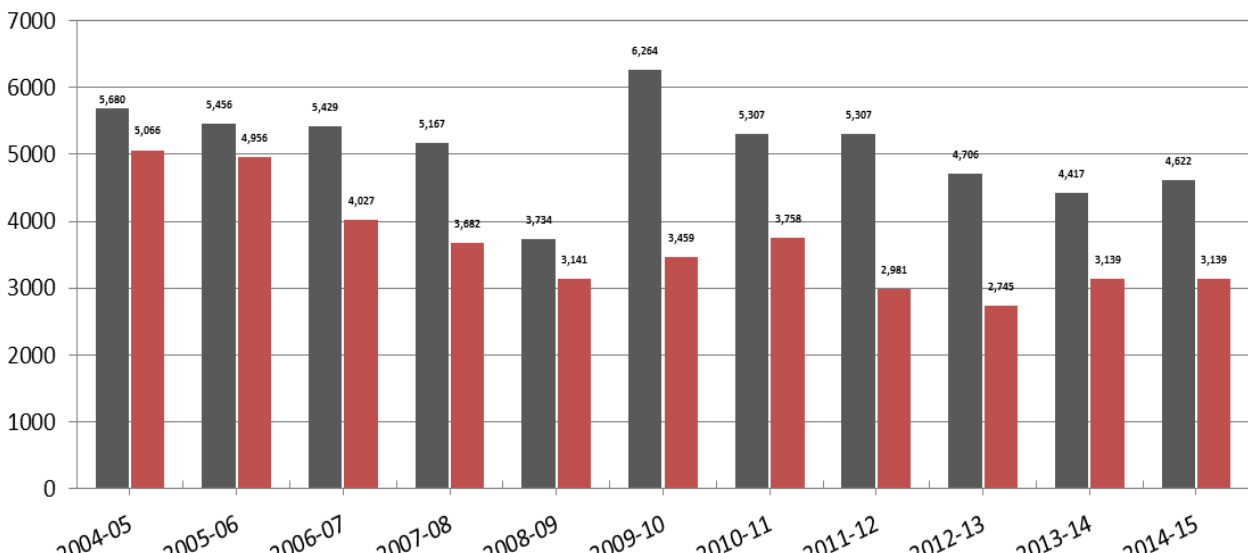


Appeals to Full Commission



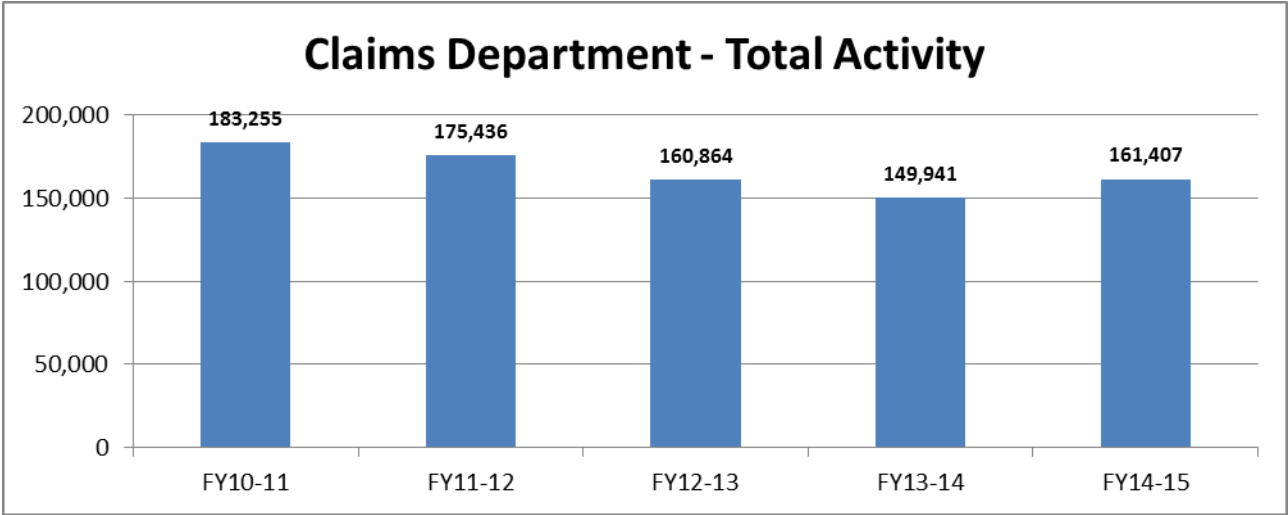
Judicial Dept. Informal Conferences

■ Cases Assigned for Informal Conference ■ Informal Conferences Conducted



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The following chart reflects the total number of forms, clincher agreements, third party settlements, fee petitions, letters of representation processed, SSA Requests, and the number of cases reviewed and closed by the Claims Department.



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Type	Item #			Description
	Goal	Strat	Object	
G	1			Ensure consistency and fairness in administration of Act
S		1.1		Allow customers to verify Commission's receipt of forms and documents
O			1.1.1	Continue to upgrade web-based verification tool (eCase)
S		1.2		Educate stakeholders concerning Commission processes and procedures
O			1.2.1	Conduct 2 Claims Administration workshops for customers
O			1.2.2.1	Add Claims Administration instructional guide to website
O			1.3.3	Issue regular email blasts to list-serve recipients
O			1.4.4	Make instructional presentations to 5 stakeholder groups
S		1.3		Educate staff concerning proper administration of Act
O			1.3.1	Conduct monthly departmental meetings
			1.3.1.1	Review business processes for improvement
			1.3.2	Ethics training for Commissioners, Administrative Assistance, Department Heads and Executive Staff
O			1.3.3	Conduct 8 Department Head meetings
O			1.3.4	Hold 4 Executive Leadership Team meetings
O			1.3.5	Conduct monthly All Employee meetings
S		1.4		Continue review of appellate and other procedures
O			1.4.1	Conduct monthly Judicial Conferences
			1.4.2	Conduct monthly Commission Business meetings
S		1.5		Continue to monitor mediation program reporting and informal conferences
			1.5.1	Review monthly required reports submitted by stakeholders on mediation outcomes
			1.5.2	Review monthly required reports submitted by mediator conducting informal conferences
S		1.6		Access data base access for SC Department of Vocational Rehabilitation
			1.6.1	Continue to provide access to claims data base by Vocational Rehabilitation counselors
S		1.7		Monitor required reports and assess fines to ensure compliance with Act
			1.7.1	Review forms submitted for timeliness and correct data
G	2			Implementation of policies and regulations to control system costs
S		2.1		Maintain up to date medical fee schedules
O			2.1.1	Update Medical Services Provider Manual annually
			2.1.2	Update Inpatient and Ambulatory Surgery Centers Fee Schedules as required
			2.1.3	Review Regulation 67 for needed revisions
S		2.2		Conduct Investigations to Compel Compliance with the Act
O			2.2.1	Conduct a minimum of 1,500 Compliance Investigations
-			2.2.2	Evaluate data from outside sources to ensure maximum effectiveness compliance investigations
G	3			Ensure effective communication between Commission and Stakeholders
S		3.1		Implement and maintain information communication methods
O			3.1.1	Conduct 2 Claims Administration workshops for stakeholders
O			3.1.2	Maintain e-mail list-serve mechanisms
O			3.1.3	Maintain web presence with current, up to date content
O			3.1.4	Make instructional presentations to 6 stakeholder groups
O			3.1.5	Make presentation to general public and civic groups requested
S		3.2		Interact with Stakeholders to determine communication needs and preferences
O			3.2.1	Meet with Governor's Advisory Committee quarterly
O			3.2.2	Meet with Claims Adjustors focus group annually
O			3.2.3	Meet with Medical Services Advisory Panel quarterly
O			3.2.4	Convene stakeholder's focus/advisory groups as necessary
S		3.3		Explore applicability of new communication techniques /mediums
O			3.3.1	Implement survey among peer organizations
O			3.3.2	Query other state agencies concerning customer communication practices
G	4			Enhance Commission business processes
S		4.1		Interact with Stakeholder groups to determine stakeholder needs
O			4.1.1	Meet with Governor's Advisory Committee as necessary
O			4.1.2	Meet with Claims Adjustors focus group semi annually
O			4.1.3	Meet with Medical Services Advisory Panel at a minimum semi annually or as needed
O			4.1.4	Constitute and convene stakeholder's focus groups as necessary
			4.1.5	Monthly Commission Business Meetings to review departmental activities project status reports
S		4.2		Research peer agency structures and processes
O			4.2.1	Participate in professional association meetings and conference calls (SAWCA; IAABC)
S		4.3		Review process improvements through attrition/succession planning
O			4.3.1	Continue to evaluate financial resources and staffing plan
O			4.3.2	Develop annual year process improvement plan associated with budgeted financial resources
O			4.3.3	Continue to enhance system to allow stakeholders to submit forms and documents electronically
			4.3.4	Evaluate Informal Conference program
S		4.4		Continue Implementation of Information Technology Program
O			4.4.1	Continue to evaluate and Electronic Data Interface Program (EDI) for improvements
O			4.4.2	Implement Phase II SROI program by 12.31.2016
O			4.4.3	Implement Information Security Program by July 1, 2016
S		4.5		Evaluate Self Insurance Program
			4.5.1	Monitor number of self-insurance applications
-			4.5.2	Monitor number of days to process self-insurance application
-			4.5.2	Monitor number of self-insured audits
-			4.5.3	Monitor number of days to conduct self-insured audits

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Item	Performance Measure	Last Value	Current Value	Target Value	Time Applicable	Data Source and Availability	Reporting Freq.	Calculation Method	Associated Objective(s)
1	Number of claims filed (12A and 12M) during FY	62,977	65,300	65,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.2, 1.3, 4.1, 4.2,
2	Compliance Investigations Initiated	1,150	963	900	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.2.1, 2.2.2
3	Compliance Investigations Closed	346	341	350	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.2.1, 2.2.2
4	Number of employers compelled to obtain insurance	306	269	275	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.2.1, 2.2.2
5	Average number of employees covered by compliance requirements	2,846	2,502	2,475	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.2.1, 2.2.2
6	Amount of compliance fines issued/collected		\$906,833	\$900,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.2.1, 2.2.2
7	Self Insurance applications	330	259	275	7/1 - 6/30	SCWCC Data	Monthly	Data Count	4.5.1
8	Self Insurance applications approved	259	252	270	7/1 - 6/30	SCWCC Data	Monthly	Data Count	4.5.2
9	Self-insured audits	53	52	48	7/1 - 6/30	SCWCC Data	Monthly	Data Count	4.5.2
10	Self-insurance tax payments	103	102	103	7/1 - 6/30	SCWCC Data	Monthly	Data Count	4.5.3
11	Stakeholders email distribution list	478	553	625	7/1 - 6/30	SCWCC Data	Annual	Data Count	3.1.2
12	Business Meetings Agendas and Supporting information	12	12	12	7/1 - 6/30	SCWCC Data	Annual	Data Count	3.1.2
13	General Notices posted to website	138	122	130	7/1 - 6/30	SCWCC Data	Annual	Data Count	3.1.3
14	Medical Paid on closed claims for FY	\$ 334.1 m	\$ 321.1 m	\$325 m	7/1 - 6/30	SCWCC Data	Annual	Data Count	2.1.1
15	Compensation paid on closed claims for FY	\$ 561.7 m	\$ 553.0 m	\$560.0 m	7/1 - 6/30	SCWCC Data	Monthly	Data Count	2.1
16	Temporary Compensation Report (Form 15)	25,349	24,712	25,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7
17	Carriers Periodic Report (Form 18)	52,735	55,107	55,100	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
18	Statement of Earnings (Form 20)	10,234	9,919	10,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
19	Fee Petitions Processed (Form 61)	8,338	8,601	8,600	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
20	Letters of Representation	1,689	2,389	2,300	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
21	Clincher Agreements	9,659	9,589	9600	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
22	Third Party Settlements	287	314	315	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
23	SSA Requests	1,266	951	1,100	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
24	Open cases reviewed	6,448	15,014	17,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
25	Open cases closed	27,743	28,089	28,000	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.7, 4.4.1, 4.4.2, 4.4.3
26	Settlement Agreements Processed	13,341	13,765	13,500	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.1.
27	Cases docketed for single commissioner hearings	9,553	9,765	9,500	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4.1, 1.4.2
28	Claimants pleadings	6,826	7,268	7,300	7/1 - 6/30	SCWCC Data	Monthly	Data Count	
29	Defense reponse to pleadings	5,803	5,644	5,700	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
30	Defense Pleadings	3,395	3,412	3,425	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
31	Motions	1,302	1,350	1,350	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
32	Request for Commission Review (Form 30)	312	283	300	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
33	Cases docketed Appellate hearings commissioner hearings	344	334	340	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
34	Number of Appellate Hearings	173	152	170	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
35	Avg Days to process appellate request	76	69	65	7/1 - 6/30	SCWCC Data	Annual	Data Count	1.4
36	Full Commission Orders Served	233	168	175	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
37	Single Commissioner Hearings Conducted	1,229	1,228	1,225	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
38	Avg Days to Appeal Hearing from filing date	120	127	125	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
39	Days to process hearing request	28	30	30	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
40	Days from last request to hearing	85	90	85	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
41	Single Commissioner Orders Served	1,296	1,178	1,200	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
42	Consent Orders	2,720	2,903	2,900	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
43	Administrative Orders	524	638	640	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
44	Clincher Conference Requested	1,214	1,353	1,350	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.4
45	Informal Conference Requested	4,404	4,624	4,625	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
46	Informal Conference Conducted	2,745	3,139	3,100	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2

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47	Regulatory Mediations	1,520	1,060	1,200	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
48	Requested Mediations	158	264	275	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
49	Ordered Mediations	43	9	15	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
50	Resolved through mediation	627	768	775	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
51	Mediation Not resolved in 60 days		94	110	7/1 - 6/30	SCWCC Data	Monthly	Data Count	1.5.1, 1.5.2
52	Staff Training conducted	6	6	8	7/1 - 6/30	SCWCC Data	Annual	Data Count	1.3
53	Claimants contacted by SCVRD		119	120	7/1 - 6/30	SCWCC Data	Annual	Data Count	1.6
54	Stakeholder Education Events	5	8	8	7/1 - 6/30	SCWCC Data	Annual	Data Count	1.2, 3.1, 3.2, 4.1
55	Update Medical Services Provider Manual	0	0	1	1/1-6/30	SCWCC Data/medical data from carriers	Annual	Data Count	2.1.1