

A G E N D A

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

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

December 16, 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 DECEMBER 16, 2013 *CHAIRMAN BECK*
2. APPROVAL OF MINUTES OF THE BUSINESS MEETING OF NOVEMBER 18, 2013 (Tab 1) *CHAIRMAN BECK*
3. GENERAL ANNOUNCEMENTS *MR. CANNON*
4. APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 2) *MR. SMITH*
5. DEPARTMENT DIRECTORS' REPORTS
Administration – Financial Report (Tab 3) *MS. GANTT*
Human Resources (Tab 4) *MS. FLOYD*
Information Services (Tab 5) *MS. HARTMAN*
Insurance & Medical Services (Tab 6) *MR. DUFFIELD*
Claims (Tab 7) *MR. DUFFIELD*
Judicial (Tab 8) *MS. CROCKER*
6. EXECUTIVE DIRECTOR'S REPORT (Tab 9) *MR. CANNON*
7. OLD BUSINESS *CHAIRMAN BECK*
 - A. Access Copy Fees for Electronic Images (Tab 10) *Mr. Cannon*
 - B. Updated CMS-1500 Form (Tab 11) *Mr. Duffield*
8. NEW BUSINESS *CHAIRMAN BECK*
 - A. 2014 Average Weekly Wage (Tab 12) *Mr. Cannon*
9. ADJOURNMENT *CHAIRMAN BECK*

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THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
BUSINESS MEETING

Monday, November 18, 2013

A Business Meeting of the South Carolina Workers' Compensation Commission was held in Hearing Room A of the Workers' Compensation Commission on Monday, November 18, 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; Diana Gantt, Accounting/Fiscal Manager; Betsy Hartman, IT Director; Cathy Floyd, Human Resources Manager; Wayne Ducote, Coverage Director; W.C. Smith, Self-Insurance Director; and Keith Roberts, Attorney. Also present were Clara Smith, Injured Workers' Advocates; Kristian Bell, Collins & Lacy, P.C.; and Jenna Garraux, Stewart Law Offices.

Chairman Beck called the meeting to order at 10:42 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 OCTOBER 14, 2013

Commissioner Barden moved that the minutes of the Business Meeting of October 14, 2013 be approved. Commissioner James seconded the motion, and the motion was approved.

APPROVAL OF MINUTES – PUBLIC HEARING OF OCTOBER 29, 2013

Commissioner Barden moved that the minutes of the Public Hearing of October 29, 2013 be approved. Commissioner James seconded the motion, and the motion was approved.

GENERAL ANNOUNCEMENTS

Mr. Cannon announced the three hours required ethics and APA training for the Commissioners and their Administrative Assistants is scheduled for today from 2:00 p.m. – 5:00 p.m. in the First Floor Conference Room. Joe Turner, Esq., Office of Disciplinary Counsel, S.C.

Supreme Court, and Cathy Hazelwood, Assistant Director and General Counsel of the SC Ethics Commission, will lead the discussion.

Mr. Cannon said the official announcement on electronic filing of the Form 58 is pending Commissioners' review and approval of the revised language in the preferences.

APPLICATIONS FOR APPROVAL TO SELF-INSURE

Self-insurance applications were presented by W.C. Smith, Self-Insurance Director. Twenty-three (23) prospective members of four (4) funds were presented to the Commission for approval. The applications were:

Palmetto Timber Fund

Palmetto Land & Timber Co of Camden, LLC
Tre's Logging, LLC
W.C. Smith & Sons Logging

SC Automobile Dealers SIF

Neil Johnson Buick GMC dba Hyatt Buick GMC

SC Home Builders SIF

Alpha Siding & Remodeling, LLC
Cabinets by Design of SC Co., Inc.
CC&C Construction, LLC
Chris Brooks
Consumer Development Corporation
David Sanderford dba Quality Tile & Flooring
DJ Rebar Contractors, Inc.
Flatwork Construction, LLC
Glenn Construction, LLC
Glover, Tyrone dba Father & Son Masonry
HVAC Repairs, LLC
Integrity Management Group, Inc.
JSCB, Inc dba Pristine Pool & Spa
Martin Federico Godinez Hernandez dba Godinez Framing
Steiner Builders, Inc.
Sun Coastal Builders, Inc.
T.D.S. Enterprises, Inc.
William Bazen dba Bazen's Landscaping

SC Municipal Self Insurance Trust Fund

Town of Blythewood

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 Roche seconded the motion. The motion was unanimously approved.

Request of City of North Myrtle Beach to Self-Insure

Mr. Smith presented a request from the City of North Myrtle Beach to self-insure. The City of North Myrtle Beach is currently self-insured for workers' compensation as a member of the South Carolina Municipal Self-Insurance Trust.

Mr. Smith presented a recommendation that the city of North Myrtle Beach be granted the privilege of self-insuring its workers' compensation liabilities contingent on the following:

1. The City of North Myrtle Beach secure specific excess insurance with an initial retention of not more than \$1 million and a statutory limit of liability;
2. As required by the South Carolina Workers' Compensation Commission Regulation 67-1516 (B) (C), assurance must be provided that provisions shall be made for the payment of all awards available under the act. As proof, the City of North Myrtle Beach will each year provide the Self-Insurance Division a copy of its annual budget/financial report or a letter of understanding signed by each member of the board.

Motion to approve the City of North Myrtle Beach to Self-Insure

Commissioner Wilkerson made the motion to approve the City of North Myrtle Beach to self-insure. Commissioner McCaskill seconded the motion, and the motion was approved.

DEPARTMENT DIRECTORS' REPORTS

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

Administration Department

Diana Gantt presented the Summary of Revenues and Expenditures for the period ending October 31, 2013. The benchmark for October is 33.33%. The Commission's revenues are at 33.63%, and expenses are at 32%.

Human Resources Department

Cathy Floyd presented the Human Resources report for the period of October 9 – November 12, 2013. Ms. Floyd pointed out the following highlights from the report:

- The Holiday Luncheon will be held December 16 at noon.
- A Holiday Breakfast/Snack Day will be held on December 20.
- Recruitment has begun for the Claims Director Position. The closing date for accepting applications is midnight Wednesday, November 20.
- Assisted 21 employees with changes and re-enrollment during October Annual Enrollment.
- The annual Equal Employment Opportunity Report was submitted to the General Assembly. The Commission reached 100% goal attainment for the fifth consecutive year.
- The State Human Resources Department conducted a Human Resources Delegation Audit. The Agency received no recommendations for improvement.

Information Services

Betsy Hartman presented the Information Services Department's report. The format of Information Services' monthly report is being changed to organize the projects based on the strategic objectives as stated in the Agency's Accountability Report.

Insurance & Medical Services Department

Grant Duffield presented the Insurance & Medical Services Department's report. Mr. Duffield reported year to date self-insurance tax revenue is trending at 107% of prior year. He said the web-based medical bill disputes process has significantly decreased the medical bill review case load. The Medical Services Division began October with 11 bills pending review, received an additional 12 bills for review, conducted 18 bill reviews and ended the month with five bills pending.

Mr. Duffield recognized Wayne Ducote, Coverage and Compliance Director. Mr. Ducote reported the Compliance Division collected \$265,433 in fines, which represents 46% of prior year's year-end collection. It was reported last month the Compliance Division served Rule to Show Cause Hearing Notices to 56 carriers pursuing approximately \$124,000 in outstanding fines. Of the \$124,000 outstanding fines, a total of \$111,000 is resolved.

Claims Department

Mr. Duffield presented the Claims Department's report. For the month of October, Claims Department closed 3,116 individual cases. Fine Revenue received in October was \$110,350, a 68% increase over prior month. Mr. Duffield said the increase is contributable to a realignment of duties in the Claims Department with a greater emphasis on reviewing open files. Mr. Duffield said he anticipates the Claims Department will begin accepting certain claim forms (Forms 15, 17, 18, 19, and 20) via email in November. Claims Examiners reviewed 883 individual case files.

Judicial Department

Virginia Crocker presented the Judicial Department's report. Ms. Crocker reported that regulatory mediation is accounting for approximately 15% pleadings per month.

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:

Proposed Amendments to R67-1605 Lump Sum Payment

A Public Hearing was held on Tuesday, October 29, 2013 to receive comments on the proposed change to R 67-1605 (4399).

Claims Administration Workshop

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

Adjusters Focus Group

The Commission hosted a Claims Adjusters Focus Group on November 1.

Staff Reorganization

Mr. Cannon reported a reorganization was implemented in the Administration Department and the Executive Director's Office effective November 2. 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.

Mail Room Scanning Process

Mr. Cannon reported a new mailroom scanning process went into effect on November 4. Commissioners' mail is scanned and the electronic image is emailed to the Commissioners' administrative assistant for processing.

OLD BUSINESS

A. Approve Language of Proposed Regulation Changes to R 67-1605 (4399)

Mr. Cannon presented a recommendation to approve the language of the proposed R 67-1605 Lump Sum Payment (4399).

MOTION TO APPROVE LANGUAGE OF THE PROPOSED REGULATION 67-1605 LUMP SUM PAYMENT

Commissioner Wilkerson made a motion to approve the proposed changes to R 67-1605 Lump Sum Payment for General Assembly review. Commissioner Roche seconded the motion. The vote was taken, and the motion was unanimously approved. Staff will submit the proposed regulation for General Assembly's consideration during the new legislative year.

NEW BUSINESS

A. Purchase Order Request for Programming

Mr. Cannon presented a recommendation to allow registered parties access to electronic images of documents through eCase and download the documents for a fee. To implement this service requires the purchase of two OnBase licenses for additional software and programming. The licenses are available on state-term contract with KeyMark. The total one-time cost is \$31,400; annual maintenance cost will be \$3,240.

Mr. Cannon presented a request that the 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 and existing database; and the annual maintenance of the software not to exceed \$3,240 for the two licenses; for a total expenditure of \$36,640.

Mr. Cannon said he anticipates the change in service will decrease the amount of revenues received by the Commission for paper copies. The Commission will continue to process paper copy requests at the basic charge of \$20 for copies of the first 20 pages and \$.50 per page for additional pages. Staff is preparing an amendment to the copying charge fee schedule for the electronic access to document images for consideration at the December Business Meeting.

MOTION TO APPROVE PURCHASE ORDER REQUEST FOR PROGRAMMING

Commissioner Roche moved to accept the recommendation as presented by Mr. Cannon. Commissioner Barden seconded the motion. The vote was taken, and the motion was unanimously approved.

B. Updated Health Insurance Claim Form (CMS-1500 Form)

Mr. Duffield briefed the Commission concerning the Centers for Medicare and Medicaid Services (CMS) updated 1500 Health Insurance Claim Form. The updated CMS-1500 Form provides additional input fields which enable the medical provider to utilize the ICD-10 diagnostic codes. Beginning January 1, 2014, healthcare providers may submit medical payment

requests using the revised CMS-1500 Form. After March 31, 2014, healthcare providers will no longer be allowed to submit payment requests under the previous versions of the CMS-1500 Form. The CMS-1500 Form is included within the Commission's statutes and regulations as Commission Form 14A.

Mr. Duffield presented a request that the Commission approve the implementation and use of the CMS-1500 in form and schedule that is consistent with the CMS. The matter will be considered at the next regularly scheduled business meeting.

ADJOURNMENT

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

The November 18, 2013 meeting of the South Carolina Workers' Compensation Commission adjourned at 11:08 a.m.

Reported December 16, 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 NOVEMBER 30, 2013
DATE: 12/9/2013

The Summary of Revenues and Expenditures for the period ending November 30, 2013, is attached.

- November is the 5th Fiscal Month of Fiscal Year 2014.
- The benchmark for November is 33.33%. The Commission's revenues are at 42.00% and expenses are at 42.00%.
- There were three payrolls processed during the month of November (1, 15, 27) therefore, the benchmarks for salaries are high due to this additional expense.
- 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 44%.

Earmark Fund:

Commissioners –

- Total expenditures are at 41% of budget.

Administration –

- Overall the expenditures are 40% of budget.

Claims –

- Expenditures are at 43% of budget.

Insurance & Medical –

- Total expenditures are at 42% of budget

Judicial –

- Total expenditures are at 34% of budget.

Activity Report from the Procurement Office:

	MTD	YTD
SCEIS Shopping Carts	2	24
Vendors Contacted for Price Quotes	1	58
Visa Procurement Card Orders Placed	5	30
SC Dept of Corrections Orders Placed	1	3
Staples Orders Placed	2	13
State Leased Vehicles taken for Service	2	10
State Reports filed by Procurement Officer	1	15

Mail Room Activity:

	MTD	YTD
Files Copied for Outside Parties	183	1,219
Pages Copied	5,397	39,003

South Carolina Workers' Compensation Commission
Summary of Revenues and Expenditures
2013 - 2014 Budget
November 30, 2013

STATE APPROPRIATIONS	Budget	FY To Date	Benchmark	41.67%
General Appropriation	<u>\$ 1,763,619</u>	<u>\$ 734,841.25</u>		41.67%

Account Description	Appropriation	Expenditure	Balance	% Expended
Personal Services	\$ 1,378,405	\$ 622,690	\$ 755,715	45.2%
Other Operating Expenses	-	-	-	0.0%
Employer Contribution	480,606	191,578	289,028	39.9%
Total	<u>\$ 1,859,011</u>	<u>\$ 814,268</u>	<u>\$ 1,044,743</u>	<u>43.8%</u>

OTHER APPROPRIATIONS

EARMARKED	Budgeted Revenues	Received thru 11/30/13	% Received
Training Conference Registration Fee	\$ 5,000	\$ 5,780	115.60%
Sale of Publication and Brochures	8,000	2,325	29.06%
Workers' Comp Award Review Fee	73,000	18,300	25.07%
Sale of Photocopies	88,000	34,464	39.16%
Workers' Compensation Filing Violation Fee	1,660,000	729,699	43.96%
Sale of Listings and Labels	25,000	8,158	32.63%
Workers' Comp Hearing Fee	562,000	218,145	38.82%
Earmarked Funds - Original Authorization	<u>\$ 2,421,000</u>	<u>\$ 1,016,871</u>	<u>42.00%</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	\$ 1,937,458	\$ -	\$ 1,937,458

Account Description	Appropriation	Expenditure	Balance	% Expended
Personal Services	\$ 1,454,375	\$ 707,469	\$ 746,906	48.6%
Taxable Subsistence	72,350	30,341	42,009	41.9%
Other Operating Expenses	1,379,941	425,614	954,327	30.8%
Employer Contribution	465,400	231,333	234,067	49.7%
Total Earmarked	<u>\$ 3,372,066</u>	<u>\$ 1,394,757</u>	<u>\$ 1,977,309</u>	<u>41.4%</u>

TOTAL OTHER APPROPRIATIONS	<u>\$ 3,372,066</u>	<u>\$ 1,394,757</u>	<u>\$ 1,977,309</u>	<u>41.4%</u>
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South Carolina Workers' Compensation Commission
2013 - 2014 Budget
November 30, 2013

Consolidated

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended October	Year to Date	%	Encumb	Balance
Commissioners								
Salaries	\$ 1,175,584	\$ -	\$ 1,175,584	\$ 144,707	\$ 535,990	46%	\$ -	\$ 42,009
Other Operating Expenditures								
Total Contractual Services	201,275	-	201,275	12,207	71,830	36%	-	129,445
Total Supplies & Materials	12,120	-	12,120	302	4,891	40%	-	7,229
Total Fixed Charges	153,899	-	153,899	12,011	69,648	45%	-	84,251
Total Travel	57,600	-	57,600	3,292	26,189	45%	-	31,411
Total Other Operating Exp	424,894	-	424,894	27,812	172,557	41%	-	252,337
Total Commissioners	\$ 1,600,478	\$ -	\$ 1,600,478	\$ 172,520	\$ 708,547	44%	\$ -	\$ 294,346
Administration								
Salaries	\$ 471,969	\$ -	\$ 471,969	\$ 78,827	\$ 294,585	62%	\$ -	\$ 177,384
Other Operating Expenditures								
Total Contractual Services	294,063	-	294,063	5,669	25,007	9%	-	269,056
Total Supplies & Materials	33,134	-	33,134	1,325	6,929	21%	-	26,205
Total Fixed Charges	133,426	-	133,426	13,722	57,019	43%	-	76,407
Total Travel	20,000	-	20,000	356	5,427	27%	-	14,573
Total Equipment	-	-	-	-	-	0%	-	-
Total Other Operating Exp	480,623	-	480,623	21,072	94,381	20%	-	386,242
Total Administration	\$ 952,592	\$ -	\$ 952,592	\$ 99,899	\$ 388,965	41%	\$ -	\$ 563,627
Claims								
Salaries	\$ 394,463	\$ -	\$ 394,463	\$ 40,189	\$ 170,791	43%	\$ -	\$ 223,673
Other Operating Expenditures								
Total Contractual Services	40,570	-	40,570	262	10,764	27%	-	29,806
Total Supplies & Materials	24,600	-	24,600	918	7,907	32%	-	16,693
Total Fixed Charges	82,234	-	82,234	6,124	32,850	40%	-	49,384
Total Travel	2,100	-	2,100	13	26	1%	-	2,074
Total Other Operating Exp	149,504	-	149,504	7,317	51,546	34%	-	97,958
Total Claims	\$ 543,967	\$ -	\$ 543,967	\$ 47,506	\$ 222,337	41%	\$ -	\$ 321,631
Insurance and Medical Services								
Salaries	\$ 472,119	\$ -	\$ 472,119	\$ 63,346	\$ 217,389	46%	\$ -	\$ 254,730
Other Operating Expenditures								
Total Contractual Services	98,898	-	98,898	3,381	28,346	29%	-	70,552
Total Supplies & Materials	20,800	-	20,800	512	10,111	49%	-	10,689
Total Fixed Charges	63,090	-	63,090	4,411	24,560	39%	-	38,530
Total Travel	1,350	-	1,350	-	-	0%	-	1,350
Total Other Operating Exp	184,138	-	184,138	8,304	63,017	34%	-	121,121
Total Insurance and Medical Services	\$ 656,257	\$ -	\$ 656,257	\$ 71,650	\$ 280,406	43%	\$ -	\$ 375,851
Judicial								
Salaries	\$ 390,995	\$ -	\$ 390,995	\$ 37,330	\$ 141,747	36%	\$ -	\$ 249,248
Other Operating Expenditures								
Total Contractual Services	35,522	-	35,522	238	9,906	28%	-	25,616
Total Supplies & Materials	29,270	-	29,270	382	5,227	18%	-	24,043
Total Fixed Charges	70,545	-	70,545	5,343	28,840	41%	-	41,705
Total Travel	5,445	-	5,445	-	139	3%	-	5,306
Total Other Operating Exp	140,782	-	140,782	5,963	44,112	31%	-	96,670
Total Judicial	\$ 531,777	\$ -	\$ 531,777	\$ 43,293	\$ 185,859	35%	\$ -	\$ 345,918
Totals By Departments								
Department Totals								
Commissioners	\$ 1,600,478	\$ -	\$ 1,600,478	\$ 172,520	\$ 708,547	44%	\$ -	\$ 294,346
Administration	952,592	-	952,592	99,899	388,965	41%	-	563,627
Claims	543,967	-	543,967	47,506	222,337	41%	-	321,631
Insurance & Medical	656,257	-	656,257	71,650	280,406	43%	-	375,851
Judicial	531,777	-	531,777	43,293	185,859	35%	-	345,918
Total Departmental Expend	\$ 4,285,071	\$ -	\$ 4,285,071	\$ 434,868	\$ 1,786,114	42%	\$ -	\$ 1,901,372
Employer Contributions	930,371	15,635	946,006	113,550	422,911	45%	-	523,095
Total General & Earmarked Funds	\$ 5,215,442	\$ 15,635	\$ 5,231,077	\$ 548,418	\$ 2,209,025	42%	\$ -	\$ 2,424,467

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
November 30, 2013

General Appropriation

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Commissioners								
Salaries								
Chairman	\$ 118,890	\$ -	\$ 118,890	\$ 14,261	\$ 52,291	44%	\$ -	\$ 66,599
Commissioner	684,540	-	684,540	86,168	315,948	46%	-	368,593
Terminal Leave	-	-	-	-	-	0%	-	-
Classified Employees	299,804	-	299,804	37,475	137,410	46%	-	162,394
Total Commissioners	1,103,234	-	1,103,234	137,904	505,649	46%	-	-
Administration								
Salaries								
Director	\$ 96,976	\$ -	\$ 96,976	\$ 12,122	\$ 44,447	46%	\$ -	\$ 52,529
Classified Positions	46,169	-	46,169	5,771	21,161	46%	-	25,008
Total Administration	143,145	-	143,145	17,893	65,608	46%	-	77,537
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	\$ 3,264	\$ 15,817	61%	\$ -	\$ 10,293
Total Ins and Medical Svcs	26,110	-	26,110	3,264	15,817	61%	-	10,293
Judicial								
Salaries								
Classified Positions	\$ 28,693	\$ -	\$ 28,693	\$ 4,276	\$ 14,990	52%	\$ -	\$ 13,703
Total Judicial	28,693	-	28,693	4,276	14,990	52%	-	13,703
General Funds								
Department Totals								
Commissioners	\$ 1,103,234	\$ -	\$ 1,103,234	\$ 137,904	\$ 505,649	46%	\$ -	\$ 597,585
Administration	143,145	-	143,145	17,893	65,608	46%	-	77,537
Claims	77,223	-	77,223	-	20,627	27%	-	56,596
Insurance & Medical	26,110	-	26,110	3,264	15,817	61%	-	10,293
Judicial	28,693	-	28,693	4,276	14,990	52%	-	13,703
Total Departmental Expend	\$ 1,378,405	\$ -	\$ 1,378,405	\$ 163,337	\$ 622,690	45%	\$ -	\$ 755,715
Employer Contributions	464,971	15,635	480,606	50,025	191,578	40%	-	289,028
Total General Fund Appropriations	\$ 1,843,376	\$ 15,635	\$ 1,859,011	\$ 213,362	\$ 814,268	44%	\$ -	\$ 1,044,743

South Carolina Workers' Compensation Commission
2013 - 2014 Budget
November 30, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Commissioners								
Salaries								
Taxable Subsistence	\$ 72,350	\$ -	\$ 72,350	\$ 6,803	\$ 30,341	42%	\$ -	\$ 42,009
Total Salaries	72,350	-	72,350	6,803	30,341	42%	-	42,009
Other Operating Expenditures								
Contractual Services								
Copying Equipment Service	1,300	-	1,300	-	-	0%	-	1,300
Data Processing Services	34,000	-	34,000	-	11,012	32%	-	22,988
Freight Express Delivery	100	-	100	-	-	0%	-	100
Telephone	3,500	-	3,500	312	1,542	44%	-	1,958
Cellular Phone Service	11,500	-	11,500	862	3,517	31%	-	7,983
Legal Services/Attorney Fees	150,675	-	150,675	11,034	55,328	37%	-	95,347
Other Professional Services	200	-	200	-	430	215%	-	(230)
Total Contractual Services	201,275	-	201,275	12,207	71,830	36%	-	129,445
Supplies & Materials								
Office Supplies	2,900	-	2,900	7	830	29%	-	2,070
Copying Equipment	2,300	-	2,300	-	1,334	58%	-	966
Printing	1,800	-	1,800	-	610	34%	-	1,190
Data Processing Supplies	50	-	50	-	-	0%	-	50
Postage	4,800	-	4,800	295	2,026	42%	-	2,774
Maint/Janitorial Supplies	150	-	150	-	35	24%	-	115
Motor Vehicle Supp/Gasoline	50	-	50	-	56	112%	-	(6)
Other Supplies	70	-	70	-	-	0%	-	70
Total Supplies & Materials	12,120	-	12,120	302	4,891	40%	-	7,229
Fixed Charges								
Rental-Cont Rent Payment	1,000	-	1,000	71	287	29%	-	713
Rent-Non State Owned Property	143,000	-	143,000	11,940	59,700	42%	-	83,300
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	151%	-	(220)
Total Fixed Charges	153,899	-	153,899	12,011	69,648	45%	-	84,251
Travel (Includes Leased Car)								
In State - Meals (Non-Reportable)	200	-	200	119	258	129%	-	(58)
In State - Auto Mileage	18,000	-	18,000	1,215	6,764	38%	-	11,236
In State - Subsistence Allowance	9,000	-	9,000	1,935	7,716	86%	-	1,284
Out State - Meals	100	-	100	23	255	255%	-	(155)
Out State - Auto Mileage	300	-	300	-	-	0%	-	300
Leased Car	30,000	-	30,000	-	11,196	37%	-	18,804
Total Travel	57,600	-	57,600	3,292	26,189	45%	-	31,411
Total Other Operating Expenditures	424,894	-	424,894	27,812	172,557	41%	-	252,337
Total Commissioners	\$ 497,244	\$ -	\$ 497,244	\$ 34,615	\$ 202,898	41%	\$ -	\$ 294,346

South Carolina Workers' Compensation Commission

2013 - 2014 Budget

November 30, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Administration								
Salaries								
Classified Positions	\$ 316,210	\$ -	\$ 316,210	\$ 55,866	\$ 210,079	66%	\$ -	\$ 106,131
Temporary Employees	12,614	-	12,614	5,069	18,898	150%	-	(6,284)
Terminal Leave	-	-	-	-	-	0%	-	-
Total Salaries	328,824	-	328,824	60,934	228,977	70%	-	99,847
Other Operating Expenditures								
Contractual Services								
Office Equipment Service	8,100	-	8,100	500	2,163	27%	-	5,937
Copying Equipment Service	3,000	-	3,000	-	-	0%	-	3,000
Print/Bind/Advertisement	10,000	-	10,000	1,632	1,632	16%	-	8,368
Print Pub Annual Reports	6,000	-	6,000	-	-	0%	-	6,000
Data Processing Services	213,993	-	213,993	2,033	16,311	8%	-	197,682
Freight Express Delivery	1,800	-	1,800	-	119	7%	-	1,681
Telephone	7,060	-	7,060	283	1,439	20%	-	5,621
Cellular Phone Service	5,000	-	5,000	247	891	18%	-	4,109
Education & Training Services	5,000	-	5,000	-	-	0%	-	5,000
Attorney Fees	25,000	-	25,000	113	144	1%	-	24,856
General Repair	1,500	-	1,500	-	-	0%	-	1,500
Audit Acct Finance	110	-	110	114	114	104%	-	(4)
Catered Meals	4,000	-	4,000	696	1,698	42%	-	2,302
Other Professional Services	1,500	-	1,500	-	-	0%	-	1,500
Other Contractual Services	2,000	-	2,000	52	497	25%	-	1,503
Total Contractual Services	294,063	-	294,063	5,669	25,007	9%	-	269,056
Supplies & Materials								
Office Supplies	9,500	-	9,500	105	2,131	22%	-	7,369
Copying Equipment Supplies	4,434	-	4,434	-	958	22%	-	3,477
Printing	3,500	-	3,500	135	1,048	30%	-	2,452
Data Processing Supplies	2,300	-	2,300	608	617	27%	-	1,683
Postage	8,000	-	8,000	412	1,830	23%	-	6,171
Maint/Janitorial Supplies	1,000	-	1,000	65	260	26%	-	740
Fees & Fines	1,800	-	1,800	-	-	0%	-	1,800
Gasoline/ Motor Vehicle Supply	100	-	100	-	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	1,325	6,929	21%	-	26,205
Fixed Charges								
Rental-Cont Rent Payment	6,000	-	6,000	286	1,945	32%	-	4,055
Rent-Non State Owned Property	95,000	-	95,000	7,726	38,629	41%	-	56,371
Rent-Other	11,000	-	11,000	1,435	6,385	58%	-	4,615
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	4,275	4,715	94%	-	285
Sales Tax Paid	8,186	-	8,186	-	1,691	21%	-	6,495
Total Fixed Charges	133,426	-	133,426	13,722	57,019	43%	-	76,407
Travel (Includes Leased Car)								
In State - Meals Non/ Reportable	1,000	-	1,000	38	212	21%	-	788
Reportable Meals	1,000	-	1,000	65	306	31%	-	694
In State - Lodging	1,000	-	1,000	81	406	41%	-	595
In State - Auto Mileage	-	1,000	1,000	172	299	30%	-	701
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	-	3,680	25%	-	10,820
Total Travel	20,000	-	20,000	356	5,427	27%	-	14,573
Equipment								
Equipment Data Processing- PC's	-	-	-	-	-	0%	-	-
Total Equipment	-	-	-	-	-	0%	-	-
Total Other Operating Expenditures	480,623	-	480,623	21,072	94,381	20%	-	386,242
Total Administration	\$ 809,447	\$ -	\$ 809,447	\$ 82,006	\$ 323,357	40%	\$ -	\$ 486,090

South Carolina Workers' Compensation Commission

2013 - 2014 Budget

November 30, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Claims								
Salaries								
Classified Positions	\$ 301,790	\$ -	\$ 301,790	\$ 37,937	\$ 142,559	47%	\$ -	\$ 159,231
Temporary Positions	15,450	-	15,450	2,252	7,605	49%	-	7,845
Terminal Leave	-	-	-	-	-	0%	-	-
Total Salaries	317,240	-	317,240	40,189	150,164	47%	-	167,076
Other Operating Expenditures								
Contractual Services								
Copying Equipment Service	1,800	-	1,800	-	-	0%	-	1,800
Data Processing Services	33,050	-	33,050	-	9,349	28%	-	23,701
Telephone	4,000	-	4,000	262	1,310	33%	-	2,690
Cellular Phone Service	1,720	-	1,720	-	104	6%	-	1,616
Total Contractual Services	40,570	-	40,570	262	10,764	27%	-	29,806
Supplies & Materials								
Office Supplies	2,000	-	2,000	-	219	11%	-	1,781
Copying Equipment	3,000	-	3,000	-	909	30%	-	2,091
Printing	1,500	-	1,500	-	483	32%	-	1,017
Data Processing Supplies	3,500	-	3,500	-	934	27%	-	2,566
Postage	14,000	-	14,000	918	5,333	38%	-	8,667
Maint/Janitorial Supplies	500	-	500	-	28	6%	-	472
Other Supplies	100	-	100	-	-	0%	-	100
Total Supplies & Materials	24,600	-	24,600	918	7,907	32%	-	16,693
Fixed Charges								
Rental-Cont Rent Payment	2,500	-	2,500	154	644	26%	-	1,856
Rent-Non State Owned Property	75,000	-	75,000	5,970	29,850	40%	-	45,150
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	6,124	32,850	40%	-	49,384
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	26	7%	-	374
Total Travel	2,100	-	2,100	13	26	1%	-	2,074
Total Other Operating Expenditures	149,504	-	149,504	7,317	51,546	34%	-	97,958
Total Claims	\$ 466,744	\$ -	\$ 466,744	\$ 47,506	\$ 201,710	43%	\$ -	\$ 265,034

South Carolina Workers' Compensation Commission

2013 - 2014 Budget

November 30, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Insurance and Medical Services								
Salaries								
Classified Positions	430,540	-	430,540	60,082	201,572	47%	-	228,968
Temporary Employees	15,469	-	15,469	-	-	0%	-	15,469
Terminal Leave	0	-	0	0	0	0%	-	-
Total Salaries	446,009	-	446,009	60,082	201,572	45%	-	244,437
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	1,662	18,418	33%	-	36,582
Telephone	2,300	-	2,300	214	1,069	46%	-	1,231
Cell Phone	1,000	-	1,000	53	239	24%	-	761
Catered Meals	1,600	-	1,600	-	-	0%	-	1,600
Other Professional Services	38,298	-	38,298	1,453	8,074	21%	-	30,224
Other Contractual Services	500	-	500	-	546	109%	-	(46)
Total Contractual Services	98,898	-	98,898	3,381	28,346	29%	-	70,552
Supplies & Materials								
Office Supplies	9,000	-	9,000	125	4,226	47%	-	4,774
Copying Equipment	2,500	-	2,500	-	1,005	40%	-	1,495
Printing	2,500	-	2,500	-	1,747	70%	-	753
Data Processing Supplies	500	-	500	-	527	105%	-	(27)
Postage	5,000	-	5,000	387	2,576	52%	-	2,424
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	512	10,111	49%	-	10,689
Fixed Charges								
Rental-Cont Rent Payment	2,500	-	2,500	76	261	10%	-	2,239
Rent-Non State Owned Property	52,000	-	52,000	4,214	21,071	41%	-	30,929
Rent-Other	2,000	-	2,000	121	544	27%	-	1,456
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	-	130	4%	-	2,870
Total Fixed Charges	63,090	-	63,090	4,411	24,560	39%	-	38,530
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	8,304	63,017	34%	-	121,121
Total Insurance and Medical Services	\$ 630,147	\$ -	\$ 630,147	\$ 68,386	\$ 264,589	42%	\$ -	\$ 365,558

South Carolina Workers' Compensation Commission

2013 - 2014 Budget

November 30, 2013

Earmarked Funds

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : 41.67%				
				Expended November	Year to Date	%	Encumb	Balance
Judicial								
Salaries								
Classified Positions	\$ 360,302	\$ -	\$ 360,302	\$ 33,053	\$ 125,573	35%	\$ -	\$ 234,729
Temporary Employees	2000	-	2000	0	1184	59%	-	816
Total Salaries	362,302	-	362,302	33,053	126,757	35%	-	235,545
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	-	8,683	29%	-	21,289
Telephone	2,500	-	2,500	185	931	37%	-	1,569
Cellular Phone Service	1,120	-	1,120	53	212	19%	-	908
Other Professional Services	200	-	200	-	80	40%	-	120
Total Contractual Services	35,522	-	35,522	238	9,906	28%	-	25,616
Supplies & Materials								
Office Supplies	4,000	-	4,000	-	331	8%	-	3,669
Copying Equipment Supplies	2,500	-	2,500	-	1,192	48%	-	1,308
Printing	2,000	-	2,000	-	432	22%	-	1,568
Data Processing Supplies	2,500	-	2,500	-	467	19%	-	2,033
Postage	18,000	-	18,000	382	2,780	15%	-	15,220
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	382	5,227	18%	-	24,043
Fixed Charges								
Rental-Cont Rent Payment	3,000	-	3,000	76	261	9%	-	2,739
Rent-Non State Owned Property	65,300	-	65,300	5,268	26,339	40%	-	38,961
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	28,840	41%	-	41,705
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	5,963	44,112	31%	-	96,670
Total Judicial	\$ 503,084	\$ -	\$ 503,084	\$ 39,016	\$ 170,869	34%	\$ -	\$ 332,215
Earmarked Funds								
Department Totals								
Commissioners	\$ 497,244	\$ -	\$ 497,244	\$ 34,615	\$ 202,898	41%	\$ -	\$ 294,346
Administration	809,447	-	809,447	82,006	323,357	40%	-	486,090
Claims	466,744	-	466,744	47,506	201,710	43%	-	265,034
Insurance & Medical	630,147	-	630,147	68,386	264,589	42%	-	365,558
Judicial	503,084	-	503,084	39,016	170,869	34%	-	332,215
Total Departmental Expend	\$ 2,906,666	\$ -	\$ 2,906,666	\$ 271,531	\$ 1,163,424	40%	\$ -	\$ 1,743,242
Employer Contributions	465,400	-	465,400	63,525	231,333	50%	-	234,067
Total Earmarked Funds	\$ 3,372,066	\$ -	\$ 3,372,066	\$ 335,055	\$ 1,394,757	41%	\$ -	\$ 1,977,309
Capital / Computer Project Carryforward	\$ -	\$ -	\$ -	\$ -	\$ -	0%	\$ -	\$ -

MEMORANDUM

Date: December 11, 2013

TO: Mr. Gary Cannon
Executive Director

FROM: Cathy Floyd
Human Resources

SUBJECT: Human Resources Report Period of November 13 – December 10, 2013

Below is a summary of the Human Resources activity for the period of November 13 – December 10, 2013.

Employee Relations (ER)

- **Five employee relations issues were addressed during the activity period**
 - **Provided counseling sessions for the issues that were brought to my attention, conducted initial investigations into the matter as needed, contacted the supervisor or department director as needed and collaborated with the necessary staff and external resources to find resolution for the issues**
- **Revised and distributed the Employee Directory**
 - **Redesigned the layout of the directory, ensured correct data was included in regards to phone number and the revised room numbers, located most current employee picture or took additional pictures to complete the directory, emailed to all employees and provided hardcopy format as requested**
- **Continuing to work with the Mail Room and File Room regarding process changes**
 - **Provided counseling sessions regarding supervisory roles, identified all mail room and file room tasks, assisted in the delegation of tasks and followed-up with counseling sessions to ensure a clear understanding of the new business processes**
- **Reminded all employees of the Employee Performance Management System (EPMS) Planning Stage and continuous communication process**
 - **Discussed the planning stage with supervisors to include completing the newly combined position description and evaluation form, provided training materials in the form of a PowerPoint presentation on the importance of continuous communication throughout the review period, the importance of receiving feedback from employees and including them on the creation of the planning stage document**
- **Reminded supervisors to submit overdue EPMS reviews**
- **Executive Leadership Team Retreat was held November 21**
 - **Contacted multiple off-site location options for the retreat to be held, conducted site visits to view facilities to determine if they would meet the needs of the retreat, secured a location for the retreat and coordinated with the Executive Director to ensure all materials needed for the retreat were available, ensured the room was configured as requested, participated in the 4-hour retreat, compiled all information gathered during the session and distributed the information to all Executive Leadership Team members**
- **Ensure timely communication with all employees regarding events hosted by the Commission, Prevention Partners, other State agencies and CBRE through email, employee website updates coordinated with the Commission's Website Coordinator and/or posting of flyers**
- **Annual Holiday Events**
 - **Holiday Luncheon will be held Monday, December 16 at noon**
 - **Holiday Breakfast/Snack Day will be held Friday, December 20**

Recruitment and Selection

- Interviews have begun for the Claims Director position
 - Total of 53 applications received for the position
 - Interviews conclude Friday, December 20
 - Reviewed all applications received and determined eligibility, coordinated with the Executive Director in filtering the applicant pool to determine the candidates to be interviewed, assisted in the creation of initial interview questions to help the interview panel during the interview process, contacted all applicants selected for an interview and scheduled the interviews, provided applicants initial interview questions to be submitted prior to interview, compiled all responses and created interview packets for each panel member, followed-up with all applicants as needed regarding various inquiries received

Benefits

- Notified all employees of new health and pharmacy cards being issued
 - Upon notification from the Public Employee Benefit Authority, issued a human resources letter instructing employees of new health and pharmacy cards that will be issued in December to be used beginning January 1, 2014
- Assisted an employee with retirement participation
 - Upon notification of retirement, counselled with the employee and received a completed resignation form indicating how the employee would like to receive payment for annual leave, discussed Life Insurance options of portability and/or conversion with MetLife, ensured all appropriate documentation was completed timely and submitted to MetLife, counselled with the employee regarding the change from active employment to retirement and necessary documentation for continuing insurance coverage
- Assisted two employees with retirement related issues
 - Counsellor with employees and discussed the options available to them based on the employee's length of service, age and any possible extenuating circumstances, contacted the Public Employee Benefit Authority for clarification as needed
- Assisted two employees with coverage changes
 - Changes in coverage initiated by the Public Employee Benefit Authority and/or the employee, ensured the changes were allowable changes within the system, ensured proper documentation was received to be submitted for approval, entered the changes electronically through the insurance benefits portal and secured all necessary signatures, submitted packets to the Public Employee Benefit Authority for approval, reconciled any outstanding issues that arose and made copies of completed packet to be kept in the employee's insurance file for auditing purposes
- Issued a COBRA letter
 - Determined if the related insurance change required the issuance of a COBRA letter, determined the COBRA eligibility period based on the type of insurance change, completed the letter, located all required supporting documentation ensuring it was the most current release, notified employee and all dependents in hardcopy format and made copies of completed packet to be kept in the employee's insurance file for auditing purposes
- Completed one inquiry with the Retirement Systems
 - As notified by the Public Employee Benefit Authority using the retirement system employer portal, researched data to be entered in the portal and printed a copy to be kept in the employee's file for auditing purposes

SC Enterprise Information System (SCEIS)

- Processed one employment verification
 - Received notification from an outside source requesting verification of employment, ensure that the employee has authorized the release of information, researched the requested information,

completed and submitted the form from the outside source and made copies of completed packet to be kept in the employee's personnel file for auditing purposes

- **Processed Leave Pool Donations**
 - Reminded employees that it is again time to consider donating excess leave to the Commission's leave pool, compiled all requests, audited the participating employees' leave balances to ensure they fell within the guidelines of eligibility, entered the requests in SCEIS and notified the employee the of the completed donation
- **Coordinated with SCEIS regarding Business Objects and future training sessions**
 - Contacted SCEIS regarding the license for business objects, ensured correct credentials for logging into the system, discussed the upcoming training and current knowledge level to ensure registration in the proper training session for myself and back-up staff
- **Assisted six employees in conducting a leave analysis**
 - Employees' requested I verify their leave balance and remaining leave eligible to be taken within the remainder of the calendar year, calculated all leave taken during the calendar year based on leave type and determined the balanced based on 2012 carryover balances and monthly accrual rates, resolved any discrepancies with the employee and their supervisor as needed
- **Continue to assist employees with leave and time issues caused by SCEIS**
 - Employees continue to have intermittent leave and time issues related to SCEIS, as identified by the employee or the SCEIS collision report audited the employee's leave and/or time history to determine the error, coordinated with SCEIS in correcting the error and investigated possible corrections to prevent the issues from reoccurring
- **Thirty-one transactions were keyed into the system**
 - Entered into the SCEIS system all required transactions to include time entry and corrections to employee data, leave entry corrections to employee data and position updates

Finance Related

- **Approved eighty-nine SCEIS financial transactions**
 - Within the SCEIS system approved deposits, purchase orders, invoices, and travel requests submitted by the Fiscal Manager



Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director

From: Betsy Hartman
IT Director

Date: December 10, 2013

Subject: IT Department
November 2013 Full Commission Report

IT Department Activities for the Month of November 2013

Researched methods to date/time stamp documents when imaged to replace manual stamping of individual documents

Completed Web Form project for Claims, email submission from eCase

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

ECASE Enhancement requirements, Implemented

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

Produced FC Outstanding Fines Report

Moved SIF Special Claims data to OnBase for backup

OnBase Access changes for Evelyn Morgan

Assisted Claims in setting up Outlook email boxes for routing process of emailed forms.

Back file QA report for File room – October

Added 3 TP to EDI Release 3

Rewriting Form 18 fine assessment program

Modifying 12A review report

Working with Executive Leadership Team to prioritize projects and to create interdepartmental teams to assist with business processes involved with IT projects.

5 PC's/Laptops needed to be scanned by DSIT for issues.

Working with DSIT to updating Incident Management tools and change in firewalls to a new device for security purposes and to reduce the number of issues with malware

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	12	8%	133	92%
November	13	7%	155	93%

WCC IT Projects Status Report							
Period Ending	11/30/2013		Status Key:	Not Started	On Track	Timing	Report Help
IT 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 18 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.						
8	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 - FRO		1000	2/1/2013	12/31/2013	Amanda Underhill	Code for Release 11/11/2013
1	ePayment	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
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 uploads	TBD	TBD		Betsy Hartman	Need Team to determine distribution base start with identification of SRIO capable Claim forms. Review forms and edits, cross walk to file layout. Development of Element Requirement Table, Event Table and Edit matrix
3 & 8	EDI Release 3 SRCI		15 months	TBD	TBD	TBD	
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
5	Centralized Mail		40	11/1/2013	TBD	Mario Glisson	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.
5	emailing forms	Form 58 processing	30	12/1/2013	TBD	Amy Bracy	require all Form 58's be emailed
5	emailing forms	all Claims forms	TBD	TBD	TBD	Grant DuBiel	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	Juliet Bush	Create report of cases to be reviewed? purchased licenses waiting for date from KeyMark for code completion
7	View images	Electronic copy fees	75	TBD	TBD	Betsy Hartman	
8	RTSC process and automation		600			TBD	90% of requirements gathered. 500 hours of coding
10	IPed application upgrades	OnBase upgrade	200	7/1/2014	TBD	Amanda Underhill	Upgrade from version 10 to version 13.
	Upgrade wccsqprd	Progress 10 2b 06	TBD			IT Staff	Complete testing in development

State of South Carolina



Workers' Compensation Commission

To: Mr. Gary Cannon
SCWCC Executive Director

From: Grant Duffield
IMS Director

Date: 11 – Dec – 2013

Subj: Insurance and Medical Services Department
November 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. Conducted 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 November 2013 with 359 cases active, compared to an active caseload of 468 at the close of November 2012.

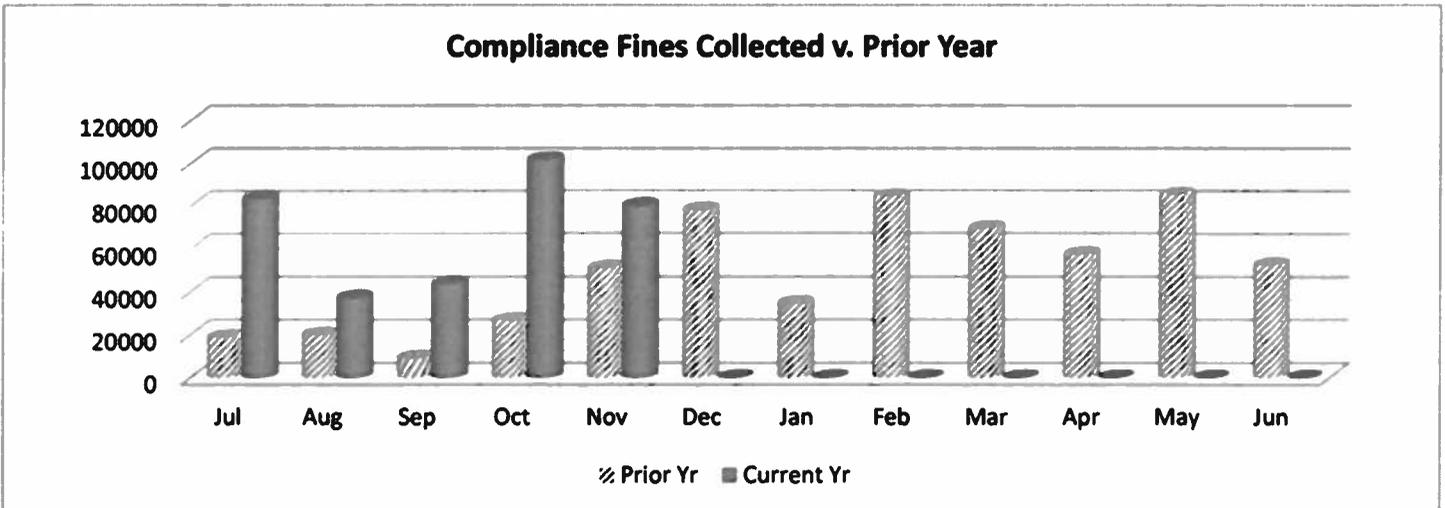
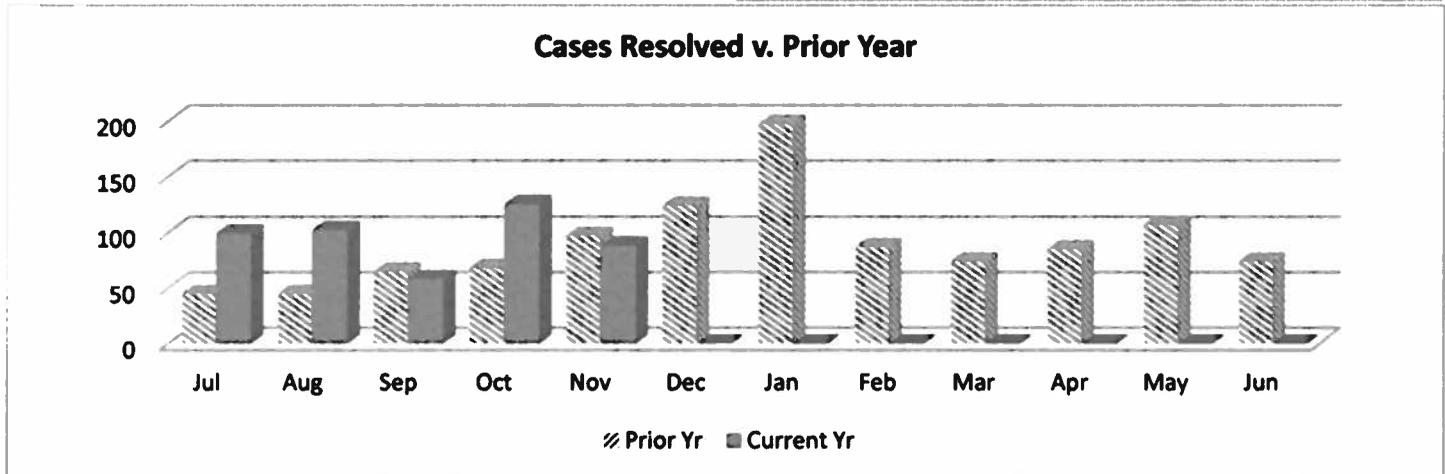
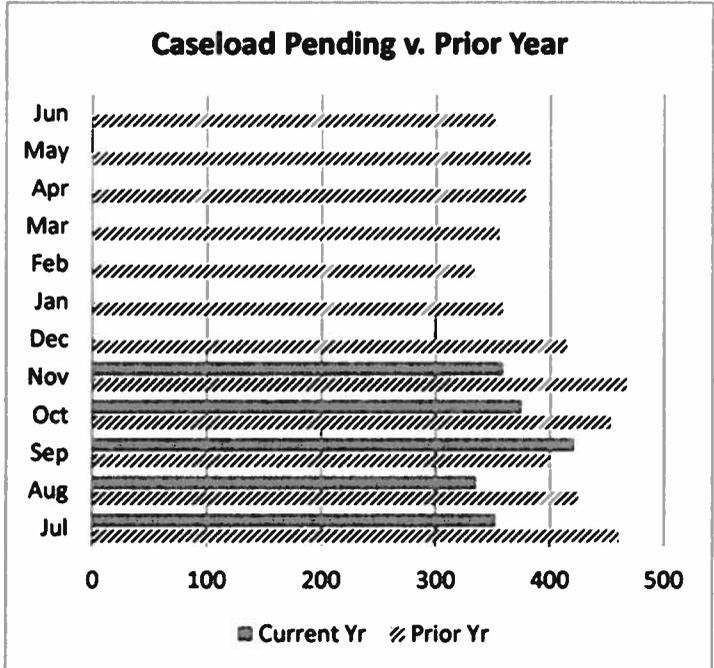
Cases Resolved:

Due to the decrease in carry-over, greater effort is focused on case resolution. For the month of November 2013, Compliance Division staff closed-out 88 cases.

Compliance Fines:

Year to Date, the Compliance Division has collected \$345,290 in fines which represents 59% of prior year's year-end collection (\$587,429). The Compliance Division Year-to-Date revenue trend is 274% of prior year, and month-on-month is at 156% of same month / prior year (November 2012).

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



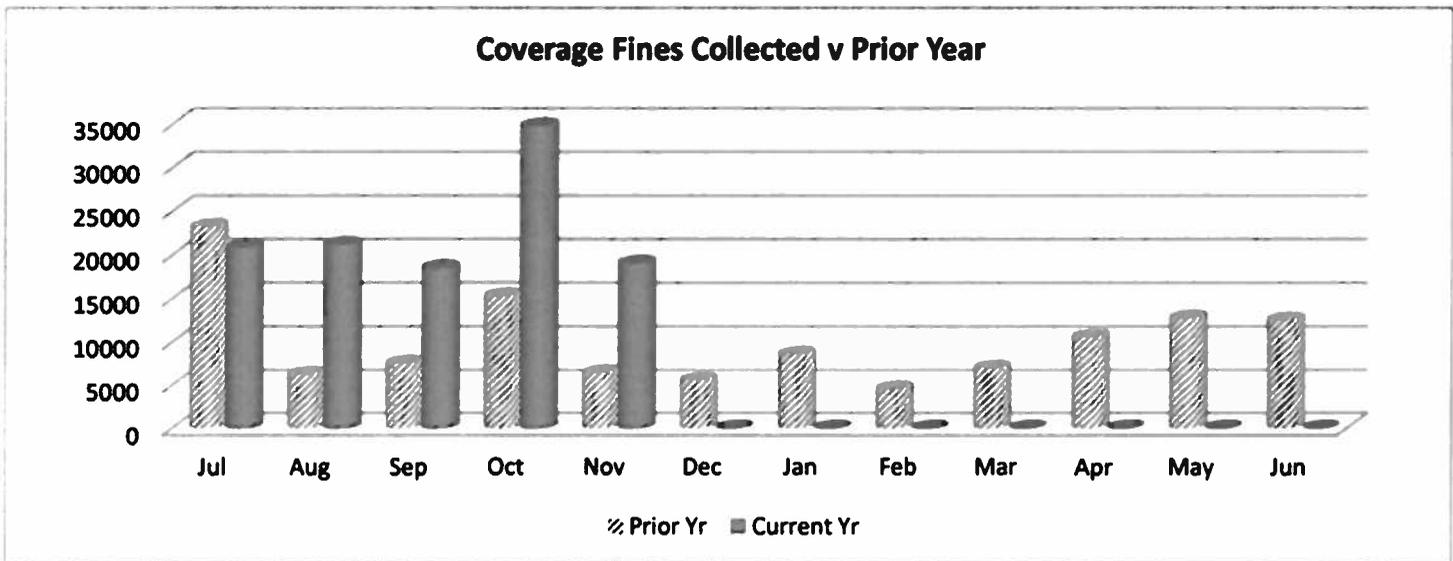
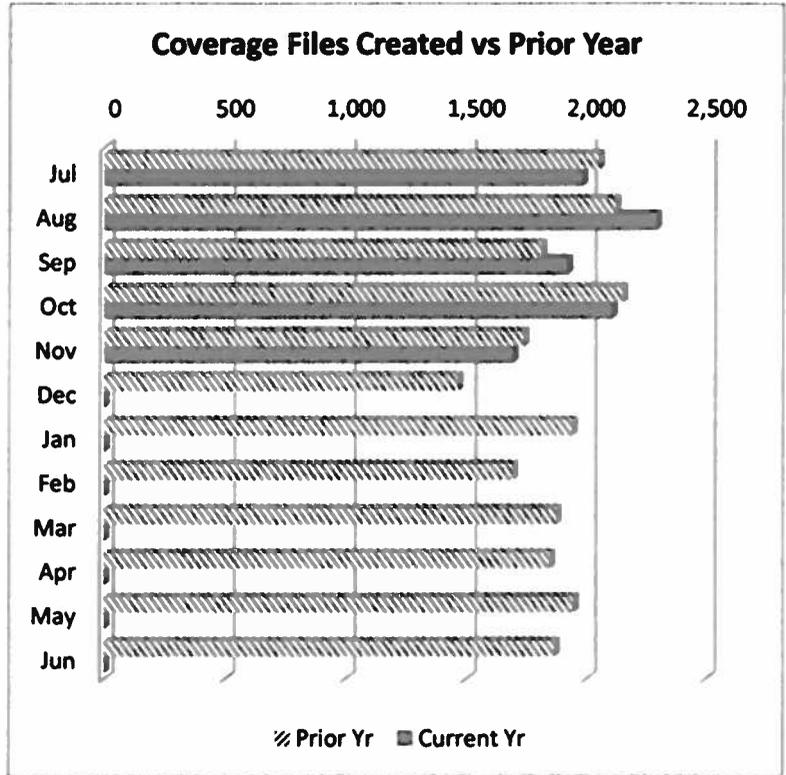
WCC Claim Files:

In November 2013, the Coverage Division created a total of 1,693 WCC Claim files. Of these, 1,468 were created electronically, and 225 were submitted in hard copy format. Year to Date, 9,992 Claim files have been created which is 101% of claim file volume for the same period in prior year(9,879).

Coverage Fines:

The Coverage Division collected \$19,000 in fine revenue in November 2013, as compared to \$6,450 in Coverage fines/penalties accrued during November 2012. Year on Year, Coverage fines are at 194% of collections for the same period.

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



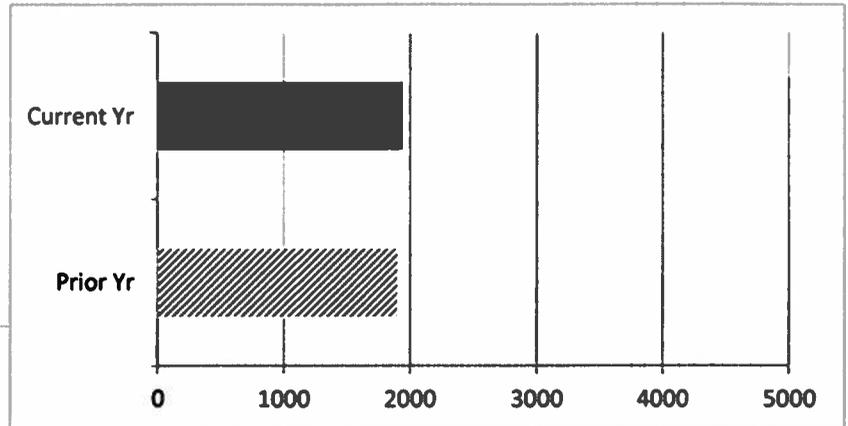
IMS SELF INSURANCE DIVISION

November 2013

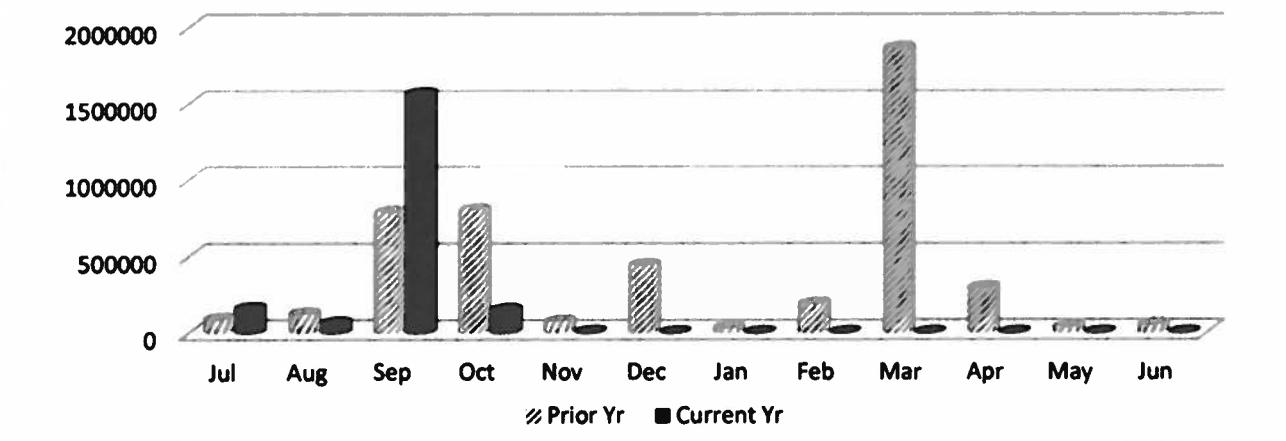
During the month of November 2013, the Self Insurance Division:

- * collected \$4,654 in self-insurance tax.
- * added 24 new self-insurers.
- * conducted 4 Self Insurance audits.

Year to Date, Self Insurance tax revenue is trending at 102% of prior year and 20 Self Insurance audits have been completed.



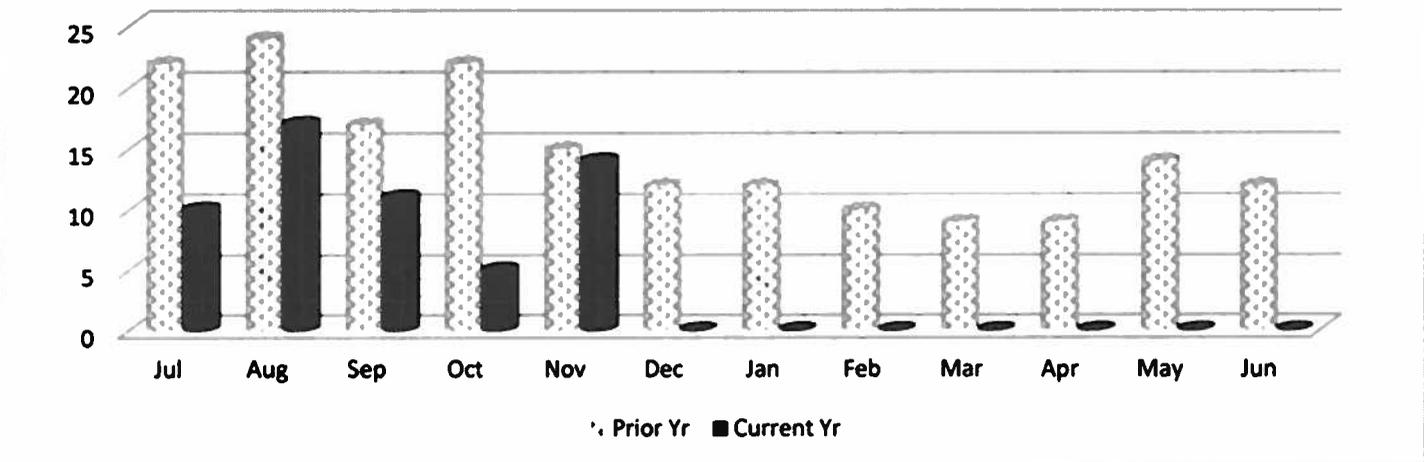
Self Insurance Tax Collections v. Prior Year



IMS MEDICAL SERVICES DIVISION

In November 2013, the Medical Services Division began the month with 5 bills pending review, received an additional 16 bills for review, conducted 7 bill reviews and ended the month with 14 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: December 3, 2013

Subj: Claims Department
November 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 November 2013, the Claims Department has:

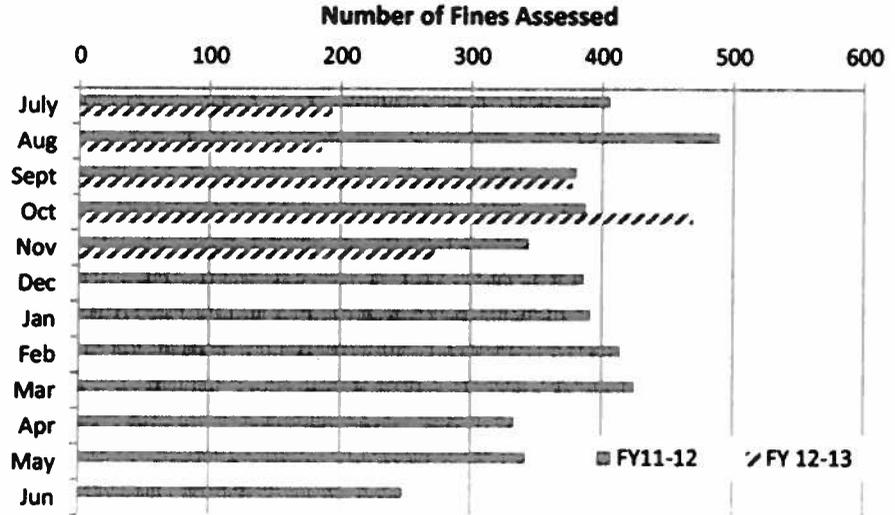
1. Closed 2,348 individual case files.
2. Collected \$57,425.00 in Fine revenue.
3. The examiners reviewed 402 individual case files.
4. Continued to assist IMS in the processing of Carrier related Order and Rule to Show Cause Hearing matters.
5. Grant Duffield continued as the interim director effective July 1.
6. Worked with IT to improve our intra departmental processes in an effort to continue to provide exceptional service.
7. Conducted 302 informal conferences in 8 locations with 204 settled.

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	57,425							
*May collected figures include payments 5/1/2010 through 6/11/2010												
** June collected figure includes payments 6/12/2010 through 6/30/2010												

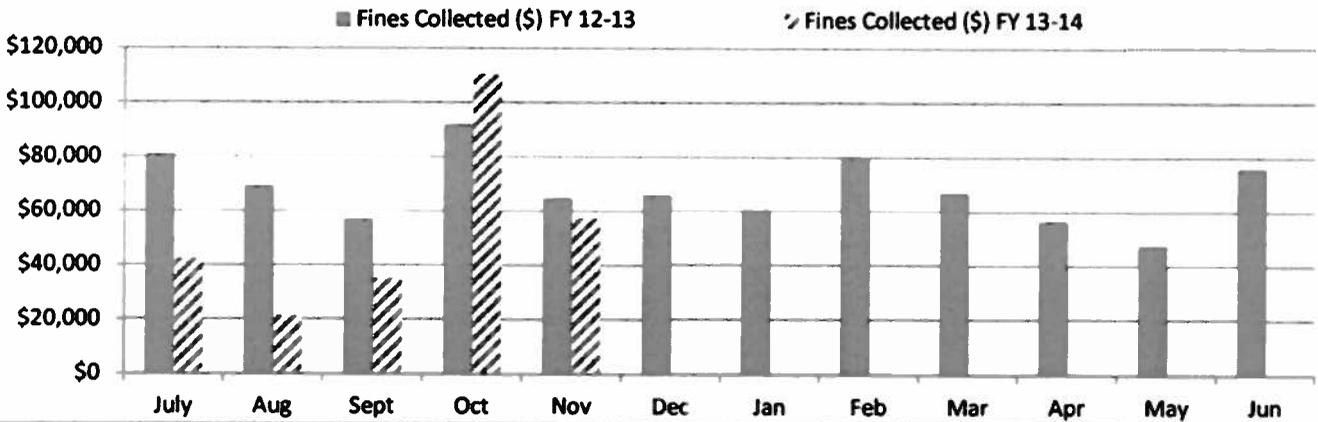
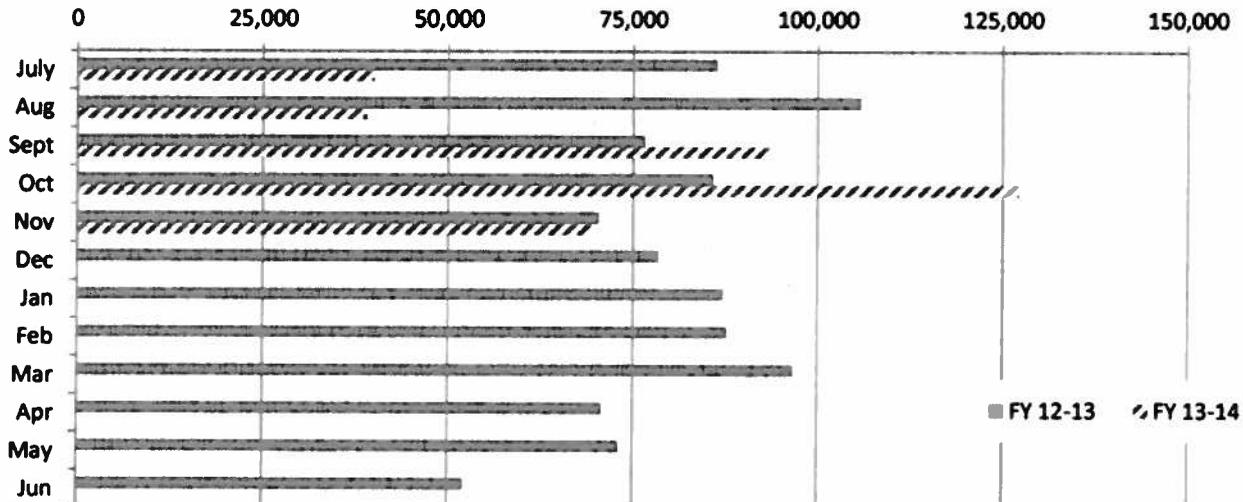
CLAIMS DEPARTMENT - Fine Activity Report Dec 2013

The number of fines assessed by the Claims Department decreased in number to 272 from 469 in Oct. The number of Claims fines paid decreased from 459 in Oct to 242 in Nov.

Total fine dollars assessed in Nov was \$69,350 a decrease over prior month \$127,250. Fine revenue received in Novt was \$57,4250 a decrease over prior month \$110,350.



Net Fines Assessed (\$)



Claims Department - Fine Activity Report - July 2013

Fines Assessed (#)

	FY12 -13	FY 13-14
July	406	193
Aug	489	185
Sept	380	377
Oct	387	469
Nov	344	272
Dec	386	0
Jan	391	0
Feb	414	0
Mar	425	0
Apr	333	0
May	342	0
Jun	248	0
Total	4,545	1,496
Mo Avg	379	299

Fines Received (#)

	FY 11-12	FY 12-13
July	363	162
Aug	314	190
Sept	275	174
Oct	437	459
Nov	295	242
Dec	313	0
Jan	302	0
Feb	373	0
Mar	334	0
Apr	307	0
May	235	0
Jun	371	0
Total	3,919	1,227
Mo Avg	478	245

Net Fines Assessed (\$)*

	FY 12-13	FY 13-14
July	86,325	40,000
Aug	105,800	39,000
Sept	76,500	93,500
Oct	85,780	127,250
Nov	70,300	69,350
Dec	78,400	0
Jan	87,200	0
Feb	87,700	0
Mar	96,650	0
Apr	70,750	0
May	73,000	0
Jun	52,100	0
Total	970,505	369,100
Mo Avg	80,875	73,820

Fines Collected (\$)

	FY 12-13	FY 13-14
July	\$80,825	42,350
Aug	\$69,100	21,200
Sept	\$57,075	35,050
Oct	\$91,925	110,350
Nov	\$64,825	57,425
Dec	\$65,950	0
Jan	\$60,550	0
Feb	\$79,875	0
Mar	\$67,000	0
Apr	\$56,650	0
May	\$47,550	0
Jun	\$76,100	0
Total	817,425	266,375
Mo Avg	68,119	53,275

*after reductions and rescinded



Workers' Compensation Commission

MEMORANDUM

December 16, 2013

To: Gary Cannon
Executive Director

From: Virginia Crocker
Judicial Director

RE: **MONTHLY REPORT**

The Judicial Department processed one thousand three hundred and forty two (1342) pleading in the month of November. Additionally, we processed three hundred and forty-eight (348) requests for informal conferences along with ninety two (92) clincher requests. There were one hundred and ten (110) cases subject to regulatory mediation, thirteen (13) cases requesting mediation, and seven cases (7) ordered to mediation.

The three Case Managers in our department are currently monitoring all pending mediation cases including proper scheduling, rescheduling; and Form 70 results. They manage all correspondence between the Parties as well. This fiscal year, there have been seven hundred thirty-six (736) cases subject to the mediation regulation. During the same time period, four hundred and ninety-six Single Commissioner hearings have been conducted. Eighty-eight (88) Full Commission oral arguments have been heard.

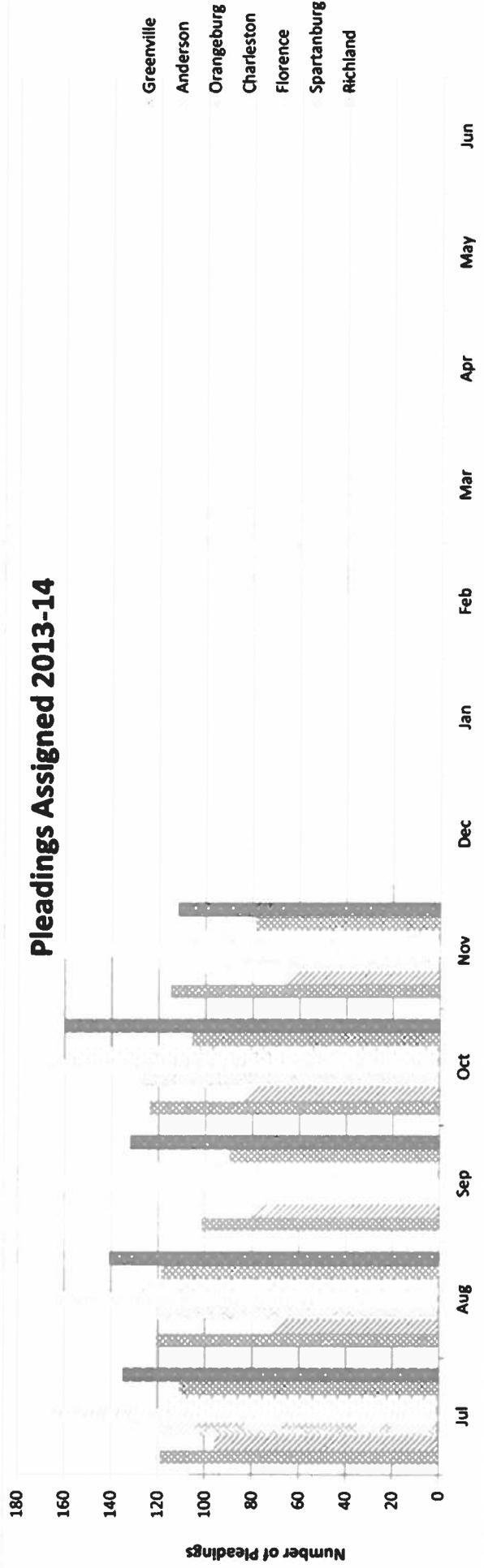
In reviewing the case assignments for the month, there has been a reduction in requests for hearings from the prior month in all seven Districts. With the exception of District Four (Charleston) there has been a reduction in the monthly pleadings from last year during the same time. District Four is up by only ten (10) requests.

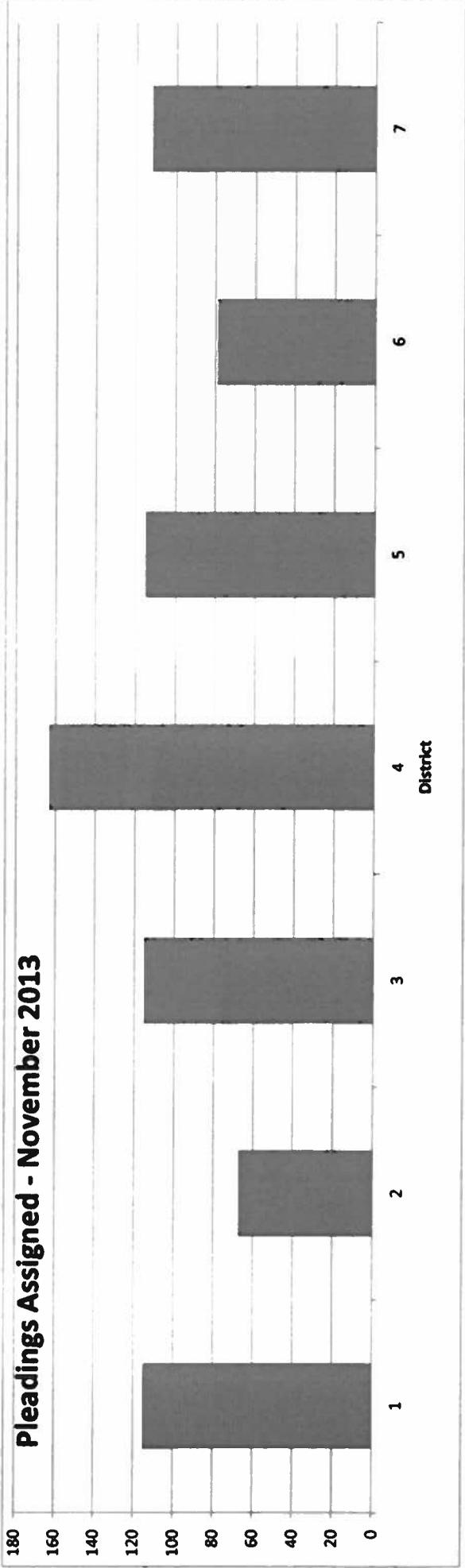
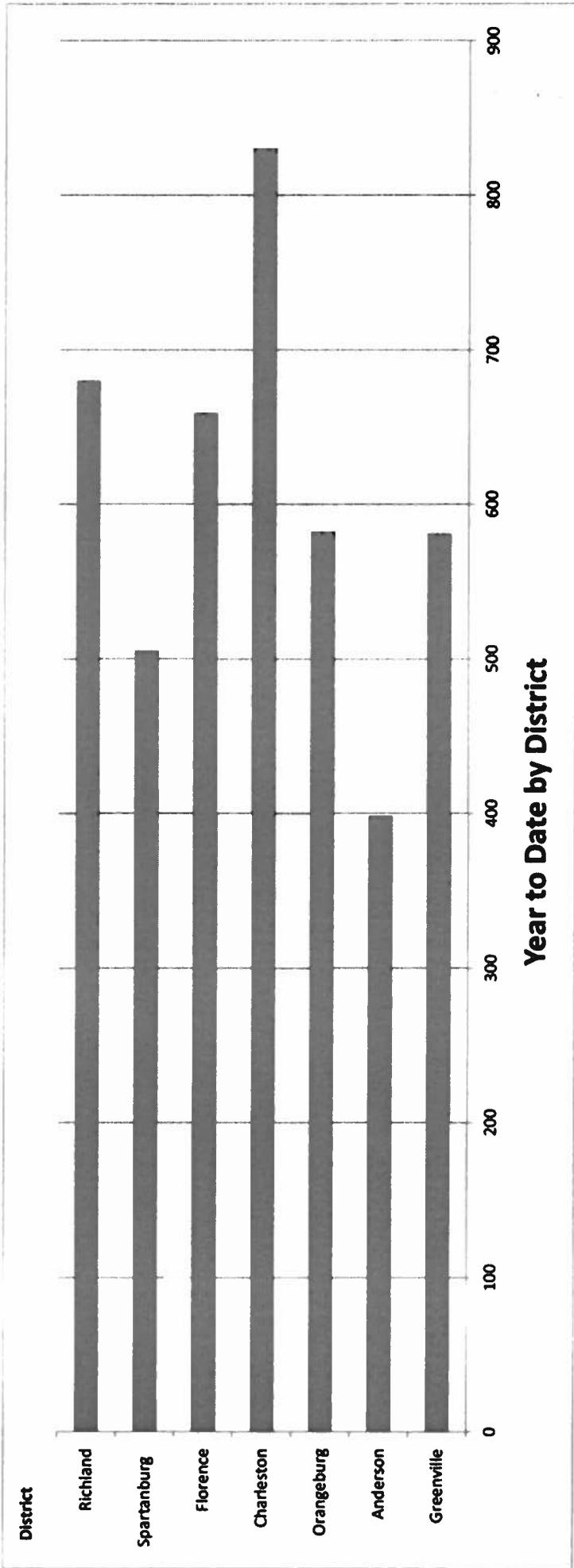
The next round of aggregate mediations will be conducted in January, 2014.

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	135	173	163	
Aug	121	133	140	71	100	104	121	126	122	170	176	199	131	153	149	119	149	141	215	183	
Sep	102	95	121	80	100	95	97	101	128	163	144	143	137	101	152	90	107	132	144	148	
Oct	124	118	118	84	97	97	128	120	134	170	188	198	159	138	128	106	115	160	146	144	
Nov	115	111	159	67	99	94	115	125	133	163	153	151	115	139	121	79	106	112	138	191	
Dec		74	164		80	142		142	104		126	181		118	117		116		108	144	
Jan		111	112		106	90		118	122		193	180		128	111		121		141	129	
Feb		106	163		98	114		115	112		165	141		114	136		89		133	153	
Mar		104	118		90	84		107	126		134	162		143	149		121		160	118	
Apr		122	121		73	89		107	101		155	126		108	143		103		162	185	
May		67	105		67	79		78	131		134	148		80	130		102		107	144	
Jun		98	112		80	94		121	119		163	170		121	134		110		144	154	
Totals	581	1233	1518	398	1079	1188	582	1384	1435	830	1891	1952	659	1483	1625	505	1338	680	1771	1856	

Pleadings Assigned 2013-14



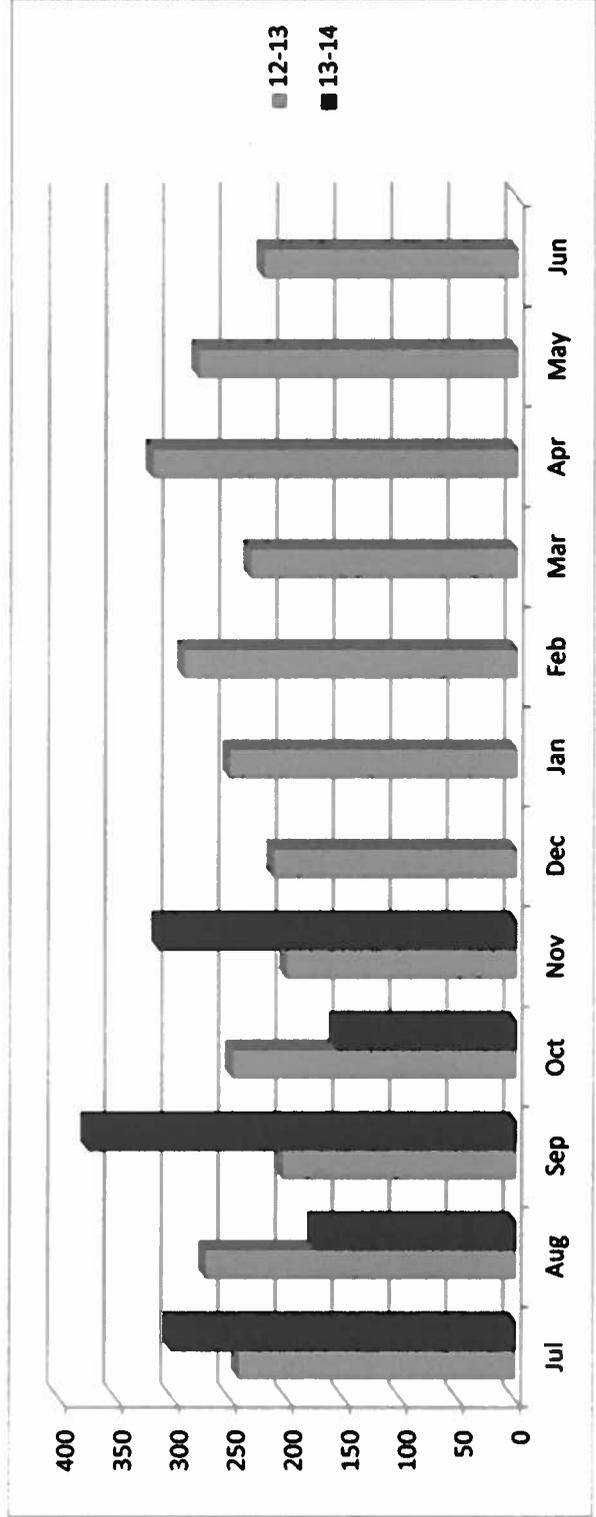
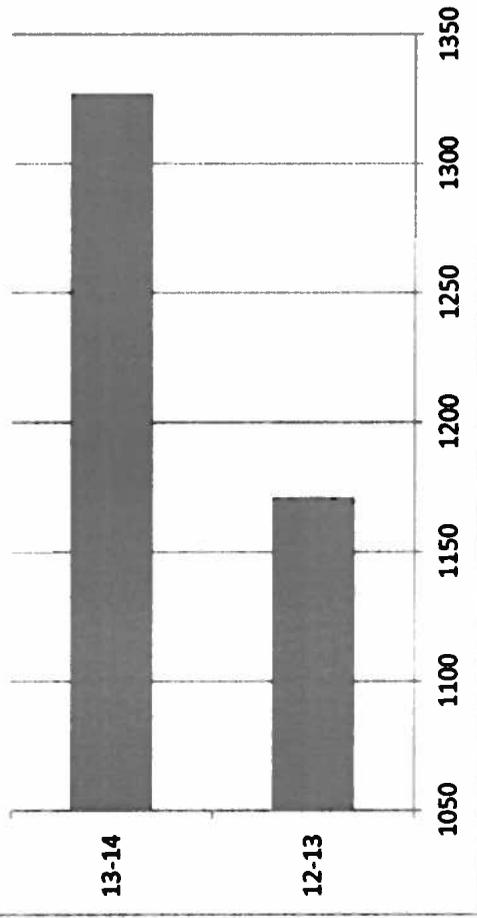


Informal Conf. Conducted

	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	314	155.4%
Dec	213		0.0%
Jan	252		0.0%
Feb	292		0.0%
Mar	234		0.0%
Apr	320		0.0%
May	280		0.0%
Jun	223		0.0%
Total	2985	1327	

Y-T-D
 12-13 1171
 13-14 1327
 113.3%

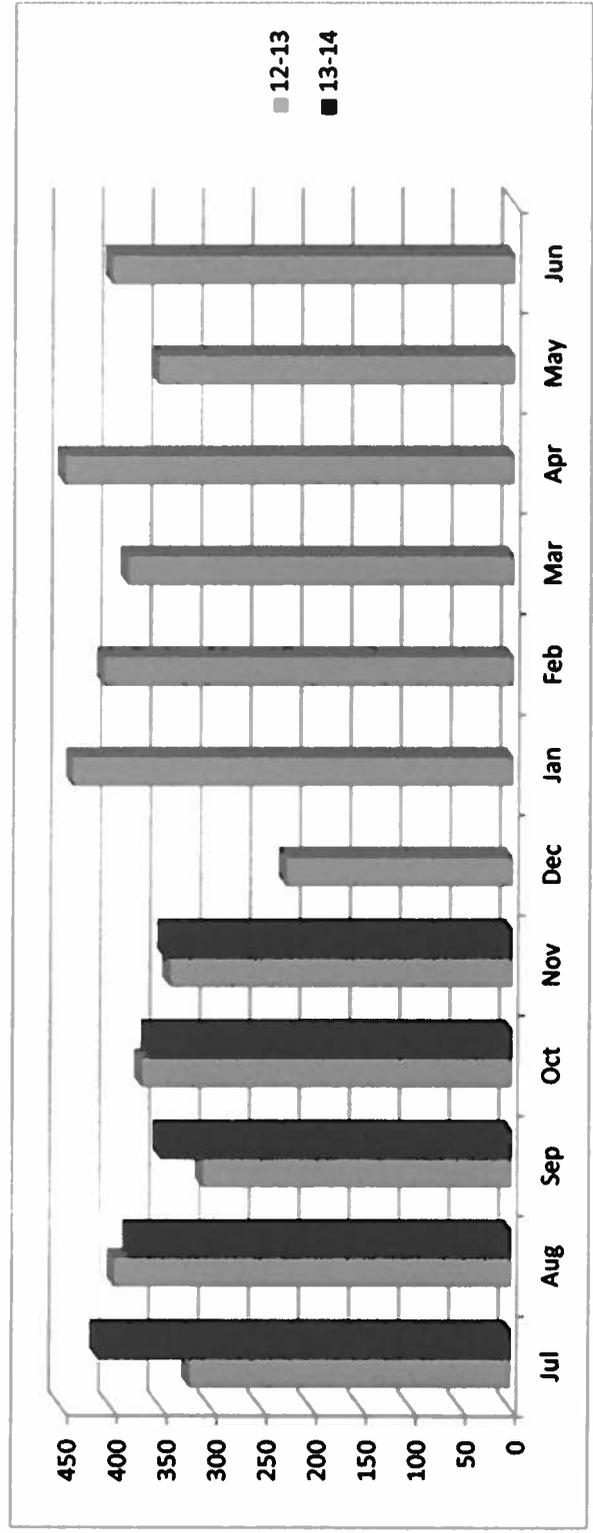
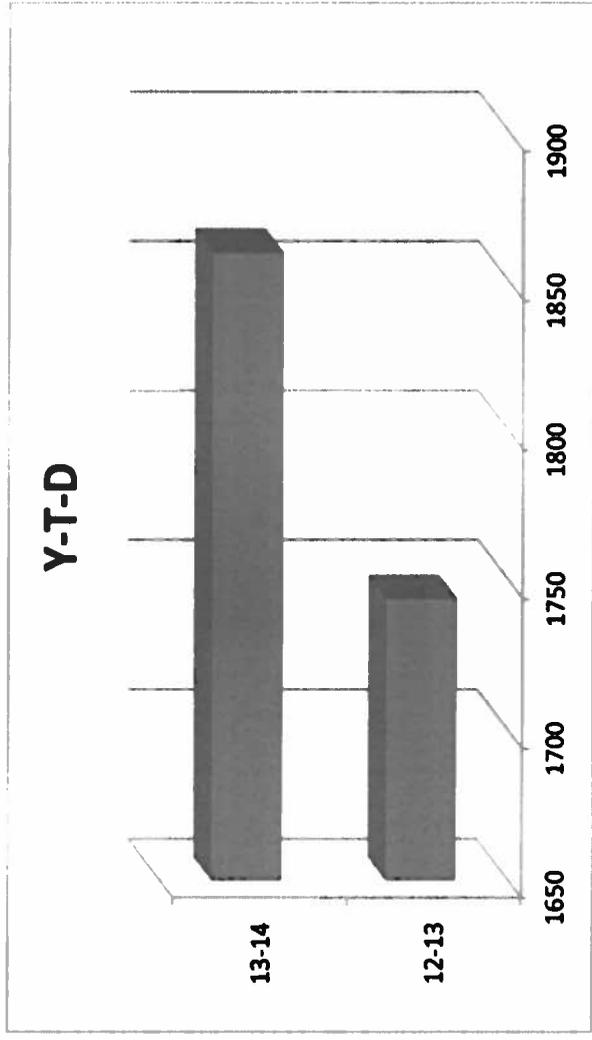
IC's to Date v. Prior



Informal Conf. Requested

	12-13	13-14
Jul	322	414
Aug	398	382
Sep	310	352
Oct	371	364
Nov	343	348
Dec	227	
Jan	441	
Feb	410	
Mar	386	
Apr	450	
May	356	
Jun	403	
Total	4417	1860

12-13	1744
13-14	1860
Y-T-D	1.066514



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
December 13, 2013

Proposed Amendments to R 67-1605 Lump Sum Payment

On November 25, 2013, the proposed R 67-1605 Lump Sum Payment (4399) was submitted to the General Assembly for consideration during the new legislative year. .

Electronic Submission of the Form 58

We have delayed the implementation of the practice to accept Form 58 via email electronically until we have completed the system to upload the Form 58 and the APA's electronically rather than submit them via email. The anticipated completion date is January 15, 2014.

Employee Meetings/Staff Training

An All Employee meeting was held on November 21. The next All Employee meeting is scheduled for January 23, 2014 at 10:00 a.m. Executive Team Leadership Retreat was held on November 21, 2013 from 11:30 a.m. to 4:30 p.m. The retreat included discussions on Agency efficiencies, challenges, and future planning. A follow-up session is scheduled for December 11, 2013.

Other Meetings

The Executive Director participated in the following meetings/activities:

- November 18 – Attended the Ethics Training workshop for the Commissioners
- November 20 – Presentation to Laurens County Human Resources Managers
- November 21 – Conference Call with representative from NCCI on S.C. medical Data Report
- December 9 – Participated in interviews of candidates for Director of Claims position
- December 10 – Met with staff attorneys for the House Labor, Commerce and Industry Committee.

Personnel Recruitment

Fifty-three individuals submitted applications for the Director of Claims position. Seven candidates were interviewed on December 9. Interviews will also be held on December 20.

Informal Conference Mediators Training

DiAnn Davis, Informal Conference mediator, observed 10 clincher conferences conducted in Richland County by Chairman Beck.

Constituent /Public Information Services

For the period November 13, 2013 through December 9, 2013 the Executive Director's Office and the General Counsel's office had 355 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 November 13, 2013 through December 9, 2013, we added five individuals to the Commission's stakeholder distribution list. A total of 431 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 November 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: November 29, 2013
RE: SCVRD/WCC Referrals

As the SCVRD counselor assigned to the Workers Compensation Commission, I held office hours at WCC for two (2) days in the month of November 2013.

During the November 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, fifteen (15) referral letters have been sent in November to potential clients.

As of November 29th, 2013, four (4) potential WCC referrals have responded to inquiry letters:

- One (1) referral has been made for the Lexington County SCVRD office
- One (1) referral has been made for the Richland County SCVRD office.
- One (1) referral has been made to the Orangeburg SCVRD office.
- One (1) claimant responded but did not want to open a case as she was beginning Missionary work
- 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 have been loaded into the portal for use. WCC IT Team has completed all changes to the portal and these changes have been implemented. Next steps, per Client Services, is that the final recommendations will be made to the SCVRD CORE team and Counselors from each office will be assigned responsibilities for the WCC portal to manage and contact referrals.

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

Primary Disability	#
Mobility Impairments	2
Manipulation/dexterity impairments (hand/fingers)	4
Other Orthopedic Impairments (e.g. limited range of motion)	16
General physical debilitation (fatigue, weakness, chronic pain)	1
Hearing or visual impairments	
Other physical impairments (not listed above)	2
Total	25

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: December 11, 2013

RE: On-line Access for Electronic Images of Case Documents

At the November 18 Commission Business Meeting, Commission approved the expenditure for the purchase of software licenses and technical services to develop a system to allow parties to claims to access and copy electronic images of case documents via eCase. The purchase order has been issued and scheduling of the technical services is pending.

Staff is not prepared to present a recommendation concerning the fee schedule for the electronic access to document images. I anticipate having the recommended policy for the Commissioners consideration at the Business Meeting in January.

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

Search this site ...

National Uniform Claim Committee

Home Announcements NUCC Structure Calendar 1500 Claim Form Code Sets Resources

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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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

[Search for answers again](#)

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.

1800 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.

1500 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

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

<input type="checkbox"/> PICA <input type="checkbox"/> PICA										
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare) (Medicaid) (ID#DoD) (Member ID) (ID#) (ID#)</small>					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 DO 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 ZIP CODE TELEPHONE (Include Area Code)					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	
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		12. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 9a, and 9d.</small>	
9a. OTHER INSURED'S POLICY OR GROUP NUMBER					a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input type="checkbox"/> NO		INSURED'S DATE OF BIRTH MM DO YY M F		b. OTHER CLAIM ID (Designated by NUCC)	
b. RESERVED FOR NUCC USE					b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>PLACE (State)</small>		c. INSURANCE PLAN NAME OR PROGRAM NAME		c. RESERVED FOR NUCC USE	
c. RESERVED FOR NUCC USE					c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If yes, complete items 9, 9a, and 9d.</small>		d. INSURANCE PLAN NAME OR PROGRAM NAME	
d. INSURANCE PLAN NAME OR PROGRAM NAME					10d. CLAIM CODES (Designated by NUCC)		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.		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 _____					SIGNED _____ DATE _____		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMR) MM DO YY QUAL		15. OTHER DATE MM DO YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE					16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DO YY TO MM DO YY		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DO YY TO MM DO YY		18. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					17b. NPI		20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES		22. RESUBMISSION CODE ORIGINAL REF. NO.	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate to C to service line below (24E)) ICD Ind.					23. PRIOR AUTHORIZATION NUMBER		24. A. DATE(S) OF SERVICE From MM DO YY To MM DO YY		B. PLACE OF SERVICE	
C. EMG					D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS PORTER		F. \$ CHARGES	
G. DAYS OR UNITS					H. SPRT (Specify Rx)		I. ID. QUAL.		J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN					26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For past 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.)		32. SERVICE FACILITY LOCATION INFORMATION	
SIGNED _____ DATE _____					33. BILLING PROVIDER INFO & PH # ()		33. BILLING PROVIDER INFO & PH # ()		33. BILLING PROVIDER INFO & PH # ()	

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(a). 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 "Required", 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 bill.

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 5536). 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 et 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, "Republication 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 entitlement, 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 1122B 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 0938-1197. 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.

STATE OF SOUTH CAROLINA)
COUNTY OF RICHLAND)
_____)

BEFORE THE SOUTH CAROLINA
WORKERS' COMPENSATION
COMMISSION

In Re: Average Weekly Wage
Maximum Compensation Rate
Effective January 1, 2014

The South Carolina Department of Employment and Workforce has certified the average weekly wage in South Carolina for the period of July 1, 2012 through June 30, 2013, was Seven Hundred Fifty Two Dollars and Sixteen Cents (\$752.16). South Carolina Code Ann. Section 42-9-10, provides, in pertinent part, that "The injured employee may not be paid more each week than the average weekly wage in this State for the preceding fiscal year." Therefore according to South Carolina Code Sections 42-1-50; 42-9-10; and 42-9-20, et seq. (Law. Co-op 1976), the maximum weekly compensation rate for injuries arising on and after January 1, 2014, shall be Seven Hundred Fifty Two Dollars and Sixteen Cents (\$752.16).

AND IT IS SO ORDERED!

T. Scott Beck, Chairman

Susan S. Barden, Vice Chair

Andrea C. Roche, Commissioner

Avery B. Wilkerson, Jr., Commissioner

Gene McCaskill, Commissioner

Melody L. James, Commissioner

Aisha Taylor, Commissioner

In Chambers
Columbia, South Carolina

Date

P.O. Box 995
1550 Gadsden Street
Columbia, SC 29202
dew.sc.gov



Nikki R. Haley
Governor
Cheryl M. Stanton
Executive Director

December 4, 2013

Mr. Gary Cannon
Office of Executive Director
Workers' Compensation Commission
1333 Main Street
Columbia, SC 29202-1715

Re: Average Weekly Wage

Dear Mr. Cannon,

This is in reference to your correspondence dated November 20, 2013, in which you requested the average weekly wage.

This letter certifies that the average weekly wage for July 1, 2012 through June 30, 2013 as computed under South Carolina Employment Security Law was \$752.16.

If you should have any questions or need any further information, please contact Brenda Lisbon, Labor Market Information Manager, at 737-2813.

Sincerely,

A handwritten signature in black ink that reads "Cheryl Stanton" with a long horizontal flourish extending to the right.

Cheryl Stanton
Executive Director

CMS/tcm

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