

**A G E N D A**

**SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION**

1333 Main Street, 5<sup>th</sup> Floor  
Columbia, South Carolina 29201

**June 17, 2013 – 10:30 a.m.**

Commission Hearing Room A

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*This meeting agenda was posted prior to the meeting and proper advance notice was made to all concerned parties in compliance with requirements in the Freedom of Information Act.*

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| 1.  | APPROVAL OF AGENDA OF BUSINESS MEETING<br>OF JUNE 17, 2013  | <i>CHAIRMAN BECK</i>   |
| 2.  | APPROVAL OF MINUTES OF THE BUSINESS MEETING<br>OF MAY 20, 2013 (Tab 1)  | <i>CHAIRMAN BECK</i>   |
| 3.  | GENERAL ANNOUNCEMENTS   | <i>MR. CANNON</i>  |
| 4.  | APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 2)  | <i>MR. SMITH</i>   |
| 5.  | DEPARTMENT DIRECTORS' REPORTS<br>Administration – Financial Report (Tab 3)<br>Human Resources (Tab 4)<br>Information Services (Tab 5)<br>Insurance & Medical Services (Tab 6)<br>Claims (Tab 7)<br>Judicial (Tab 8) | <i>MS. GANTT<br/>MS. FLOYD<br/>MS. HARTMAN<br/>MR. DUFFIELD<br/>MR. LINE<br/>MS. CROCKER</i> |
| 6.  | EXECUTIVE DIRECTOR'S REPORT (Tab 9)   | <i>MR. CANNON</i>  |
| 7.  | OLD BUSINESS<br>Mediation Regulations – Revisions to Forms (Tab 10)   | <i>CHAIRMAN BECK<br/>MS. CROCKER</i>   |
| 8.  | NEW BUSINESS<br>Sealed Records Policy (Tab 11)<br>Interim Director of Claims (Tab 12)   | <i>CHAIRMAN BECK</i>   |
| 9.  | WORK SESSION - INTERNAL PROCESSES AND PROCEDURES  | <i>CHAIRMAN BECK</i>   |
| 10. | ADJOURNMENT   | <i>CHAIRMAN BECK</i>   |

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**THE  
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION  
BUSINESS MEETING**

**Monday, May 20, 2013**

A Business Meeting of the South Carolina Workers' Compensation Commission was held in Hearing Room A of the Workers' Compensation Commission on Monday, May 20, 2013 at 10:30 a.m. The meeting agenda was posted prior to the meeting and proper advance notice was made to all concerned parties in compliance with requirements in the Freedom of Information Act. The following Commissioners were present:

T. SCOTT BECK, INTERIM CHAIRMAN  
SUSAN S. BARDEN, VICE CHAIR  
MELODY L. JAMES, COMMISSIONER  
GENE MCCASKILL, COMMISSIONER  
ANDREA C. ROCHE, COMMISSIONER  
AISHA TAYLOR, COMMISSIONER  
AVERY B. WILKERSON, JR., COMMISSIONER

Present also were Gary M. Cannon, Executive Director; Grant Duffield, Insurance and Medical Services Director; Virginia Crocker, Judicial Director; Greg Line, Claims Director; Wayne Ducote, Coverage Director; W.C. Smith, Self-Insurance Director; Betsy Hartman, IT Director; Amanda Underhill, Business Analyst; and Keith Roberts, Attorney. Also present were Clara Smith and Ronnie Maxwell, Injured Workers' Advocates.

Chairman Beck called the meeting to order at 10:36 a.m.

**AGENDA**

Commissioner Roche moved that the agenda be approved. Commissioner James seconded the motion, and the motion was approved.

**APPROVAL OF MINUTES – BUSINESS MEETING OF APRIL 15, 2013**

Commissioner Roche moved that the minutes of the Business Meeting of April 15, 2013 be approved. Commissioner McCaskill seconded the motion, and the motion was approved.

**GENERAL ANNOUNCEMENTS**

Gary Cannon announced the Employee Appreciation Luncheon will be held at Noon today in the First Floor Conference Room. The Commission's 2012 Employee of the Year will be announced at the luncheon.

Mr. Cannon introduced Libby Crawford. Ms. Crawford began her eight-week summer internship with the Agency on May 13, 2013.

## **APPLICATIONS FOR APPROVAL TO SELF-INSURE**

Self-insurance applications were presented by W.C. Smith, Self-Insurance Director. Twenty-seven (27) prospective members of five (5) funds were presented to the Commission for approval. The applications were:

### **Palmetto Timber Fund**

Clear Lake Enterprises, Inc.

Mam Stick Haulers LLC

Old Skool Logging

### **SC Automobile Dealers SIF**

Raceway Automotive Inc.

Raceway Automotive of Hartsville Inc.

### **SC Home Builders SIF**

Alan Tannebaum

Allstar Construction LLC

Campbell-Gallagher Construction LLC

Dobbins & Co., Inc.

Gus Covington dba Gus Construction Co.

Holsenback Service Inc.

Jeff Maxwell

John Jett Jr. and Alan Martin

Juan Nunez dba Nunez Construction

Knifefish Industrial Group Inc.

Lee Thomas dba Superior Stair

Miguel Angel Segura Hernandez

Moore's Line Striping Inc.

Niaco LLC

Powell Construction Co., of Florence Inc.

Quenby Construction LLC

The Boyd Company

The Professional LLC

Tony Bragg dba Bragg's Welding & Fabrication

Wymans Acoustics LLC

### **SC McDonald's Operators SIF**

Cravco III LLC

### **SC School Boards Insurance Trust**

The Academy for Teaching and Learning

After examination of the applications, it was determined that each complied with the Commission's requirements and each was recommended for approval. Commissioner Wilkerson made the motion to approve the applications to self-insure, and Commissioner James seconded the motion. The motion was unanimously approved.

## **DEPARTMENT DIRECTORS' REPORTS**

The Department Directors presented their reports which were also submitted to the Commission in written form.

### **Administration Department**

On behalf of Diana Gantt, Mr. Cannon presented the Summary of Revenues and Expenditures for the period ending April 30, 2013. The benchmark for April is 83.33%. The Commission's revenues are at 71.86%, and expenditures are at 82%.

### **Human Resources Department**

On behalf of Cathy Floyd, Mr. Cannon presented the Human Resources report for the period of April 10, 2013 through May 14, 2013.

### **Information Services**

Betsy Hartman presented the Information Services Department's report. Ms. Hartman pointed out the following highlights from her report:

- The target date for completion of SC Vocational Rehabilitation's (SCVRD) portal for remote data access is June 1. Chuck Hamden, SCVRD Counselor, will train SCVRD counselors by July 1.
- The Agency will participate on a focus group with KeyMark for a new product called Forms in Motion. This product is an anticipated solution for eForms.

There was discussion on electronic payments (ePayments) of filing fees. Ms. Hartman said the goal is to receive ePayments for copy requests by the end of the calendar year.

Ms. Hartman said with regard to the recent modification in security guidelines requiring changing passwords every 60 days, the IT Department will assist Commissioners with changing their passwords on all electronic devices each month during Full Commission week.

### **Insurance & Medical Services Department**

Grant Duffield presented the Insurance & Medical Services Department's report. Year to date, the Compliance Division has collected \$449,745 in fines which represents 126% of prior year's total year-end collection. Keith Roberts, staff attorney, is working with the Compliance Division to revise compliance agreement documents. Medical Services Division is working through implementation issues related to the recent fee schedule amendment for Ambulatory Surgery Centers surgically implanted devices.

### **Claims Department**

Greg Line presented the Claims Department's report. For the month of April, Claims Department closed 2,368 individual case files. Fine revenue received in April was \$56,650, a decrease of \$10,350 over prior month. Claims Examiners reviewed 1,051 individual case files.

Mr. Line reported scanners are now being used at Informal Conferences to scan and index approved Form 16As. This process decreases the number of days to close a file and the number of days for a claimant to receive payment.

## **Judicial Department**

Virginia Crocker presented the Judicial Department's report. Ms. Crocker said with regard to the Mediation Regulations passed on May 13 that the Judicial Department continues to review processes to perfect the mediation work flow system.

## **EXECUTIVE DIRECTOR'S REPORT**

Gary Cannon, Executive Director, presented his report which was also submitted to the Commission in written form.

### **H3632 – Self Insurance Tax Collection**

Mr. Cannon reported the Senate Judiciary Committee gave a favorable report to H3632 – Self Insurance Tax Collection. There was discussion about Commission's options for sustainable operational resources should H3632 fail. Chairman Beck said the Commission's financial position and potential solutions have been brought to the attention of the General Assembly. He said H3632 passed the House unanimously and he has not heard any objections with regard to H3632.

### **Claims Administration Workshop**

The Claims Administration Workshop was conducted on May 3, 2013 at the South Carolina Department of Archives and History in Columbia. A total of 90 stakeholders and six staff members participated.

### **New Mediation Regulations**

Mr. Cannon announced the Commission is planning to conduct a series of workshops in Columbia, Greenville, and Charleston in September to review the new Mediation Regulations and administrative procedures.

## **OLD BUSINESS**

### **A. Fee for Providing Electronic Proof of Coverage Data Access**

Mr. Duffield said the Commission reviewed and discussed a recommendation at the regular business meeting on March 18, 2013 to establish an annual subscription fee to allow a subscriber to receive customized reports and electronic access to Proof of Coverage data. The process will require individuals or entities to register and be approved by the Commission. An annual fee of \$300 will give registered users access to the data via a secure file transfer protocol and user password combination. Registered users will be required to obtain access permissions as well as a properly completed SC Freedom of Information Act request annually through the Commission.

### **Motion to establish fee for providing electronic proof of coverage data access.**

Following discussion, Commissioner Wilkerson made a motion to proceed with staff's recommendation to establish an annual subscription fee to allow a subscriber to receive customized reports and electronic access to Proof of Coverage data. Commissioner McCaskill seconded the motion. The vote was taken, and the motion was unanimously approved.

**NEW BUSINESS**

**A. Notice of Drafting – Regulation 67-1605 Lump Sum Payment**

Mr. Cannon presented a recommendation to approve the language of the Notice of Drafting for the proposed amendment to R 67-1605 Lump Sum Payment for publication in the June 28 *State Register*. The recommendation included a proposed timeline for promulgation of the proposed amendment.

**Motion to approve the language of the Notice of Drafting for the proposed amendment to R 67-1605 Lump Sum Payment**

Commissioner Roche moved to approve the language of the Notice of Drafting for the proposed amendment to R67-1605 Lump Sum Payment for publication in the June 28 *State Register*. Commissioner Taylor seconded the motion. The vote was taken, and the motion as unanimously approved.

**EXECUTIVE SESSION**

Commissioner Roche moved to adjourn into Executive Session to discuss a personnel matter. Commissioner Wilkerson seconded the motion. The Commission adjourned into Executive Session at 11:07 a.m.

[EXECUTIVE SESSION]

Commissioner Roche made a motion to arise from Executive Session. Commissioner Barden seconded the motion, and the motion was approved. The Commission arose from Executive Session at 11:26 a.m. Upon arising from Executive Session, Chairman Beck stated there was discussion with no action taken.

**ADJOURNMENT**

Commissioner Barden made the motion to adjourn. Commissioner Roche seconded the motion, and the motion was approved.

The May 20, 2013 meeting of the South Carolina Workers' Compensation Commission adjourned at 11:26 a.m.

Reported June 17, 2013  
Kim Ballentine, Office of the Executive Director

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**INTEROFFICE MEMORANDUM**

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**TO:** GARY CANNON, EXECUTIVE DIRECTOR  
**FROM:** DIANA GANTT, DIRECTOR OF ADMINISTRATION  
**SUBJECT:** FINANCIAL REPORT PERIOD ENDING MAY 31, 2013  
**DATE:** 6/12/2013

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The Summary of Revenues and Expenditures for the period ending May 31, 2013 is attached.

- May is the 11th Fiscal Month of FY13.
- There were 58 payments made to vendors, travelers, and other State Agencies.
- The benchmark for May is 91.67%. The Commission's revenues are at 80.19 % and expenses are at 95%.
- There were three payrolls processed during the month of May (1, 16, 31), therefore, the benchmarks for salaries are high due to this additional expense.
- The following is a summary of each department expenditure benchmarks:

**General Fund:** Total expenditures are at 95%.

**Earmark Fund:**

*Commissioners –*

- Total expenditures are at 72% of budget.

*Administration –*

- Overall the expenditures are 96% of budget.

*Claims –*

- Expenditures are at 90% of budget.

*Insurance & Medical –*

- Total expenditures are at 96% of budget

*Judicial –*

- Total expenditures are at 84% of budget.

**Activity Report from the Procurement Office:**

	MTD	YTD
SCEIS Shopping Carts	0	6
Vendors Contacted for Price Quotes	20	186
Visa Procurement Card Orders Placed	7	73
SC Dept of Corrections Orders Placed	2	7
Staples Orders Placed	5	55
State Leased Vehicles taken for Service	1	25
State Reports filed by Procurement Officer	2	9

**Mail Room Activity:**

	MTD	YTD
Files Copied for Outside Parties	221	2,455
Pages Copied	8,582	90,570

**South Carolina Workers' Compensation Commission**  
**Summary of Revenues and Expenditures**  
**2012 - 2013 Budget**  
**May 31, 2013**

<b>STATE APPROPRIATIONS</b>	<b>Budget</b>	<b>FY To Date</b>	<b>Benchmark</b>	<b>91.67%</b>
General Appropriation	<u>\$ 1,841,795</u>	<u>\$ 1,688,312.08</u>		91.67%

<u>Account Description</u>	<u>Appropriation</u>	<u>Expenditure</u>	<u>Balance</u>	<u>% Expended</u>
Personal Services	\$ 1,378,405	\$ 1,355,741	\$ 22,664	98.4%
Other Operating Expenses	-	-	-	0.0%
Employer Contribution	463,390	397,556	65,834	85.8%
<b>Total</b>	<b><u>\$ 1,841,795</u></b>	<b><u>\$ 1,753,297</u></b>	<b><u>\$ 88,498</u></b>	<b><u>95.2%</u></b>

**OTHER APPROPRIATIONS**

<b>EARMARKED</b>	<b>Budgeted Revenues</b>	<b>Received thru 5/31/13</b>	<b>% Received</b>
Training Conference Registration Fee	\$ 1,000	\$ 8,450	845.00%
Sale of Publication and Brochures	8,000	4,390	54.88%
Workers' Comp Award Review Fee	75,000	57,920	77.23%
Sale of Photocopies	95,000	80,672	84.92%
Workers' Compensation Filing Violation Fee	1,891,000	1,497,818	79.21%
Sale of Listings and Labels	30,000	23,921	79.74%
Workers' Comp Hearing Fee	600,000	488,465	81.41%
Insurance Reserve Refund (Prepaid Legal)		3,493	
Earmarked Funds - Original Authorization	<u>\$ 2,700,000</u>	<u>\$ 2,165,129</u>	<u>80.19%</u>
Increase Authorization	535,066		
Increase Authorization - BD100	-		
<b>Total Earmarked Revenues + Fund Balance</b>	<b><u>\$ 3,235,066</u></b>		

<u>Account Description</u>	<u>Appropriation</u>	<u>Expenditure</u>	<u>Balance</u>	<u>% Expended</u>
Personal Services	\$ 1,464,017	\$ 1,408,616	\$ 55,401	96.2%
Taxable Subsistence	80,000	47,366	32,634	59.2%
Other Operating Expenses	1,242,865	992,075	250,790	79.8%
Employer Contribution	448,184	600,542	(152,358)	134.0%
<b>Total Earmarked</b>	<b><u>\$ 3,235,066</u></b>	<b><u>\$ 3,048,599</u></b>	<b><u>\$ 186,467</u></b>	<b><u>94.2%</u></b>

**COMPUTER FUNDS CARRIED FORWARD**

Computer Services - Carry forward	\$ -	\$ -	\$ -	0.0%
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<b>TOTAL OTHER APPROPRIATIONS</b>	<b><u>\$ 3,235,066</u></b>	<b><u>\$ 3,048,599</u></b>	<b><u>\$ 186,467</u></b>	<b><u>94.2%</u></b>
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**South Carolina Workers' Compensation Commission**  
**2012 - 2013 Budget**  
 May 31, 2013

**Consolidated**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Commissioners</b>								
<b>Salaries</b>	\$ 1,150,244	\$ 32,990	\$ 1,183,234	\$ 142,310	\$ 1,124,378	95%	\$ -	\$ 32,634
<b>Other Operating Expenditures</b>								
Total Contractual Services	219,128	-	219,128	11,755	175,136	80%	-	43,992
Total Supplies & Materials	23,499	-	23,499	1,133	12,013	51%	-	11,486
Total Fixed Charges	158,028	-	158,028	12,501	129,893	82%	-	28,135
Total Travel	90,950	-	90,950	767	46,788	51%	-	44,162
<b>Total Other Operating Exp</b>	<u>491,605</u>	<u>-</u>	<u>491,605</u>	<u>26,155</u>	<u>363,830</u>	<u>74%</u>	<u>-</u>	<u>127,775</u>
<b>Total Commissioners</b>	\$ 1,641,849	\$ 32,990	\$ 1,674,839	\$ 168,465	\$ 1,488,208	89%	\$ -	\$ 160,409
<b>Administration</b>								
<b>Salaries</b>	\$ 559,791	\$ 4,168	\$ 563,959	\$ 75,723	\$ 552,119	98%	\$ -	\$ 11,840
<b>Other Operating Expenditures</b>								
Total Contractual Services	105,502	-	105,502	6,449	122,563	116%	-	(17,061)
Total Supplies & Materials	23,053	-	23,053	2,618	17,619	76%	-	5,434
Total Fixed Charges	132,810	-	132,810	9,854	110,001	83%	-	22,809
Total Travel	14,490	-	14,490	-	8,760	60%	-	5,730
Total Equipment	-	-	-	-	-	0%	-	-
<b>Total Other Operating Exp</b>	<u>275,855</u>	<u>-</u>	<u>275,855</u>	<u>18,921</u>	<u>258,943</u>	<u>94%</u>	<u>-</u>	<u>16,912</u>
<b>Total Administration</b>	\$ 835,646	\$ 4,168	\$ 839,814	\$ 94,644	\$ 811,062	97%	\$ -	\$ 28,752
<b>Claims</b>								
<b>Salaries</b>	\$ 376,757	\$ 10,223	\$ 386,980	\$ 49,228	\$ 388,616	100%	\$ -	\$ (1,636)
<b>Other Operating Expenditures</b>								
Total Contractual Services	64,472	-	64,472	314	48,116	75%	-	16,356
Total Supplies & Materials	37,471	-	37,471	1,291	16,745	45%	-	20,726
Total Fixed Charges	79,659	-	79,659	6,501	66,510	83%	-	13,149
Total Travel	2,100	-	2,100	78	1,044	50%	-	1,056
<b>Total Other Operating Exp</b>	<u>183,702</u>	<u>-</u>	<u>183,702</u>	<u>8,184</u>	<u>132,415</u>	<u>72%</u>	<u>-</u>	<u>51,287</u>
<b>Total Claims</b>	\$ 560,459	\$ 10,223	\$ 570,682	\$ 57,412	\$ 521,031	91%	\$ -	\$ 49,651
<b>Insurance and Medical Services</b>								
<b>Salaries</b>	\$ 422,768	\$ 760	\$ 423,528	\$ 56,233	\$ 420,144	99%	\$ -	\$ 3,384
<b>Other Operating Expenditures</b>								
Total Contractual Services	73,104	200	73,304	3,103	77,759	106%	-	(4,455)
Total Supplies & Materials	22,725	(200)	22,525	749	16,988	75%	-	5,537
Total Fixed Charges	62,194	-	62,194	4,733	47,519	76%	-	14,675
Total Travel	1,350	-	1,350	-	231	17%	-	1,119
<b>Total Other Operating Exp</b>	<u>159,373</u>	<u>-</u>	<u>159,373</u>	<u>8,584</u>	<u>142,497</u>	<u>89%</u>	<u>-</u>	<u>16,876</u>
<b>Total Insurance and Medical Services</b>	\$ 582,141	\$ 760	\$ 582,901	\$ 64,817	\$ 562,641	97%	\$ -	\$ 20,260
<b>Judicial</b>								
<b>Salaries</b>	\$ 363,886	\$ 835	\$ 364,721	\$ 41,258	\$ 326,465	90%	\$ -	\$ 38,256
<b>Other Operating Expenditures</b>								
Total Contractual Services	33,570	200	33,770	239	24,729	73%	-	9,041
Total Supplies & Materials	22,770	(200)	22,570	1,247	9,897	44%	-	12,673
Total Fixed Charges	70,545	-	70,545	5,638	57,790	82%	-	12,755
Total Travel	5,445	-	5,445	-	1,973	36%	-	3,472
<b>Total Other Operating Exp</b>	<u>132,330</u>	<u>-</u>	<u>132,330</u>	<u>7,124</u>	<u>94,390</u>	<u>71%</u>	<u>-</u>	<u>37,940</u>
<b>Total Judicial</b>	\$ 496,216	\$ 835	\$ 497,051	\$ 48,381	\$ 420,855	85%	\$ -	\$ 76,196
<b>Totals By Departments</b>								
<b>Department Totals</b>								
Commissioners	\$ 1,641,849	\$ 32,990	\$ 1,674,839	\$ 168,465	\$ 1,488,208	89%	\$ -	\$ 160,409
Administration	835,646	4,168	839,814	94,644	811,062	97%	-	28,752
Claims	560,459	10,223	570,682	57,412	521,031	91%	-	49,651
Insurance & Medical	582,141	760	582,901	64,817	562,641	97%	-	20,260
Judicial	496,216	835	497,051	48,381	420,855	85%	-	76,196
<b>Total Departmental Expend</b>	<u>\$ 4,116,311</u>	<u>\$ 48,976</u>	<u>\$ 4,165,287</u>	<u>\$ 433,720</u>	<u>\$ 3,803,797</u>	<u>91%</u>	<u>\$ -</u>	<u>\$ 335,268</u>
Employer Contributions	882,374	29,200	911,574	115,376	998,099	109%	-	(86,525)
<b>Total General &amp; Earmarked Funds</b>	<u>\$ 4,998,685</u>	<u>\$ 78,176</u>	<u>\$ 5,076,861</u>	<u>\$ 549,097</u>	<u>\$ 4,801,896</u>	<u>95%</u>	<u>\$ -</u>	<u>\$ 248,743</u>

**South Carolina Workers' Compensation Commission**  
**2012 - 2013 Budget**  
**May 31, 2013**

**General Appropriation**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date to Date	%	Encumb	Balance
<b>Commissioners</b>								
<b>Salaries</b>								
Chairman	\$ 115,567	\$ 3,323	\$ 118,890	\$ 14,261	\$ 109,336	92%	\$ -	\$ 9,554
Commissioner	664,602	191	664,793	86,168	660,618	99%	-	4,176
Terminal Leave	-	19,747	19,747	-	19,747	100%	-	(0)
Classified Employees	290,075	9,729	299,804	37,475	287,311	96%	-	12,493
<b>Total Commissioners</b>	<b>1,070,244</b>	<b>32,990</b>	<b>1,103,234</b>	<b>137,904</b>	<b>1,077,012</b>	<b>98%</b>	<b>-</b>	<b>-</b>
<b>Administration</b>								
<b>Salaries</b>								
Director	\$ 94,152	\$ 2,824	\$ 96,976	\$ 12,122	\$ 92,935	96%	\$ -	\$ 4,041
Classified Positions	44,825	1,344	46,169	5,771	51,970	113%	-	(5,801)
<b>Total Administration</b>	<b>138,977</b>	<b>4,168</b>	<b>143,145</b>	<b>17,893</b>	<b>144,905</b>	<b>101%</b>	<b>-</b>	<b>(1,760)</b>
<b>Claims</b>								
<b>Salaries</b>								
Classified Positions	\$ 67,000	\$ 10,223	\$ 77,223	\$ 9,920	\$ 76,054	98%	\$ -	\$ 1,169
<b>Total Claims</b>	<b>67,000</b>	<b>10,223</b>	<b>77,223</b>	<b>9,920</b>	<b>76,054</b>	<b>98%</b>	<b>-</b>	<b>1,169</b>
<b>Insurance and Medical Services</b>								
<b>Salaries</b>								
Classified Positions	\$ 25,350	\$ 760	\$ 26,110	\$ 8,513	\$ 30,272	116%	\$ -	\$ (4,162)
<b>Total Ins and Medical Svcs</b>	<b>25,350</b>	<b>760</b>	<b>26,110</b>	<b>8,513</b>	<b>30,272</b>	<b>116%</b>	<b>-</b>	<b>(4,162)</b>
<b>Judicial</b>								
<b>Salaries</b>								
Classified Positions	\$ 27,858	\$ 835	\$ 28,693	\$ 3,587	\$ 27,497	96%	\$ -	\$ 1,196
<b>Total Judicial</b>	<b>27,858</b>	<b>835</b>	<b>28,693</b>	<b>3,587</b>	<b>27,497</b>	<b>96%</b>	<b>-</b>	<b>1,196</b>
<b>General Funds</b>								
<b>Department Totals</b>								
Commissioners	\$ 1,070,244	\$ 32,990	\$ 1,103,234	\$ 137,904	\$ 1,077,012	98%	\$ -	\$ 26,222
Administration	138,977	4,168	143,145	17,893	144,905	101%	-	(1,760)
Claims	67,000	10,223	77,223	9,920	76,054	98%	-	1,169
Insurance & Medical	25,350	760	26,110	8,513	30,272	116%	-	(4,162)
Judicial	27,858	835	28,693	3,587	27,497	96%	-	1,196
<b>Total Departmental Expend</b>	<b>\$ 1,329,429</b>	<b>\$ 48,976</b>	<b>\$ 1,378,405</b>	<b>\$ 177,817</b>	<b>\$ 1,355,741</b>	<b>98%</b>	<b>\$ -</b>	<b>\$ 22,664</b>
Employer Contributions	434,190	29,200	463,390	53,995	397,556	86%	-	65,834
<b>Total General Fund Appropriations</b>	<b>\$ 1,763,619</b>	<b>\$ 78,176</b>	<b>\$ 1,841,795</b>	<b>\$ 231,812</b>	<b>\$ 1,753,297</b>	<b>95%</b>	<b>\$ -</b>	<b>\$ 88,498</b>

**South Carolina Workers' Compensation Commission**

**2012 - 2013 Budget**

May 31, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Commissioners</b>								
<b>Salaries</b>								
Taxable Subsistence	\$ 80,000	\$ -	\$ 80,000	\$ 4,406	\$ 47,366	59%	\$ -	\$ 32,634
<b>Total Salaries</b>	<b>80,000</b>	<b>-</b>	<b>80,000</b>	<b>4,406</b>	<b>47,366</b>	<b>59%</b>	<b>-</b>	<b>32,634</b>
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
Office Equipment Service	1,700	-	1,700	-	-	0%	-	1,700
Copying Equipment Service	1,200	-	1,200	-	1,057	88%	-	143
Print/Bind/Advertisement	1,510	-	1,510	-	-	0%	-	1,510
Print Pub Annual Reports	1,028	-	1,028	-	-	0%	-	1,028
Data Processing Services	34,000	-	34,000	-	27,868	82%	-	6,132
Freight Express Delivery	1,490	-	1,490	-	73	5%	-	1,417
Telephone	6,100	-	6,100	320	3,104	51%	-	2,996
Cellular Phone Service	9,100	-	9,100	899	9,707	107%	-	(607)
Legal Services/Attorney Fees	160,000	-	160,000	10,535	133,147	83%	-	26,853
Other Professional Services	3,000	-	3,000	-	180	6%	-	2,820
<b>Total Contractual Services</b>	<b>219,128</b>	<b>-</b>	<b>219,128</b>	<b>11,755</b>	<b>175,136</b>	<b>80%</b>	<b>-</b>	<b>43,992</b>
<b>Supplies &amp; Materials</b>								
Office Supplies	7,500	-	7,500	250	2,743	37%	-	4,757
Copying Equipment	4,200	-	4,200	184	2,364	56%	-	1,836
Printing	1,200	-	1,200	351	1,819	152%	-	(619)
Data Processing Supplies	1,649	-	1,649	-	45	3%	-	1,604
Postage	8,500	-	8,500	348	4,787	56%	-	3,713
Communication Supplies	50	-	50	-	-	0%	-	50
Maint/Janitorial Supplies	200	-	200	-	137	68%	-	63
Motor Vehicle Supp/Gasoline	100	-	100	-	49	49%	-	51
Other Supplies	100	-	100	-	67	67%	-	33
<b>Total Supplies &amp; Materials</b>	<b>23,499</b>	<b>-</b>	<b>23,499</b>	<b>1,133</b>	<b>12,013</b>	<b>51%</b>	<b>-</b>	<b>11,486</b>
<b>Fixed Charges</b>								
Rental-Cont Rent Payment	2,500	-	2,500	561	1,015	41%	-	1,485
Rent-Non State Owned Property	149,000	-	149,000	11,940	128,878	86%	-	20,122
Rent-Other	250	-	250	-	-	0%	-	250
Insurance-State	4,500	-	4,500	-	-	0%	-	4,500
Insurance-Non State	1,169	-	1,169	-	-	0%	-	1,169
Fees & Fines	109	-	109	-	-	0%	-	109
Equipment Maintenance	500	-	500	-	-	0%	-	500
<b>Total Fixed Charges</b>	<b>158,028</b>	<b>-</b>	<b>158,028</b>	<b>12,501</b>	<b>129,893</b>	<b>82%</b>	<b>-</b>	<b>28,135</b>
<b>Travel (Includes Leased Car)</b>								
In State - Meals (Non-Reportable)	350	-	350	-	186	53%	-	164
In State - Auto Mileage	20,000	-	20,000	767	14,816	74%	-	5,184
In State - Subsistence Allowance	30,000	-	30,000	-	6,888	23%	-	23,112
Out State - Meals	100	-	100	-	75	75%	-	25
Out State - Auto Mileage	2,000	-	2,000	-	288	14%	-	1,712
Leased Car	38,500	-	38,500	-	24,534	64%	-	13,966
<b>Total Travel</b>	<b>90,950</b>	<b>-</b>	<b>90,950</b>	<b>767</b>	<b>46,788</b>	<b>51%</b>	<b>-</b>	<b>44,162</b>
<b>Total Other Operating Expenditures</b>	<b>491,605</b>	<b>-</b>	<b>491,605</b>	<b>26,155</b>	<b>363,830</b>	<b>74%</b>	<b>-</b>	<b>127,775</b>
<b>Total Commissioners</b>	<b>\$ 571,605</b>	<b>\$ -</b>	<b>\$ 571,605</b>	<b>\$ 30,561</b>	<b>\$ 411,196</b>	<b>72%</b>	<b>\$ -</b>	<b>\$ 160,409</b>

**South Carolina Workers' Compensation Commission**

**2012 - 2013 Budget**

May 31, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Administration</b>								
<b>Salaries</b>								
Classified Positions	\$ 408,567	\$ -	\$ 408,567	\$ 57,830	\$ 398,463	98%	\$ -	\$ 10,104
Temporary Employees	11,247	-	11,247	-	8,751	78%	-	2,496
Terminal Leave	1,000	-	1,000	-	-	0%	-	1,000
<b>Total Salaries</b>	<b>420,814</b>	<b>-</b>	<b>420,814</b>	<b>57,830</b>	<b>407,214</b>	<b>97%</b>	<b>-</b>	<b>13,600</b>
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
Office Equipment Service	5,800	-	5,800	776	5,949	103%	-	(149)
Copying Equipment Service	550	-	550	-	245	45%	-	305
Print/Bind/Advertisement	500	-	500	2,143	2,143	429%	-	(1,643)
Print Pub Annual Reports	22	-	22	-	-	0%	-	22
Data Processing Services	62,000	-	62,000	1,604	84,914	137%	-	(22,914)
Freight Express Delivery	800	-	800	-	576	72%	-	224
Telephone	4,600	-	4,600	283	3,731	81%	-	869
Cellular Phone Service	3,000	-	3,000	158	2,085	69%	-	915
Education & Training Services	1,000	-	1,000	-	-	0%	-	1,000
Attorney Fees	25,000	-	25,000	590	20,903	84%	-	4,097
General Repair	230	-	230	-	407	177%	-	(177)
Audit Acct Finance	100	-	100	-	104	104%	-	(4)
Catered Meals	300	-	300	803	803	268%	-	(503)
Other Professional Services	100	-	100	-	166	166%	-	(66)
Other Contractual Services	1,500	-	1,500	93	538	36%	-	962
<b>Total Contractual Services</b>	<b>105,502</b>	<b>-</b>	<b>105,502</b>	<b>6,449</b>	<b>122,563</b>	<b>116%</b>	<b>-</b>	<b>(17,061)</b>
<b>Supplies &amp; Materials</b>								
Office Supplies	5,000	-	5,000	590	6,553	131%	-	(1,553)
Subscriptions	175	-	175	-	-	0%	-	175
Copying Equipment Supplies	3,434	-	3,434	146	1,910	56%	-	1,524
Printing	1,964	-	1,964	351	1,860	95%	-	104
Data Processing Supplies	500	-	500	156	1,127	225%	-	(627)
Postage	10,000	-	10,000	432	5,068	51%	-	4,932
Maint/Janitorial Supplies	200	-	200	-	108	54%	-	92
Fees & Fines	280	-	280	-	50	18%	-	230
Gasoline/ Motor Vehicle Supply	100	-	100	-	-	0%	-	100
Employee Recog Award	1,000	-	1,000	943	943	94%	-	57
Other Supplies	400	-	400	-	-	0%	-	400
<b>Total Supplies &amp; Materials</b>	<b>23,053</b>	<b>-</b>	<b>23,053</b>	<b>2,618</b>	<b>17,619</b>	<b>76%</b>	<b>-</b>	<b>5,434</b>
<b>Fixed Charges</b>								
Rental-Cont Rent Payment	6,000	-	6,000	828	6,287	105%	-	(287)
Rent-Non State Owned Property	95,000	-	95,000	7,726	83,392	88%	-	11,608
Rent-Other	11,000	-	11,000	839	9,990	91%	-	1,010
Insurance-State	7,490	-	7,490	-	-	0%	-	7,490
Insurance-Non State	134	-	134	-	705	526%	-	(571)
Dues and Memberships	5,000	-	5,000	-	4,685	94%	-	315
Sales Tax Paid	8,186	-	8,186	461	4,943	60%	-	3,243
<b>Total Fixed Charges</b>	<b>132,810</b>	<b>-</b>	<b>132,810</b>	<b>9,854</b>	<b>110,001</b>	<b>83%</b>	<b>-</b>	<b>22,809</b>
<b>Travel (Includes Leased Car)</b>								
In State - Meals Non/ Reportable	100	-	100	-	7	7%	-	93
Reportable Meals	100	-	100	-	-	0%	-	100
Out of State - Milage	90	-	90	-	-	0%	-	90
In State - Registration Fees	200	-	200	-	337	168%	-	(137)
Leased Car	14,000	-	14,000	-	8,416	60%	-	5,584
<b>Total Travel</b>	<b>14,490</b>	<b>-</b>	<b>14,490</b>	<b>-</b>	<b>8,760</b>	<b>60%</b>	<b>-</b>	<b>5,730</b>
<b>Equipment</b>								
Equipment Data Processing- PC's	-	-	-	-	-	0%	-	-
<b>Total Equipment</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>-</b>
<b>Total Other Operating Expenditures</b>	<b>275,855</b>	<b>-</b>	<b>275,855</b>	<b>18,921</b>	<b>258,943</b>	<b>94%</b>	<b>-</b>	<b>16,912</b>
<b>Total Administration</b>	<b>\$ 696,669</b>	<b>\$ -</b>	<b>\$ 696,669</b>	<b>\$ 76,751</b>	<b>\$ 666,156</b>	<b>96%</b>	<b>\$ -</b>	<b>\$ 30,513</b>

**South Carolina Workers' Compensation Commission**

**2012 - 2013 Budget**

May 31, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Claims</b>								
<b>Salaries</b>								
Classified Positions	\$ 294,757	\$ -	\$ 294,757	\$ 39,308	\$ 306,292	104%	\$ -	\$ (11,535)
Temporary Positions	14,000	-	14,000	-	6,270	45%	-	7,730
Terminal Leave	1,000	-	1,000	-	-	0%	-	1,000
<b>Total Salaries</b>	<b>309,757</b>	<b>-</b>	<b>309,757</b>	<b>39,308</b>	<b>312,562</b>	<b>101%</b>	<b>-</b>	<b>(2,805)</b>
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
Office Equipment Services	200	-	200	-	-	0%	-	200
Copying Equipment Service	400	-	400	-	732	183%	-	(332)
Print / Bind / Adv	750	-	750	-	-	0%	-	750
Print Pub Annual Reports	22	-	22	-	-	0%	-	22
Data Processing Services	30,000	-	30,000	-	24,384	81%	-	5,616
Freight Express Delivery	500	-	500	-	21	4%	-	479
Telephone	4,000	-	4,000	262	3,260	81%	-	740
Cellular Phone Service	2,500	-	2,500	52	677	27%	-	1,823
Temporary Services	26,000	-	26,000	-	19,040	73%	-	6,960
Other Professional Services	100	-	100	-	-	0%	-	100
<b>Total Contractual Services</b>	<b>64,472</b>	<b>-</b>	<b>64,472</b>	<b>314</b>	<b>48,116</b>	<b>75%</b>	<b>-</b>	<b>16,356</b>
<b>Supplies &amp; Materials</b>								
Office Supplies	8,271	-	8,271	173	1,750	21%	-	6,521
Copying Equipment	3,000	-	3,000	146	1,871	62%	-	1,129
Printing	900	-	900	-	1,425	158%	-	(525)
Data Processing Supplies	3,000	-	3,000	-	36	1%	-	2,964
Postage	22,000	-	22,000	972	11,442	52%	-	10,558
Maint/Janitorial Supplies	200	-	200	-	222	111%	-	(22)
Other Supplies	100	-	100	-	-	0%	-	100
<b>Total Supplies &amp; Materials</b>	<b>37,471</b>	<b>-</b>	<b>37,471</b>	<b>1,291</b>	<b>16,745</b>	<b>45%</b>	<b>-</b>	<b>20,726</b>
<b>Fixed Charges</b>								
Rental-Cont Rent Payment	2,500	-	2,500	531	2,071	83%	-	429
Rent-Non State Owned Property	73,000	-	73,000	5,970	64,439	88%	-	8,561
Rent-Other	225	-	225	-	-	0%	-	225
Insurance-State	2,000	-	2,000	-	-	0%	-	2,000
Insurance-Non State	134	-	134	-	-	0%	-	134
Equipment- Copying	800	-	800	-	-	0%	-	800
Equipment Maintenance	1,000	-	1,000	-	-	0%	-	1,000
<b>Total Fixed Charges</b>	<b>79,659</b>	<b>-</b>	<b>79,659</b>	<b>6,501</b>	<b>66,510</b>	<b>83%</b>	<b>-</b>	<b>13,149</b>
<b>Travel (Includes Leased Car)</b>								
In State - Meals (Non-Reportable)	300	-	300	-	63	21%	-	237
In State - Lodging	600	-	600	-	172	29%	-	428
In State - Auto Mileage	600	-	600	-	32	5%	-	568
In-State Registration	200	-	200	-	-	0%	-	200
Reportable Meals	400	-	400	78	777	194%	-	(377)
<b>Total Travel</b>	<b>2,100</b>	<b>-</b>	<b>2,100</b>	<b>78</b>	<b>1,044</b>	<b>50%</b>	<b>-</b>	<b>1,056</b>
<b>Total Other Operating Expenditures</b>	<b>183,702</b>	<b>-</b>	<b>183,702</b>	<b>8,184</b>	<b>132,415</b>	<b>72%</b>	<b>-</b>	<b>51,287</b>
<b>Total Claims</b>	<b>\$ 493,459</b>	<b>\$ -</b>	<b>\$ 493,459</b>	<b>\$ 47,492</b>	<b>\$ 444,977</b>	<b>90%</b>	<b>\$ -</b>	<b>\$ 48,482</b>

**South Carolina Workers' Compensation Commission**  
**2012 - 2013 Budget**  
 May 31, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Insurance and Medical Services</b>								
<b>Salaries</b>								
Classified Positions	378,434	-	378,434	45,787	371,538	98%	-	6,896
Temporary Employees	15,469	-	15,469	1,933	14,819	96%	-	650
Terminal Leave	3,515	-	3,515	0	3,515	100%	-	-
<b>Total Salaries</b>	<b>397,418</b>	<b>-</b>	<b>397,418</b>	<b>47,720</b>	<b>389,872</b>	<b>98%</b>	<b>-</b>	<b>7,546</b>
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
Office Equipment Service	200	-	200	-	-	0%	-	200
Copying Equipment Service	300	-	300	-	-	0%	-	300
Print/Bind/Advertisement	500	-	500	-	-	0%	-	500
Print Pub Annual Report	24	-	24	-	-	0%	-	24
Data Processing Services	47,000	-	47,000	1,637	43,827	93%	-	3,173
Freight Express Delivery	-	200	200	-	21	11%	-	179
Telephone	2,626	-	2,626	208	2,094	80%	-	532
Cell Phone	3,000	-	3,000	53	585	19%	-	2,415
Catered Meals	2,000	-	2,000	-	1,661	83%	-	339
Other Professional Services	10,000	-	10,000	1,206	29,158	292%	-	(19,158)
Other Contractual Services	7,454	-	7,454	-	413	6%	-	7,041
<b>Total Contractual Services</b>	<b>73,104</b>	<b>200</b>	<b>73,304</b>	<b>3,103</b>	<b>77,759</b>	<b>106%</b>	<b>-</b>	<b>(4,455)</b>
<b>Supplies &amp; Materials</b>								
Office Supplies	5,000	-	5,000	192	8,312	166%	-	(3,312)
Copying Equipment	3,500	-	3,500	161	2,069	59%	-	1,431
Printing	1,500	-	1,500	-	2,085	139%	-	(585)
Data Processing Supplies	500	-	500	-	40	8%	-	460
Postage	11,000	(200)	10,800	396	4,364	40%	-	6,436
Maintenance/Janitorial Supplies	75	-	75	-	120	160%	-	(45)
Building Materials	1,000	-	1,000	-	-	0%	-	1,000
Fees & Fines	50	-	50	-	-	0%	-	50
Other Supplies	100	-	100	-	-	0%	-	100
<b>Total Supplies &amp; Materials</b>	<b>22,725</b>	<b>(200)</b>	<b>22,525</b>	<b>749</b>	<b>16,988</b>	<b>75%</b>	<b>-</b>	<b>5,537</b>
<b>Fixed Charges</b>								
Rental-Cont Rent Payment	2,104	-	2,104	518	1,795	85%	-	309
Rent-Non State Owned Property	52,000	-	52,000	4,214	45,487	87%	-	6,513
Rent-Other	2,000	-	2,000	-	-	0%	-	2,000
Insurance-State	2,000	-	2,000	-	-	0%	-	2,000
Insurance-Non State	148	-	148	-	-	0%	-	148
Equipment Maintenance	942	-	942	-	-	0%	-	942
Sales Tax Paid	3,000	-	3,000	-	237	8%	-	2,763
<b>Total Fixed Charges</b>	<b>62,194</b>	<b>-</b>	<b>62,194</b>	<b>4,733</b>	<b>47,519</b>	<b>76%</b>	<b>-</b>	<b>14,675</b>
<b>Travel (Includes Leased Car)</b>								
In State - Meals (Non-Reportable)	400	-	400	-	26	7%	-	374
In-State Registration	100	-	100	-	-	0%	-	100
Reportable Meals	150	-	150	-	-	0%	-	150
In State - Lodging	700	-	700	-	205	29%	-	495
<b>Total Travel</b>	<b>1,350</b>	<b>-</b>	<b>1,350</b>	<b>-</b>	<b>231</b>	<b>17%</b>	<b>-</b>	<b>1,119</b>
<b>Total Other Operating Expenditures</b>	<b>159,373</b>	<b>-</b>	<b>159,373</b>	<b>8,584</b>	<b>142,497</b>	<b>89%</b>	<b>-</b>	<b>16,876</b>
<b>Total Insurance and Medical Services</b>	<b>\$ 556,791</b>	<b>\$ -</b>	<b>\$ 556,791</b>	<b>\$ 56,304</b>	<b>\$ 532,370</b>	<b>96%</b>	<b>\$ -</b>	<b>\$ 24,421</b>

**South Carolina Workers' Compensation Commission**

**2012 - 2013 Budget**

May 31, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 91.67%				
				Expended May	Year to Date	%	Encumb	Balance
<b>Judicial</b>								
<b>Salaries</b>								
Classified Positions	\$ 333,028	\$ -	\$ 333,028	\$ 37,431	\$ 298,165	90%	\$ -	\$ 34,863
Temporary Employees	3000	0	3000	240	803	27%	-	2,198
<b>Total Salaries</b>	<b>336,028</b>	<b>-</b>	<b>336,028</b>	<b>37,671</b>	<b>298,968</b>	<b>89%</b>	<b>-</b>	<b>37,060</b>
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
Office Equipment Services	80	-	80	-	-	0%	-	80
Copy Equipment Services	850	-	850	-	-	0%	-	850
Print/Bind/Advertisement	800	-	800	-	-	0%	-	800
Print Pub Annual Reports	20	-	20	-	-	0%	-	20
Freight Express Delivery	-	200	200	-	21	11%	-	179
Data Processing Services	28,000	-	28,000	-	21,793	78%	-	6,207
Telephone	2,500	-	2,500	186	1,943	78%	-	557
Cellular Phone Service	1,120	-	1,120	53	972	87%	-	148
Other Professional Services	200	-	200	-	-	0%	-	200
<b>Total Contractual Services</b>	<b>33,570</b>	<b>200</b>	<b>33,770</b>	<b>239</b>	<b>24,729</b>	<b>73%</b>	<b>-</b>	<b>9,041</b>
<b>Supplies &amp; Materials</b>								
Office Supplies	5,500	-	5,500	482	2,029	37%	-	3,471
Copying Equipment Supplies	2,500	-	2,500	130	1,675	67%	-	825
Printing	2,000	-	2,000	361	1,312	66%	-	688
Data Processing Supplies	2,500	-	2,500	-	367	15%	-	2,133
Postage	10,000	(200)	9,800	273	4,418	45%	-	5,382
Maintenance/Janitorial Supplies	150	-	150	-	97	65%	-	53
Promotional Supplies	20	-	20	-	-	0%	-	20
Other Supplies	100	-	100	-	-	0%	-	100
<b>Total Supplies &amp; Materials</b>	<b>22,770</b>	<b>(200)</b>	<b>22,570</b>	<b>1,247</b>	<b>9,897</b>	<b>44%</b>	<b>-</b>	<b>12,673</b>
<b>Fixed Charges</b>								
Rental-Cont Rent Payment	3,000	-	3,000	370	933	31%	-	2,067
Rent-Non State Owned Property	65,300	-	65,300	5,268	56,858	87%	-	8,442
Rent-Other	125	-	125	-	-	0%	-	125
Insurance-State	2,000	-	2,000	-	-	0%	-	2,000
Insurance-Non State	120	-	120	-	-	0%	-	120
<b>Total Fixed Charges</b>	<b>70,545</b>	<b>-</b>	<b>70,545</b>	<b>5,638</b>	<b>57,790</b>	<b>82%</b>	<b>-</b>	<b>12,755</b>
<b>Travel (Includes Leased Car)</b>								
In State - Meals / Non-Reportable	450	-	450	-	212	47%	-	238
Reportable Meals	770	-	770	-	262	34%	-	508
In State - Lodging	2,200	-	2,200	-	1,045	47%	-	1,155
In State - Auto Mileage	1,800	-	1,800	-	454	25%	-	1,346
In State - Misc Travel Expense	25	-	25	-	-	0%	-	25
In-State Registration	100	-	100	-	-	0%	-	100
Out State - Auto Mileage	100	-	100	-	-	0%	-	100
<b>Total Travel</b>	<b>5,445</b>	<b>-</b>	<b>5,445</b>	<b>-</b>	<b>1,973</b>	<b>36%</b>	<b>-</b>	<b>3,472</b>
<b>Total Other Operating Expenditures</b>	<b>132,330</b>	<b>-</b>	<b>132,330</b>	<b>7,124</b>	<b>94,390</b>	<b>71%</b>	<b>-</b>	<b>37,940</b>
<b>Total Judicial</b>	<b>\$ 468,358</b>	<b>\$ -</b>	<b>\$ 468,358</b>	<b>\$ 44,795</b>	<b>\$ 393,357</b>	<b>84%</b>	<b>\$ -</b>	<b>\$ 75,001</b>
<b>Earmarked Funds</b>								
<b>Department Totals</b>								
Commissioners	\$ 571,605	\$ -	\$ 571,605	\$ 30,561	\$ 411,196	72%	\$ -	\$ 160,409
Administration	696,669	-	696,669	76,751	666,156	96%	-	30,513
Claims	493,459	-	493,459	47,492	444,977	90%	-	48,482
Insurance & Medical	556,791	-	556,791	56,304	532,370	96%	-	24,421
Judicial	468,358	-	468,358	44,795	393,357	84%	-	75,001
<b>Total Departmental Expend</b>	<b>\$ 2,786,882</b>	<b>\$ -</b>	<b>\$ 2,786,882</b>	<b>\$ 255,903</b>	<b>\$ 2,448,057</b>	<b>88%</b>	<b>\$ -</b>	<b>\$ 338,825</b>
<b>Employer Contributions</b>	<b>448,184</b>	<b>-</b>	<b>448,184</b>	<b>61,382</b>	<b>600,542</b>	<b>134%</b>	<b>-</b>	<b>(152,358)</b>
<b>Total Earmarked Funds</b>	<b>\$ 3,235,066</b>	<b>\$ -</b>	<b>\$ 3,235,066</b>	<b>\$ 317,285</b>	<b>\$ 3,048,599</b>	<b>94%</b>	<b>\$ -</b>	<b>\$ 186,467</b>
<b>Capital / Computer Project Carryforward</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>\$ -</b>

## MEMORANDUM

Date: June 12, 2013

**TO:** Mr. Gary Cannon  
Executive Director

**FROM:** Cathy Floyd  
Human Resources

**SUBJECT:** Human Resources Report Period of May 15 – June 11, 2013

Below is a summary of the Human Resources activity for the period of May 15 – June 11, 2013.

### Employee Relations (ER)

- One ER issue was addressed during the activity period
- Held the Employee Appreciation Luncheon on May 20, 2013
- Eugenia Hollmon was recognized as the 2012 Employee of the Year
- A Confidentiality Agreement was sent to all employees for signature to be stored in their personnel file
- The scanning process has begun for inactive HR Files

### Benefits

- Assisted three employees with benefit related matters
- Completed two inquiries with the Retirement Systems
- Assisted an employee with retirement related issues
- Assisted an employee with an FMLA request
- Issued two COBRA letters

### SC Enterprise Information System (SCEIS)

- Processed one employment verification
- Assisted three employees with payroll related issues
- Continue to assist employees with leave and time issues caused by SCEIS
- Seventeen transactions were keyed into the system

### State Human Resources Department (HRD)

- The Commission has been assigned a new HRD Consultant, Susan Hance

### Training

- Attended a SHRM webinar – Building Your Talent Pools on May 22, 2013
- Attended a SHRM webinar – Learning Agility on June 4, 2013
- Attended a SHRM webinar – How to Turn Your Company into a "Best Place to Work" on June 6, 2013

### Finance Related

- Assisted with the daily deposit
- Approved fifty-seven SCEIS financial transactions



## Workers' Compensation Commission

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**To:** Gary Cannon  
SCWCC Executive Director

**From:** Betsy Hartman  
IT Director

**Date:** June 10, 2013

**Subject:** IT Department  
June 2013 Full Commission Report

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### Summary of IT Department Activities

#### Director of IT

- Attended WebSpeed training at BravePoint
- Attended Quality Forum training for the Governors Quality Award (Baldrige Criteria), Team Lead on Explorer application
- Applied the 2013 Government Information Group, GCN Award for the Lapse in Insurance Notification Portal
  - Receiving Accolades for the Lapse In Insurance Portal from many sources about the benefits of private firms, Home Builders Association and a State Agency working together to enhance the ability to detect fraud in Workers' Compensation Insurance coverage.

#### Mediation Processing

12-M Late Penalty Processing

Claims R3 Production Issues

Claims R3 Additional Edits

Changes in Compliance OnBase document types and security

#### Implemented

- Scanning and storing 12M reporting
- Mediation email notification of status for Judicial staff
- 12-M penalty processing

### Requirement development

- Security Plan
- Medical Dispute Portal
- Upload of APA documents via eCase
- ePayments
- eForms and eProcessing for other documents

### Projects – In Process

iPad Pilot – secure email for APA documents. Having issues with users and secure mail process. Looking for alternative method to upload documents to eliminate the need for secure email.

### EDI Release 3

- Vendors Health Tech and Ebix, Inc. approved and scheduled for implementation June 17, 2013 and July 1, 2013 respectively.
- Metrics

Daily Average	Release 1	R1 %	Release 3	R3 %
November	130	100%	0	0%
December	90	54%	78	47%
January*	66	43%	86	56%
February	53	40%	78	60%
March	42	29%	103	71%
April	37	30%	87	70%
May	41	22%	143	78%

### SCVRD Portal

- SCVRD testing. Turned over to SCVRD for internal testing and training on June 1. July 1 implementation for statewide counselors.

### Mediation

- Process and status codes developed for Mediation. Coding required for reminder emails in process.

### Projects – to be started in June 2013 or after

#### DSIT Contract

- Waiting on DSIT for Security language to be added to the contract

#### Rule to Show Cause automation

- Based on comments raised by Keith Roberts, will do a full requirements and process evaluation on current process and build a standard for both carrier and employer RTSC

#### Production Server Upgrade

- Upgrading Progress to Open Edge 10.2b 7
- Test

#### **eCase**

- **Add ability to upload APA documents via eCase rather than secure email**

#### **eForms/ePayment**

- **Copy request selected as first ePayment project – Looking at the possibility of billing for images downloaded on an as use basis through eCase.**
- **Forms in Motion Focus Group with KeyMark**

#### **Medical Dispute Portal**

- **Move to a secure portal similar to eCase**
- **Need ability to upload HIPPA and PII documents securely – pattern after eCase and APA documents**

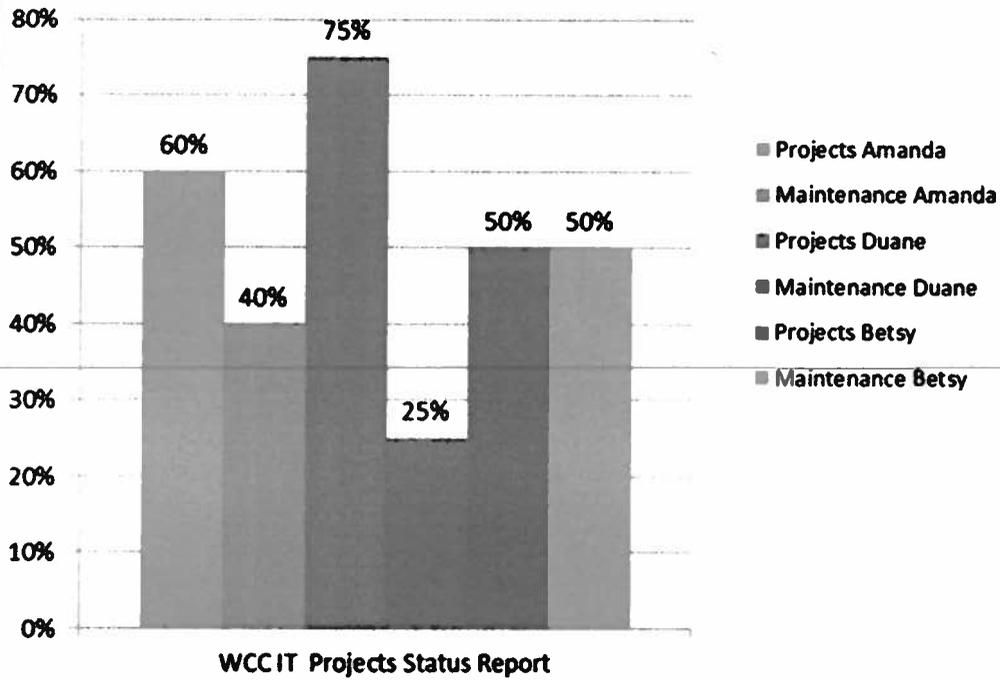
#### **X-File Process Review**

- **Have several requests for modifications. A complete review of the process would be beneficial due to change in management over the Compliance area.**
-

WCC IT Projects Status Report								
Period			06/17/13			Status Key: Not Started	On Track	Timing
Key Projects	Sub Project	Regulation	Due Date	% of completion	% of time devoted to issue	Lead	Issues / Comments	
Phase II - Claims (EDI release 3)			December 2013	95%	8%	Duane	Post implementation issues	
Phase II - Claims (EDI release 3)			December 2013	95%	25%	Amanda	Final approval of Release 1 Rules	
Phase II - Claims (EDI release 3)			December 2013	95%	0%	Betsy	post implementation issues	
Upgrade wccsql server to Windows 2008 R2. Progress 10.2b.06			11/1/2012	90%	0%	Duane	testing and clean up	
SC Voc. Rehab	Upgrade to WCCSQL		7/1/2013	50%	35%	Betsy	Testing by SCVRD	
Upgrade wccsqlprdProgress 10.2b.06			TBD				after full testing of development	
RTSC process and automation	Center RTSC process		TBD	25%	25%	Amanda	Waiting on prioritization from Exec Dir	
Electronic Service Initiatives	Electronic Service Initiatives Clinchers	87-213	TBD	0%	20%	Amanda	Requirements phase - documenting processes	
	Electronic Service Initiatives Fee Petitions - Form 61	87-213	TBD	0%	20%			
	Electronic Service Initiatives - Receipt of electronic pleadings	87-211	TBD	0%				
	Electronic receipt of any form or document	87-205	TBD	0%				
	12 M Revamp of current Minor Medical Reporting from Carriers	87-412		100%	30%	Duane	automation complete. Initial files sent. Second files being generated electronically this month.	
Mediation			10/30/2013	100%	10%	Amanda	Tech specs complete. Turned over to Duane for coding. Staggered implementation based on automated emails for various status dates.	
				0%	40%	Duane	tasks outlined - starting 8/13 thru 10/1/2013	
Security plan	ITSC guidelines		ASAP	10%	10%	Betsy	working with Keith on identifying actual need for data elements. Demo of Penetration software for continual monitoring. Waiting contact from Detroit for possible engagement for full Penetration testing of our environment for a benchmark.	
Sealed Records			7/1/2013	95%	5%	Betsy	documented process and sample order. Will discuss in Judicial conference with Full Commission. Once approved, will move forward and on case in Chairman Beck's office.	
				Projects Amanda	60%			
				Projects Duane	75%			
				Projects Betsy	50%			

Maintenance Issues							
FOIA report requests, general issues and questions from Coverage, claims and Judicial	all departments	ongoing	ongoing		25%	Duane	
				Maintenance Duane	25%		
FOIA report requests, general issues and questions from Coverage, claims and Judicial	all departments	ongoing	ongoing		40%	Amanda	
				Maintenance Amanda	40%		
FOIA report requests, general issues and questions from Coverage, claims and Judicial	all departments	ongoing	ongoing		45%	Betsy	

**IT Projects and Maintenance**  
**May 20, 2013 through June 17, 2013**



State of South Carolina



Workers' Compensation Commission

To: Mr. Gary Cannon  
SCWCC Executive Director

From: Grant Duffield  
IMS Director

Date: 12 – June – 2013

Subj: Insurance and Medical Services Department  
May 2013 Full Commission Report

Please find attached information provided to summarize the status and workflow of initiatives currently underway within the Insurance and Medical Services (IMS) Department

In addition to the statistical data provided, please be advised of the following workflow initiatives:

- |                     |  |
|---------------------|--|
| Compliance Division | <ol style="list-style-type: none"><li>1. GEAR program support and scheduling of GEAR Hearings.</li><li>2. Training new staff in Division.</li><li>3. Revising Compliance Agreement documents with K. Roberts.</li></ol>  |
| Coverage Division   | <ol style="list-style-type: none"><li>1. Coordinating with State Accident Fund to obtain coverage information for SAF members for use in researching coverage.</li><li>2. EDI R3 implementation.</li></ol>   |
| Medical Services    | <ol style="list-style-type: none"><li>1. Identifying updates / edits needed within the Medical Services Provider Manual.</li><li>2. Working through implementation issues related to Surgical Implant policy adoption.</li><li>3. Preparing to meet with stakeholders concerning administration of the MSPM.</li></ol>   |
| IMS Administration: | <ol style="list-style-type: none"><li>1. Working with team-members to review / improve team processes and key functions.</li><li>2. Continued cross-training of staff with other Commission personnel.</li><li>3. Working with in-house Counsel to improve RTSC case preparation process.</li><li>4. Working with Executive Team concerning strategic planning and future needs forecasting.</li></ol> |

Mr. Cannon, while this summary is in no way all-inclusive, it may serve to assist you and our Commissioners in understanding the key initiatives underway in the IMS Department and provide measures by which the Department's effectiveness can be gauged. IMS welcomes any guidance that you and/or our Commissioners can provide concerning our performance and direction.

**Carryover Caseload:**

The Compliance Division closed May 2013 with 383 cases active, compared to an active caseload of 472 at the close of May 2012.

**Cases Resolved:**

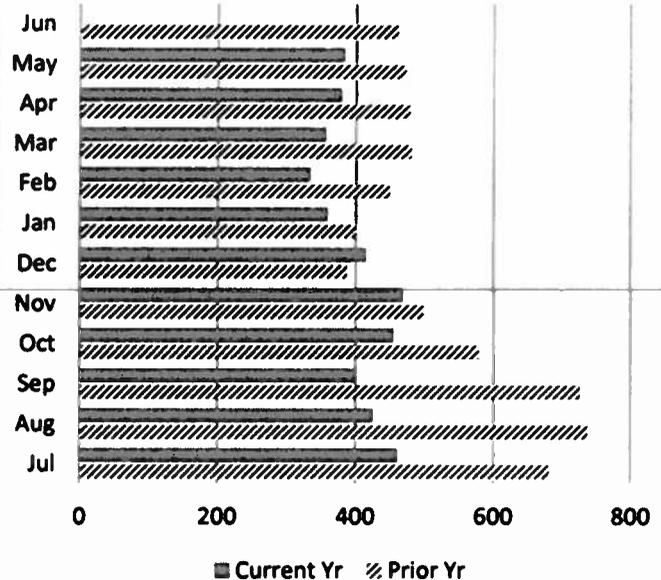
Due to the decrease in carry-over, greater effort is focused on case resolution. For the month of May 2013, Compliance Division staff closed-out 107 cases.

**Compliance Fines:**

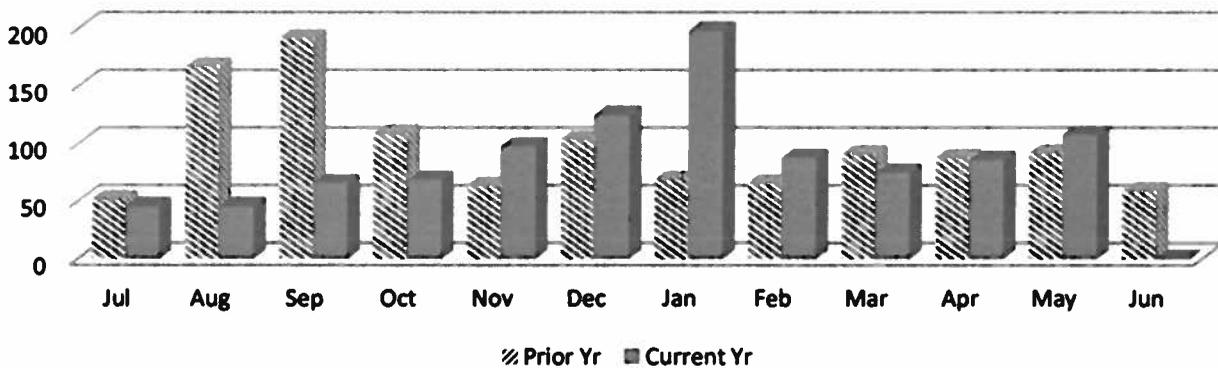
Year to Date, the Compliance Division has collected \$534,889 in fines which represents 150% of prior year's total year-end collection (\$357,214). The Compliance Division Year-to-Date (May 31) revenue trend is 189% of prior year, and month-on-month is at 262% of same month / prior year (May 2012).

Compliance fine revenue represents 19% of the Commission's annual earmarked revenue budget.

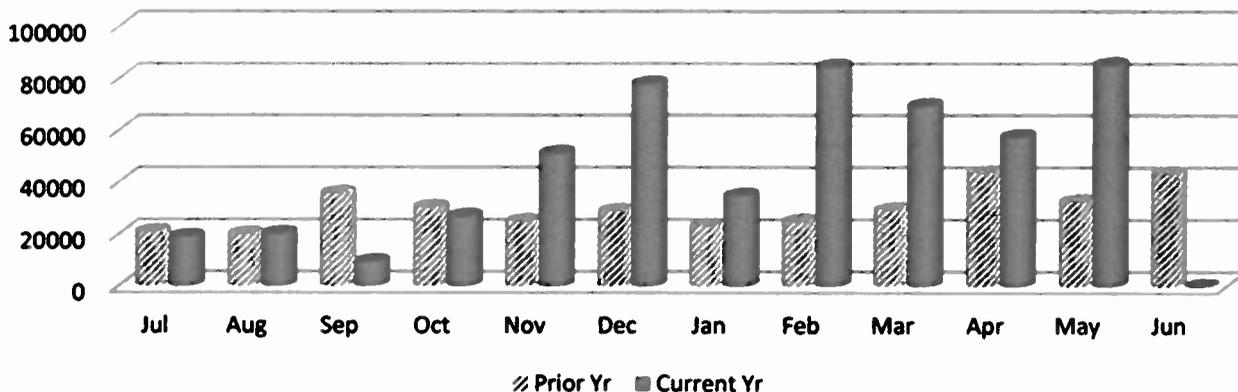
**Caseload Pending v. Prior Year**



**Cases Resolved v. Prior Year**



**Compliance Fines Collected v. Prior Year**



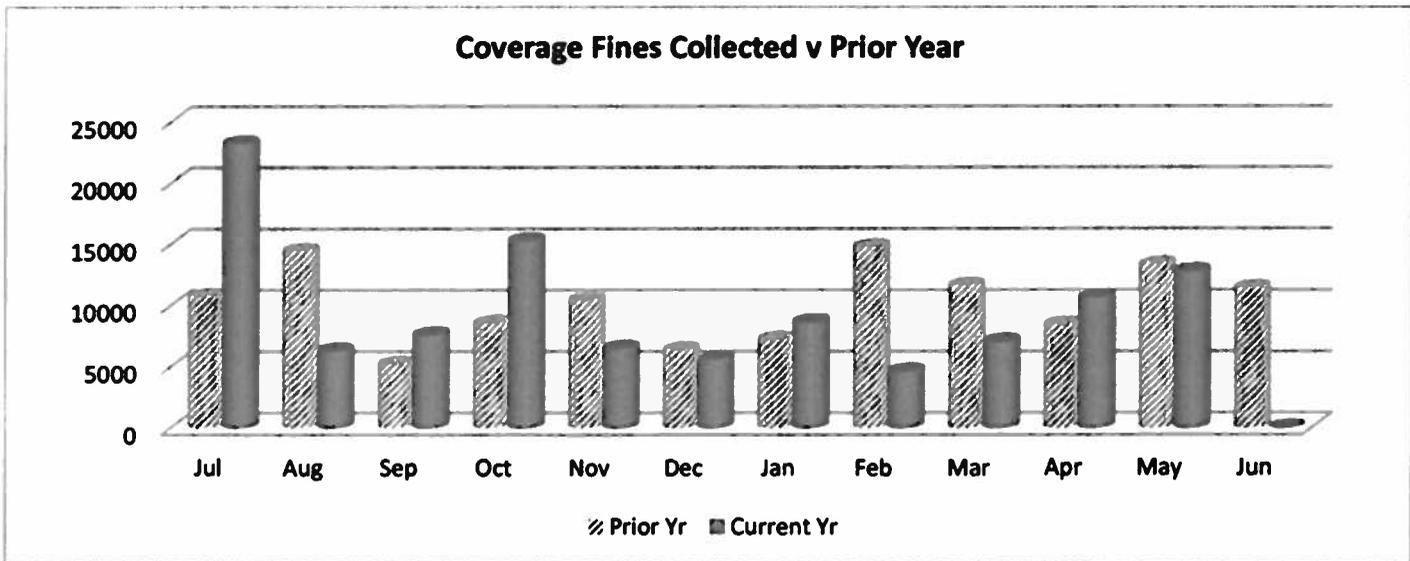
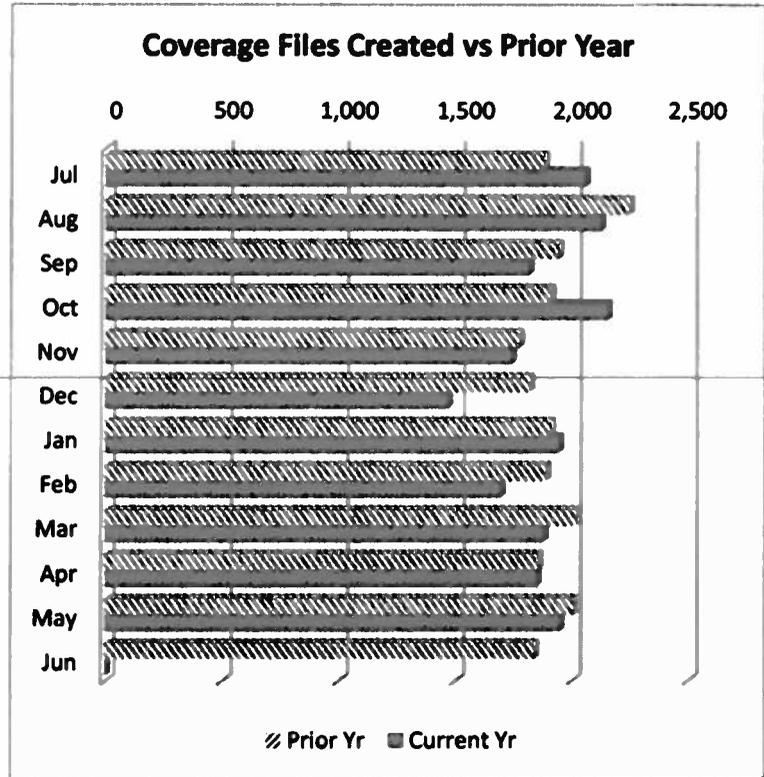
**WCC Claim Files:**

In May 2013, the Coverage Division created a total of 1,947 WCC Claim files. Of these, 1,592 were created electronically, and 355 were submitted in hard copy format. Year to Date, 20,649 Claim files have been created which is 89% of claim file volume for the same period in prior year (23,267).

**Coverage Fines:**

The Coverage Division collected \$12,750 in fine revenue in May 2013, as compared to \$10,600 in Coverage fines/penalties accrued during April 2013. Year on Year, Coverage fines are at 97% of collections for the same period.

Coverage Division fines represent 10% of the Commission's annual earmarked budget.

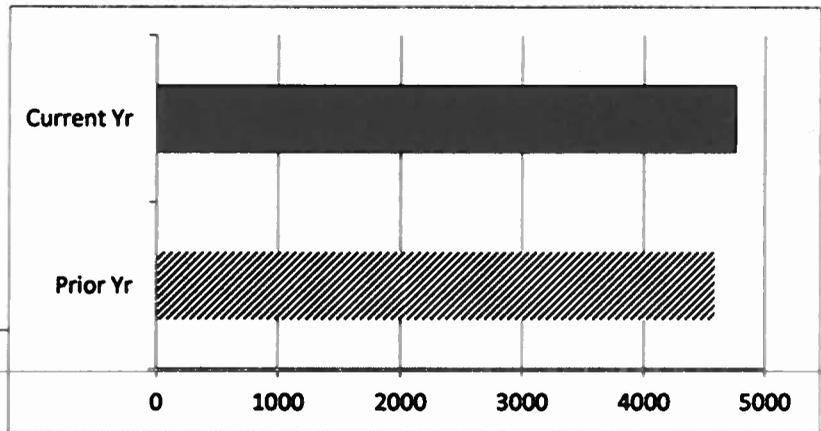


**IMS SELF INSURANCE DIVISION**

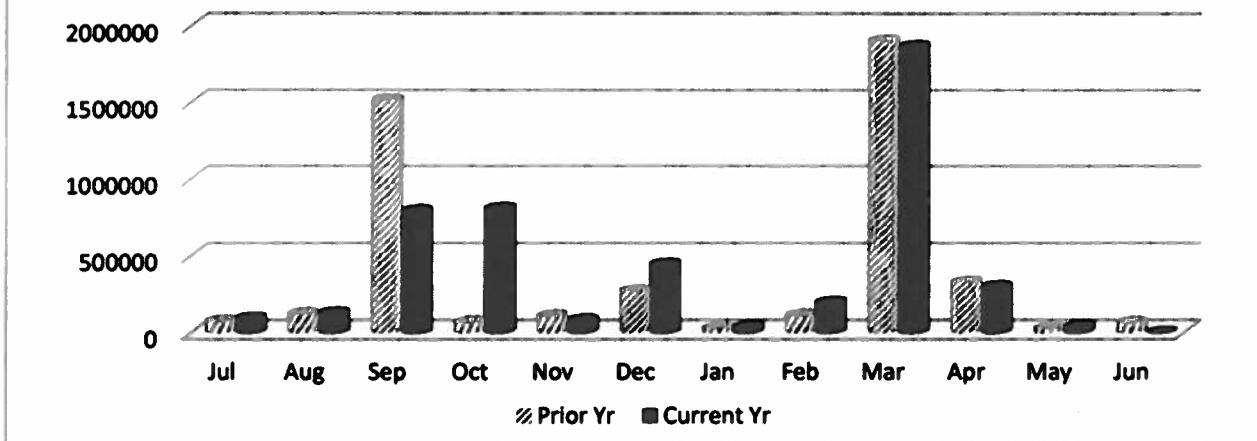
May 2013

During the month of May 2013, the Self Insurance Division:

- \* collected \$37,673 in self-insurance tax (vs 30,689 in May 2012).
  - \* added 27 new self-insurers.
  - \* conducted 5 Self Insurance audits.
- Year to Date, Self Insurance tax revenue is trending at 104% of prior year and 52 Self Insurance audits have been completed.

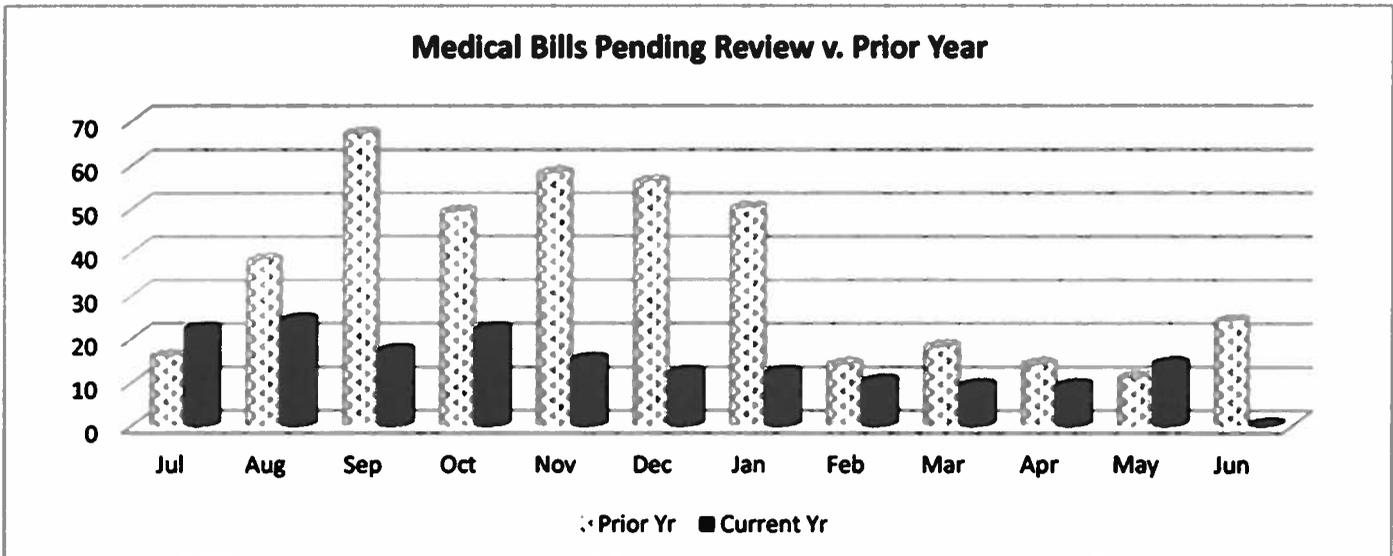


**Self Insurance Tax Collections v. Prior Year**



**IMS MEDICAL SERVICES DIVISION**

In May 2013, the Medical Services Division began the month with 9 bills pending review, received an additional 17 bills for review, conducted 12 bill reviews and ended the month with 14 bills pending.



State of South Carolina



**Workers' Compensation Commission**

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**To:** Gary Cannon  
SCWCC Executive Director

**From:** Gregory S. Line  
Claims Director

**Date:** June 6, 2013

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**Subj:** Claims Department  
June 2013 Full Commission Report

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Please find attached information provided to summarize key workflow benchmarks related to the functions of the Claims Department. In addition to the statistical data provided herein, please note the following information.

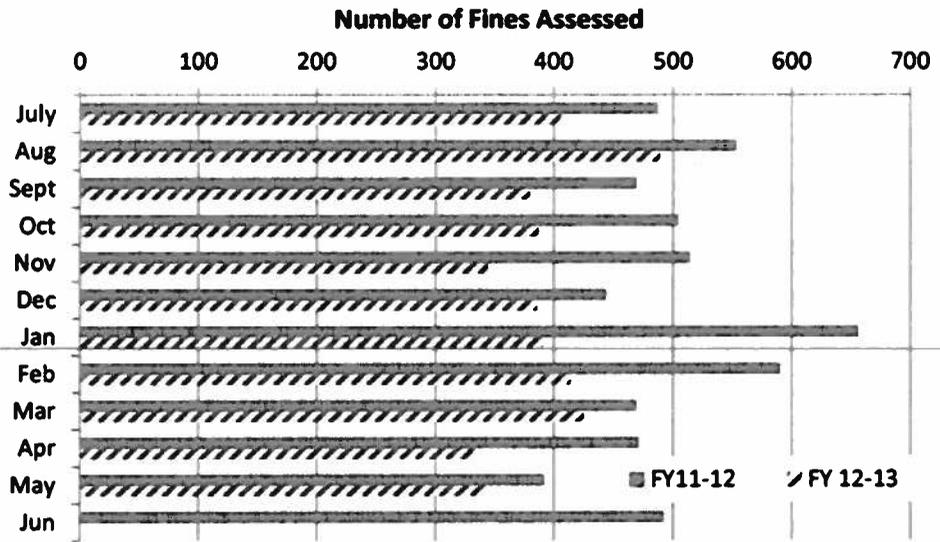
For the month of May 2013, the Claims Department has:

1. Closed 2074 individual case files.
2. Collected \$47,550 in Fine revenue.
3. The examiners reviewed 1,002 individual case files.
4. Continued to assist IMS in the processing of Carrier related Order and Rule to Show Cause Hearing matters.
5. Conducted 297 informal conferences in 8 locations.

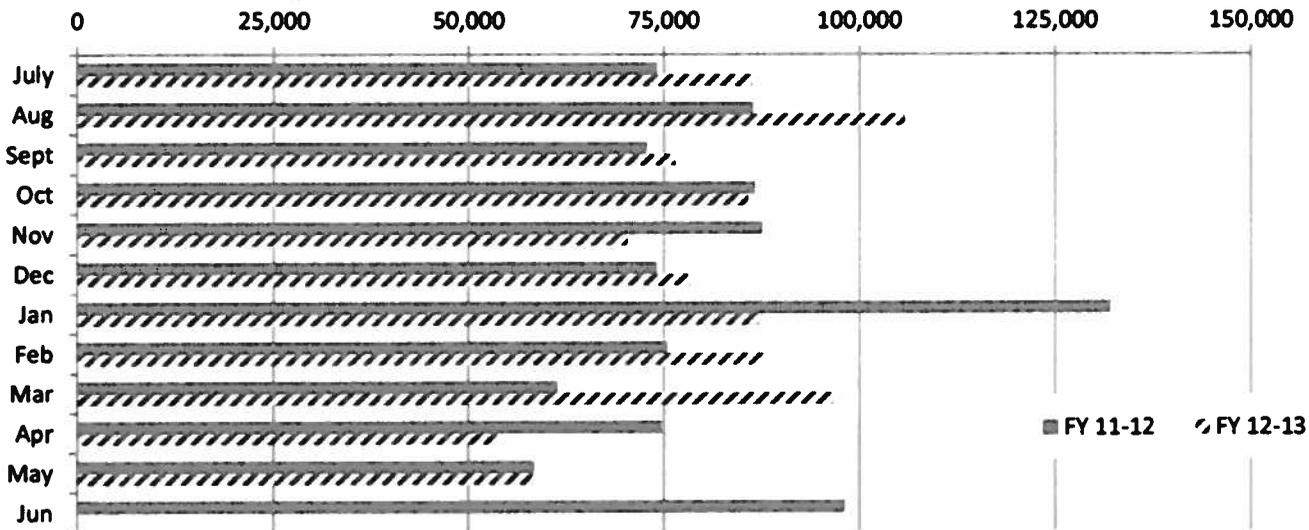
**CLAIMS DEPARTMENT - Fine Activity Report May 2013**

The number of fines assessed by the Claims Department increased in number from 333 in April to 342 in May. The number of Claims fines paid decreased from 307 in April to 235 in May.

Total fine dollars assessed in May was \$73,000 an increase over prior month \$70,750. Fine revenue received in May was \$47,550 a decrease over prior month \$56,650. Year to Date, Fine revenue received is trending at 62% of prior year collections.

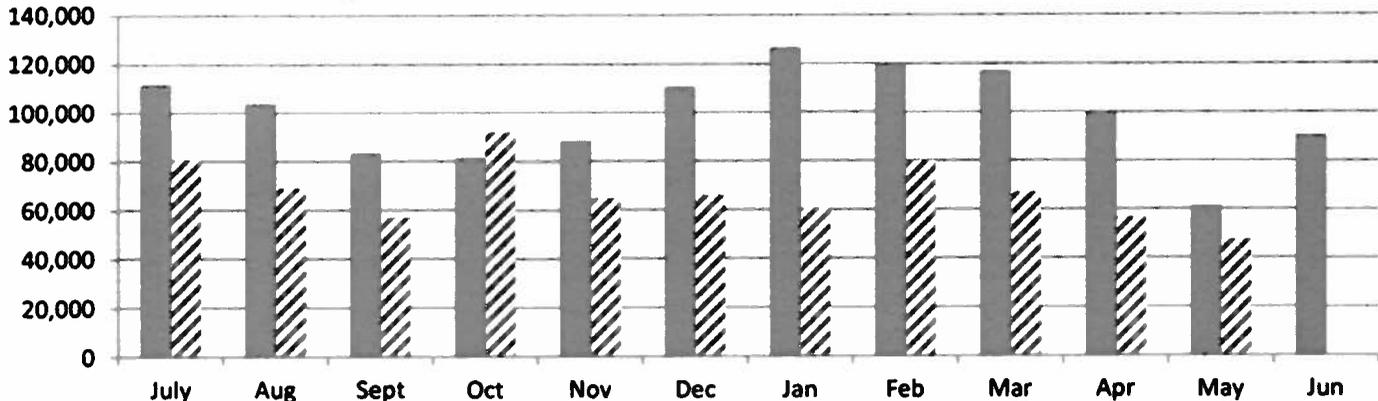


**Net Fines Assessed (\$)**



■ Fines Collected (\$) FY 11-12

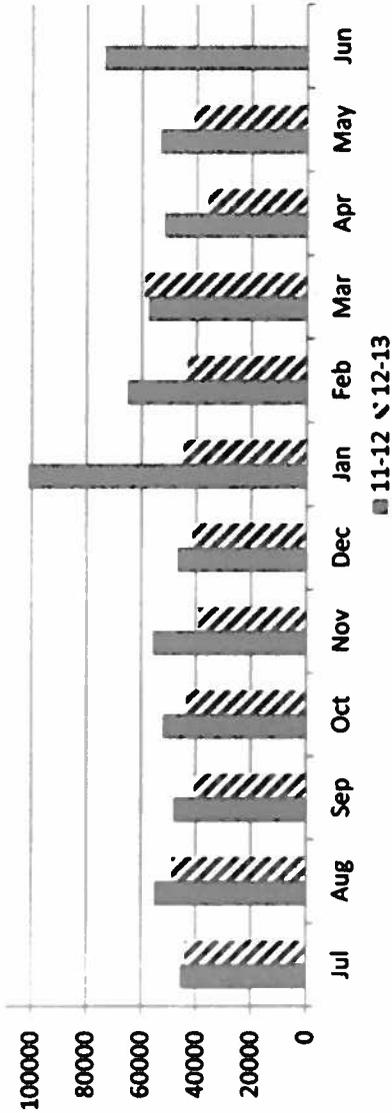
▨ Fines Collected (\$) FY 12-13



### FORM 18 FINE ASSESSMENTS

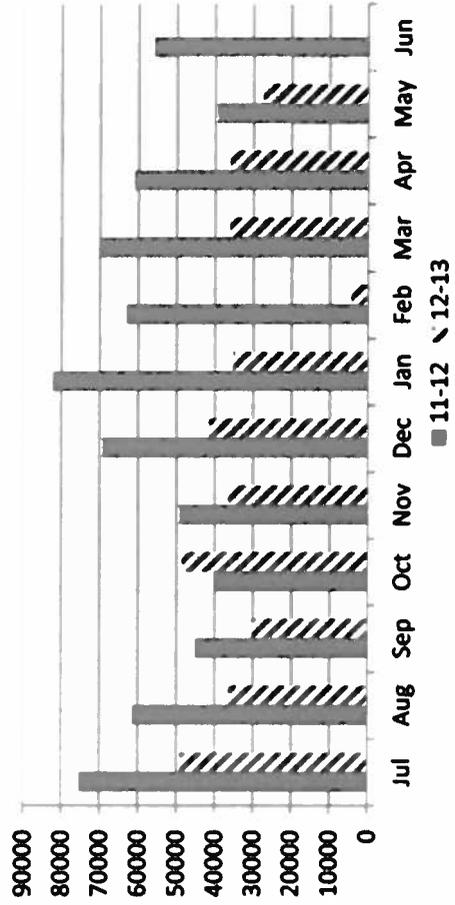
Consistent with overall Commission strategy, the Claims Department works with our Carrier partners to develop approaches that result in increased compliance levels and reduced Fine related costs to businesses in South Carolina.

A key "success measure" of this effort is the Form 18 Fine Assessment report. For the month of May 2013, this has resulted in an increase in Form 18 Fine Assessments of \$41,200 than were issued in April 2013 of \$36,050. The actual number of fines assessed decreased from 224 in April 2013 to 189 in May 2013.



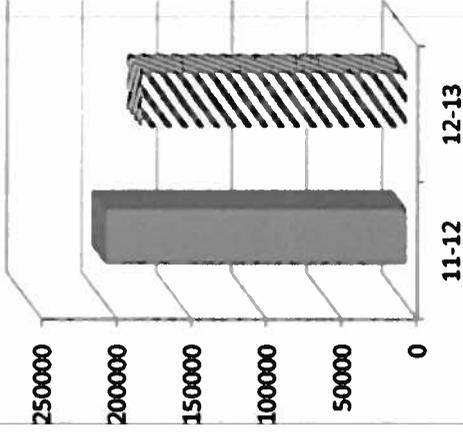
### FORM 18 FINE COLLECTION

In April 2013, the Claims Department received payment on 177 outstanding Form 18 Fines resulting in revenue of \$36,050. This represents a revenue decrease over prior month, although overall Year to Date Form 18 Fine revenue is lower.



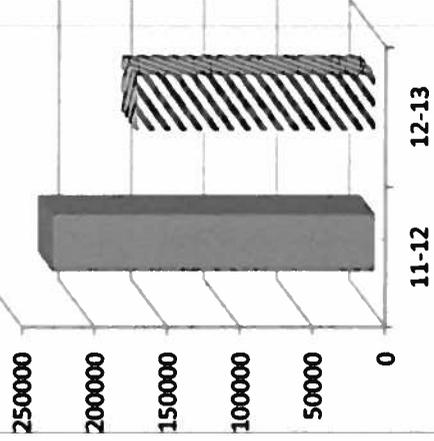
### FORM 18 FINE ASSESSMENTS YTD

Form 18 Fine Assessment is trending at 88% of prior year assessments.



### FORM 18 FINE REVENUE YTD

Form 18 Fine Revenue is trending at 75% of prior year collections.



Fines Collected FY 2009-2010, 2010-2011, 2011-2012, and 2012-2013

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
2009-2010	100,383	119,853	100,026	66,565	61,627	54,390	66,200	1,003,600	203,410	159,375	218,150	86,500
2010-2011	147,025	144,825	119,325	120,300	128,000	103,000	104,200	101,700	110,650	119,525	117,875*	124,650**
2011-2012	111,875	103,800	83,300	81,300	85,100	110,700	126,700	120,225	116,915	100,200	61,050	90,450
2012-2013	80,825	69,100	57,075	91,925	64,825	65,950	60,550	79,875	67,000	56,650	47,550	

\*May collected figures include payments 5/1/2010 through 6/1/2010

\*\*June collected figure includes payments 6/1/2010 through 6/30/2010

**CLAIMS DEPARTMENT REPORT  
STATISTICS FOR FISCAL YEAR 2012-2013**

Prepared June 6, 2013

**I. Claims Services Division**

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
Forms 15-I	1,387	1,456	1,299	1,453	1,183	1,054	1,325	1,200.00	1,323.00	1,240.00	1,151.00		14,071
Forms 15-II/Forms 17	867	921	777	805	684	701	812	710	840	769	634		8,520
Forms 16 for PP/Disf	253	366	228	268	209	294	261	296	227	368	297		3,067
Forms 18	4,899	5,294	4,565	5,205	4,334	4,548	4,933	4,640	5,446	4,667	4,580		53,111
Forms 20	979	1,002	874	1,053	906	667	1,040	899	959	942	682		10,003
Form 50 Claims Only	293	327	280	298	237	151	279	291	283	260	297		2,996
Form 61	690	779	629	718	545	689	898	618	730	684	811		7,791
Letters of Rep	164	181	142	155	129	82	144	140	116	135	136		1,524
Clinchers	748	826	626	739	613	666	899	649	766	757	791		8,080
Third Party Settlements	22	27	33	30	16	42	27	23	18	30	25		293
SSA Requests for Info	141	134	96	88	81	101	93	98	125	133	129		1,219
Cases Closed	2,117	2,562	1,965	2,504	1,829	1,957	2,527	2,369	2,397	2,368	2,074		24,669
Cases Reviewed	943	1,545	991	1,622	682	605	1,756	1,537	1,399	1,051	1,002		13,133
<b>Total</b>	<b>13,503</b>	<b>15,420</b>	<b>12,505</b>	<b>14,938</b>	<b>11,448</b>	<b>11,557</b>	<b>14,994</b>	<b>13,470</b>	<b>14,629</b>	<b>13,404</b>	<b>12,609</b>		<b>148,477</b>

**CLAIMS DEPARTMENT REPORT  
STATISTICS FOR FISCAL YEAR 2012-2013  
Prepared June 6, 2013**

**III. Fines Assessed by Claims Department**

	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Total
# Assessed	406	489	380	387	344	386	391	414	425	333	342		4,297
# Rescinded	92	105	71	80	60	57	85	53	54	68	59		784
# Reduced	49	22	17	34	13	15	13	18	6	26	17		230
# Paid	363	314	275	437	295	313	302	373	334	307	235		3,548
# Outstanding*	823	893	927	797	786	802	806	794	831	789	820		820
Total Amt. Assessed	\$86,325	\$105,800	\$76,500	\$85,780	\$70,300	\$78,400	\$87,200	\$87,700	\$96,650	\$70,750	\$73,000		\$918,405
Total Amt. Rescinded	\$19,000	\$23,100	\$15,700	\$20,900	\$12,750	\$11,450	\$17,600	\$12,100	\$11,650	\$13,900	\$11,950		\$170,100
Total Amt. Reduced	\$8,200	\$2,900	\$2,475	\$4,300	\$700	\$1,500	\$1,300	\$1,675	\$1,250	\$3,200	\$2,900		\$30,400
Total Amt. Paid	\$80,825	\$69,100	\$57,075	\$91,925	\$64,825	\$65,950	\$60,550	\$79,875	\$67,000	\$56,650	\$47,550		\$741,325
Total Outstanding*	\$174,898	\$185,598	\$186,848	\$155,503	\$147,528	\$147,028	\$154,778	\$148,828	\$165,578	\$162,578	\$173,178		\$173,178



## Workers' Compensation Commission

### MEMORANDUM

June 17, 2013

To: Gary Cannon  
Executive Director

From: Virginia Crocker  
Judicial Director

RE: **MONTHLY REPORT**

The Judicial Department continues to work to perfect the mediation process. The establishment of the mediation email at [www.mediation@wcc.sc.gov](mailto:www.mediation@wcc.sc.gov) facilitates the department's communication with the Parties in the scheduling of mediation. The IT Department has been very helpful in assisting the department with the development of electronic service of explanatory emails to the Parties regarding required information. The email address also allows the department to communicate in a confidential manner with regard to the status of the scheduled mediations and the regulatory requirements of the process. We have been very pleased with the response and the ability to electronically follow the process.

Round twelve of Exide mediations was held here in Columbia last month and resulted in the settlement of all twenty eight (28) cases scheduled. This process is working very efficiently and we continue to resolve the vast majority of cases before us in each session. Approximately three hundred and sixty-nine (369) cases remain and our next scheduled mediation will be in August.

Scheduling orders have been requested for the Celanese cases and the Westinghouse/International Paper cases continue in mediation. There have also been filing in the Exide cases for plants in Greer and those mediations should begin shortly.

Planning has begun with regard to our statewide mediation seminars to be scheduled in September.

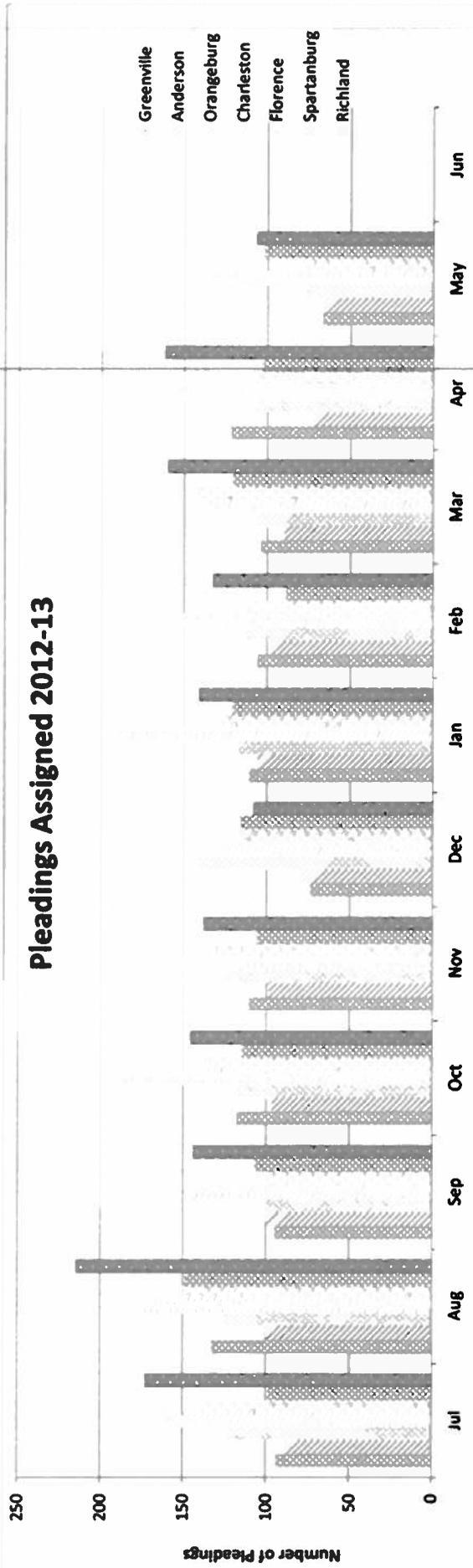


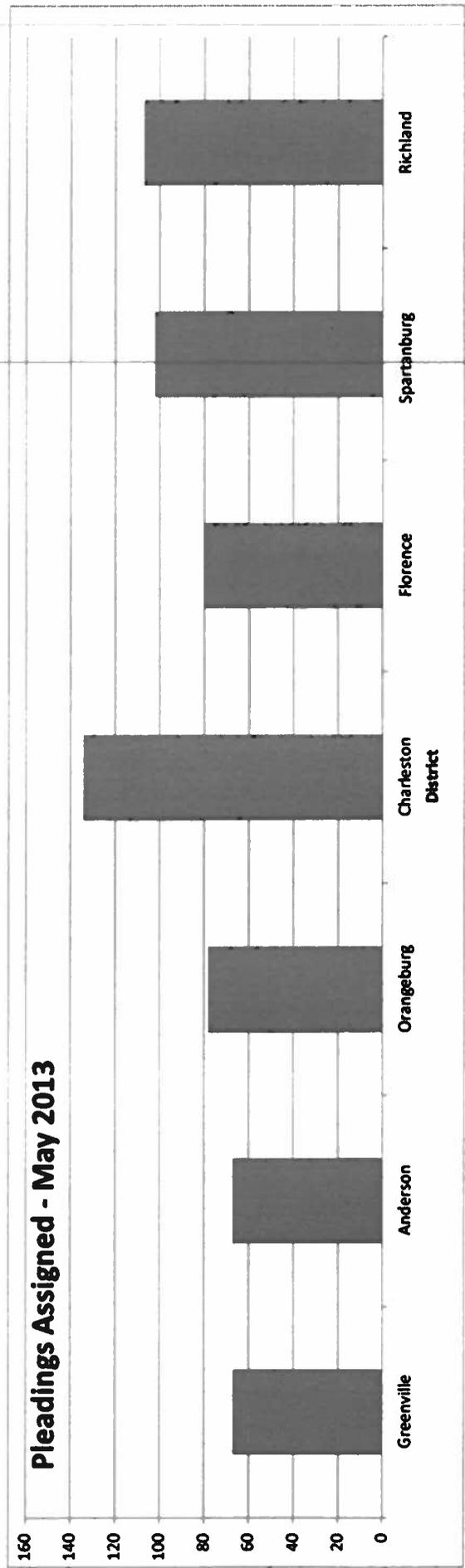
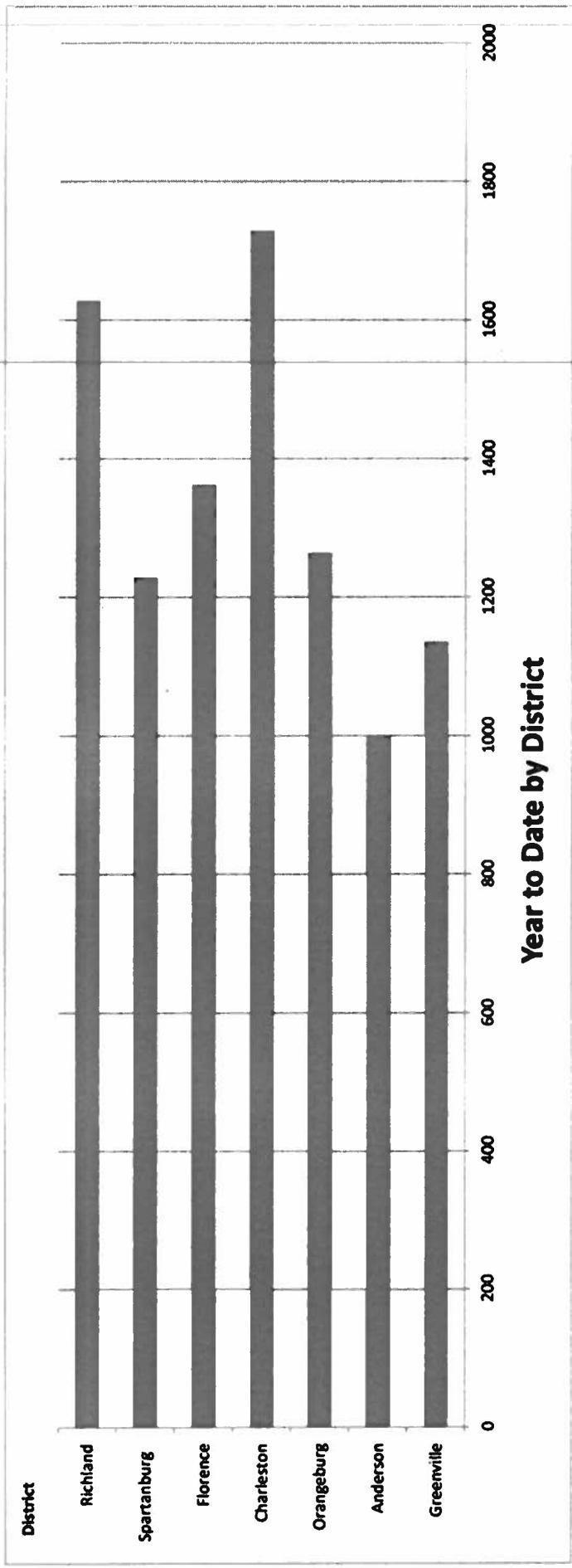


### Pleadings Assigned

	District 1 Greenville		District 2 Anderson		District 3 Orangeburg		District 4 Charleston		District 5 Florence		District 6 Spartanburg		District 7 Richland				
	12-13	11-12	12-13	11-12	12-13	11-12	12-13	11-12	12-13	11-12	12-13	11-12	12-13	11-12	10-11		
	Jul	94	85	89	106	111	103	118	160	153	169	146	99	139	114	173	163
Aug	133	140	100	104	122	113	176	199	193	198	149	184	109	183	132	183	132
Sep	95	121	100	95	85	101	128	130	130	101	152	131	103	148	144	148	163
Oct	118	118	97	97	76	134	84	188	157	138	117	115	132	83	146	144	130
Nov	111	159	97	94	50	133	122	153	140	139	121	106	98	138	138	191	151
Dec	74	164	80	142	81	104	111	126	191	118	117	116	115	83	108	144	118
Jan	111	112	106	90	83	118	122	193	180	128	111	121	98	101	141	129	140
Feb	106	163	98	114	67	115	102	165	141	114	136	89	117	85	133	153	95
Mar	104	118	90	84	100	107	109	134	160	143	149	121	134	133	160	118	159
Apr	122	121	73	89	83	107	112	155	163	108	143	103	106	106	162	185	163
May	67	105	67	79	90	78	131	134	148	80	130	102	109	86	107	144	149
Jun		112		94	79		119	170	138		134	143	111		154	152	
<b>Totals</b>	<b>1135</b>	<b>1518</b>	<b>999</b>	<b>1188</b>	<b>1011</b>	<b>1263</b>	<b>1324</b>	<b>1728</b>	<b>1844</b>	<b>1362</b>	<b>1625</b>	<b>1228</b>	<b>1546</b>	<b>1212</b>	<b>1627</b>	<b>1856</b>	<b>1692</b>

### Pleadings Assigned 2012-13



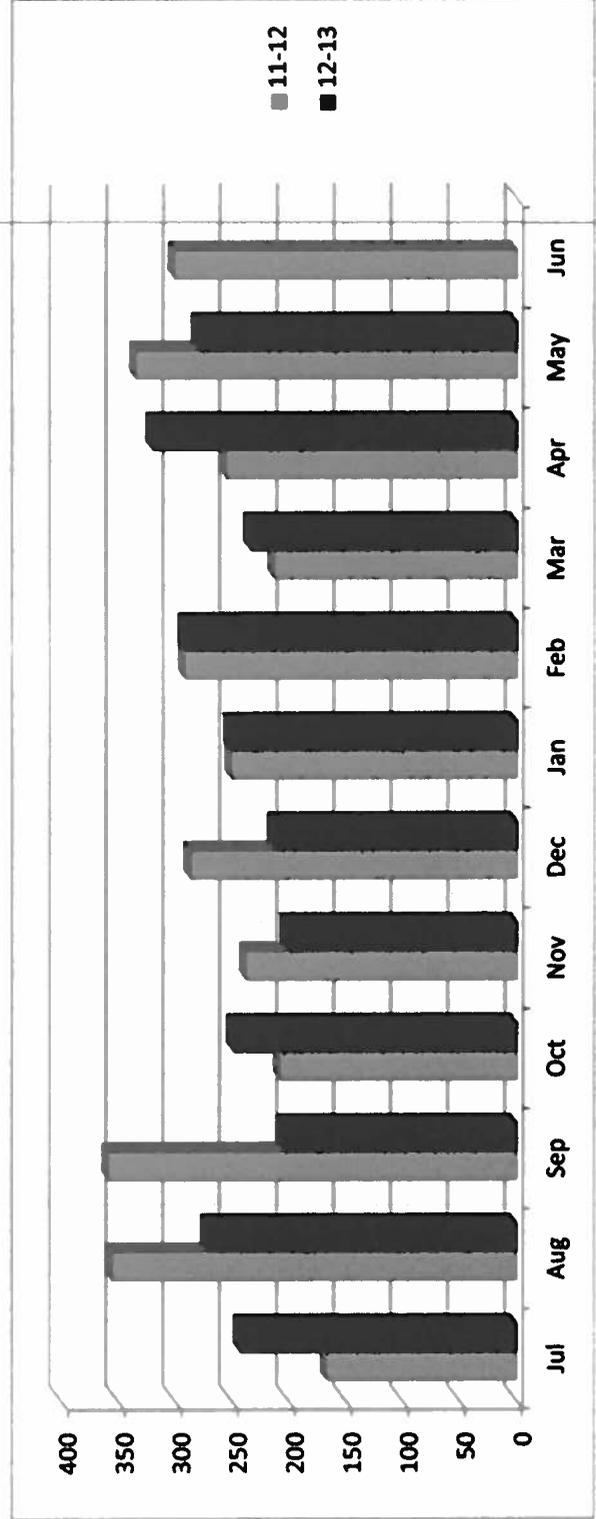
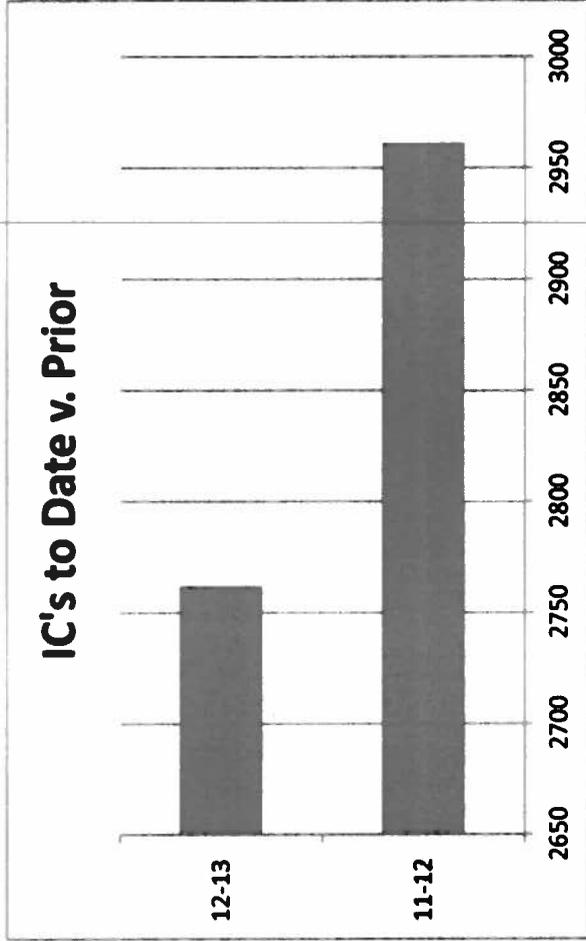


**Informal Conf. Conducted**

	11-12	12-13	
Jul	167	243	145.5%
Aug	356	272	76.4%
Sep	359	205	57.1%
Oct	208	249	119.7%
Nov	238	202	84.9%
Dec	287	213	74.2%
Jan	251	252	100.4%
Feb	292	292	100.0%
Mar	213	234	109.9%
Apr	255	320	125.5%
May	335	280	83.6%
Jun	301		0.0%
<b>Total</b>	<b>3262</b>	<b>2762</b>	

11-12 2961 12-13 2762 Y-T-D 2961 2762 93.3%

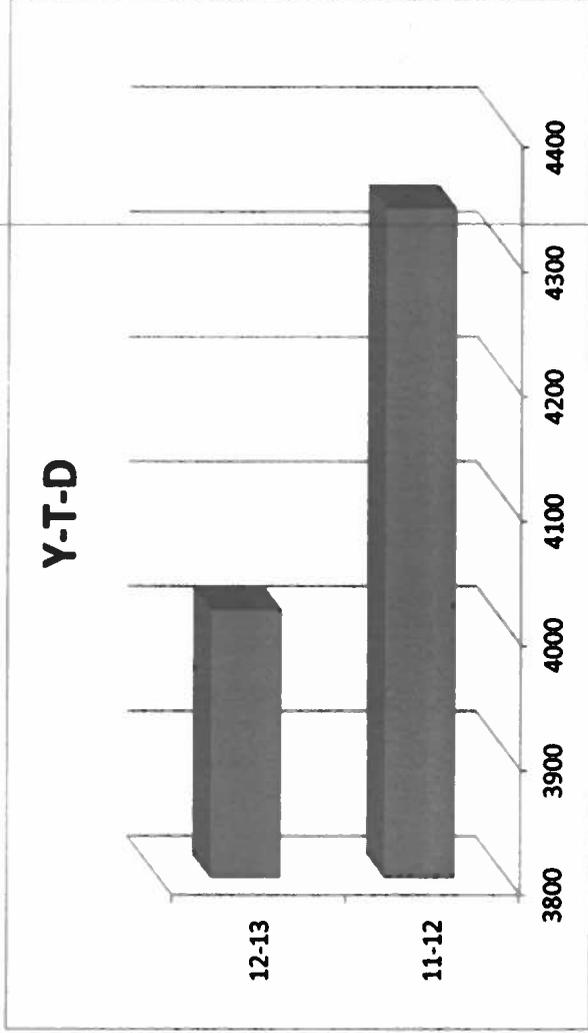
**IC's to Date v. Prior**



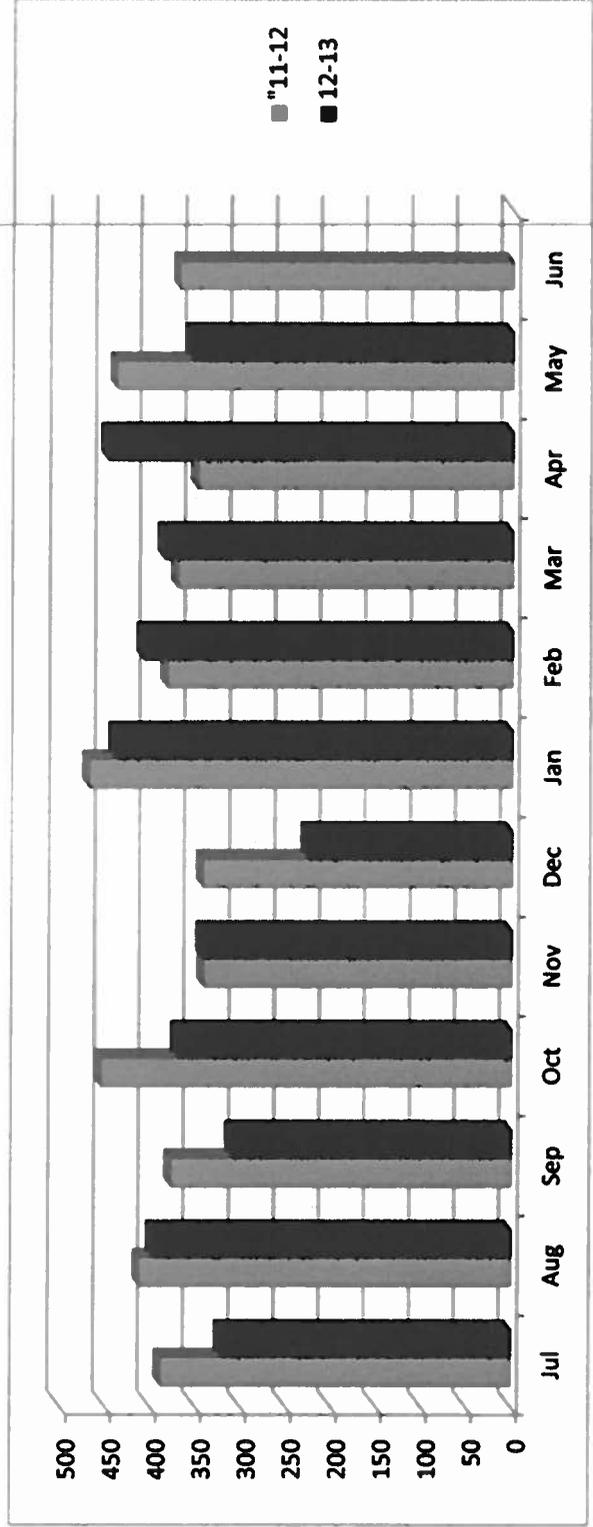
**Informal Conf. Requested**

	"11-12	12-13
Jul	389	322
Aug	413	398
Sep	378	310
Oct	456	371
Nov	342	343
Dec	343	227
Jan	470	441
Feb	383	410
Mar	372	386
Apr	350	450
May	440	356
Jun	370	
<b>Total</b>	<b>4706</b>	<b>4014</b>

**Y-T-D**



	11-12	12-13
<b>Y-T-D</b>	<b>4336</b>	<b>4014</b>



# Informal Conference & Mediations

Staff	Mileage/Hours	2012												Total
		Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	
Staff 1	Greg	SVM	615.00	730.00	983.00	1192.00	783.00	723.00	860.00	1141.00	877.00	1055.00	851.00	9810.00
		PVM	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00
		Time	60.00	44.00	52.00	56.00	51.00	33.00	91.00	53.00	52.00	70.00	73.00	635.00
		Hotel	0.00	0.00	0.00	0.00	0.00	0.00	86.24	0.00	0.00	0.00	0.00	86.24
Staff 2	DiAnn	SVM	513.00	776.00	424.00	290.00	427.00	60.00	841.00	286.00	568.00	696.00	552.00	5433.00
		PVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Time	42.00	59.75	39.00	38.00	42.50	29.00	44.00	31.50	28.00	36.00	33.00	422.75
		Hotel	0.00	111.95	0.00	0.00	0.00	0.00	86.24	0.00	0.00	0.00	0.00	198.19
Staff 3	Kelly	SVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		PVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Time	12.50	12.50	12.50	12.00	12.50	0.00	24.50	11.50	11.50	12.50	25.00	147.00
		Hotel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff 4	Robin	SVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		PVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Time	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
		Hotel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff 5	Ginger	SVM	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mediations		PVM	0.00	0.00	346.00	0.00	0.00	250.00	0.00	0.00	0.00	0.00	0.00	596.00
		Time	8.00	0.00	60.50	16.00	7.00	48.00	15.00	11.00	5.50	67.00	26.00	264.00
		Hotel	0.00	0.00	0.00	0.00	0.00	466.50	0.00	0.00	0.00	0.00	0.00	466.50

Totals FY 2012-2013	
SVM = State Vehicle Miles	15243.00
PVM = Personal Vehicle Miles	646.00
T = Time	1493.25
H = Hotel Cost	750.93

# State of South Carolina

1333 Main Street, 5<sup>th</sup> Floor  
P.O. Box 1715  
Columbia, S.C. 29202-1715



TEL: (803) 737-5700  
www.wcc.sc.gov

## Workers' Compensation Commission

### Executive Director's Report Gary M. Cannon June 14, 2013

#### **H3632 – Self Insurance Tax Collections**

The General Assembly amended H3632 and unanimously approved it on June 6. The legislation was ratified on June 11 and is awaiting the Governor's signature. The amendment added a five year sunset provision to the legislation and annual reporting requirements.

#### **ULLICO Casualty Company**

On June 10, the Commission issued an Administrative Order instructing the Commission to stay all matters before the Commission in which Ullico is a party until August 27, 2013. After August 27, the Judicial Department will move forward with processing all pending matters.

#### **R67-1605 Lump Sum Payment Proposed Amendment**

Notice of Drafting for the proposed amendment to R67-1605 Lump Sum Payment was submitted to *State Register* on June 6 for June 28 publication.

#### **Meetings**

The Executive Director participated in the following meetings/activities:

- May 29 – Attended Senate Judiciary Committee for Commissioner Roche's confirmation
- June 4 – Attended APPLE Columbia – SC Government Event on review of products, security and deployment, and application solutions in government
- June 13 – Meeting with Anesthesiologist Association regarding rates

#### **Employee Meetings/Staff Training**

The Employee Appreciation Luncheon was held on May 20. An all Employee Meeting was held on May 24. The Executive Staff met on June 11. The Employee Social Committee will host an Ice Cream Social on June 20.

#### **Constituent /Public Information Services**

For the period May 13, 2013 through June 11, 2013 the Executive Director's Office had 270 contacts with various system constituents and stakeholders. The contacts included telephone communications; electronic and personal contacts with claimants or constituents, state agencies,

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federal agencies, attorneys, service providers, business partners; and letters with congressional offices.

**SCWCC Stakeholder Electronic Distribution List**

For the period May 13, 2013 through June 11, 2013, we added six individuals to the Commission's stakeholder distribution list. We have 404 individuals currently receiving notifications from the Commission.

**SC Vocational Rehabilitation Department**

Attached is a statistical report on SCVRD/WCC referrals provided by Chuck Hamden, SCVRD Counselor, for May 2013.

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**Court Fines and Assessments Aging Report**

The attached Fines and Assessments Aging Report reflects the number and amount of fines assessed for the period ending May 31, 2013.



## South Carolina Vocational Rehabilitation Department

*Enabling eligible South Carolinians with disabilities to prepare for,  
achieve and maintain competitive employment.*

Barbara G. Hollis, Commissioner

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### MEMO

TO: Gary Cannon  
FROM: Chuck Hamden, SCVRD Counselor  
DATE: May 31, 2013  
RE: SCVRD/WCC Referrals

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As the SCVRD counselor assigned to the Workers Compensation Commission, I held office hours at WCC for four (4) days in the month of May 2013.

During the May office hours, SCVRD has continued to review the Workman's Compensation Commission files for Richland and Lexington counties for 2011. With the continued implementation of the WCC Query program, sixteen (16) referral letters have been sent in May out to potential clients.

As of May 31st, 2013, we had the following contacts regarding potential WCC referrals:

- For the month of May 2013, two (2) claimants have called for more information and referrals were made to the following agencies:
  - Two referrals were made to the Richland County SCVRD office
- One WCC claimant had received referral letter and called SCVRD; she is not interested in services at this time
- Two letters was returned with no forwarding address.

Records for review from 2011 for Richland and Lexington counties have been completed. Records for these counties for claimants from 2012 have been requested.

The SCVRD-WWC Referral portal user manual has been issued and review has begun. Test Portal is expected to be ready in June 2013 for testing and final review. Anticipated date, per discussions with Betsy Hartman, WCC IT Director, for the Portal to begin being used is July 2013. SCVRD will begin development of Training manual for use by SCVRD personnel.

**SC Vocational Rehabilitation Dept  
Workers' Comp Referrals SFY 2013**

COUNTY	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Cnty Total
Abbeville													0
Aiken		1							1				2
Allendale													0
Anderson													0
Bamberg													0
Barnwell													0
Beaufort													0
Berkeley	1			1									2
Calhoun													0
Charleston	1	2	1										4
Cherokee													0
Chester													0
Chesterfield													0
Clarendon													0
Colleton													0
Darlington													0
Dillon													0
Dorchester	1	1											2
Edgefield													0
Fairfield													0
Florence													0
Georgetown			1										1
Greenville	1												1
Greenwood													0
Hampton													0
Horry													0
Jasper													0
Kershaw		1					1						2
Lancaster													0
Laurens													0
Lee													0
Lexington		2	2	1	1		4		3	1			14
Marion													0
Marlboro													0
McCormick													0
Newberry							1						1
Oconee													0
Orangeburg		1			1		1						3
Pickens													0
Richland			1	2	1	2	3		2	3	2		16
Saluda													0
Spartanburg													0
Sumter		1								1			2
Union													0
Williamsburg													0
York													0
Monthly Ttls	4	9	5	4	3	2	10	0	6	5	2	0	50

**SC Vocational Rehabilitation Dept  
Workers' Comp Referrals SFY 2013**

	#
Primary Disability	2
Mobility Impairments	4
Manipulation/dexterity Impairments (hand/fingers)	24
Other Orthopedic Impairments (e.g. limited range of motion)	19
General physical debilitation (faigue, weakness, chronic pain)	
Hearing or visual Impairments	4
Other physical impairments (not listed above)	53
Total	









WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The date of injury reported on Form 12A is: \_\_\_\_\_ (m/d/yyyy)

**Check appropriate section(s). The Employer's Representative requests a hearing to:**

I.  **Stop payment of compensation.** Claimant has reached maximum medical improvement and Claimant continues to receive temporary compensation payments. The employer's representative requests a hearing pursuant to § 42-9-260(D) to stop payment of temporary compensation. A hearing requested pursuant to this section must be held within sixty days of the date of the request.

Claimant reached maximum medical improvement on \_\_\_\_\_ (m/d/yyyy) (copy of medical report must be attached).  
Compensation payments are current as of \_\_\_\_\_ (m/d/yyyy) and shall continue until otherwise ordered or until Form 17 is signed by the claimant.  
A Form 17 was offered and refused on \_\_\_\_\_ (m/d/yyyy).

II.  **Address suspension, termination, or reduction of temporary disability payments for any cause.**  
 a. At any time pursuant to § 42-9-260(E).  
 b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.

The basis for the termination/ suspension is \_\_\_\_\_

III.  **Determine if compensation is due pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:**

Claimant reached maximum medical improvement on \_\_\_\_\_ (m/d/yyyy) (copy of medical report must be attached).

IV.  **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**

V.  **Determine amount of compensation for claims involving a fatality.**

- a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.
- b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

VI.  **Mediation**

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- c. Mediation is requested pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_  
address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.  
A \$25.00 filing fee and updated Form 18 is required.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or [jud@wcc.sc.gov](mailto:jud@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)  
Refer to Regulations 67-211, 67-504, 67-505, 67-506, and 67-510.



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

Complete each information blank. Clearly specify when contention are admitted in part and denied in part. The Claimant's answer the claim respectfully shows:

- I.  **Stop payment of compensation.**  
It is admitted/denied the Claimant has reached maximum medical improvement and continues to receive temporary compensation payments.  
It is admitted/denied the Claimant's temporary total payments are current.  
It is admitted/denied the Claimant's temporary total payments have been properly stopped as of \_\_\_\_\_ (m/d/yyyy) pursuant to Reg. 67-505.

- II.  **Address suspension, termination, or reduction of temporary disability payments for any cause.**  
 a. At any time pursuant to § 42-9-260(E).  
 b. After the one-hundred-fifty day period has expired pursuant to § 42-9-260(F), R.67-505 and R.67-506.  
 c. Temporary total compensation was suspended, terminated, or reduced without proper order of the Commission.  
 d. Additional compensation and penalties are requested pursuant to Reg. 67-510.  
The basis for additional compensation and penalty is \_\_\_\_\_

- III.  **Determine if compensation is due pursuant to § 42-9-10, § 42-9-20 or § 42-9-30 and, if so, in what amount, based on the following grounds:**

- Claimant reached maximum medical improvement on \_\_\_\_\_ (m/d/yyyy) (copy of medical report must be attached).  
It is admitted/denied the Claimant has reached maximum medical improvement.  
Claimant has/ has not returned to work. Claimant has/has not returned to light duty.  
 a. Permanency is premature.  
 b. Claimant is entitled to permanent partial disability pursuant to 42-9-30.  
 c. Claimant is entitled to wage loss pursuant to 42-9-20.  
 d. Claimant is entitled to total and permanent disability pursuant to 42-9-10 or 42-9-30(21) and Reg. 67-1802.

- IV.  **Request Credit for Overpayment of temporary compensation pursuant to § 42-9-210.**  
It is admitted/denied that the Employer/Carrier is due a credit for overpayment.

- V.  **Determine amount of compensation for claims involving a fatality.**  
 a. Payment of unpaid balance of compensation when employee dies pursuant to § 42-9-280.  
 b. Amount of compensation for death of employee due to accident pursuant to § 42-9-290.

- VI.  **Mediation**  
 a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.  
 b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.  
 c. Mediation is requested pursuant to Reg. 67-1803.  
 d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.  
Failure to respond pursuant to Reg. 67-208 B in writing or by submission of a Form 22 may result in ordered mediation pursuant to Reg. 67-1801 B.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_  
address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or [jud@wcc.sc.gov](mailto:jud@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)  
Refer to Regulations 67-211, 67-504, 67-505, 67-506, 67-510; and 67-1801.



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - - Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - - - Work Phone: ( ) - - - Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - - -

**REQUEST FOR COMMISSION REVIEW**

Request for Commission Review by  Claimant  Employer (check one) Date of Injury or Illness: \_\_\_\_\_ (m/d/yyyy)

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Check one) Oral argument  is  is not requested. Appellant's request for oral argument is waived if not indicated on this form.

- Mediation
  - a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
  - b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
  - c. Mediation is requested pursuant to Reg. 67-1803.
  - d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov).

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_ address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Check this box if you are not represented by an attorney

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or [appeals@wcc.sc.gov](mailto:appeals@wcc.sc.gov).

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-701 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.



WCC File #: \_\_\_\_\_  
 Carrier File #: \_\_\_\_\_  
 Carrier Code #: \_\_\_\_\_  
 Employer FEIN #: \_\_\_\_\_

**Claimant's Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_ - - **Employer's Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Home Phone:** ( ) - \_\_\_\_\_ **Work Phone:** ( ) - \_\_\_\_\_ **Insurance Carrier:** \_\_\_\_\_  
**Preparer's Name:** \_\_\_\_\_ **Law Firm:** \_\_\_\_\_ **Preparer's Phone #:** ( ) - \_\_\_\_\_

**A claim for workers' compensation benefits is made based on the following grounds:** \_\_\_\_\_ **Date of Injury or Illness:** \_\_\_\_\_

- Injury  Illness  Repetitive Trauma  Occupational Disease  Physical Brain Injury  Concurrent Jurisdiction
- The claimant sustained an injury to \_\_\_\_\_ (Part(s) of Body Injured) on \_\_\_\_\_ (Month/Day/Year) in \_\_\_\_\_ county, state of \_\_\_\_\_.
  - Body part(s) affected are: \_\_\_\_\_  
 Briefly describe how the accident occurred. \_\_\_\_\_
  - Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
  - The relationship of employer and employee existed at the time of injury.
  - At the time of the injury the claimant was performing services arising out of and in the course of employment.
  - Notice of the accidental injury was given to the Employer on \_\_\_\_\_ (Month/Day/Year) in the following manner: \_\_\_\_\_
7. Due to injury, the claimant is in need of (check one):  
 (a) medical examination and treatment for: \_\_\_\_\_  
 (b) additional medical examination and treatment for: \_\_\_\_\_
8. Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of: \_\_\_\_\_
9. Due to the injury, the Claimant has permanent disability of the following nature and extent (check one):  
 (1) General Disability:  Total  Partial  (2) Specific Disability:  Total  Partial  (3) Wage Loss  
 A determination of permanent disability is premature at this time.
10. Due to the injury, the Claimant has a serious bodily disfigurement consisting of: \_\_\_\_\_
- 10a. At the time of the injury, the Claimant was paid weekly wages of \$\_\_\_\_\_, and demands accounting of days worked and wages earned as provided by law.
- 10b. Give names and addresses of all employers for whom the Claimant has worked since the date of the accident: \_\_\_\_\_
11. Further grounds or unusual aspects of claim: \_\_\_\_\_
- 11a. List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident: \_\_\_\_\_
- 11b. To the best of your knowledge, did you have any prior permanent disability? \_\_\_\_\_  
 If yes, describe: \_\_\_\_\_
12. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

- 13a. I am filing a claim. I am not requesting a hearing at this time.
- 13b. I am requesting a hearing. A \$25 fee is required.
14. Estimated time needed for hearing: \_\_\_\_\_
- Mediation
- Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
  - Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
  - Mediation is requested pursuant to Reg. 67-1803.
  - Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)  
 I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_  
 address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.  
 I certify the contents of this form are accurate and true to the best of my knowledge.

**Preparer's Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Email** \_\_\_\_\_ **Date** \_\_\_\_\_

Questions about the use of this form should be directed to the Claims Department at 803.737.5723. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg. 67-1801.



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - -  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - - - - - Work Phone: ( ) - - - - -  
Date of Injury: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - - - - -

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

**Date of Injury or Illness:**

**Estimated time for hearing:**

Complete each information blank. Clearly specify when contentions are admitted in part and denied in part. The Employer/Carrier in answer to the claim, respectfully shows:

1. It is **Admitted / Denied** the employee sustained an injury or illness on or about the date set forth in the Form 50. The reasons for denial are:  
\_\_\_\_\_
2. It is **Admitted / Denied** both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are:  
\_\_\_\_\_
3. It is **Admitted / Denied** the relationship of employer and employee existed at the time in question. The reasons for denial are:  
\_\_\_\_\_
4. It is **Admitted / Denied** at the time in question the employee was performing services arising out of and in the course of employment. The reasons for denial are:  
\_\_\_\_\_
5. It is **Admitted / Denied** notice of injury was given the employer. The reasons for denial are:  
\_\_\_\_\_
6. It is **Admitted / Denied** the employee **Needs / Is Entitled to Additional** medical care as a result of injury or illness. The reasons for denial are:  
\_\_\_\_\_
7. It is **Admitted / Denied** the employee is entitled to temporary total disability for the period(s) of :  
\_\_\_\_\_
8. It is **Admitted / Denied** the employee is permanently disabled. The reasons for denial are:  
\_\_\_\_\_
9. It is **Admitted / Denied** the employee has serious disfigurement.  
\_\_\_\_\_
10. It is contended that an average weekly wage of \$ \_\_\_\_\_ applies, according to attached Form 20 as provided by law.  
\_\_\_\_\_
11. Further contentions, grounds of defense, or unusual aspects are:  
\_\_\_\_\_

**Mediation**

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- c. Mediation is requested pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Refer to R.67-204 through R.67-210 and R.67-601 through R.67-615. Refer to R. 67-1801 for mediation. Questions about the use of this form may be directed to the Commission's Claims Department at 803-737-5675 or [ljd@wcc.sc.gov](mailto:ljd@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Pursuant to R.67-606, a Form 20 must be filed with the Claims Department at least 30 days from the date of filing this form.



WCC File #: \_\_\_\_\_  
Carrier File #: \_\_\_\_\_  
Carrier Code #: \_\_\_\_\_  
Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - -  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

**A claim for workers' compensation death benefits is made based on the following grounds:**

The Claimant is \_\_\_\_\_ (relationship to employee) of \_\_\_\_\_ (employee's name)

1. The employee sustained an accidental injury to the \_\_\_\_\_ (Part of Body Hurt) on \_\_\_\_\_ (Month Day Year) in \_\_\_\_\_ County, State of \_\_\_\_\_.
2. Both the employee and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury.
3. The relationship of employer and employee existed at the time of injury.
4. At the time of the injury the employee was performing services arising out of and in the course of employment.
5. Notice of the accidental injury was given to the employer on \_\_\_\_\_ (Month Day Year) in the following manner:

- 6. Due to injury, the employee received medical examination and treatment which remains unpaid by the employer.
- 7. Due to injury, the employee lost compensable time from work and wages for the periods of:

8. The employee died on \_\_\_\_\_ (Month Day Year) as a result of the accidental injury, and death compensation is claimed.

9. At the time of the injury, the employee was paid weekly wages of \$\_\_\_\_\_. The claimant demands an accounting of days worked and wages earned as provided by law.

10. Further grounds of claim:

11. Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper.

12a. I am filing a claim. I am not requesting a hearing at this time.

12b. I am requesting a hearing. A \$25 fee is required.

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- c. Mediation is requested pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_ address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803.757.5675 or [jud@wcc.sc.gov](mailto:jud@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulations 67-205 through 67-211, 67-216, Regulations 67-601 through 67-615 and; Regulations 67-901 through 67-905 well as Reg. 67-1801.



Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

**Complete each information blank. Clearly specify when contentions are admitted in part or denied in part.**  
The Employer-Insurance Carrier in answer to the claim due to the death of \_\_\_\_\_ (employee's name)  
respectfully shows:

1. It is  admitted  denied the employee sustained an injury on or about the date set forth in the application.
2. It is  admitted  denied both the employer and employee were subject to the Workers' Compensation Act at the time in question. The reasons for denial are: \_\_\_\_\_
3. It is  admitted  denied the relationship of employer and employee existed at the time in question. The reasons for denial are: \_\_\_\_\_
4. It is  admitted  denied at the time in question the employee was performing services arising out of and in the course of employment.  
It is  admitted  denied notice of injury was given the employer as specified in the application.
6. It is  admitted  denied the employee was entitled to medical care as a result of the injury.
7. It is  admitted  denied the employee lost compensable time from work and wages for period(s) of: \_\_\_\_\_
8. It is  admitted  denied the employee's death resulted proximately from accidental injury arising out of and in the course of employment on \_\_\_\_\_ (m/d/yyyy).
9. It is contended that an average weekly wage of \$\_\_\_\_\_ applies, according to the attached accounting of employee's earnings, as provided by law.
10. Further grounds of claim: \_\_\_\_\_

- Mediation**
- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
  - b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
  - c. Mediation is requested pursuant to Reg. 67-1803.
  - d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_  
address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or [jud@wcc.sc.gov](mailto:jud@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulations 67-205 through 67-211, 67-215, Regulations 67-601 through 67-615; and Regulations 67-901-905 as well as Reg. 67-1801.



Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

**Check applicable claims and complete all blanks.**

1. The employee sustained a compensable accidental injury to the \_\_\_\_\_ (part of the body) on \_\_\_\_\_ (date) in \_\_\_\_\_ (county), State of \_\_\_\_\_ (state).
2. That the Second Injury Fund was put on notice of the claim on \_\_\_\_\_ (date).
3. That the carrier concluded the disability claim by  Award  Agreement on \_\_\_\_\_ (date).
4. That the subsequent injury combined with or was aggravated by the below-named permanent impairment under S.C. Code Section 42-9-400(d):
  - a. Listed Impairment - (1) - (33) \_\_\_\_\_
  - b. (34) (a) \_\_\_\_\_
  - c. (34) (b) \_\_\_\_\_
5.  a. That the impairment preexisted;  
 b. That the impairment was permanent; and  
 c. That the impairment is a physical condition.  
 That the prior impairment combined with or was aggravated by the subsequent injury.
7.  That the combination/aggravation substantially increased the liability of the carrier for:  disability  medical or  both.
8.  That the impairment was a hindrance or obstacle to employment or re-employment.
9.  a. That the employer has knowledge of the prior impairment;  
 b. That the impairment was unknown to the employee and the employer; or  
 c. That the employee concealed the prior impairment from the employer.
10.  That the subsequent injury would not have occurred "but for" the prior impairment.
11. That the above claim qualifies for reimbursement under S.C. Code Section 42-9-410 because: \_\_\_\_\_

12. Other grounds for claim: \_\_\_\_\_

- Mediation**
- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
  - b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
  - c. Mediation is requested pursuant to Reg. 67-1803.
  - d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
- Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_ address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service. A \$25.00 filing fee is required.

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Questions regarding this form should be directed to the Judicial Department at 803.737.5675, or [jud@wcc.sc.gov](mailto:jud@wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulations 67-204 through 67-211 and Regulations 601 through 67-615 as well as Reg. 67-1801.



Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Law Firm: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

The South Carolina Second Injury, in answer to the claim, respectfully shows:

1. It is  acknowledged  denied that the employee sustained a compensable accident;
2. It is  acknowledged  denied that the notice was given to the Second Injury Fund;
3. It is  acknowledged  denied that the disability claim has been concluded.
4. It is  acknowledged  denied that the impairment is: \_\_\_\_\_
5. a. It is  admitted  denied that the impairment pre-existed.  
b. It is  admitted  denied that the impairment was permanent.  
c. It is  admitted  denied the impairment is physical.
6. It is  admitted  denied that the impairment combined with or was aggravated by the subsequent injury.
7. It is  admitted  denied that the combination/aggravation substantially increased the carrier's liability for  
 disability  medical or  both: \_\_\_\_\_
8. It is  admitted  denied that the impairment was a hindrance or obstacle to employment or re-employment.
9. a. It is  admitted  denied that the employer had knowledge of the impairment.  
b. It is  admitted  denied that the impairment was unknown to the employee and employer.  
c. It is  admitted  denied that the employee concealed the impairment.
10. It is  admitted  denied that the subsequent injury would not have occurred "but for" the prior impairment.
11. It is  admitted  denied that the claim qualifies for reimbursement under S.C. Code Section 42-9-410;
12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40;
13. Other grounds for denial: \_\_\_\_\_

- Mediation**
- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
  - b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
  - c. Mediation is requested pursuant to Reg. 67-1803.
  - d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Signature on behalf of the Second Injury Fund \_\_\_\_\_ Date (m/d/yyyy) \_\_\_\_\_

Questions about the use of this form should be directed to the Judicial Department at 803.737.5739 or [jud.wcc.sc.gov](http://jud.wcc.sc.gov) or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulation 67-205 through 67-211 and Regulations 67-601 through 67-615; as well as Reg. 67-1801.



Claimant's Name: \_\_\_\_\_ Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) - \_\_\_\_\_ Work Phone: ( ) - \_\_\_\_\_ Carrier: \_\_\_\_\_  
Preparer's Name: \_\_\_\_\_ Preparer's Phone #: ( ) - \_\_\_\_\_

**A claim for workers' compensation benefits is made based on the following grounds:**

Injury  Illness  Repetitive Trauma

1. Compensation Rate: \_\_\_\_\_ 2. AWW: \$ \_\_\_\_\_ Date of Injury: \_\_\_\_\_
3. Type of injury and body part(s): \_\_\_\_\_
4. Facts in controversy: \_\_\_\_\_  
\_\_\_\_\_
5. Legal issues involved: \_\_\_\_\_  
\_\_\_\_\_
6. Unusual aspects: \_\_\_\_\_
7. Witnesses (designate if expert):\* \_\_\_\_\_
8. Exhibits: \_\_\_\_\_
9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): \_\_\_\_\_  
\_\_\_\_\_
10. Name, address, and specialty, if any, of the treating physician: \_\_\_\_\_  
\_\_\_\_\_
11. Impairment rating(s); body part(s); physician and date of opinion: \_\_\_\_\_

12. I am amending my Form 50/51 in the following manner: \_\_\_\_\_

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- c. Mediation is requested pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov)

**I verify the contents of this form are accurate and true to the best of my knowledge.**

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to \_\_\_\_\_  
address \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ by; \_\_\_\_\_ first class postage \_\_\_\_\_ certified mail \_\_\_\_\_ personal service.

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

Date of hearing: \_\_\_\_\_ Time needed for hearing: \_\_\_\_\_  
Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67-1801

\_\_\_\_\_ this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports.

\* Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58

Rev. 9/07 7/13



Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: ( ) - Work Phone: ( ) - Insurance Carrier: \_\_\_\_\_

Claimant's Attorney: \_\_\_\_\_ Employer Carrier Attorney: \_\_\_\_\_  
 Phone: ( ) - Email: \_\_\_\_\_ Phone: ( ) - Email: \_\_\_\_\_

Preparer's Signature \_\_\_\_\_ Title \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to Reg. 67-1803 A. and 67-1809, the undersigned duly qualified Mediator reports the following results of the mediation held on \_\_\_\_\_:

The following issues mediated and are settled or contested as indicated below:

ISSUE	SETTLED	CONTESTED
-------	---------	-----------

Per agreement of the Parties the matter is to be:

- Rescheduled pursuant to Reg. 67-1804 C, on \_\_\_\_\_
- Set for hearing to determine all issues.
- Set for hearing to determine remaining issues pursuant to the Forms 58.
- Returned to General Files pending request for hearing from either Party.

The \_\_\_\_\_ Claimant \_\_\_\_\_ Defendants shall submit the Final Agreement & Release, Consent Order, Form 16A, or other appropriate documentation regarding the agreement to the Commission.

The costs of the mediation is : \$ \_\_\_\_\_.

The cost was shared equally by the Parties.

The total cost was paid by the \_\_\_\_\_ Claimant \_\_\_\_\_ Defense.

The cost was paid pursuant to an Order of the Commission pursuant to Reg. 67-1807.

Mediator: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**This report is to be returned to the Commission in all cases, whatever the mediation results. This form is used solely for tracking purposes and does not become a part of the Commission file.**

Questions about the use of this form should be directed to the Judicial Department at 803-737-5675, or [mediation@wcc.sc.gov](mailto:mediation@wcc.sc.gov). Refer to Regulation 67-1801.

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*State of South Carolina*

1333 Main Street, 5<sup>th</sup> Floor  
P.O. Box 1715  
Columbia, S.C. 29202-1715



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*Workers' Compensation Commission*

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**TO: Commissioners**

**FROM: Gary Cannon**

**DATE: June 12, 2013**

**SUBJ: Sealed Records**

On occasion circumstances may require the Commissioner to Order all or part of the case file sealed from review. Chairman Beck brought to our attention that the Commission does not have a standard process for sealing records in cases when necessary. Therefore he tasked staff with developing a process for the Commissioner to Order case records sealed when they deem necessary.

The circumstances in cases requiring records to be sealed will vary from case to case. We have developed a Model Order for you to use and adapt to the circumstances surrounding the need to order the record sealed.

Attached is a Model Order for the Commission's approval.

**SC Workers' Compensation Commission  
Model Order  
Sealing of Records**

**IT IS THEREFORE ORDERED**, pursuant to the request of [name of requestor], that [Description of records to be sealed, or "the record of this claim in its entirety"] be SEALED and not made available to the public or any other party not satisfying the Commission of their interest in such records and of the right to inspect them. These records are Ordered to be sealed in order to protect [statement of need for records to be sealed].

**IT IS FURTHERMORE ORDERED** that the Commission's Information Technology Staff is to identify all copies of the records subject to this Order in the possession of the Commission and destroy all physical copies. The Commission's Information Technology Staff is furthermore ORDERED to store an electronic copy of an image of the sealed records as a file on the Commission's electronic document repository and encrypt or otherwise protect it in such a manner that the contents of the file are only accessible to the Commission's Information Technology staff. Staff must then identify all other locations where copies of the records are stored electronically on the Commission's database and permanently delete such copies.

**IT IS FURTHERMORE ORDERED** that any party requesting access to the sealed records must petition the Commission and satisfy the Commission of his or her interest in such records and the right to inspect them, and the Director of Information Technology shall provide a copy of the sealed records to the petitioner only upon an Order of the Commission.

**IT IS FURTHERMORE ORDERED** that the Director of Information Technology shall provide a copy of the sealed records when so Ordered by a court of competent jurisdiction.

**AND IT IS SO ORDERED!**

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Commissioner  
South Carolina Workers' Compensation Commission

Columbia, South Carolina

\_\_\_\_\_, 2013

# *State of South Carolina*

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## *Workers' Compensation Commission*

**TO: Commissioners**

**FROM: Gary Cannon**

**DATE: June 12, 2013**

**SUBJ: Interim Director of the Claims Division**

Greg Line has announced his retirement as Director of the Claims Division. The effective date is June 30, 2013.

Pursuant to Section §42-3-90 of the state code, I am required to recommend, with the concurrence of the chairman, an individual to fill the position. It is my recommendation that we not fill the position on a permanent basis for 3 to 6 months. This will allow us to evaluate the business processes and procedures in the division and implement changes using Information Technology processes and procedures. Also, this will allow the development of job qualifications and requirements in line with the new business processes and procedures to recruit a new director.

In the interim I recommend the Commission name Grant Duffield the Interim Director of the Claims Division. Grant will continue to serve in his permanent position as Director of the Insurance and Medical Services Division while taking on the additional responsibilities for the next few months. Grant has proven experience as a change agent as evidenced by the success in the Insurance and Medical Services Division. I am confident that Grant has the knowledge, skills and abilities to serve in this interim capacity while continuing to serve in his permanent position as Director of Insurance and Medical Services.

**Action Requested:** The Commission appoint Grant Duffield as Interim Director of the Claims Division until such time we complete the recruitment process and recommend a permanent appointment in the position.