

AGENDA

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

1333 Main Street, 5th Floor
Columbia, South Carolina 29201

November 18, 2013 – 10:30 a.m.

Commission Hearing Room A

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.

1. APPROVAL OF AGENDA OF BUSINESS MEETING OF NOVEMBER 18, 2013 *CHAIRMAN BECK*
2. APPROVAL OF MINUTES OF THE BUSINESS MEETING OF OCTOBER 14, 2013 (Tab 1) *CHAIRMAN BECK*
3. APPROVAL OF MINUTES OF THE PUBLIC HEARING OF OCTOBER 29, 2013 (Tab 2) *CHAIRMAN BECK*
4. GENERAL ANNOUNCEMENTS *MR. CANNON*
5. APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 3) *MR. SMITH*
6. DEPARTMENT DIRECTORS' REPORTS *MS. GANTT*
 - Administration – Financial Report (Tab 4) *MS. FLOYD*
 - Human Resources (Tab 5) *MS. HARTMAN*
 - Information Services (Tab 6) *MR. DUFFIELD*
 - Insurance & Medical Services (Tab 7) *MR. DUFFIELD*
 - Claims (Tab 8) *MS. CROCKER*
 - Judicial (Tab 9)
7. EXECUTIVE DIRECTOR'S REPORT (Tab 10) *MR. CANNON*
8. OLD BUSINESS *CHAIRMAN BECK*
 - A. Approve Language of Proposed Regulation Changes to R67-1605 (R 4399) (Tab 11) *Mr. Cannon*
9. NEW BUSINESS *CHAIRMAN BECK*
 - A. Purchase Order Request for Programming (Tab 12) *Mr. Cannon*
 - B. Updated HCFA 1500 Form (Tab 13) *Mr. Duffield*
10. ADJOURNMENT *CHAIRMAN BECK*

Table of Contents

1	Approval of Minutes of the Business Meeting of October 14, 2013
2	Approval of Minutes of the Public Hearing of October 29, 2013
3	Self-Insurance
4	Administration
5	Human Resources
6	Information Services
7	Insurance & Medical Services
8	Claims
9	Judicial
10	Executive Director's Report
11	Approve Language of Proposed Changes to R 67-1605 (R 4399)
12	Purchase Order Request for Programming
13	Updated HCFA 1500 Form

THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
BUSINESS MEETING

Monday, October 14, 2013

A Business Meeting of the South Carolina Workers' Compensation Commission was held in Hearing Room A of the Workers' Compensation Commission on Monday, October 14, 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; Betsy Hartman, IT Director; Cathy Floyd, Human Resources Manager; Wayne Ducote, Coverage Director; W.C. Smith, Self-Insurance 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 11:15 a.m.

AGENDA

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

APPROVAL OF MINUTES – BUSINESS MEETING OF SEPTEMBER 16, 2013

Commissioner Barden moved that the minutes of the Business Meeting of September 16, 2013 be approved. Commissioner Roche seconded the motion, and the motion was approved.

GENERAL ANNOUNCEMENTS

There were no general announcements.

APPLICATIONS FOR APPROVAL TO SELF-INSURE

Self-insurance applications were presented by W.C. Smith, Self-Insurance Director. Eighteen (18) prospective members of three (3) funds were presented to the Commission for approval. The applications were:

Palmetto Timber Fund
Cedar Creek Timber LLC
Marion Wood Products

SC Automobile Dealers SIF
BHW Cars LLC

SC Home Builders SIF
A&G Masonry Inc.
Brian Bernhardt
Casey Spurlock
Conquering Trades Inc.
Fountain Timberworks LLC
Hospitality Plumbing Service & or Hospitality Services
Juan Guitierrez dba G&G Tile
K&B of MB Construction LLC
LSGC LLC
Lorie McDaniel dba L&L Painting
Maintain A Home Inc.
Melvin Springs dba Springs Co Masonry
S&S Drywall Inc.
Three Oaks Contractors Inc.
Trisquare Construction LLC c/o Anthony Boling

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 Taylor 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, Gary Cannon, Executive Director, presented the Summary of Revenues and Expenditures for the period ending September 30, 2013. The benchmark for September is 25%. The Commission's revenues are at 20.49%, and expenses are at 24%.

Human Resources Department

Cathy Floyd presented the Human Resources report for the period of September 11 – October 8, 2013. The universal review date for the Employee Performance Management System (EPMS) was October 1, 2013. She reported a 30% completion rate. Ms. Floyd announced that the United Way Campaign concluded on Friday, October 11, 2013; and the Annual Open Enrollment for 2014 employee insurance updates concludes on October 31, 2013.

Information Services

Betsy Hartman presented the Information Services Department's report. Ms. Hartman

reported 90% of all trading partners and vendors have moved to EDI Release 3. Effective January 1, 2014, the Commission will no longer accept claims reported in EDI Release 1 standard format. Ms. Hartman reported that Commissioner Roche and Commissioner James' offices are now receiving APAs electronically.

There was discussion on Commissioners' providing e-signatures using the iPad. Ms. Hartman said the project requires software upgrades in OnBase and is on a list of several projects IT will be working on for the iPads.

Insurance & Medical Services Department

Grant Duffield presented the Insurance & Medical Services Department's report. The Compliance Division continues to work in conjunction with IT staff to better define outstanding carrier fine debt to be addressed through the Order and Rule to Show Cause process. The Medical Services Division will schedule a second meeting of the Medical Services Advisory Group to identify opportunities to improve administrative processes to stakeholders. Year to date, the Self Insurance tax revenue is trending at 177% of prior year.

Mr. Duffield recognized Wayne Ducote, Coverage and Compliance Director. Mr. Ducote reported the Compliance Division served Rule to Show Cause Hearing Notices to 56 carriers pursuing approximately \$124,000 in outstanding files from those carriers. As of Friday, October 11, 2013, approximately \$67,000 remains outstanding.

Claims Department

Mr. Duffield presented the Claims Department's report. For the month of September, Claims Department closed 2,561 individual cases. Fine Revenue received in September was \$35,050. Claims Examiners reviewed 998 individual case files.

Mr. Duffield said Claims is reviewing the workflow processes for filing the completed Form 19. He is working closely with IT to develop an email process that will allow electronic submission of forms via email and will also copy all parties on the case.

Judicial Department

Virginia Crocker presented the Judicial Department's report. The Judicial Department is managing the mediation docket as well as the hearing docket efficiently. She reported 440 cases scheduled for mediation. Eighty-one have been resolved and 31 have resulted in impasse and forwarded to the Jurisdictional Commissioner for hearing.

EXECUTIVE DIRECTOR'S REPORT

Gary Cannon, Executive Director, presented his report which was also submitted to the Commission in written form. He pointed out the following highlights from his report:

FY 2012-13 Accountability Report

The FY 2012-13 Accountability Report was submitted to the Office of State Budget on October 4, 2013.

Mediation Regulation Workshops

Three workshops on Mediation Regulation were conducted throughout state in September and October. Participants included adjusters, attorneys and paralegals. The responses from the participants have been very positive.

OLD BUSINESS

There was no old business.

NEW BUSINESS

A. Cases Set for Informal Conferences

Mr. Cannon said a policy was adopted in 2008 regarding the requirement of cases with more than \$50,000 in medicals be set for a hearing. The Commission recently received a request for clarification of the policy.

Motion to clarify Commission's policy adopted in 2008 concerning cases set for Informal Conference

Following discussion, Commissioner Roche made a motion to clarify the Commission's policy adopted in 2008 concerning cases for Informal Conference that when medical expenditures exceed \$50,000 or more, the matter will be set for an Informal Conference before a Jurisdictional Commissioner. Also, the attorney for the defense must appear at the Informal Conference, and if the matter is not resolved, the case is to be set before the next Jurisdictional Commissioner for a hearing. Commissioner Barden seconded the motion. Commissioner Beck stated as point of clarification that if the matter is not resolved at the Informal Conference, the case is to be set for a hearing. The vote was taken, and the motion was approved.

ADJOURNMENT

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

The October 14, 2013 meeting of the South Carolina Workers' Compensation Commission adjourned at 11:39 a.m.

Reported November 18, 2013

Kim Ballentine, Office of the Executive Director

THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
PUBLIC HEARING

Tuesday, October 29, 2013

The South Carolina Workers' Compensation Commission held a Public Hearing in Hearing Room A of the Workers' Compensation Commission on Tuesday, October 29, 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 at the meeting:

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

Present also were Gary M. Cannon, Executive Director; Clara Smith Injured Workers' Advocates; Marti Bluestein, Attorney; Dr. Erik Powers, Associate Professor of Finance, University of South Carolina; and Peter Leventis, Attorney.

Chairman Beck called the meeting to order at 10:30 a.m.

AGENDA

Commissioner Barden moved that the agenda be approved. Commissioner McCaskill seconded the motion, and the motion was approved.

PROPOSED CHANGE TO R 67-1605 LUMP SUM PAYMENT

Mr. Cannon said at the regular business meeting on April 15, 2013, the Commission approved the recommendation from the Commuted Value Discount Advisory Committee to amend the language in R 67-1605 Lump Sum Payment. The Notice of Drafting was published in the June 28 issue of the *State Register*. Deadline to receive comments on the Notice of Drafting was 5:00 p.m. on July 25, 2013. No comments were received on the Notice of Drafting. At the regular business meeting on August 12, 2013, the Commission approved the language of the proposed regulation. The proposed regulation was published in the September 27, 2013 issue of the *State Register*. Deadline to receive comments on the proposed regulation was 5:00 p.m. on Monday, October 28, 2013. The Commission received comment from Ms. Cindy Smith via email on August 13, 2013. The Commission received comment from Peter Leventis, Attorney, via email on October 28, 2013.

Mr. Cannon presented the proposed amendments to R 67-1605 to include the following provisions:

Installments yet to accrue of one- hundred one through five- hundred weeks shall be discounted at the yield-to-maturity rate of the Five Year U.S. Treasury Note as published by the United States Treasury Department on the first business day after January 1st each year, but in

no case shall the discount rate exceed six percent or be less than two percent;

The Commission shall publish a present value table showing the conversion factors for weeks one-hundred and one through five-hundred on the first business day following January 1st of each year;

The present value table for weeks one-hundred and one through five-hundred published on the first business day following January 1st shall apply to all awards made during the year until a new present value table is published the following year;

The present value of the commutable weeks shall be determined based on the present value tables in effect on the date of the award or settlement.

In the event the Commission makes an award of a partial lump sum in excess of five-hundred weeks in accordance with § 42-9-10(C) and § 42-9-10(D), the discount rate shall be determined on a case by case basis.

PUBLIC COMMENT PERIOD

Testimony was presented by Mr. Peter Leventis.

Chairman Beck noted for the record Commissioner James, Commissioner Barden, Commissioner McCaskill, and Chairman Beck were present for the meeting. Commissioner Roche and Commissioner Wilkerson joined the meeting via telephone, and Commissioner Taylor was not present due to scheduled hearings.

ADJOURNMENT

Commissioner Barden made the motion to adjourn. Commissioner McCaskill seconded the motion, and the motion was approved. The October 29, 2013 Public Hearing of the South Carolina Workers' Compensation Commission adjourned at 10:43 a.m.

Reported November 18, 2013

Kim Ballentine, Office of the Executive Director

INTEROFFICE MEMORANDUM

TO: GARY CANNON, EXECUTIVE DIRECTOR
FROM: DIANA GANTT, DIRECTOR OF ADMINISTRATION
SUBJECT: FINANCIAL REPORT PERIOD ENDING OCTOBER 31, 2013
DATE: 11/12/2013

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

- October is the 4th Fiscal Month of Fiscal Year 2014.
- The benchmark for October is 33.33%. The Commission's revenues are at 33.63% and expenses are at 32%.
- There were 95 payment made to vendors, travelers, and other State Agencies
- The following is a summary of each department expenditure benchmarks:

General Fund: Total expenditures are at 32%.

Earmark Fund:

Commissioners –

- Total expenditures are at 33% of budget.

Administration –

- Overall the expenditures are 30% of budget.

Claims –

- Expenditures are at 33% of budget.

Insurance & Medical –

- Total expenditures are at 31% of budget

Judicial –

- Total expenditures are at 26% of budget.

Activity Report from the Procurement Office:

	MTD	YTD
SCEIS Shopping Carts	2	22
Vendors Contacted for Price Quotes	11	57
Visa Procurement Card Orders Placed	4	25
SC Dept of Corrections Orders Placed	1	2
Staples Orders Placed	3	11
State Leased Vehicles taken for Service	2	8
State Reports filed by Procurement Officer	3	14

Mail Room Activity:

	MTD	YTD
Files Copied for Outside Parties	331	1036
Pages Copied	5,241	33,606

South Carolina Workers' Compensation Commission
Summary of Revenues and Expenditures
2013 - 2014 Budget
October 31, 2013

STATE APPROPRIATIONS	Budget	FY To Date	Benchmark	33.33%
General Appropriation	<u>\$ 1,763,619</u>	<u>\$ 587,873.00</u>		33.33%

<u>Account Description</u>	<u>Appropriation</u>	<u>Expenditure</u>	<u>Balance</u>	<u>% Expended</u>
Personal Services	\$ 1,378,405	\$ 459,353	\$ 919,052	33.3%
Other Operating Expenses	-	-	-	0.0%
Employer Contribution	480,606	141,553	339,053	29.5%
Total	<u>\$ 1,859,011</u>	<u>\$ 600,906</u>	<u>\$ 1,258,105</u>	<u>32.3%</u>

OTHER APPROPRIATIONS

EARMARKED	Budgeted Revenues	Received thru 10/31/13	% Received
Training Conference Registration Fee	\$ 5,000	\$ 5,060	101.20%
Sale of Publication and Brochures	8,000	2,025	25.31%
Workers' Comp Award Review Fee	73,000	14,400	19.73%
Sale of Photocopies	88,000	28,640	32.55%
Workers' Compensation Filing Violation Fee	1,660,000	581,942	35.06%
Sale of Listings and Labels	25,000	7,364	29.46%
Workers' Comp Hearing Fee	562,000	174,870	31.12%
Earmarked Funds - Original Authorization	<u>\$ 2,421,000</u>	<u>\$ 814,300</u>	<u>33.63%</u>
Increase Authorization	951,066		
Total Earmarked Revenues + Fund Balance	<u>\$ 3,372,066</u>		

SELF INSURANCE	Collected Revenue	Transferred to State Fund	Balance to WCC Fund Balance
Self Insurance	\$ 1,932,803	\$ -	\$ 1,932,803

<u>Account Description</u>	<u>Appropriation</u>	<u>Expenditure</u>	<u>Balance</u>	<u>% Expended</u>
Personal Services	\$ 1,454,375	\$ 513,211	\$ 941,164	35.3%
Taxable Subsistence	72,350	23,538	48,812	32.5%
Other Operating Expenses	1,379,941	345,193	1,034,748	25.0%
Employer Contribution	465,400	167,808	297,592	36.1%
Total Earmarked	<u>\$ 3,372,066</u>	<u>\$ 1,049,750</u>	<u>\$ 2,322,316</u>	<u>31.1%</u>

TOTAL OTHER APPROPRIATIONS	<u>\$ 3,372,066</u>	<u>\$ 1,049,750</u>	<u>\$ 2,322,316</u>	<u>31.1%</u>
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South Carolina Workers' Compensation Commission
2013 - 2014 Budget
October 31, 2013

Consolidated

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Commissioners								
Salaries	\$ 1,175,584	\$ -	\$ 1,175,584	\$ 97,382	\$ 391,282	33%	\$ -	\$ 48,812
Other Operating Expenditures								
Total Contractual Services	201,275	-	201,275	15,770	57,415	29%	-	143,860
Total Supplies & Materials	12,120	-	12,120	1,384	4,589	38%	-	7,531
Total Fixed Charges	153,899	-	153,899	12,661	57,637	37%	-	96,262
Total Travel	57,600	-	57,600	4,314	22,896	40%	-	34,704
Total Other Operating Exp	424,894	-	424,894	34,129	142,537	34%	-	282,357
Total Commissioners	\$ 1,600,478	\$ -	\$ 1,600,478	\$ 131,511	\$ 533,819	33%	\$ -	\$ 331,169
Administration								
Salaries	\$ 471,969	\$ -	\$ 471,969	\$ 53,396	\$ 215,757	46%	\$ -	\$ 256,212
Other Operating Expenditures								
Total Contractual Services	294,063	-	294,063	5,573	17,377	6%	-	276,686
Total Supplies & Materials	33,134	-	33,134	1,720	5,665	17%	-	27,469
Total Fixed Charges	133,426	-	133,426	9,929	43,297	32%	-	90,129
Total Travel	20,000	-	20,000	1,267	4,980	25%	-	15,020
Total Equipment	-	-	-	-	-	0%	-	-
Total Other Operating Exp	480,623	-	480,623	18,490	71,320	15%	-	409,303
Total Administration	\$ 952,592	\$ -	\$ 952,592	\$ 71,885	\$ 287,077	30%	\$ -	\$ 665,515
Claims								
Salaries	\$ 394,463	\$ -	\$ 394,463	\$ 26,604	\$ 130,602	33%	\$ -	\$ 263,862
Other Operating Expenditures								
Total Contractual Services	40,570	-	40,570	2,253	8,605	21%	-	31,965
Total Supplies & Materials	24,600	-	24,600	1,369	6,989	28%	-	17,611
Total Fixed Charges	82,234	-	82,234	6,144	26,726	32%	-	55,508
Total Travel	2,100	-	2,100	-	13	1%	-	2,087
Total Other Operating Exp	149,504	-	149,504	9,766	42,332	28%	-	107,172
Total Claims	\$ 543,967	\$ -	\$ 543,967	\$ 36,369	\$ 172,934	32%	\$ -	\$ 371,033
Insurance and Medical Services								
Salaries	\$ 472,119	\$ -	\$ 472,119	\$ 40,921	\$ 154,043	33%	\$ -	\$ 318,076
Other Operating Expenditures								
Total Contractual Services	98,898	-	98,898	6,647	22,896	23%	-	76,002
Total Supplies & Materials	20,800	-	20,800	3,583	9,600	46%	-	11,201
Total Fixed Charges	63,090	-	63,090	4,520	20,149	32%	-	42,941
Total Travel	1,350	-	1,350	-	-	0%	-	1,350
Total Other Operating Exp	184,138	-	184,138	14,751	52,644	29%	-	131,494
Total Insurance and Medical Services	\$ 656,257	\$ -	\$ 656,257	\$ 55,672	\$ 206,687	31%	\$ -	\$ 449,570
Judicial								
Salaries	\$ 390,995	\$ -	\$ 390,995	\$ 24,886	\$ 104,418	27%	\$ -	\$ 286,577
Other Operating Expenditures								
Total Contractual Services	35,522	-	35,522	2,110	7,880	22%	-	27,642
Total Supplies & Materials	29,270	-	29,270	874	4,845	17%	-	24,425
Total Fixed Charges	70,545	-	70,545	5,343	23,496	33%	-	47,049
Total Travel	5,445	-	5,445	-	139	3%	-	5,306
Total Other Operating Exp	140,782	-	140,782	8,327	36,360	26%	-	104,422
Total Judicial	\$ 531,777	\$ -	\$ 531,777	\$ 33,214	\$ 140,778	26%	\$ -	\$ 390,999
Totals By Departments								
Department Totals								
Commissioners	\$ 1,600,478	\$ -	\$ 1,600,478	\$ 131,511	\$ 533,819	33%	\$ -	\$ 331,169
Administration	952,592	-	952,592	71,885	287,077	30%	-	665,515
Claims	543,967	-	543,967	36,369	172,934	32%	-	371,033
Insurance & Medical	656,257	-	656,257	55,672	206,687	31%	-	449,570
Judicial	531,777	-	531,777	33,214	140,778	26%	-	390,999
Total Departmental Expend	\$ 4,285,071	\$ -	\$ 4,285,071	\$ 328,651	\$ 1,341,295	31%	\$ -	\$ 2,208,287
Employer Contributions	930,371	15,635	946,006	76,208	309,361	33%	-	636,645
Total General & Earmarked Funds	\$ 5,215,442	\$ 15,635	\$ 5,231,077	\$ 404,859	\$ 1,650,656	32%	\$ -	\$ 2,844,931

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
October 31, 2013

General Appropriation

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date to Date	%	Encumb Balance	
Commissioners								
Salaries								
Chairman	\$ 118,890	\$ -	\$ 118,890	\$ 9,508	\$ 38,030	32%	\$ -	\$ 80,860
Commissioner	684,540	-	684,540	57,445	229,780	34%	-	454,760
Terminal Leave	-	-	-	-	-	0%	-	-
Classified Employees	299,804	-	299,804	24,984	99,934	33%	-	199,870
Total Commissioners	1,103,234	-	1,103,234	91,936	367,744	33%	-	-
Administration								
Salaries								
Director	\$ 96,976	\$ -	\$ 96,976	\$ 8,081	\$ 32,325	33%	\$ -	\$ 64,651
Classified Positions	46,169	-	46,169	3,847	15,390	33%	-	30,779
Total Administration	143,145	-	143,145	11,929	47,715	33%	-	95,430
Claims								
Salaries								
Classified Positions	\$ 63,487	\$ -	\$ 63,487	\$ -	\$ 6,891	11%	\$ -	\$ 56,596
Terminal Leave	13,736	-	13,736	-	13,736	100%	-	(0)
Total Claims	77,223	-	77,223	-	20,627	27%	-	56,596
Insurance and Medical Services								
Salaries								
Classified Positions	\$ 26,110	\$ -	\$ 26,110	\$ 2,176	\$ 12,553	48%	\$ -	\$ 13,557
Total Ins and Medical Svcs	26,110	-	26,110	2,176	12,553	48%	-	13,557
Judicial								
Salaries								
Classified Positions	\$ 28,693	\$ -	\$ 28,693	\$ 2,851	\$ 10,714	37%	\$ -	\$ 17,979
Total Judicial	28,693	-	28,693	2,851	10,714	37%	-	17,979
General Funds								
Department Totals								
Commissioners	\$ 1,103,234	\$ -	\$ 1,103,234	\$ 91,936	\$ 367,744	33%	\$ -	\$ 735,490
Administration	143,145	-	143,145	11,929	47,715	33%	-	95,430
Claims	77,223	-	77,223	-	20,627	27%	-	56,596
Insurance & Medical	26,110	-	26,110	2,176	12,553	48%	-	13,557
Judicial	28,693	-	28,693	2,851	10,714	37%	-	17,979
Total Departmental Expend	\$ 1,378,405	\$ -	\$ 1,378,405	\$ 108,892	\$ 459,353	33%	\$ -	\$ 919,052
Employer Contributions	464,971	15,635	480,606	34,010	141,553	29%	-	339,053
Total General Fund Appropriations	\$ 1,843,376	\$ 15,635	\$ 1,859,011	\$ 142,902	\$ 600,906	32%	\$ -	\$ 1,258,105

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
October 31, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Commissioners								
Salaries								
Taxable Subsistence	\$ 72,350	\$ -	\$ 72,350	\$ 5,446	\$ 23,538	33%	\$ -	\$ 48,812
Total Salaries	72,350	-	72,350	5,446	23,538	33%	-	48,812
Other Operating Expenditures								
Contractual Services								
Copying Equipment Service	1,300	-	1,300	-	-	0%	-	1,300
Data Processing Services	34,000	-	34,000	2,342	8,804	26%	-	25,196
Freight Express Delivery	100	-	100	-	-	0%	-	100
Telephone	3,500	-	3,500	308	1,231	35%	-	2,269
Cellular Phone Service	11,500	-	11,500	902	2,655	23%	-	8,845
Legal Services/Attorney Fees	150,675	-	150,675	11,788	44,295	29%	-	106,381
Other Professional Services	200	-	200	430	430	215%	-	(230)
Total Contractual Services	201,275	-	201,275	15,770	57,415	29%	-	143,860
Supplies & Materials								
Office Supplies	2,900	-	2,900	116	823	28%	-	2,077
Copying Equipment	2,300	-	2,300	669	1,334	58%	-	966
Printing	1,800	-	1,800	156	610	34%	-	1,190
Data Processing Supplies	50	-	50	-	-	0%	-	50
Postage	4,800	-	4,800	410	1,731	36%	-	3,069
Maint/Janitorial Supplies	150	-	150	-	35	24%	-	115
Motor Vehicle Supp/Gasoline	50	-	50	32	56	112%	-	(6)
Other Supplies	70	-	70	-	-	0%	-	70
Total Supplies & Materials	12,120	-	12,120	1,384	4,589	38%	-	7,531
Fixed Charges								
Rental-Cont Rent Payment	1,000	-	1,000	71	216	22%	-	784
Rent-Non State Owned Property	143,000	-	143,000	11,940	47,760	33%	-	95,240
Insurance-State	8,300	-	8,300	-	9,011	109%	-	(711)
Insurance-Non State	1,169	-	1,169	-	-	0%	-	1,169
Dues & Memberships	430	-	430	650	650	151%	-	(220)
Total Fixed Charges	153,899	-	153,899	12,661	57,637	37%	-	96,262
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	200	-	200	-	139	70%	-	61
In State - Auto Mileage	18,000	-	18,000	936	5,548	31%	-	12,452
In State - Subsistence Allowance	9,000	-	9,000	369	5,781	64%	-	3,219
Out State - Meals	100	-	100	-	232	232%	-	(132)
Out State - Auto Mileage	300	-	300	-	-	0%	-	300
Leased Car	30,000	-	30,000	3,009	11,196	37%	-	18,804
Total Travel	57,600	-	57,600	4,314	22,896	40%	-	34,704
Total Other Operating Expenditures	424,894	-	424,894	34,129	142,537	34%	-	282,357
Total Commissioners	\$ 497,244	\$ -	\$ 497,244	\$ 39,575	\$ 166,075	33%	\$ -	\$ 331,169

South Carolina Workers' Compensation Commission

2013 - 2014 Budget

October 31, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Administration								
Salaries								
Classified Positions	\$ 316,210	\$ -	\$ 316,210	\$ 38,553	\$ 154,213	49%	\$ -	\$ 161,997
Temporary Employees	12,614	-	12,614	2,914	13,829	110%	-	(1,215)
Terminal Leave	-	-	-	-	-	0%	-	-
Total Salaries	328,824	-	328,824	41,467	168,042	51%	-	160,782
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	8,100	-	8,100	-	1,602	20%	-	6,498
Copying Equipment Service	3,000	-	3,000	-	-	0%	-	3,000
Print/Bind/Advertisement	10,000	-	10,000	-	-	0%	-	10,000
Print Pub Annual Reports	6,000	-	6,000	-	-	0%	-	6,000
Data Processing Services	213,993	-	213,993	4,351	12,379	6%	-	201,614
Freight Express Delivery	1,800	-	1,800	90	119	7%	-	1,681
Telephone	7,060	-	7,060	284	1,156	16%	-	5,904
Cellular Phone Service	5,000	-	5,000	251	643	13%	-	4,357
Education & Training Services	5,000	-	5,000	-	-	0%	-	5,000
Attorney Fees	25,000	-	25,000	31	31	0%	-	24,969
General Repair	1,500	-	1,500	-	-	0%	-	1,500
Audit Acct Finance	110	-	110	-	-	0%	-	110
Catered Meals	4,000	-	4,000	567	1,002	25%	-	2,998
Other Professional Services	1,500	-	1,500	-	-	0%	-	1,500
Other Contractual Services	2,000	-	2,000	-	445	22%	-	1,555
Total Contractual Services	294,063	-	294,063	5,573	17,377	6%	-	276,686
Supplies & Materials								
Office Supplies	9,500	-	9,500	205	2,088	22%	-	7,412
Copying Equipment Supplies	4,434	-	4,434	383	958	22%	-	3,477
Printing	3,500	-	3,500	553	913	26%	-	2,587
Data Processing Supplies	2,300	-	2,300	-	9	0%	-	2,291
Postage	8,000	-	8,000	378	1,417	18%	-	6,583
Maint/Janitorial Supplies	1,000	-	1,000	116	195	20%	-	805
Fees & Fines	1,800	-	1,800	-	-	0%	-	1,800
Gasoline/ Motor Vehicle Supply	100	-	100	85	85	85%	-	15
Employee Recog Award	1,500	-	1,500	-	-	0%	-	1,500
Other Supplies	1,000	-	1,000	-	-	0%	-	1,000
Total Supplies & Materials	33,134	-	33,134	1,720	5,665	17%	-	27,469
Fixed Charges								
Rental-Cont Rent Payment	6,000	-	6,000	402	1,660	28%	-	4,340
Rent-Non State Owned Property	95,000	-	95,000	7,726	30,903	33%	-	64,097
Rent-Other	11,000	-	11,000	951	4,950	45%	-	6,050
Insurance-State	7,490	-	7,490	-	3,653	49%	-	3,837
Insurance-Non State	750	-	750	-	-	0%	-	750
Dues and Memberships	5,000	-	5,000	250	440	9%	-	4,560
Sales Tax Paid	8,186	-	8,186	600	1,691	21%	-	6,495
Total Fixed Charges	133,426	-	133,426	9,929	43,297	32%	-	90,129
Travel (Includes Leased Car)								
In State - Meals Non/ Reportable	1,000	-	1,000	38	174	17%	-	826
Reportable Meals	1,000	-	1,000	91	241	24%	-	759
In State - Lodging	1,000	-	1,000	156	234	23%	-	766
In State - Auto Mileage	-	1,000	1,000	-	127	13%	-	873
In State - Registration Fees	2,000	(1,000)	1,000	-	125	13%	-	875
Out State - Lodging	-	400	400	-	324	81%	-	76
Out State - Meals	-	100	100	-	75	75%	-	25
Leased Car	15,000	(500)	14,500	982	3,680	25%	-	10,820
Total Travel	20,000	-	20,000	1,267	4,980	25%	-	15,020
Equipment								
Equipment Data Processing- PC's	-	-	-	-	-	0%	-	-
Total Equipment	-	-	-	-	-	0%	-	-
Total Other Operating Expenditures	480,623	-	480,623	18,490	71,320	15%	-	409,303
Total Administration	\$ 809,447	\$ -	\$ 809,447	\$ 59,957	\$ 239,362	30%	\$ -	\$ 570,085

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
October 31, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Claims								
Salaries								
Classified Positions	\$ 301,790	\$ -	\$ 301,790	\$ 25,291	\$ 104,623	35%	\$ -	\$ 197,167
Temporary Positions	15,450	-	15,450	1,313	5,352	35%	-	10,098
Terminal Leave	-	-	-	-	-	0%	-	-
Total Salaries	317,240	-	317,240	26,604	109,975	35%	-	207,265
Other Operating Expenditures								
Contractual Services								
Copying Equipment Service	1,800	-	1,800	-	-	0%	-	1,800
Data Processing Services	33,050	-	33,050	1,990	7,453	23%	-	25,597
Telephone	4,000	-	4,000	262	1,048	26%	-	2,952
Cellular Phone Service	1,720	-	1,720	-	104	6%	-	1,616
Total Contractual Services	40,570	-	40,570	2,253	8,605	21%	-	31,965
Supplies & Materials								
Office Supplies	2,000	-	2,000	58	219	11%	-	1,781
Copying Equipment	3,000	-	3,000	383	909	30%	-	2,091
Printing	1,500	-	1,500	124	483	32%	-	1,017
Data Processing Supplies	3,500	-	3,500	-	934	27%	-	2,566
Postage	14,000	-	14,000	805	4,415	32%	-	9,585
Maint/Janitorial Supplies	500	-	500	-	28	6%	-	472
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	24,600	-	24,600	1,369	6,989	28%	-	17,611
Fixed Charges								
Rental-Cont Rent Payment	2,500	-	2,500	174	490	20%	-	2,010
Rent-Non State Owned Property	75,000	-	75,000	5,970	23,880	32%	-	51,120
Insurance-State	2,800	-	2,800	-	2,356	84%	-	444
Insurance-Non State	134	-	134	-	-	0%	-	134
Equipment- Copying	800	-	800	-	-	0%	-	800
Equipment Maintenance	1,000	-	1,000	-	-	0%	-	1,000
Total Fixed Charges	82,234	-	82,234	6,144	26,726	32%	-	55,508
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	300	-	300	-	-	0%	-	300
In State - Lodging	600	-	600	-	-	0%	-	600
In State - Auto Mileage	600	-	600	-	-	0%	-	600
In-State Registration	200	-	200	-	-	0%	-	200
Reportable Meals	400	-	400	-	13	3%	-	387
Total Travel	2,100	-	2,100	-	13	1%	-	2,087
Total Other Operating Expenditures	149,504	-	149,504	9,766	42,332	28%	-	107,172
Total Claims	\$ 466,744	\$ -	\$ 466,744	\$ 36,369	\$ 152,307	33%	\$ -	\$ 314,437

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
October 31, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Insurance and Medical Services								
Salaries								
Classified Positions	430,540	-	430,540	38,745	141,490	33%	-	289,050
Temporary Employees	15,469	-	15,469	-	-	0%	-	15,469
Terminal Leave	0	-	0	0	0	0%	-	-
Total Salaries	446,009	-	446,009	38,745	141,490	32%	-	304,519
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	100	-	100	-	-	0%	-	100
Copying Equipment Service	100	-	100	-	-	0%	-	100
Data Processing Services	55,000	-	55,000	3,866	14,687	27%	-	40,313
Telephone	2,300	-	2,300	214	855	37%	-	1,445
Cell Phone	1,000	-	1,000	53	186	19%	-	814
Catered Meals	1,600	-	1,600	-	-	0%	-	1,600
Other Professional Services	38,298	-	38,298	2,515	6,622	17%	-	31,676
Other Contractual Services	500	-	500	-	546	109%	-	(46)
Total Contractual Services	98,898	-	98,898	6,647	22,896	23%	-	76,002
Supplies & Materials								
Office Supplies	9,000	-	9,000	1,286	4,101	46%	-	4,899
Copying Equipment	2,500	-	2,500	423	1,005	40%	-	1,495
Printing	2,500	-	2,500	1,349	1,747	70%	-	753
Data Processing Supplies	500	-	500	60	527	105%	-	(27)
Postage	5,000	-	5,000	464	2,189	44%	-	2,812
Maintenance/Janitorial Supplies	150	-	150	-	31	21%	-	119
Building Materials	1,000	-	1,000	-	-	0%	-	1,000
Fees & Fines	50	-	50	-	-	0%	-	50
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	20,800	-	20,800	3,583	9,600	46%	-	11,201
Fixed Charges								
Rental-Cont Rent Payment	2,500	-	2,500	76	185	7%	-	2,315
Rent-Non State Owned Property	52,000	-	52,000	4,214	16,857	32%	-	35,143
Rent-Other	2,000	-	2,000	201	423	21%	-	1,577
Insurance-State	2,500	-	2,500	-	2,554	102%	-	(54)
Insurance-Non State	148	-	148	-	-	0%	-	148
Equipment Maintenance	942	-	942	-	-	0%	-	942
Sales Tax Paid	3,000	-	3,000	30	130	4%	-	2,870
Total Fixed Charges	63,090	-	63,090	4,520	20,149	32%	-	42,941
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	400	-	400	-	-	0%	-	400
In-State Registration	100	-	100	-	-	0%	-	100
Reportable Meals	150	-	150	-	-	0%	-	150
In State - Lodging	700	-	700	-	-	0%	-	700
Total Travel	1,350	-	1,350	-	-	0%	-	1,350
Total Other Operating Expenditures	184,138	-	184,138	14,751	52,644	29%	-	131,494
Total Insurance and Medical Services	\$ 630,147	\$ -	\$ 630,147	\$ 53,496	\$ 194,134	31%	\$ -	\$ 436,013

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
 October 31, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 33.33%				
				Expended October	Year to Date	%	Encumb	Balance
Judicial								
Salaries								
Classified Positions	\$ 360,302	\$ -	\$ 360,302	\$ 22,035	\$ 92,520	26%	\$ -	\$ 267,782
Temporary Employees	2000	-	2000	0	1184	59%	-	816
Total Salaries	362,302	-	362,302	22,035	93,704	26%	-	268,598
Other Operating Expenditures								
Contractual Services								
Office Equipment Services	80	-	80	-	-	0%	-	80
Copy Equipment Services	850	-	850	-	-	0%	-	850
Print/Bind/Advertisement	800	-	800	-	-	0%	-	800
Data Processing Services	29,972	-	29,972	1,872	6,896	23%	-	23,076
Telephone	2,500	-	2,500	185	745	30%	-	1,755
Cellular Phone Service	1,120	-	1,120	53	159	14%	-	961
Other Professional Services	200	-	200	-	80	40%	-	120
Total Contractual Services	35,522	-	35,522	2,110	7,880	22%	-	27,642
Supplies & Materials								
Office Supplies	4,000	-	4,000	52	331	8%	-	3,669
Copying Equipment Supplies	2,500	-	2,500	343	1,192	48%	-	1,308
Printing	2,000	-	2,000	111	432	22%	-	1,568
Data Processing Supplies	2,500	-	2,500	-	467	19%	-	2,033
Postage	18,000	-	18,000	370	2,398	13%	-	15,602
Maintenance/Janitorial Supplies	150	-	150	-	25	17%	-	125
Promotional Supplies	20	-	20	-	-	0%	-	20
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	29,270	-	29,270	874	4,845	17%	-	24,425
Fixed Charges								
Rental-Cont Rent Payment	3,000	-	3,000	76	185	6%	-	2,815
Rent-Non State Owned Property	65,300	-	65,300	5,268	21,071	32%	-	44,229
Rent-Other	125	-	125	-	-	0%	-	125
Insurance-State	2,000	-	2,000	-	2,241	112%	-	(241)
Insurance-Non State	120	-	120	-	-	0%	-	120
Total Fixed Charges	70,545	-	70,545	5,343	23,496	33%	-	47,049
Travel (Includes Leased Car)								
In State - Meals / Non-Reportable	450	-	450	-	-	0%	-	450
Reportable Meals	770	-	770	-	7	1%	-	763
In State - Lodging	2,200	-	2,200	-	-	0%	-	2,200
In State - Auto Mileage	1,800	-	1,800	-	123	7%	-	1,677
In State - Misc Travel Expense	25	-	25	-	9	36%	-	16
In-State Registration	100	-	100	-	-	0%	-	100
Out State - Auto Mileage	100	-	100	-	-	0%	-	100
Total Travel	5,445	-	5,445	-	139	3%	-	5,306
Total Other Operating Expenditures	140,782	-	140,782	8,327	36,360	26%	-	104,422
Total Judicial	\$ 503,084	\$ -	\$ 503,084	\$ 30,363	\$ 130,064	26%	\$ -	\$ 373,020
Earmarked Funds								
Department Totals								
Commissioners	\$ 497,244	\$ -	\$ 497,244	\$ 39,575	\$ 166,075	33%	\$ -	\$ 331,169
Administration	809,447	-	809,447	59,957	239,362	30%	-	570,085
Claims	466,744	-	466,744	36,369	152,307	33%	-	314,437
Insurance & Medical	630,147	-	630,147	53,496	194,134	31%	-	436,013
Judicial	503,084	-	503,084	30,363	130,064	26%	-	373,020
Total Departmental Expend	\$ 2,906,666	\$ -	\$ 2,906,666	\$ 219,759	\$ 881,942	30%	\$ -	\$ 2,024,724
Employer Contributions	465,400	-	465,400	42,198	167,808	36%	-	297,592
Total Earmarked Funds	\$ 3,372,066	\$ -	\$ 3,372,066	\$ 261,957	\$ 1,049,750	31%	\$ -	\$ 2,322,316
Capital / Computer Project Carryforward	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -	\$ -

MEMORANDUM

Date: November 13, 2013

TO: Mr. Gary Cannon
Executive Director

FROM: Cathy Floyd
Human Resources

SUBJECT: Human Resources Report Period of October 9 – November 12, 2013

Below is a summary of the Human Resources activity for the period of October 9 – November 12, 2013.

Employee Relations (ER)

- One ER issue was addressed during the activity period
- Coordinated the Claims Administration Workshop held October 31
- Two employee injuries were reported to CompEndium
- The Social Committee has begun working on the Annual Holiday Events
 - Holiday Luncheon will be held December 16 at noon
 - Holiday Breakfast/Snack Day will be held December 20

Recruitment and Selection

- Reorganization within the Commission
 - Moved Human Resources from Administration to the Office of the Executive Director
 - Eliminated the Procurement Position – divided duties among existing Administration staff
 - Filled an additional Compliance Officer Position within the Coverage and Compliance Division of the Insurance and Medical Services Department
- Recruitment has begun for the Claims Director position
 - Vacancy announcement closes November 20

Benefits

- Annual Enrollment was held month of October for 2014 insurance changes
 - Assisted 21 employees with changes and re-enrollment
- Issued two credible coverage letters
- Assisted two employees with retirement related issues
- Completed two inquiries with the Retirement Systems

Reporting

- Completed the Annual Equal Employment Opportunity Report to the General Assembly
 - The Commission reached 100% goal attainment for the fifth consecutive year

SC Enterprise Information System (SCEIS)

- Processed two employment verifications
- Assisted four employees in conducting a leave analysis
- Continue to assist employees with leave and time issues caused by SCEIS
- Eighteen transactions were keyed into the system

State Human Resources Department (HRD)

- Contacted HRD Consultant regarding an issue
- HRD Conducted a Human Resources Delegation Audit

Finance Related

- Processed 4 daily deposits
- Approved thirty-five SCEIS financial transactions

State of South Carolina

1333 Main St, Suite 500
P.O. Box 1715
Columbia, S.C. 29202-1715



Tel: (803) 737-5700
Fax: (803) 737-1258
www.wcc.sc.gov

Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director
From: Betsy Hartman
IT Director
Date: November 6, 2013
Subject: IT Department
October 2013 Full Commission Report

IT Department Activities for the Month of October 2013

Submitted Procurement requests for:

- Adobe Acrobat upgrade to version 11
- PC Monitors to replace broken equipment
- Replacement Workstations for Scanners, Administrative and File Room Staff
- Licensing, Web Service and consulting fees for View Images with KeyMark

Created Queues for scanning of incoming commissioner mail

Resolved issue of marking cases closed while JAR remains open

Maintenance of roles in OnBase due to employee and process changes

EService specifications to BravePoint for coding

Testing of BravePoint coding for eService

Resolved 12A matching issues in EDI

Claims Workshop eCase Presentation – Amanda

Updated Certificate of Service language for AA's

Fatality notification issues resolved

Added Mediation Cost entry prompt for Judicial

3 PC/laptops cleaned for viruses

Resolved network issues with remote access for BravePoint to Server at DSIT

Training with Barbara James on EDI R3 issue resolution with Trading Partners

ECase Enhancement requirements, Coding and Testing:

- Ask a question button – web form for submitting emails
- Appeal a Fine Button – web site page link
- Show all statuses from WCC Case Detail

EDI Release 3 FROI Implementation Status

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%
June	39	30%	92	70%
July	20	14%	119	86%
August	16	11%	132	89%
September	14	10%	129	90%
October				

Change in Project Reporting

To clarify the projects and priorities of the IT Department; I feel it would be helpful to organize the projects based on the strategic objectives as stated in the Accountability report.

The format of the IT Monthly Summary Report will be changed to communicate the projects with the strategic objective each ties to. By changing the reporting with an emphasis on the strategic goal, I believe both the IT department and the agency can stay on track to achieve the stated goals in a timely and cost effective manner while being proactive to the agencies technology needs. This month I will include all projects as identified and their related strategic goal. As time permits and projects are started, I will provide concrete dates for start and completion. Currently any time associated with each of the projects is an estimate only.

Please let me know if you have questions or suggestions on any of the IT Projects and their priorities.

WCC IT Projects Status Report

Period Ending	10/31/2013			Status Key:	Not Started	On Track	Timing	Good
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IT Related Strategic Goals

1	Implement Phase II of system to receive payments for Self-insurance taxes and fees; fines; filing fees; document copying fee; fee for Medical Services Provider Manual; and other publications produced by the Commission.
2	Develop and implement system to allow stakeholders to upload electronic documents via eCase.
3	Develop system to receive Second Report of Injury (SROI) EDI Release 3 Forms 16 Section I and II, Form 16 B.
4	Refine existing and define future performance metrics to assist Commission leadership and staff in the ongoing performance evaluation of the agency.
5	Implement system to receive and process all Commission forms electronically including the scanning of all incoming case file documentation for electronic reference.
6	Replace the claims manual review processes with electronic review and electronic notification of deficiency.
7	Provide access to SCWCC claim file images via eCase web portal to registered users.
	Enhance the eService via a mobile application to allow iPad use for review, processing and delivery of Single Commissioner Notices, Decision and Orders, and Full Commission orders and settlements
8	Implement Second Report of Injury (SROI) EDI Release 3, Forms 16, 17, 18, and 19 electronically by implementing EDI Release 3 Second Report of Injury (SROI).
9	Develop and implement system to automate all processes of the Rule to Show Cause hearings conducted by the Commission.
10	Provide mobile electronic access to data to eliminate need for Commissioners to transport paper documents case file to hearings.

Strategic Goal	Key Projects	Sub Project	Estimated hours	Start Date	Estimated Completion Date	Lead	Issues / Comments
	Claims EDI release 3 - FROI		1000	2/1/2013	12/31/2013	Amanda Underhill	Issue # 12312311
1	On Line Payments	MSPM Manual sales	40	11/1/2013	TBD	Diana Gantt	working with SCI on web page and financial coding
1		electronic copy fee	TBD	11/1/2013	TBD	Keith Roberts	Developing methodology for cost structure
		Self-insurance Tax Payments	TBD	TBD	TBD	Diana Gantt	Need to determine if SCI payment engine can accept ACH/check payments
2	Upload documents	Upload from eCase user	TBD	TBD	TBD	Betsy Hartman	Initial Requirements being gathered. Working with BravePoint on coding. Plans to implement one form at a time.
2		distribution of uploaded documents	TBD	TBD		Betsy Hartman	Need Team to determine distribution based on form
3 & 8	EDI Claims Release 3 SROI		15 months	TBD	TBD	TBD	start with identification of SRBO capable Claim forms. Review forms and edits, cross walk to file layout. Development of Element Requirement Table, Event Table and Edit matrix.
4	Strategic Planning Process	Accountability Report	50	7/1/2013	6/30/2014	Gary Cannon	Develop action plans for each Strategic Objective and assign Champions to lead the project team
6	Centralized Mail		40	11/1/2013	TBD	Mario Glisson/ Audra Higbe	Need quote for time date stamp for scanner. Pilot Commissioners office. Scan all documents to queues, AA's to process from queues and index to cases.
6		emailing Form 58	30	12/1/2013	TBD	Amy Bracy	require all Form 58's be emailed
6		emailing Claims forms	TBD	TBD	TBD	Grant Duffield	Allow all claims forms to be emailed. Need to verify security. Determine if waiting for upload may be better course.
6	Electronic Review of Claims Files		TBD	TBD	TBD	Juliet Bush	Create report of cases to be reviewed?
7	View Images	Electronic copy fees	75	TBD	TBD	Betsy Hartman	Identified licensing, prototype of security completed. Finalizing procurement issues. Need to get on KeyMark calendar for coding.
		eCase Redesign	100	TBD	TBD	eCase Coordinators	Validate current processes. Redesign add Attorney. Redesign look and feel of site. Add code for buttons & epayment for view and upload and
	RTSC process and automation		500			TBD	90% of requirements gathered. 500 hours of coding.
10	iPad application upgrades	OnBase upgrade	200	7/1/2014	TBD	Amanda Underhill / DSIT	Upgrade from version 10 to version 13.
	Upgrade wccs/qprd/Progress 10.2b 06		TBD			Duane Earles	Complete testing in development
	Security Plan	HR and Security Awareness	TBD	TBD	TBD	Cathy Floyd	Review policies and amend to fit WCC
		Asset Management	TBD	TBD	TBD	Betsy Hartman	Review policies and amend to fit WCC
		Risk Management	TBD	TBD	TBD	TBD	Review policies and amend to fit WCC
		Acquisitions Development and Maintenance	TBD	TBD	TBD	TBD	Review policies and amend to fit WCC
		Access Control	TBD	TBD	TBD	TBD	Review policies and amend to fit WCC

		Risk Management	TBD	TBD	TBD	TBD	Review policies and ammend to fit WCC
		Information systems Acquisitions, Development and Maintenance	TBD	TBD	TBD	TBD	Review policies and ammend to fit WCC
		Access Control	TBD	TBD	TBD	TBD	Review policies and ammend to fit WCC
		Mobile Security	TBD	TBD	TBD	TBD	Review policies and ammend to fit WCC
		Data Protection and Privacy	TBD	TBD	TBD	TBD	Review policies and ammend to fit WCC
	Medical Disputes Portal		TBD	TBD	TBD	TBD	Move from 3rd party website to inside the WCC protected network for security and to stream line processing

State of South Carolina



Workers' Compensation Commission

To: Mr. Gary Cannon
SCWCC Executive Director

From: Grant Duffield
IMS Director

Date: 12 – Nov – 2013

Subj: Insurance and Medical Services Department
October 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">1. Working to improve Carrier Order and Rule to Show Cause notice process.2. Working in conjunction with IT staff to better define outstanding Carrier fine debt to be addressed through ORSC process. |
| Coverage Division | <ol style="list-style-type: none">1. Working with staff to review workflow processes and explore opportunities to enhance service provision. |
| Medical Services | <ol style="list-style-type: none">1. Identifying updates / edits needed within the Medical Services Provider Manual.2. Slated 2nd meeting with stakeholders and contract resources to begin preparing for ICD-10 Medical Coding transition under the AHA. |
| IMS Administration: | <ol style="list-style-type: none">1. Working with team-members to review / improve team processes and key functions.2. Working with Department Mgrs to provide cross coordination of mgmt. functions.3. Working closely with IT staff to explore opportunities to improve function and processes within IMS.4. Working with in-house Counsel to improve RTSC case preparation process.5. Working with Executive Team concerning strategic planning and future needs forecasting. |

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 October 2013 with 375 cases active, compared to an active caseload of 454 at the close of October 2012.

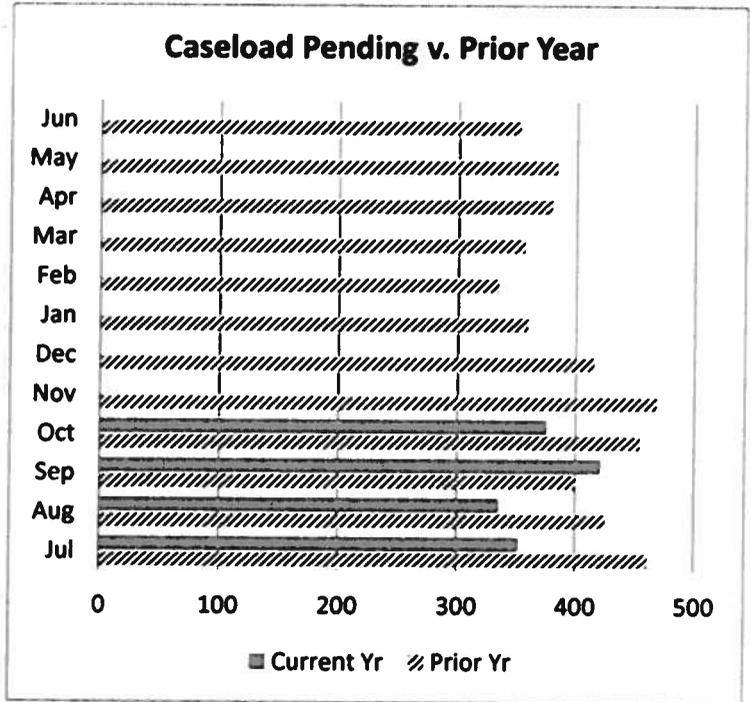
Cases Resolved:

Due to the decrease in carry-over, greater effort is focused on case resolution. For the month of October 2013, Compliance Division staff closed-out 125 cases.

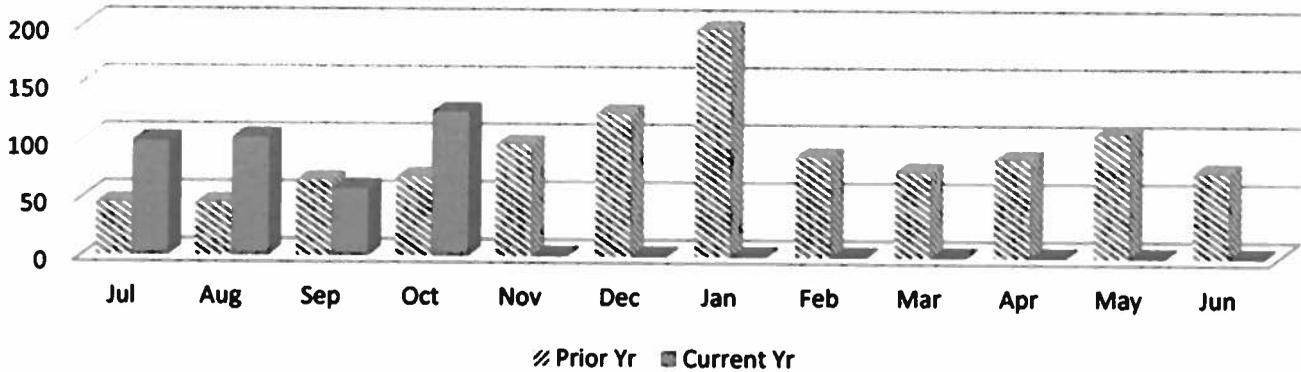
Compliance Fines:

Year to Date, the Compliance Division has collected \$265,433 in fines which represents 46% of prior year's year-end collection (\$587,429). The Compliance Division Year-to-Date revenue trend is 355% of prior year, and month-on-month is at 380% of same month / prior year (October 2012).

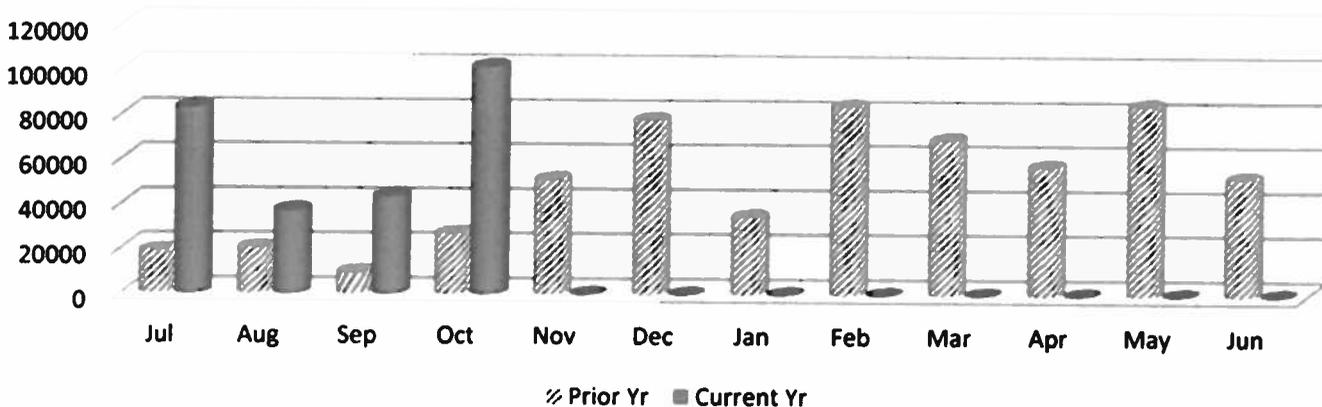
Compliance fine revenue represents 19% of the Commission's annual earmarked revenue budget.



Cases Resolved v. Prior Year



Compliance Fines Collected v. Prior Year



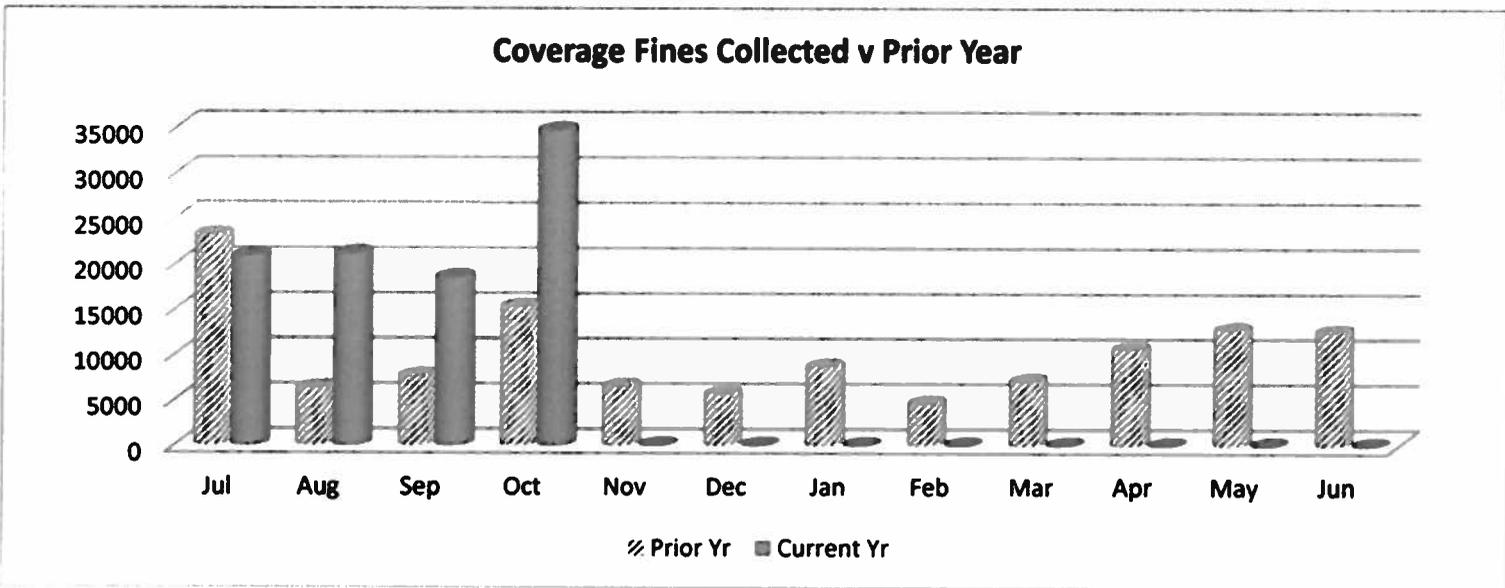
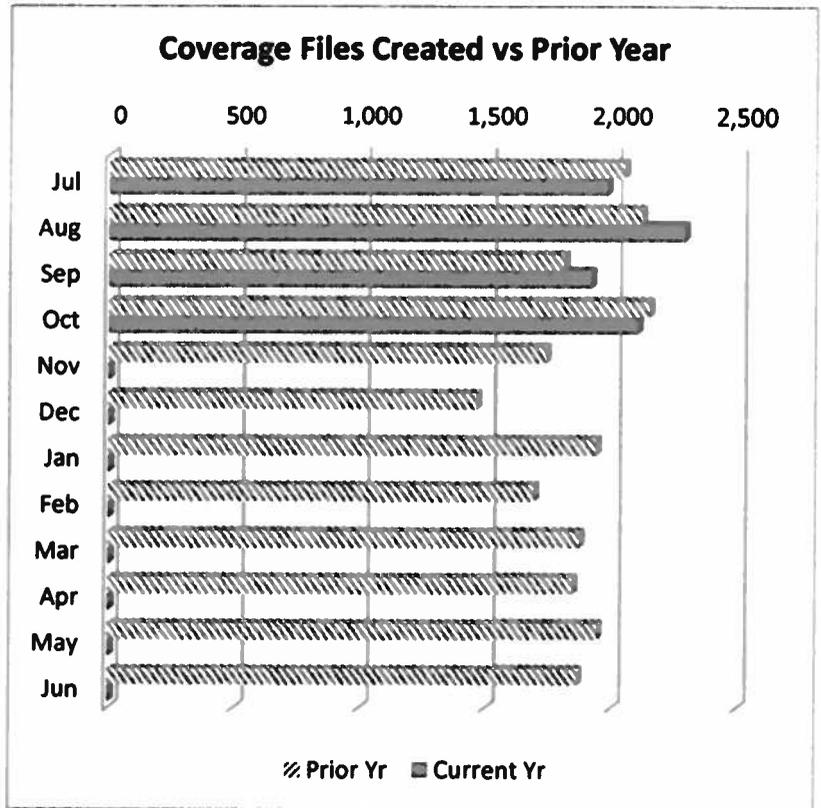
WCC Claim Files:

In October 2013, the Coverage Division created a total of 2,105 WCC Claim files. Of these, 1,730 were created electronically, and 375 were submitted in hard copy format. Year to Date, 8,299 Claim files have been created which is 102% of claim file volume for the same period in prior year(8,140).

Coverage Fines:

The Coverage Division collected \$34,750 in fine revenue in October 2013, as compared to \$15,250 in Coverage fines/penalties accrued during October 2012. Year on Year, Coverage fines are at 182% of collections for the same period.

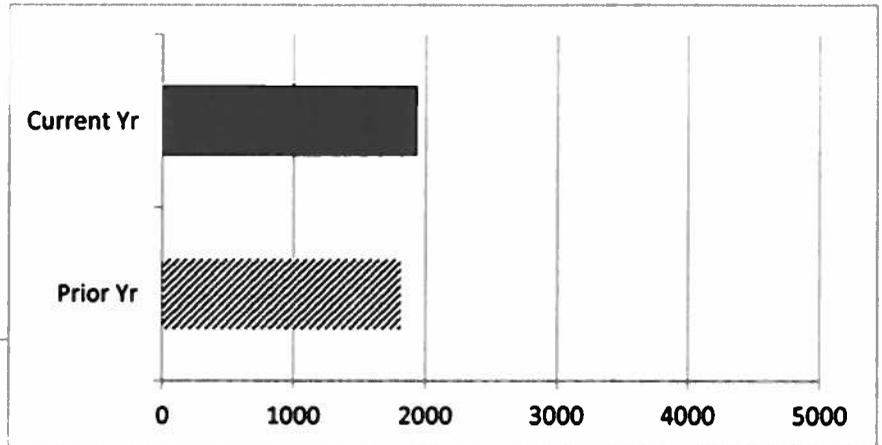
Coverage Division fines represent 10% of the Commission's annual earmarked budget.



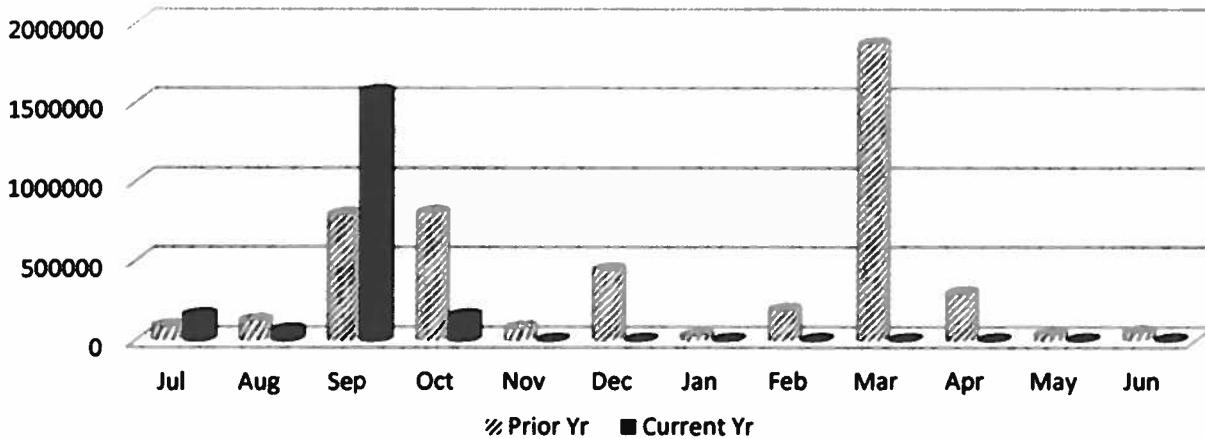
During the month of October 2013, the Self Insurance Division:

- * collected \$151,694 in self-insurance tax.
- * added 18 new self-insurers.
- * conducted 5 Self Insurance audits.

Year to Date, Self Insurance tax revenue is trending at 107% of prior year and 16 Self Insurance audits have been completed.



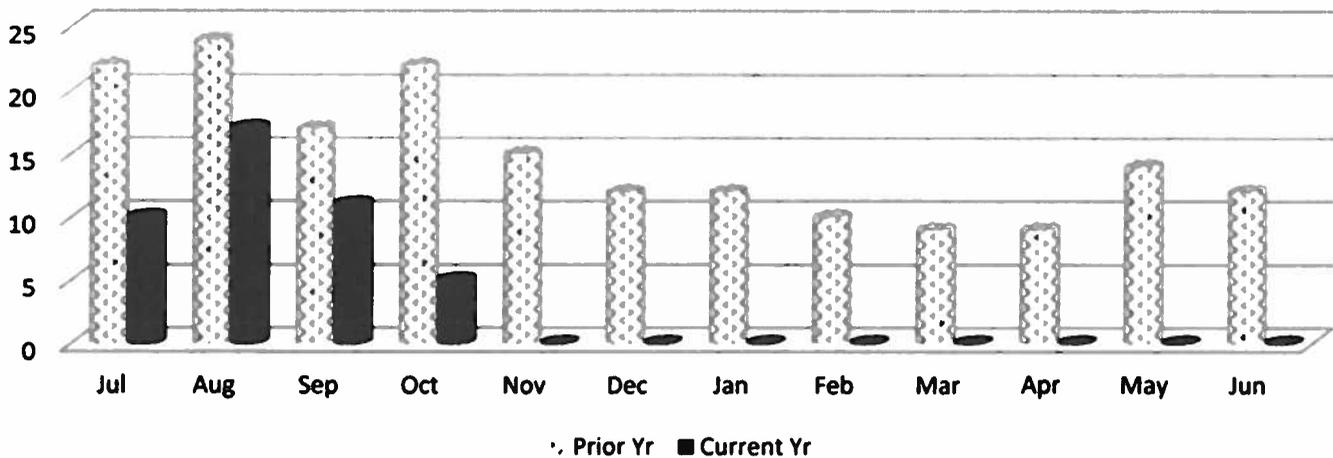
Self Insurance Tax Collections v. Prior Year



IMS MEDICAL SERVICES DIVISION

In October 2013, the Medical Services Division began the month with 11 bills pending review, received an additional 12 bills for review, conducted 18 bill reviews and ended the month with 5 bills pending.

Medical Bills Pending Review v. Prior Year



State of South Carolina



Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director

From: Grant Duffield
Interim Claims
Director

Date: November 5, 2013

Subj: Claims Department
October 2013 Full Commission Report

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 October 2013, the Claims Department has:

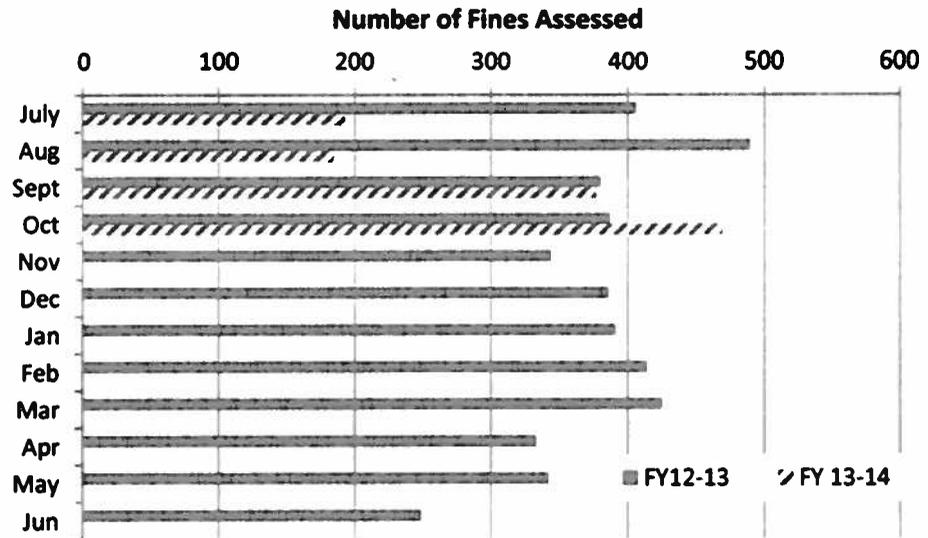
1. Closed 3,116 individual case files.
2. Collected \$110,350.00 in Fine revenue.
3. The examiners reviewed 883 individual case files.
4. Continued to assist IMS in the processing of Carrier related Order and Rule to Show Cause Hearing matters.
5. Worked with IT to improve our intra departmental processes in an effort to continue to provide exceptional service. IT has lead a tremendous effort to enhance eCase that will be of great benefit to Claims and stakeholders.
6. Conducted 332 informal conferences in 8 locations with 196 settled.
7. Established the framework to allow Form submittal via email. Emailing of Forms should begin in November.

Five Year Claims Fine Collection History												
FY 2009-2010, 2010-2011, 2011-2012, 2012-2013 and 2013-2014												
	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	48,500
2013-2014	42,350	21,900	35,050	110,350								
*May collected figures include payments 5/1/2010 through 6/11/2010												
** June collected figure includes payments 6/1/2010 through 6/30/2010												

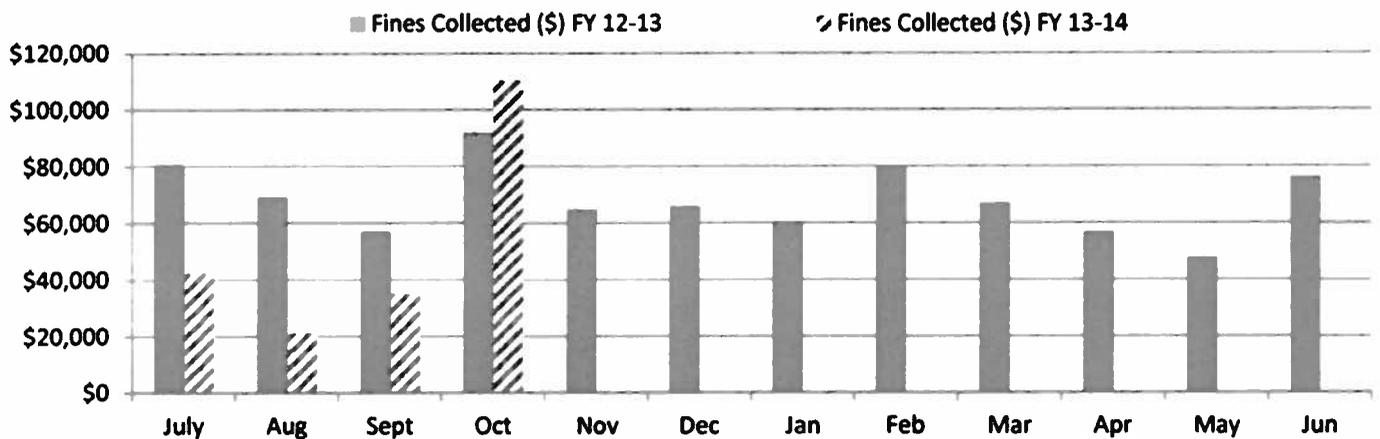
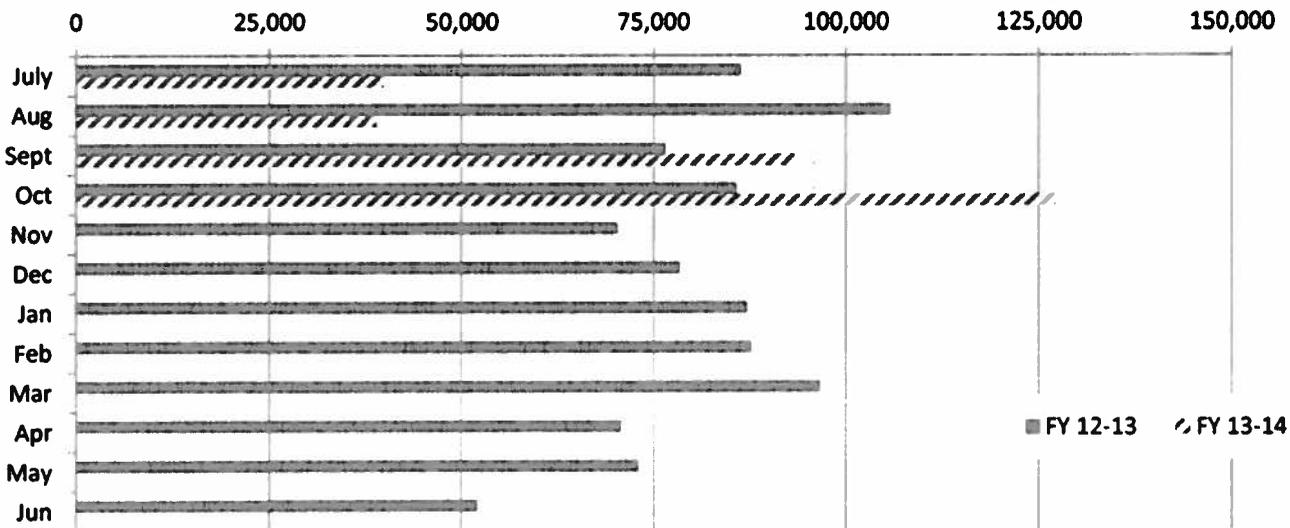
CLAIMS DEPARTMENT - Fine Activity Report Oct 2013

The number of fines assessed by the Claims Department increased in number to 469 from 377 in Sept. The number of Claims fines paid decreased from 174 in Sept to 459 in Oct.

Total fine dollars assessed in Oct was \$127,250 an increase over prior month \$93,500. Fine revenue received in Oct was \$110,350 an increase over prior month \$33,750.



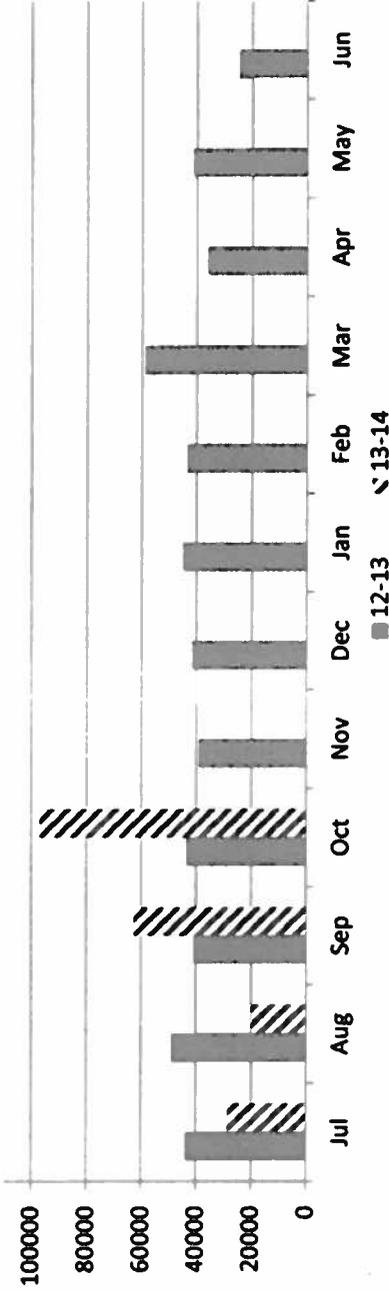
Net Fines Assessed (\$)



FORM 18 FINE ASSESSMENTS

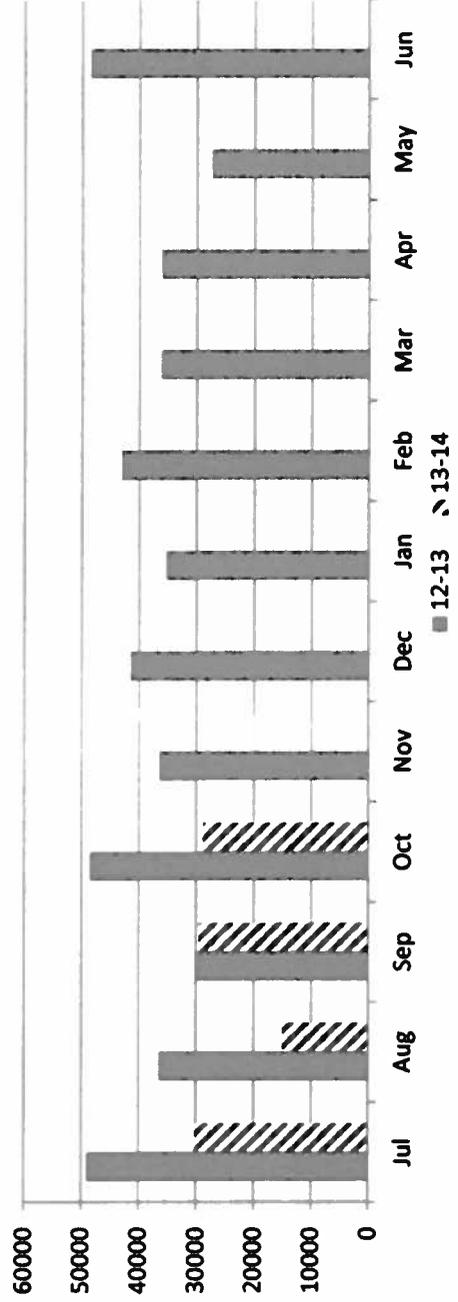
Consistent with overall Commission strategy, the Claims Department works with our Carrier partners to develop approaches that result in increased compliance levels and reduced Fine related costs to businesses in South Carolina.

A key "success measure" of this effort is the Form 18 Fine Assessment report. For the month of Oct, this has resulted in an increase in Form 18 Fine Assessments to \$97,000 as compared to Sept 2013 \$62,600. The actual number of fines assessed decreased from 203 in Sept 2013 to 128 in Oct 2013.



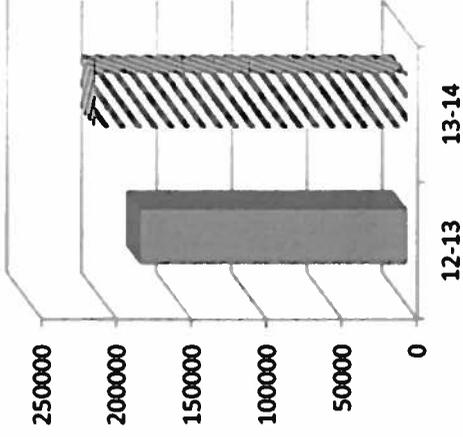
FORM 18 FINE COLLECTION

In Oct 2013, the Claims Department received payment on Form 18 Fines resulting in revenue of \$80,300.



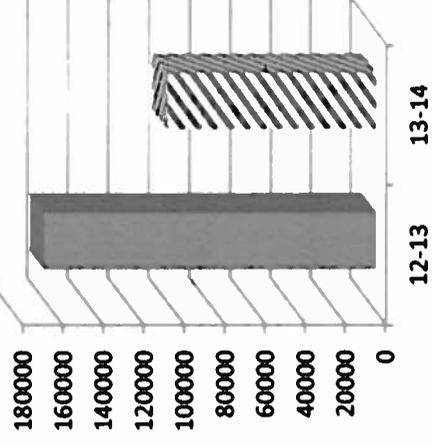
FORM 18 FINE ASSESSMENTS YTD

Form 18 Fine Assessment is trending at 117% of prior year assessments.

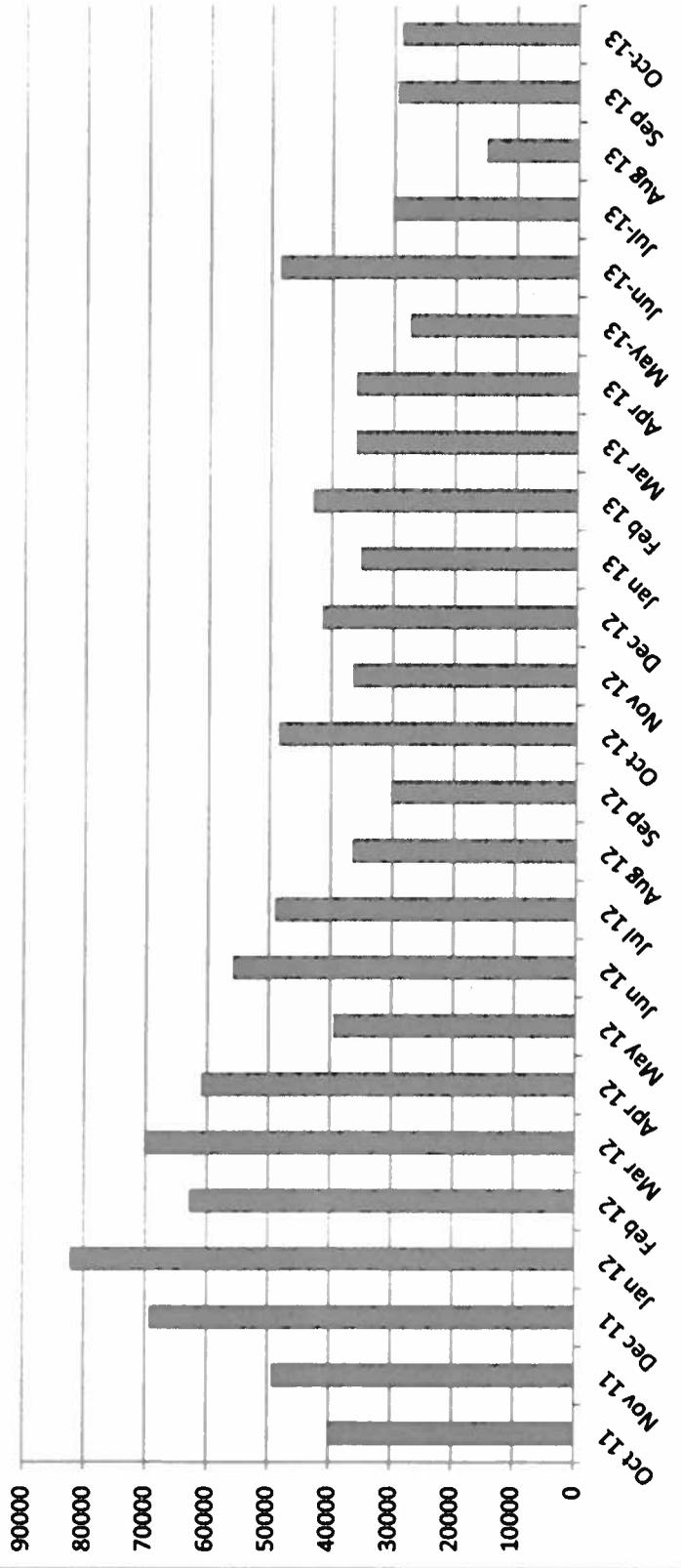


FORM 18 FINE REVENUE YTD

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



\$ Collected

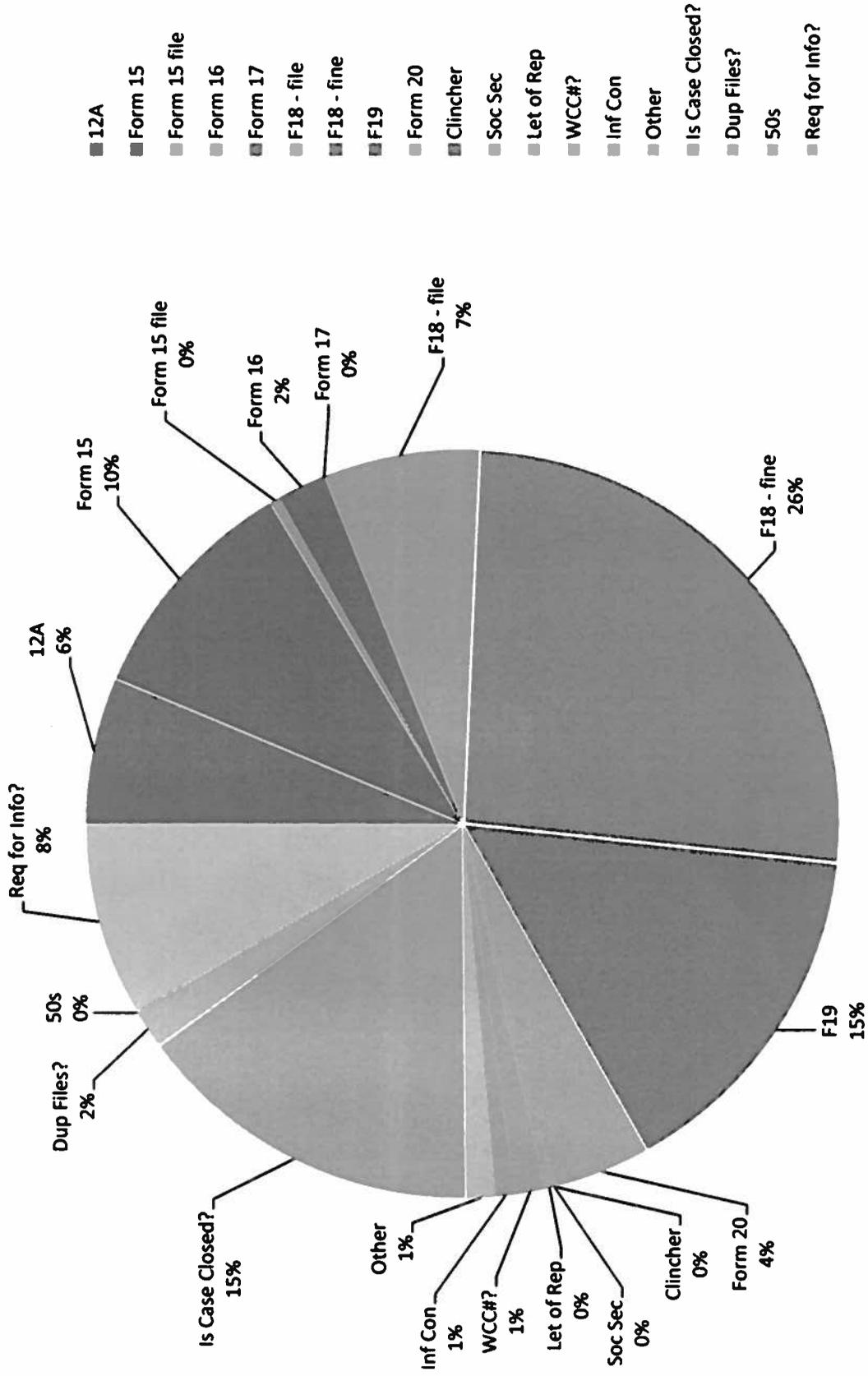


Claims Department - IT Priority Projects

v.3 11.11.13	Project Task	Week Of:	July	August	September	October	November	December	January	February
			1 8 15 22 29	5 12 19 26	2 9 16 23 30	7 14 21 28	4 11 18 25	2 9 16 23 30	6 13 20 27	13 20 27
	Strategic Planning									
	Prioritization									
Sep	Aug									
P1	View More Statuses*									
P3	P1: Webform Input									
	a. tech write up									
	b. eCase question submittal*									
	c. form filing (via email)									
P2	P2: E-Service									
	a. tech write up									
	b. coding / implementation*									
P4	P4: Upload Forms*									
Complete P3:	Cent Scanning / Form Ques									
	a. tech write up									
	b. coding									
	c. implementation									
P5	P4: Clincher Processing									
P6	View Images									
			(unknown)							

* Bravepoint lead

Claims Questions Received - October 2013





Workers' Compensation Commission

MEMORANDUM

November 18, 2013

To: Gary Cannon
Executive Director

From: Virginia Crocker
Judicial Director

RE: MONTHLY REPORT

The Judicial Department continues to monitor the new mediation process. Regulatory mediation is accounting for approximately fifteen percent (15%) per month in pleadings. The combination of regulatory mediation and requested and ordered mediation is averaging approximately seventeen percent (17%) of our pleadings per month. We are still in a learning curve with regard to our management of cases and continue to receive daily inquiries from our constituents regarding procedures.

We have completed our statewide mediation workshops and have had good attendance at each one. The comments received by the attendees were positive and most felt the workshops were informative and beneficial.

We continue to work on creating our paperless records and providing leadership to the IT Department with the required information and creation of proper status codes to ensure seamless transition with the focus on electronic filing of pleadings.

We are also taking an active part in the reorganization of the Mail Room and the processing and scanning of mail for the individual Commissioners' offices.

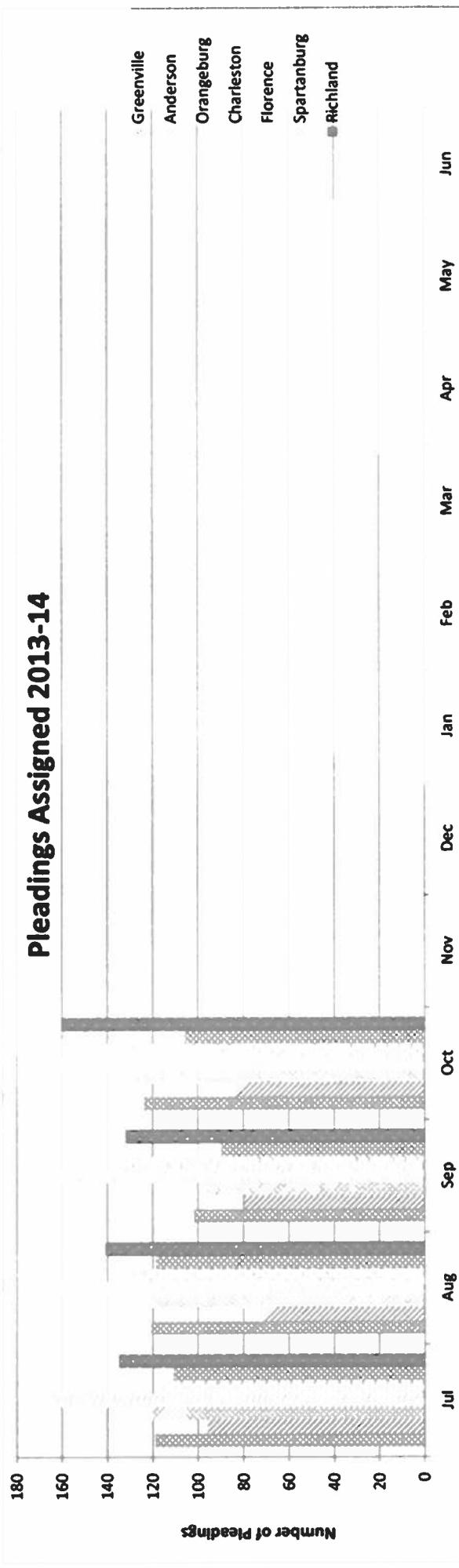
Another session of mediation for aggregate cases will be conducted this month as well.

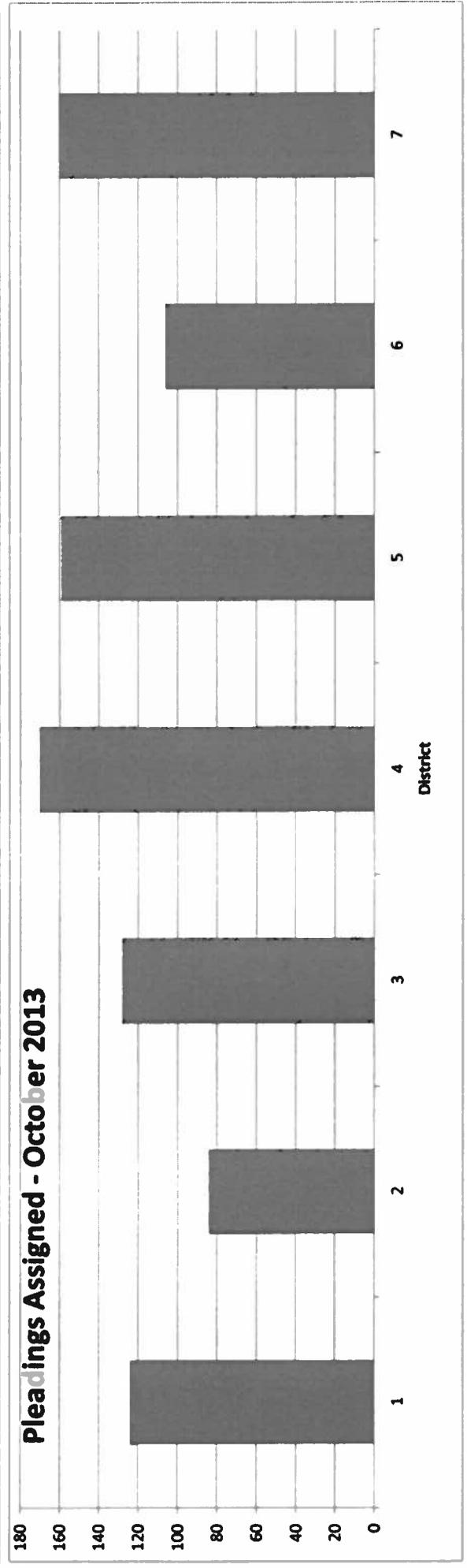
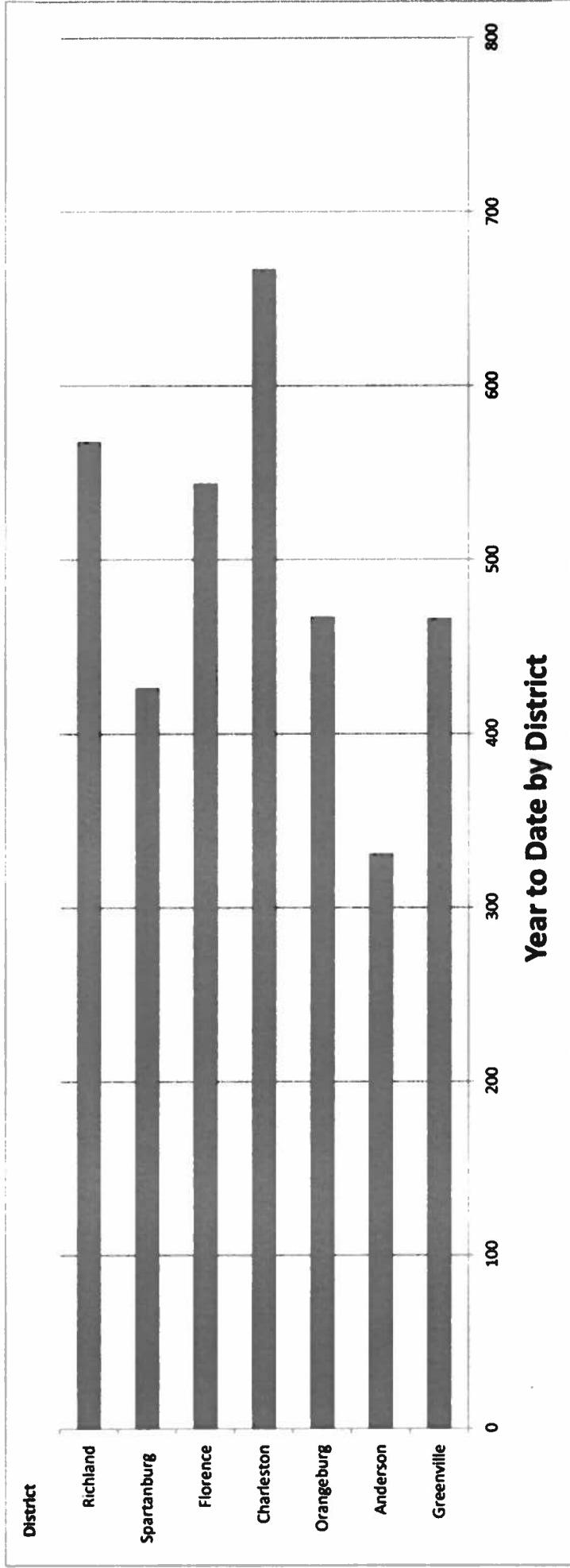
The caseload is expected to become lighter through the holiday season with requests for Informal Conferences increasing due to the desire to settle cases and close files by the end of the year.

Pleadings Assigned

	District 1 Greenville			District 2 Anderson			District 3 Orangeburg			District 4 Charleston			District 5 Florence			District 6 Spartanburg			District 7 Richland		
	13-14	12-13	11-12	13-14	12-13	11-12	13-14	12-13	11-12	13-14	12-13	11-12	13-14	12-13	11-12	13-14	12-13	11-12	13-14	12-13	11-12
Jul	119	94	85	96	89	106	121	124	103	164	160	153	117	140	155	111	99	139	135	173	163
Aug	121	133	140	71	100	104	121	126	122	170	176	199	131	153	149	119	149	184	141	215	183
Sep	102	95	121	80	100	95	97	101	128	163	144	143	137	101	152	90	107	131	132	144	148
Oct	124	118	118	84	97	97	128	120	134	170	188	198	159	138	128	106	115	132	160	146	144
Nov		111	159		99	94		125	133		153	151		139	121		106	138		138	191
Dec		74	164		80	142		142	104		126	181		118	117		116	115		108	144
Jan		111	112		106	90		118	122		193	180		128	111		121	98		141	129
Feb		106	163		98	114		115	112		165	141		114	136		89	117		133	153
Mar		104	118		90	84		107	126		134	162		143	149		121	134		160	118
Apr		122	121		73	89		107	101		155	126		108	143		103	106		162	185
May		67	105		67	79		78	131		134	148		80	130		102	109		107	144
Jun		98	112		80	94		121	119		163	170		121	134		110	143		144	154
Totals	466	1233	1518	331	1079	1188	467	1384	1435	667	1891	1952	544	1483	1625	426	1338	1546	568	1771	1856

Pleadings Assigned 2013-14



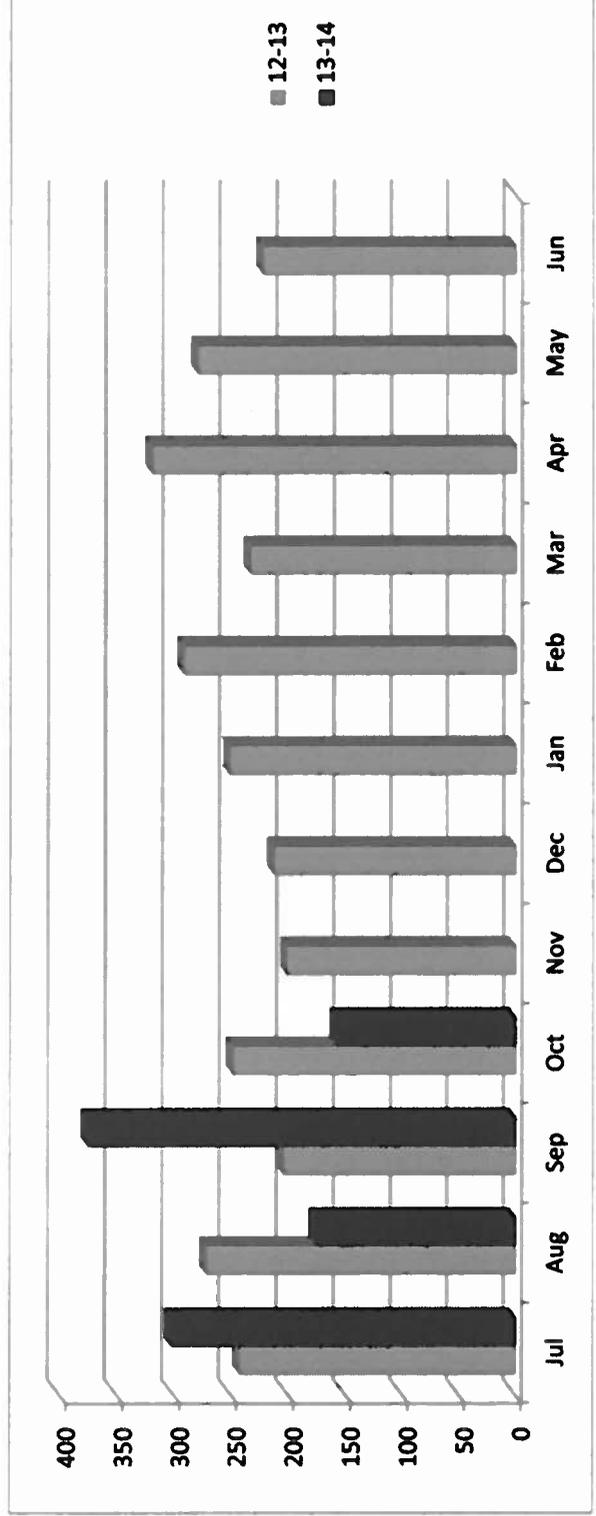
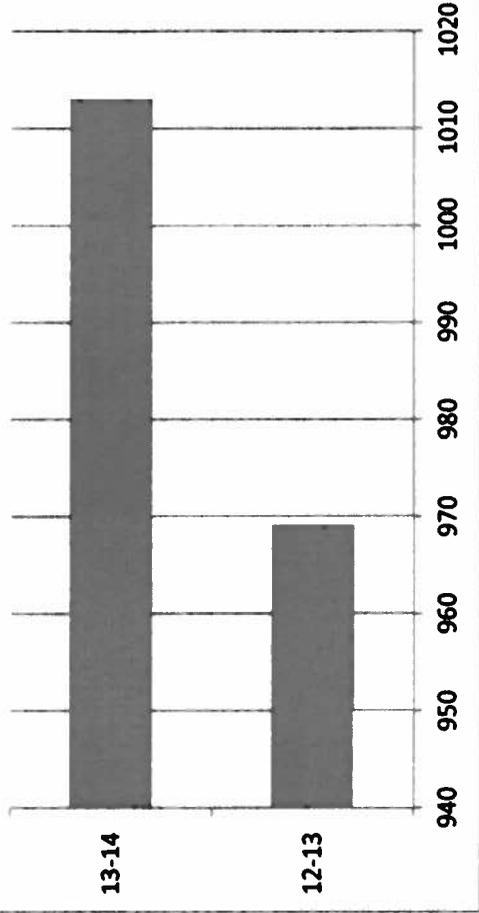


Informal Conf. Conducted

	12-13	13-14	
Jul	243	303	124.7%
Aug	272	176	64.7%
Sep	205	376	183.4%
Oct	249	158	63.5%
Nov	202	0	0.0%
Dec	213	0	0.0%
Jan	252	0	0.0%
Feb	292	0	0.0%
Mar	234	0	0.0%
Apr	320	0	0.0%
May	280	0	0.0%
Jun	223	0	0.0%
Total	2985	1013	

Y-T-D	12-13	13-14	104.5%
	969	1013	

IC's to Date v. Prior

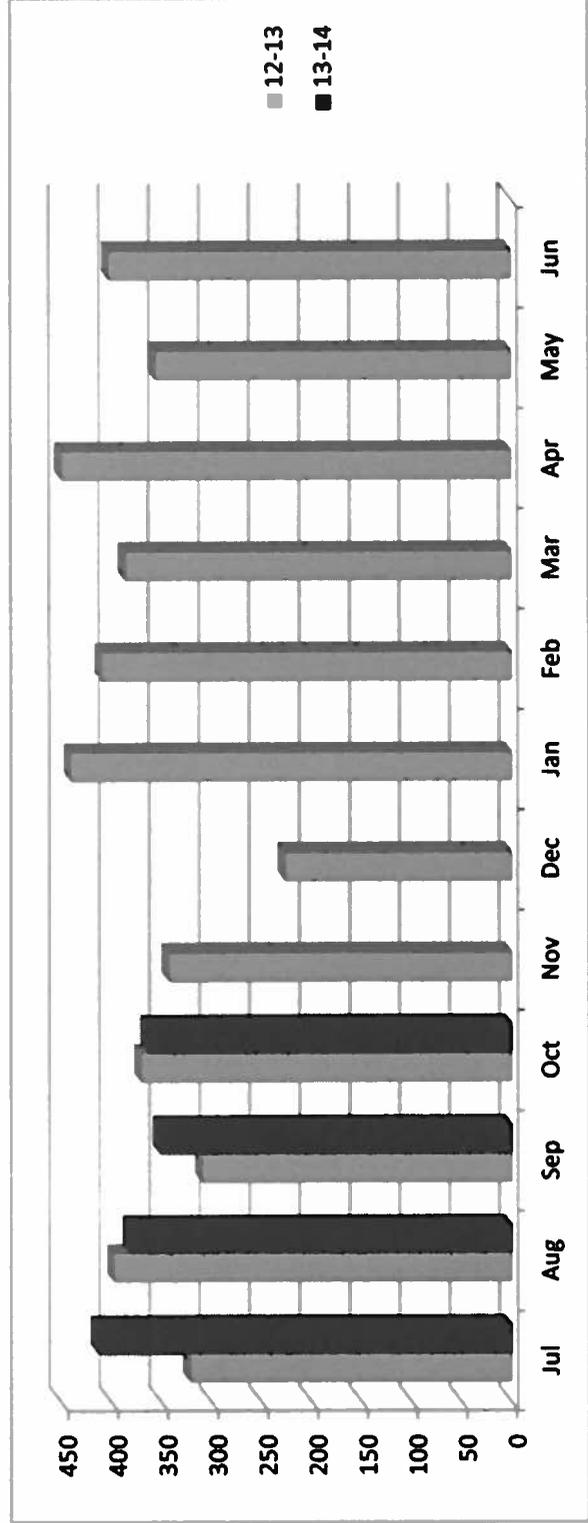
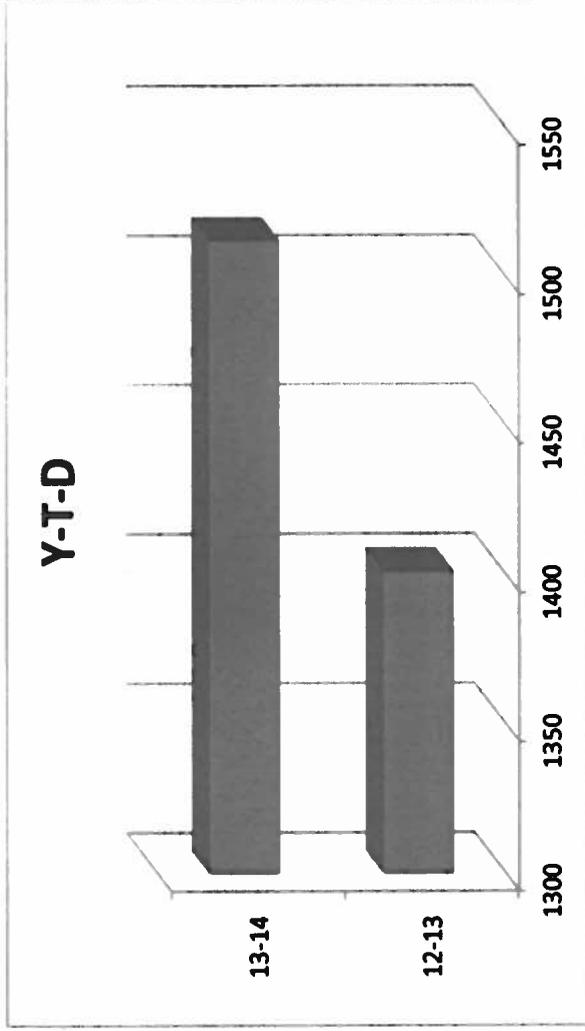


Informal Conf. Requested

	12-13	13-14
Jul	322	414
Aug	398	382
Sep	310	352
Oct	371	364
Nov	343	
Dec	227	
Jan	441	
Feb	410	
Mar	386	
Apr	450	
May	356	
Jun	403	
Total	4417	1512

12-13	13-14
1401	1.079229

Y-T-D



State of South Carolina

1333 Main Street, 5th 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 November 15, 2013

Proposed Amendments to R 67-1605 Lump Sum Payment

A Public Hearing was held on Tuesday, October 29, 2013 to receive public comment on the proposed change to R 067-1605 (4399). The final language on the proposed change will be considered at the November 18 Business Meeting.

Claims Administration Workshop

Staff conducted a Claims Administration Workshop on Thursday, October 31, at the SC Department of Archives and History. A total of 68 stakeholders and 11 staff members participated.

Electronic Submission of the Form 58

The Commissioners offices agreed to begin accepting Form 58s electronically via email effective December 1, 2013. Pro se claimants will not be required to file the Form 58 electronically and has the option of filing a paper document Form 58. Official announcement to the stakeholders is pending final approval of Commissioners' Preferences.

Adjusters Focus Group

The Executive Director conducted the annual Adjusters Focus Group on November 1. Twenty-three adjusters participated. Greg Line and DiAnn Davis were also present. The group expressed appreciation for the Commission conducting the stakeholder session and the Commission's accepting their recommendation to change the Informal Conference scheduling to allow the adjusters to more efficiently manage their time. The group also expressed concerns about the Commission's policy of scheduling informal conferences with Commissioners if the total medical is more than \$50,000.

Staff Re-Organization

Effective November 2, a re-organization was implemented in the Administration Department and the Executive Director's Office. After an evaluation of the duties and responsibilities, the position of Procurement Officer in Administration was eliminated, a new Compliance Officer

position was created in Coverage and Compliance, and the Human Resources Officer position was transferred from the Administration Department to the Executive Director's Office.

SC Workers' Compensation Education Association

Commissioners and the Executive Director attended the SCWCEA Annual meeting October 20-23 in Myrtle Beach and participated in several panel discussions and presentations.

Injured Workers' Advocates Association

Commissioners and the Executive Director participated in presentations and roundtable discussions at Injured Workers' Advocates Association's Annual Convention November 7-9 in Asheville, NC.

Employee Meetings/Staff Training

The Executive Leadership Team met on November 13. An All Employee meeting is scheduled for November 21. The Executive Leadership Team retreat is scheduled for November 21.

Other Meetings

The Executive Director participated in the following meetings/activities:

- October 16 – Presentation at ASC Membership Meeting at Palmetto Health Park Ridge
- November 13 – Medical Services Division Advisory Group Meeting

Personnel Recruitment

Recruitment has begun for the position Claims Director position. The closing date for accepting applications is midnight Wednesday, November 20.

Certified Mail

Effective October 21, 2013, the Commission no longer serves hearing notices, orders, form and documents by certified mail. Pursuant to R 67-211 and R 67-213, all parties will be served electronically or by US Postal Service first class postage.

Mail Room Scanning Process

A new Mail Room scanning process went into effect on November 4, 2013. Commissioners' mail is scanned and the electronic image is emailed to the Commissioners' administrative assistant for processing.

Fines and Penalties

On October 30, 2013, the Commission updated the Fines and Penalties page on the Commission's website to include instructions on how to properly filing an appeal assessed by the Commission, and updated email addresses for submitting the appeal.

Informal Conference Mediators Training

DiAnn Davis, Informal Conference mediator, observed 28 clincher conferences conducted in Richland County by Commissioner James.

Constituent /Public Information Services

For the period October 8, 2013 through November 12, 2013 the Executive Director's Office and the General Counsel's office had 625 contacts with various system constituents and stakeholders.

The contacts included telephone communications; electronic and personal contacts with claimants or constituents, state agencies, federal agencies, attorneys, service providers, business partners; and letters with congressional offices.

SCWCC Stakeholder Electronic Distribution List

For the period October 8, 2013 through November 12, 2013, we added 8 individuals to the Commission's stakeholder distribution list. A total of 436 individuals currently receive notifications from the Commission.

SC Vocational Rehabilitation Department

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



South Carolina Vocational Rehabilitation Department

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

Barbara G. Hollis, Commissioner

MEMO

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

As the SCVRD counselor assigned to the Workers Compensation Commission, I held office hours at WCC for five (5) days in the month of October 2013.

During the October office hours, SCVRD has continued to review the Workman's Compensation Commission files for Richland and Lexington counties for 2012. With the continued implementation of the WCC Query program, twenty-five (25) referral letters have been sent in October to potential clients.

As of October 31st, 2013, seven (7) potential WCC referrals have responded to inquiry letters:

- Six (6) referral has been made for the Richland County SCVRD office and four (4) have opened cases
- One (1) referral has been made for Lancaster County and claimant was set up with an appointment to meet with a VR Counselor
- One (1) referral from the WCC Commission has been made and a letter sent to the claimant awaiting a response
- Two (2) letters was returned with no forwarding address.

In regards to the SCWCC-SCVRD Portal, the site is in production mode and Area Supervisors are being loaded into the portal for use. After the September 9th, 2013, WCC IT Team has been contacted for changes to the portal and these changes have been implemented. Next steps will be to begin briefings and training for Area Development Managers and Area Supervisors with a tentative implementation date of January 2014. Also, pre Client Services, SCVRD is in the process in hiring Regional Coordinators to work with Counselors across the State for the implementation of the portal and training of assigned personnel. Date of these hires is TBD.

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

Primary Disability	#
Mobility Impairments	0
Manipulation/dexterity impairments (hand/fingers)	0
Other Orthopedic Impairments (e.g. limited range of motion)	6
General physical debilitation (fatigue, weakness, chronic pain)	10
Hearing or visual impairments	0
Other physical impairments (not listed above)	1
Total	17

State of South Carolina

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



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

Workers' Compensation Commission

TO: Commissioners

FROM: Gary M. Cannon

DATE: November 15, 2013

RE: Proposed Regulation 67-1605 (4399) Lump Sum Payment

At the regular business meeting on August 12, 2013, the Commission approved the language of the proposed R 67-1605 Lump Sum Payment (4399). The proposed regulation was published in the September 27, 2013 issue of the *State Register*. A Public Hearing was held on October 29, 2013. On November 5, 2013, Chairman Beck issued the attached Presiding Officer's Report directing staff to promulgate the final proposed language for Commission approval at the monthly business meeting on November 18, 2013.

Action Requested: Commission approve the language of the draft proposed regulation for General Assembly review.

State of South Carolina

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



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

Workers' Compensation Commission

Report of the Presiding Officer, Chairman T. Scott Beck Proposed Changes to Regulation 67-1605 Document No. 4399

November 5, 2013

Pursuant to Section 1-23-111 of the SC Code of Laws, 1976 the following is a report subsequent to the Public Hearing on October 29, 2013 at which time and place the Commission received public comment on the proposed changes to Regulation 67-1605. This report includes the findings as to the need and reasonableness of the proposed changes.

Background

The Commission determined a need for considering the methodology used to calculate net present value of lump sum payments in June 2012. An ad hoc advisory committee of stakeholders was formed to review the current and alternative methodologies for calculating the net present value of lump sum payments to ensure fairness to the claimants and the employers.

At the regular business meeting on April 15, 2013, the Commission approved the recommendation from the Commuted Value Discount Advisory Committee to amend the language in R 67-1605 Lump Sum Payment. The Notice of Drafting was published in the June 28 issue of the *State Register*. Deadline to receive comments on the Notice of Drafting was 5:00 p.m. on July 25, 2013. No comments were received on the Notice of Drafting.

At the regular business meeting on August 12, 2013, the Commission approved the language of the proposed regulation. The proposed regulation was published in the September 27, 2013 issue of the *State Register*. Deadline to receive comments on the proposed regulation was 5:00 p.m. on Monday, October 28, 2013. The Commission received two comments via email.

The proposed change (new language is underlined):
67-1605. Lump Sum Payment.

A. The employer's representative shall pay, in lump sum, a settlement or award which is less than one hundred weeks. When a settlement or award is more than one hundred weeks, the Hearing

Commissioner may order a lump sum payment or the claimant may request a lump sum payment by filing a Form 24, Application for Lump Sum Payment.

B. If the claimant is not represented by an attorney, the claimant may request lump sum payment by filing a Form 24 with the Commission's Claims Department. The department will contact the employer's representative to inquire if it consents to payment in lump sum.

C. An attorney for the claimant must request the employer's consent to payment in lump sum payment prior to filing a Form 24.

(1) If the parties agree to payment in lump sum, the claimant's attorney may file with the Claims Department a Form 24 and attach to the Form 24 a signed agreement for payment in lump sum.

(2) If the employer's representative does not consent to payment in lump sum, the claimant's attorney may file a Form 24 with the Claims Department and attach a letter stating that the insurance carrier does not consent to the lump sum payment.

(3) The Commission will automatically set a hearing. The parties will be notified according to R.67-607.

D. If the employer's representative consents to payment by lump sum, the Claims Department forwards the Form 24 to the original Hearing Commissioner who reviews the Form 24 and may approve the Form 24 without the appearance of the parties.

(1) If the Commissioner approves the Form 24, he or she signs the Form 24 and the Claims Department commutes the award or settlement to present day value as provided in E below.

(2) The employer's representative is notified of the amount of the lump sum payment.

(3) If the Commissioner does not approve the Form 24, a hearing will be set automatically and the parties notified according to R.67-607.

E. Unless a Commissioner orders otherwise, or unless the settlement or award is less than ten weeks, the insurance carrier receives a discount for payment in lump sum.

(1) To determine the discount, the Commission subtracts the number of weeks already paid from the total number of weeks as awarded.

(2) Weeks that have accrued but are not paid at the time of the commutation are not included in the calculation.

(3) Three weeks of compensation are accrued into the future to allow for processing the Form 24 and issuing the check to the claimant.

(4) The number of accrued weeks are deducted from the total number of weeks due the claimant, resulting in the number of weeks commuted.

(5) The present worth of the remaining weeks is determined according to the discount tables designated by the Commission.

(a) ~~A table based on a discount of~~ Each installment yet to accrue of the first one-hundred weeks of the award shall be discounted at a rate of two percent, per annum on each installment yet to mature ~~The Commission shall publish a present value table showing the conversion factors for zero through one-hundred weeks, is used for less than one hundred weeks.~~

(b) ~~A table based on a discount of five percent per annum on each installment yet to mature is used for more than one hundred weeks.~~ Each installment yet to accrue of weeks one-hundred and one through five-hundred shall be discounted at the yield-to-maturity rate of the Five Year U.S. Treasury Note as published on the first business day after January 1st each year, but in no case shall the discount rate exceed six percent or be less than two percent. The Commission shall publish a present value table showing the conversion factors for weeks one-hundred and one through five-hundred on the first business day following January 1st of each year. The present value table for weeks one-hundred and one through five-hundred published on the first business day following January 1st shall apply to all awards made during the year and until a new present value table is published the following year. The present value of the commutable weeks shall be determined based on the present value tables in effect on the date of the award or settlement.

(c) In the event the Commission makes an award of a partial lump sum in excess of five-hundred weeks in accordance with S.C. Code § 42-9-10(C) and § 42-9-10(D), the discount rate shall be determined on a case by case basis.

(6) Multiplying the present worth of the weeks by the claimant's compensation rate results in the commuted value of the remaining weeks.

(7) Adding the value of the accrued weeks to the commuted value of the remaining weeks results in the total amount due the claimant.

F. The dollar value of a lump sum payment may be requested by writing the Claims Department.

Findings

The Workers' Compensation Commission is the regulatory agency of the State of South Carolina responsible for overseeing and administering the South Carolina Workers' Compensation Act. SC Code Ann. § 42-1-10 et seq. (1976). The Commission has statutory and regulatory authority to promulgate rules and regulations as set forth in § 42-3-30. Pursuant to § 42-17-50 the Commission has the power to conduct a review and rehearing of cases. Pursuant to § 42-9-301, the Commission is authorized to establish the discount rates at not to exceed six percent nor be less than two percent.

Fiscal Impact Statement

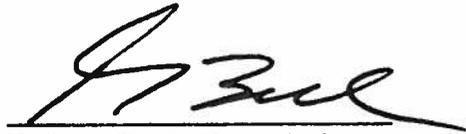
The fiscal impact of the proposed changes to this regulation is \$0.

Statement of Need and Reasonableness

The Workers' Compensation Commission is the regulatory agency of the State of South Carolina responsible for overseeing and administering the South Carolina Workers' Compensation Act. SC Code Ann. § 42-1-10 et seq. (1976). The Commission finds the proposed changes to R 67-1605 are reasonable and necessary to provide a more equitable calculation by using current interest rates for making lump sum payments.

Recommendation

Pursuant to Section 1-23-111 of the SC Code of Laws, I find the proposed changes to R 67-1605 reasonable and direct staff to promulgate the final proposed language for Commission approval at the monthly business meeting on November 18, 2013.



T. Scott Beck, Commissioner

11/15/13
Date

State of South Carolina

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



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

Workers' Compensation Commission

TO: COMMISSIONERS

FROM: GARY CANNON

DATE: NOVEMBER 15, 2013

RE: On-line Access to Case Document Images

As a part of our continuous improvement program, we strive to become more efficient in our internal business operations and provide effective services to our stakeholders. We completed one aspect of this objective when we initiated a program called eCase. eCase allows the parties in a case to register and obtain information about the status of a the case via the Internet. At the request of the stakeholders further improvements were made. Recently, eCase was changed to allow the parties to view the complete case history status.

Another objective in this improvement process is to allow stakeholders to view and download electronic images of documents in cases to which they are a party. Currently, when parties obtain paper copies of the case documents, they are charged a fee of \$20 for the first twenty pages and \$.50 per page for additional pages. This requires staff resources to locate the file, print or copy the requested documents and mail the documents to the requesting party. This is time consuming for the stakeholder and requires staff and financial resources to respond to the request.

To further improve the efficiency of the process, we propose to allow the stakeholders to access electronic images of the documents in each case in which

they are permitted to view the records contained in the Commission's file. The access will be through the cCase portal via the Internet. A stakeholder, as a registered party, may access the documents through eCase and download the documents for a fee. This eliminates the need for staff resources to make copies and reduces the amount of time a party must wait to obtain copies of documents. Commission staff resources may then be realigned to more critical functions.

To accomplish this we will be required to purchase two licenses for additional software and programming (coding) to perform this function. The licenses are available on state-term contract.

Financial Considerations

Expenses

To implement this service requires the purchase of two licenses. One license is for the toolkit to allow for the integration of eCase, OnBase (electronic images) and the Internet. The second license is for the software to allow stakeholders to access the documents. Both licenses are on state-term contract. The one-time cost for the licenses is \$16,200. KeyMark estimates a maximum of forty hours of technical services for the development of the Internet access service and maximum of forty hours for the installation and configuration of the purchased software programs. The services will be billed at the state-term contract rate of \$190 per hour for actual time and materials not to exceed the total of \$15,200.

Attached is a proposal from KeyMark. The total one-time cost is \$31,400. Annual maintenance cost will be \$3,240 (20% of the cost to purchase the license). The Commission's FY2013-14 budget includes funds for this purchase, installation and annual maintenance.

Revenues

The Freedom of Information Act provides that a public body may establish and collect fees for searching and making copies of requested records. § 30-4-30(b). However, the fees should not exceed the actual cost of searching for or making copies of the records, and fees must be uniform in nature.

Effective October 1, 1996, the Commission approved a charge of \$20 for copies of the first twenty pages and \$.50 per page for additional pages. In FY 2013, the Commission received \$87,499 for copies of documents. This has decreased an average of 4% per year since FY2008-09, when we received \$102,767. We

anticipate the change in process will decrease the amount of revenues received by the Commission because fewer paper copies will be purchased.

The exact financial impact cannot be determined. However, preliminary calculations using the number of registered eCase users (3,400) and the 5 year average number of basic copy request (3,385 at \$20 each) indicate we may generate \$68,000 annually if we charge a \$20 per user access fee to view and download documents.

Copy Charge Fee Schedule

The Freedom of Information Act requires the actual cost for producing the records be used when establishing charges for copies. Using this methodology we are preparing an amendment to the copying charge fee schedule for the electronic access to document images. It will be presented for the Commission's consideration at the December Business meeting.

Recommendation

Commission authorize the expenditure of \$16,200 for the purchase of two OnBase software licenses; an expenditure not to exceed \$15,200 for technical services for the installation and integration of the software with the existing data base; and the annual maintenance of the software not to exceed \$3,240 for the two licenses.

State of South Carolina



Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director

From: Grant Duffield
IMS Director

Date: 11 – Nov – 2013

CC:

Subj: Updated Health Insurance Claim Form (CMS-1500 claim Form) /
South Carolina Workers' Compensation Commission Form 14A

As you are aware, the Centers for Medicare and Medicaid Services (CMS) will adopt the World Health Organization's tenth revision to its "International Statistical Classification of Diseases and Related Health Problems" (ICD-10) classification code set in October of 2014. In preparation for the change over from ICD-9 to ICD-10, the American Medical Association's "National Uniform Claim Committee" has released (and CMS and the Office of Management and Budget have approved) an updated Health Insurance Claim Form (1500 Claim Form version 02/12). The updated 1500 provides additional input fields within box number 21 on the form. These fields enable the medical provider to utilize the ICD-10 diagnostic codes when completing the 1500 for submission to the carrier/payer.

Beginning January 1st, 2014, healthcare providers may submit medical payment requests using the revised 1500 form. After March 31, 2014, healthcare providers will no longer be allowed to submit payment requests under the previous versions of the 1500 form.

The Health Insurance Claim Form is included within the Commission's statutes and regulations as Commission Form 14a. To ensure that the medical billing protocols set forth by the South Carolina Workers' Compensation Commission are consistent with CMS and AMA standards, staff requests that the Commission approve the implementation and use of the Health Insurance Claim Form 1500 (v 02/12) in form and schedule that is consistent with the Centers for Medicare and Medicaid Services. By so doing, the Commission will make no changes to the CPT code set within its current Medical Services Provider Manual or other fee schedules. Adoption of the revised 1500 will present no fiscal impact to the Workers' Compensation System in South Carolina.



SEARCH

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National Uniform Claim Committee

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Updates to 08/05 and 02/12 1500 Instruction Manuals

October 21, 2013

The NUCC has released updates to its Version 9.0 7/13 (for the 08/05 form) and Version 1.1 06/13 (for the 02/12 form) 1500 Health Insurance Claim Form Reference Manuals. The changes to both manuals are minor clarifications and edits and go into effect immediately. The complete list of changes made to the 08/05 1500 Instructions since July 2013 is available on the "1500 Instruction Manual Changes" page under the 1500 Claim Form tab. The complete list of changes made to the 02/12 1500 Instructions since June 2013 is available on the "02/12 1500 Claim Form" page.

Questions about the NUCC's 1500 Instructions can be emailed to: info@nucc.org.

NUCC Approves Transition Timeline for 02/12 1500 Form

August 6, 2013

The NUCC has approved a transition timeline for the version 02/12 1500 Health Insurance Claim Form (1500 Claim Form). In June, the NUCC announced the approval of the updated 1500 Claim Form that accommodates reporting needs for ICD-10 and aligns with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim: Professional (837P) Version 5010 Technical Report Type 3.

The NUCC approved the following transition timeline at its in-person meeting in Chicago on August 1, 2013.

- January 6, 2014: Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- January 6 through March 31, 2014: Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- April 1, 2014: Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

This timeline aligns with Medicare's transition timeline.

Annual Release of the NUCC 1500 Instruction Manual

July 3, 2013

The NUCC has released its annual, updated version of its 1500 Health Insurance Claim Form Reference Instruction Manual. The updated instruction manual, Version 9.0 7/13, goes into effect immediately and is available under the 1500 Claim Form tab.

All changes that were made to the instructions following the July 2012 release have been incorporated into this version of the manual. Any interim changes, clarifications, or corrections to the instructions following this release will be posted on the 1500 Instruction Manual Changes web page.

July 2013 Health Care Provider Taxonomy Code Set Update

July 2, 2013

The NUCC has released its semi-annual update to the Health Care Provider Taxonomy code set, which will go into effect on October 1, 2013. The complete code set, including the list of modified codes, is available under the "Code Sets" tab. The PDF download version of the code set will be available shortly.

When reviewing the Health Care Provider Taxonomy code set online, revisions made since the last release can be identified by the color code; orange items are modified codes.

Questions or comments about the code set or the revisions can be emailed to: taxonomy@nucc.org.

Questions about the DSMO Process?

The Designated Standards Maintenance Organizations (DSMO) have created a presentation "Understanding the HIPAA Processes" to provide information on the HIPAA transactions, code sets, and operating rules processes under HIPAA. The presentation was developed to satisfy an industry need to have in one concise document the process of how to request changes to HIPAA mandated standards.

The presentation is available here: **DSMO: Understanding the HIPAA Process**

The DSMO includes three American National Standards Institute (ANSI) Accredited standard development organizations: Accredited Standards Committee (ASC) X12, Health Level Seven (HL7) International, and the National Council for Prescription Drug Programs (NCPDP), and three data content organizations: the American Dental Association (ADA) Dental Content Committee (DeCC), National

Uniform Billing Committee (NUBC), and National Uniform Claim Committee (NUCC). The DSMO reviews change requests to the HIPAA designated standards and requests for new standards and code sets to be adopted.

Who Are We?

The National Uniform Claim Committee (NUCC) is a voluntary organization that replaced the Uniform Claim Form Task Force in 1995. The committee was created to develop a standardized data set for use by the non-institutional health care community to transmit claim and encounter information to and from all third-party payers. It is chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner. The committee is a diverse group of health care industry stakeholders representing providers, payers, designated standards maintenance organizations, public health organizations, and vendors.

The NUCC was formally named in the administrative simplification section of the HIPAA of 1996 as one of the organizations to be consulted by the American National Standards Institute's accredited SDOs and the Secretary of HHS as they develop, adopt, or modify national standards for health care transactions. As such, the NUCC is intended to have an authoritative voice regarding national standard content and data definitions for non-institutional health care claims in the United States. The NUCC's recommendations in this area are explicitly designed to complement and expedite the work of the Accredited Standards Committee Electronic Data Interchange (ASC X12N) in complying with the provisions of P.L. 104-191.

The NUCC is comprised of the key parties affected by health care electronic data interchange (EDI) - those at either end of a health care transaction, generally payers and providers. Criteria for membership include a national scope and representation of a unique constituency affected by health care EDI, with an emphasis on maintaining or enhancing the provider/payer balance. Each committee member is intended to represent the perspective of the sponsoring organization and the applicable constituency. Representatives are responsible for communicating information between the committee and the group(s) they represent.

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337 S. Main Street Ste 200
Rochester, MI 48307

Phone: 877-850-0904 (Toll Free)
Fax: 248-651-8273
Email: sales@ezclaim.com

Information on the New CMS-1500 (2/12) Claim Form

NUCC Time Line:

- **January 6, 2014:** Payers begin receiving and processing paper claims submitted on the revised 1500 Claim Form (version 02/12).
- **January 6 through March 31, 2014:** Dual use period during which payers continue to receive and process paper claims submitted on the old 1500 Claim Form (version 08/05).
- **April 1, 2014:** Payers receive and process paper claims submitted only on the revised 1500 Claim Form (version 02/12).

EZClaim anticipates upgrades will be available in December. Email notifications will be sent when the new software is available.

More information on pricing and availability will be posted as it becomes available.

References

National Uniform Claim Committee
<http://www.nucc.org>

Abbreviations

NUCC - National Uniform Claim Committee
NUBC - National Uniform Billing Committee
HICF - Health Insurance Claim Form
NPI - National Provider Identifier

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Document ID: 858
Updated: 10/18/2013

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Keywords: direct billing

National Uniform Claim Committee



02/12 1500 Claim Form Map to the X12 Health Care Claim: Professional (837)

June 2013

Version 3.0 06/13

The 1500 Claim Form Map to the X12 Health Care Claim: Professional (837) includes data elements, identifiers, descriptions and codes from the Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Health Care Claim: Professional (837), 005010X222, Washington Publishing Company, May 2006, <<http://www.wpc-edl.com>> and Accredited Standards Committee X12, Insurance Subcommittee, ASC X12N, Type 1 Errata to Health Care Claim: Professional (837), 005010X222A1. Washington Publishing Company, June 2010, <<http://www.wpc-edl.com>>, copyright 2010 Data Interchange Standards Association on behalf of the Accredited Standards Committee X12. Applicable FARS/DFARS restrictions apply.

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How to Display on Revisial

02/12 1500 Claim Form Map to the X12 837 Health Care Claim: Professional (837)

The following is a crosswalk of the 02/12 version 1500 Health Care Claim Form (1500 Claim Form) to the X12 837 Health Care Claim: Professional Version 5010/5010A1 electronic transaction. This document is intended to be used in conjunction with the NUCC Data Set, which will be updated in 2013.

Please refer to the NUCC's 1500 Reference Instruction Manual for more specific information on the 1500 Claim Form and Item Numbers. Please refer to the X12 Health Care Claim: Professional (837) Technical Report Type 3 for more specific details on the transaction and data elements.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
N/A	Carrier Block	2010BB	NM103 N301 N302 N401 N402 N403	
1	Medicare, Medicaid, TRICARE, CHAMPVA, Group Health Plan, FECA, Black Lung, Other	2000B	SBR09	Titled Claim Filing Indicator Code in the 837P.
1a	Insured's ID Number	2010BA	NM109	Titled Subscriber Primary Identifier in the 837P.
2	Patient's Name	2010CA or 2010BA	NM103 NM104 NM105 NM107	
3	Patient's Birth Date, Sex	2010CA or 2010BA	DMG02 DMG03	Sex is titled Gender in the 837P.
4	Insured's Name	2010BA	NM103 NM104 NM105 NM107	Titled Subscriber in the 837P.
5	Patient's Address	2010CA	N302 N401 N402 N403	
6	Patient Relationship to Insured	2000B 2000C	SBR02 PAT01	Titled Individual Relationship Code in the 837P.

1800 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
7	Insured's Address	2010BA	N301 N302 N401 N402 N403	Titled Subscriber Address in the 837P.
8	Reserved for NUCC Use (previously Patient Status)	N/A	N/A	Patient Status was removed. Patient Status does not exist in the 837P.
9	Other Insured's Name	2330A	NM103 NM104 NM105 NM107	Titled Other Subscriber Name in the 837P.
9a	Other Insured's Policy or Group Number	2320	SBR03	Titled Insured Group or Policy Number in the 837P.
9b	Reserved for NUCC Use (previously Other Insured's Date of Birth, Sex)	N/A	N/A	Other Insured's Date of Birth, Sex was removed. Other Insured's Date of Birth and Sex do not exist in the 837P.
9c	Reserved for NUCC Use (previously Employer's Name or School Name)	N/A	N/A	Employer's Name or School Name was removed. Employer's Name and School Name do not exist in the 837P.
9d	Insurance Plan Name or Program Name	2320	SBR04	Titled Other Insured Group Name in the 837P.
10a	Is Patient's Condition Related to: Employment	2300	CLM11	Titled Related Causes Code in the 837P.
10b	Is Patient's Condition Related to: Auto Accident	2300	CLM11	Titled Related Causes Code in the 837P.
10c	Is Patient's Condition Related to: Other Accident	2300	CLM11	Titled Related Causes Code in the 837P.

1800 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
10d	Claim Codes (previously Reserved for Local Use)	2300	K3	This is specific for reporting Workers' Compensation Condition Codes.
11	Insured's Policy, Group, or FECA Number	2000B	SBR03	Titled Subscriber Group or Policy Number in the 837P.
11a	Insured's Date of Birth, Sex	2010BA	DMG02 DMG03	Titled Subscriber Birth Date and Subscriber Gender Code in the 837P.
11b	Other Claim ID (previously Insured's Employer Name or School Name)	2010BA	REF01 REF02	Changed to Other Claim ID. Insured's Employer Name or School Name does not exist in 837P.
11c	Insurance Plan Name or Program Name	2000B	SBR04	Titled Subscriber Group Name in the 837P.
11d	Is there another Health Benefit Plan?	2320		Presence of Loop 2320 indicates Y (yes) to the question.
12	Patient's or Authorized Person's Signature	2300	CLM09	Titled Release of Information Code in the 837P.
13	Insured's or Authorized Persons Signature	2300	CLM08	Titled Benefits Assignment Certification Indicator in the 837P.
14	Date of Current Illness, Injury, Pregnancy (LMP)	2300	DTP01 DTP03	Titled in the 837P: Date – Onset of Current Illness or Symptom Date – Last Menstrual Period

1800 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
15	Other Date (previously If Patient Has Had Same or Similar illness)	2300	DTP01 DTP03	Titled in the 837P: Date – Initial Treatment Date Date – Last Seen Date Date – Acute Manifestation Date – Accident Date – Last X-ray Date Date – Hearing and Vision Prescription Date Date – Assumed and Relinquished Care Dates Date – Property and Casualty Date of First Contact If Patient Has Had Same or Similar Illness does not exist in 837P.
16	Dates Patient Unable to Work in Current Occupation	2300	DTP03	Titled Disability From Date and Work Return Date in the 837P.
17	Name of Referring Provider or Other Source	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	NM101 NM103 NM104 NM105 NM107	
17a	Other ID#	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	REF01 REF02	Titled Referring Provider Secondary Identifier, Supervising Provider Secondary Identifier, and Ordering Provider Secondary Identifier in the 837P.
17b	NPI #	2310A (Referring) 2310D (Supervising) 2420E (Ordering)	NM109	Titled Referring Provider Identifier, Supervising Provider Identifier, and Ordering Provider Identifier in the 837P.
18	Hospitalization Dates Related to Current Services	2300	DTP03	Titled Related Hospitalization Admission Date and Related Hospitalization Discharge Date in the 837P.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
19	Additional Claim Information (previously Reserved for Local Use)	2300	NTE PWK	
20	Outside Lab Charges	2400	PS102	Titled Purchased Service Charge Amount in the 837P.
21	Diagnosis or Nature of Illness or Injury	2300	HI01-2, HI02-2, HI03-2, HI04-2, HI05-2, HI06-2, HI07-2, HI08-2, HI09-2, HI10-2, HI11-2, HI12-2	
22	Resubmission and/or Original Reference Number	2300	CLM05-3	Titled Claim Frequency Code in the 837P.
		2300	REF02	Titled Payer Claim Control Number in the 837P.
23	Prior Authorization Number	2300	REF02	Titled Prior Authorization Number in the 837P.
		2300	REF02	Titled Referral Number in the 837P.
		2300	REF02	Titled Clinical Laboratory Improvement Amendment Number in the 837P.
		2300	REF02	Titled Mammography Certification Number in the 837P.
24A	Date(s) of Service	2400	DTP03	Titled Service Date in the 837P.
24B	Place of Service	2300	CLM05-1	Titled Facility Code Value in the 837P.
		2400	SV105	Titled Place of Service Code in the 837P.
24C	EMG	2400	SV109	Titled Emergency Indicator in the 837P.
24D	Procedures, Services, or Supplies	2400 2400	SV101 (2-6)	Titled Product/Service ID and Procedure Modifier in the 837P.

1800 Form		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
24E	Diagnosis Pointer	2400	SV107 (1-4)	Titled Diagnosis Code Pointer in the 837P.
24F	\$ Charges	2400	SV102	Titled Line Item Charge Amount in the 837P.
24G	Days or Units	2400	SV104	Titled Service Unit Count in the 837P.
24H	EPSDT/Family Plan	2400	SV111 SV112	Titled EPSDT Indicator and Family Planning Indicator in the 837P.
24I Shaded Line	ID Qualifier	2310B	PRV02 REF01	Titled Reference Identification Qualifier in the 837P.
		2420A	PRV02 REF01	Titled Reference Identification Qualifier in the 837P.
24J Shaded Line	Rendering Provider ID #	2310B	PRV03REF02	Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.
		2420A	PRV03 REF02	Titled Provider Taxonomy Code and Rendering Provider Secondary Identifier in the 837P.
24J	Rendering Provider ID #	2310B	NM109	
		2420A	NM109	Titled Rendering Provider Identifier in the 837P.
25	Federal Tax ID Number	2010AA	REF01 REF02	Titled Reference Identification Qualifier and Billing Provider Tax Identification Number in the 837P.
26	Patient's Account No.	2300	CLM01	Titled Patient Control Number in the 837P.
27	Accept Assignment?	2300	CLM07	Titled Assignment or Plan Participation Code in the 837P.
28	Total Charge	2300	CLM02	Titled Total Claim Charge Amount in the 837P.
29	Amount Paid	2300	AMT02	Titled Patient Amount Paid in the 837P.
		2320	AMT02	Titled Payer Paid Amount in the 837P.

1800 Form		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
30	Rsvd for NUCC Use (previously Balance Due)	N/A	N/A	Balance Due was removed. Balance Due does not exist in the 837P.
31	Signature of Physician or Supplier Including Degrees or Credentials	2300	CLM06	Titled Provider or Supplier Signature Indicator in the 837P.
32	Service Facility Location Information	2310C	NM103 N301 N401 N402 N403	
32a	NPI #	2310C	NM109	Titled Laboratory or Facility Primary Identifier in the 837P.
32b	Other ID #	2310C	REF01 REF02	Titled Reference Identification Qualifier and Laboratory or Facility Secondary Identifier in the 837P.
33	Billing Provider Info & Ph #	2010AA	NM103 NM104 NM105 NM107 N301 N401 N402 N403 PER04	
33a	NPI #	2010AA	NM109	Titled Billing Provider Identifier in the 837P.
33b	Other ID #	2000A 2010AA	PRV03 REF01 REF02	Titled Provider Taxonomy Code in the 837P. Titled Reference Identification Qualifier and Billing Provider Additional Identifier in the 837P.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA PICA <input type="checkbox"/>									
1. MEDICARE <input type="checkbox"/> (Medicare) MEDICAID <input type="checkbox"/> (Medicaid) TRICARE <input type="checkbox"/> (IDe/DoD) CHAMPVA <input type="checkbox"/> (Member ID) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLX (LUNG) <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (ID#)					1a. INSURED'S I.D. NUMBER (For Program in Item 1)				
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)					3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)		
5. PATIENT'S ADDRESS (No., Street) CITY STATE					6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) CITY STATE		
ZIP CODE TELEPHONE (Include Area Code)		8. RESERVED FOR NUCC USE			ZIP CODE TELEPHONE (Include Area Code)		9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:			11. INSURED'S POLICY GROUP OR FECA NUMBER				
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO			b. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>				
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO			b. OTHER CLAIM ID (Designated by NUCC)				
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? PLACE (State) <input type="checkbox"/> YES <input type="checkbox"/> NO			c. INSURANCE PLAN NAME OR PROGRAM NAME				
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)			d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO # yes, complete items 9, 9a, and 9d.				
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.									
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED _____ DATE _____					13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNED _____				
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL					15. OTHER DATE MM DD YY QUAL				
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO				
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to C to service line below (24E)) A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____					22. RESUBMISSION CODE ORIGINAL REF. NO.				
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER					F. \$ CHARGES G. DAYS OR UNITS H. UNIT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #				
1 2 3 4 5 6					25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rev'd for NUCC Use				
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED _____ DATE _____					32. SERVICE FACILITY LOCATION INFORMATION				
33. BILLING PROVIDER INFO & PH # ()									

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

BECAUSE THIS FORM IS USED BY VARIOUS GOVERNMENT AND PRIVATE HEALTH PROGRAMS, SEE SEPARATE INSTRUCTIONS ISSUED BY APPLICABLE PROGRAMS.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

REFERS TO GOVERNMENT PROGRAMS ONLY

MEDICARE AND TRICARE PAYMENTS: A patient's signature requests that payment be made and authorizes release of any information necessary to process the claim and certifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient's signature authorizes any entity to release to Medicare medical and nonmedical information and whether the person has employer group health insurance, liability, no-fault, worker's compensation or other insurance which is responsible to pay for the services for which the Medicare claim is made. See 42 CFR 411.24(e). If item 9 is completed, the patient's signature authorizes release of the information to the health plan or agency shown. In Medicare assigned or TRICARE participation cases, the physician agrees to accept the charge determination of the Medicare carrier or TRICARE fiscal intermediary as the full charge and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier or TRICARE fiscal intermediary if this is less than the charge submitted. TRICARE is not a health insurance program but makes payment for health benefits provided through certain affiliations with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Insured" i.e., items 1a, 4, 6, 7, 9, and 11.

BLACK LUNG AND FECA CLAIMS

The provider agrees to accept the amount paid by the Government as payment in full. See Black Lung and FECA instructions regarding required procedure and diagnosis coding systems.

SIGNATURE OF PHYSICIAN OR SUPPLIER (MEDICARE, TRICARE, FECA AND BLACK LUNG)

In submitting this claim for payment from federal funds, I certify that: 1) the information on this form is true, accurate and complete; 2) I have familiarized myself with all applicable laws, regulations, and program instructions, which are available from the Medicare contractor; 3) I have provided or will provide sufficient information required to allow the government to make an informed eligibility and payment decision; 4) this claim, whether submitted by me or on my behalf by my designated billing company, complies with all applicable Medicare and/or Medicaid laws, regulations, and program instructions for payment including but not limited to the Federal anti-kickback statute and Physician Self-Referral law (commonly known as Stark law); 5) the services on this form were medically necessary and personally furnished by me or were furnished incident to my professional service by my employee under my direct supervision, except as otherwise expressly permitted by Medicare or TRICARE; 6) for each service rendered incident to my professional service, the identity (legal name and NPI license #, or SSN) of the primary individual rendering each service is reported in the designated section. For services to be considered "incident to" a physician's professional services: 1) they must be rendered under the physician's direct supervision by his/her employee, 2) they must be an integral, although incidental part of a covered physician service, 3) they must be of kinds commonly furnished in physician's offices, and 4) the services of non-physicians must be included on the physician's bills.

For TRICARE claims, I further certify that I (or any employee) who rendered services am not an active duty member of the Uniformed Services or a civilian employee of the United States Government or a contract employee of the United States Government, either civilian or military (refer to 5 USC 5538). For Black Lung claims, I further certify that the services performed were for a Black Lung-related disorder.

No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (42 CFR 424.32).

NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws.

NOTICE TO PATIENT ABOUT THE COLLECTION AND USE OF MEDICARE, TRICARE, FECA, AND BLACK LUNG INFORMATION (PRIVACY ACT STATEMENT)

We are authorized by CMS, TRICARE and OWCP to ask you for information needed in the administration of the Medicare, TRICARE, FECA, and Black Lung programs. Authority to collect information is in section 205(a), 1862, 1872 and 1874 of the Social Security Act as amended, 42 CFR 411.24(a) and 424.5(a) (6), and 44 USC 3101; 41 CFR 101 of seq and 10 USC 1079 and 1086; 5 USC 8101 et seq; and 30 USC 901 et seq; 38 USC 613; E.O. 9397

The information we obtain to complete claims under these programs is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by these programs and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or Federal agencies, for the effective administration of Federal provisions that require other third parties payers to pay primary to Federal program, and as otherwise necessary to administer these programs. For example, it may be necessary to disclose information about the benefits you have used to a hospital or doctor. Additional disclosures are made through routine uses for information contained in systems of records.

FOR MEDICARE CLAIMS: See the notice modifying system No. 09-70-0501, titled, "Carrier Medicare Claims Record," published in the Federal Register, Vol. 55 No. 177, page 37549, Wed. Sept. 12, 1990, or as updated and republished.

FOR OWCP CLAIMS: Department of Labor, Privacy Act of 1974, "Publication of Notice of Systems of Records," Federal Register Vol. 55 No. 40, Wed Feb. 28, 1990. See ESA-5, ESA-6, ESA-12, ESA-13, ESA-30, or as updated and republished.

FOR TRICARE CLAIMS: PRINCIPLE PURPOSE(S): To evaluate eligibility for medical care provided by civilian sources and to issue payment upon establishment of eligibility and determination that the services/supplies received are authorized by law.

ROUTINE USE(S): Information from claims and related documents may be given to the Dept. of Veterans Affairs, the Dept. of Health and Human Services and/or the Dept. of Transportation consistent with their statutory administrative responsibilities under TRICARE/CHAMPVA; to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Internal Revenue Service, private collection agencies, and consumer reporting agencies in connection with recoupment claims; and to Congressional Offices in response to inquiries made at the request of the person to whom a record pertains. Appropriate disclosures may be made to other federal, state, local, foreign government agencies, private business entities, and individual providers of care, on matters relating to enrollment, claims adjudication, fraud, program abuse, utilization review, quality assurance, peer review, program integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of TRICARE.

DISCLOSURES: Voluntary; however, failure to provide information will result in delay in payment or may result in denial of claim. With the one exception discussed below, there are no penalties under these programs for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of claims under these programs. Failure to furnish any other information, such as name or claim number, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is mandatory that you tell us if you know that another party is responsible for paying for your treatment. Section 1126B of the Social Security Act and 31 USC 3801-3817 provide penalties for withholding this information.

You should be aware that P.L. 100-503, the "Computer Matching and Privacy Protection Act of 1988", permits the government to verify information by way of computer matches.

MEDICAID PAYMENTS (PROVIDER CERTIFICATION)

I hereby agree to keep such records as are necessary to disclose fully the extent of services provided to individuals under the State's Title XIX plan and to furnish information regarding any payments claimed for providing such services as the State Agency or Dept. of Health and Human Services may request.

I further agree to accept, as payment in full, the amount paid by the Medicaid program for those claims submitted for payment under that program, with the exception of authorized deductible, coinsurance, co-payment or similar cost-sharing charge.

SIGNATURE OF PHYSICIAN (OR SUPPLIER): I certify that the services listed above were medically indicated and necessary to the health of this patient and were personally furnished by me or my employee under my personal direction.

NOTICE: This is to certify that the foregoing information is true, accurate and complete. I understand that payment and satisfaction of this claim will be from Federal and State funds, and that any false claims, statements, or documents, or concealment of a material fact, may be prosecuted under applicable Federal or State laws.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0038-1197. The time required to complete this information collection is estimated to average 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. This address is for comments and/or suggestions only. DO NOT MAIL COMPLETED CLAIM FORMS TO THIS ADDRESS.