

## A G E N D A

### SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

1333 Main Street, 5<sup>th</sup> 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.*

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

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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 I. 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 Gant, 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 Gant 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. Dufield 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%.

**Benchmark 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**

	Budget	FY To Date	Benchmark	41.67%
<b>STATE APPROPRIATIONS</b>				
General Appropriation	\$ 1,763,619	\$ 734,843.25		41.67%
<b>Account Description</b>	<b>Appropriation</b>	<b>Expenditure</b>	<b>Balance</b>	<b>% Expended</b>
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%
<b>Total</b>	<b>\$ 1,859,011</b>	<b>\$ 814,268</b>	<b>\$ 1,044,743</b>	<b>43.8%</b>
<b>OTHER APPROPRIATIONS</b>				
<b>EARMARKED</b>	<b>Budgeted Revenues</b>	<b>Received thru 11/30/13</b>	<b>% Received</b>	
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	\$ 2,421,000	\$ 1,026,871	42.00%	
Increase Authorization	951,066	-	-	
<b>Total Earmarked Revenues + Fund Balance</b>	<b>\$ 3,372,066</b>			
<b>SELF INSURANCE</b>	<b>Collected Revenue</b>	<b>Transferred to State Fund</b>	<b>Balance to WCC Fund Balance</b>	
Self Insurance	\$ 1,937,458	\$ -	\$ 1,937,458	
<b>Account Description</b>	<b>Appropriation</b>	<b>Expenditure</b>	<b>Balance</b>	<b>% Expended</b>
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%
<b>Total Earmarked</b>	<b>\$ 3,372,066</b>	<b>\$ 1,394,757</b>	<b>\$ 1,977,309</b>	<b>41.4%</b>
<b>TOTAL OTHER APPROPRIATIONS</b>	<b>\$ 3,372,066</b>	<b>\$ 1,394,757</b>	<b>\$ 1,977,309</b>	<b>41.4%</b>

**South Carolina Workers' Compensation Commission**

**2013 - 2014 Budget**

November 30, 2013

**Consolidated**

	Original Budget	Budget Amendments	Amended Budget	Expended October	Year-To-Date : 41.67%			
					Year To Date	%	Encumb	Balance
<b>Commissioners</b>								
Salaries	\$ 1,175,584	\$ -	\$ 1,175,584	\$ 144,707	\$ 531,990	45%	\$ -	\$ 42,009
Other Operating Expenditures								
Total Contractual Services	201,275	-	201,275	12,207	71,830	35%	-	129,445
Total Supplies & Materials	32,120	-	32,120	302	4,891	40%	-	7,229
Total Fixed Charges	153,899	-	153,899	12,011	69,648	45%	-	84,251
Total Travel	57,500	-	57,500	3,292	26,189	45%	-	31,411
Total Other Operating Exp	424,894	-	424,894	27,812	172,557	41%	-	252,337
<b>Total Commissioners</b>	<b>\$ 1,600,478</b>	<b>\$ -</b>	<b>\$ 1,600,478</b>	<b>\$ 172,557</b>	<b>\$ 708,547</b>	<b>44%</b>	<b>\$ -</b>	<b>\$ 294,346</b>
<b>Administration</b>								
Salaries	\$ 471,969	\$ -	\$ 471,969	\$ 78,827	\$ 294,583	62%	\$ -	\$ 177,384
Other Operating Expenditures								
Total Contractual Services	294,063	-	294,063	5,669	25,907	9%	-	269,096
Total Supplies & Materials	33,134	-	33,134	1,925	6,929	21%	-	26,205
Total Fixed Charges	133,426	-	133,426	13,777	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	21,872	94,581	20%	-	388,242
<b>Total Administration</b>	<b>\$ 952,592</b>	<b>\$ -</b>	<b>\$ 952,592</b>	<b>\$ 99,899</b>	<b>\$ 388,965</b>	<b>41%</b>	<b>\$ -</b>	<b>\$ 563,627</b>
<b>Claims</b>								
Salaries	\$ 394,463	\$ -	\$ 394,463	\$ 40,189	\$ 178,791	43%	\$ -	\$ 222,672
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	7,817	53,546	34%	-	97,958
<b>Total Claims</b>	<b>\$ 543,967</b>	<b>\$ -</b>	<b>\$ 543,967</b>	<b>\$ 47,586</b>	<b>\$ 222,337</b>	<b>41%</b>	<b>\$ -</b>	<b>\$ 321,631</b>
<b>Insurance and Medical Services</b>								
Salaries	\$ 472,119	\$ -	\$ 472,119	\$ 63,346	\$ 217,389	46%	\$ -	\$ 254,730
Other Operating Expenditures								
Total Contractual Services	98,898	-	98,898	3,361	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	4,413	28,560	39%	-	38,530
Total Travel	1,350	-	1,350	-	-	0%	-	1,350
Total Other Operating Exp	186,138	-	186,138	8,804	63,017	34%	-	121,121
<b>Total Insurance and Medical Services</b>	<b>\$ 656,257</b>	<b>\$ -</b>	<b>\$ 656,257</b>	<b>\$ 71,650</b>	<b>\$ 280,406</b>	<b>43%</b>	<b>\$ -</b>	<b>\$ 375,851</b>
<b>Judicial</b>								
Salaries	\$ 390,995	\$ -	\$ 390,995	\$ 37,830	\$ 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	362	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	146,703	-	146,703	5,963	44,113	31%	-	96,570
<b>Total Judicial</b>	<b>\$ 531,777</b>	<b>\$ -</b>	<b>\$ 531,777</b>	<b>\$ 43,293</b>	<b>\$ 185,859</b>	<b>38%</b>	<b>\$ -</b>	<b>\$ 345,918</b>
<b>Totals By Departments</b>								
<b>Department Totals</b>								
Commissioners	\$ 1,600,478	\$ -	\$ 1,600,478	\$ 172,557	\$ 708,547	44%	\$ -	\$ 294,346
Administration	952,592	-	952,592	99,899	388,965	41%	-	563,627
Claims	543,967	-	543,967	47,586	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
<b>Total Departmental Expend</b>	<b>\$ 4,285,071</b>	<b>\$ -</b>	<b>\$ 4,285,071</b>	<b>\$ 434,888</b>	<b>\$ 1,786,114</b>	<b>43%</b>	<b>\$ -</b>	<b>\$ 1,900,372</b>
Employer Contributions	930,371	15,635	946,006	113,550	422,911	45%	-	523,096
<b>Total General &amp; Committed Funds</b>	<b>\$ 5,215,442</b>	<b>\$ 15,635</b>	<b>\$ 5,291,077</b>	<b>\$ 348,438</b>	<b>\$ 2,209,023</b>	<b>42%</b>	<b>\$ -</b>	<b>\$ 2,424,467</b>

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

**General Appropriation**

	Original Budget	Budget Amendments	Amended Budget	Expended November	Year-To-Date : 41.67%							
					Year to Date	%	Encumb	Balance				
<b>Commissioners</b>												
<b>Salaries</b>												
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				
<b>Total Commissioners</b>	<b>1,103,234</b>	-	<b>1,103,234</b>	<b>137,904</b>	<b>505,649</b>	<b>46%</b>	-	-				
<b>Administration</b>												
<b>Salaries</b>												
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				
<b>Total Administration</b>	<b>143,145</b>	-	<b>143,145</b>	<b>17,893</b>	<b>65,608</b>	<b>46%</b>	-	<b>77,537</b>				
<b>Claims</b>												
<b>Salaries</b>												
Classified Positions	\$ 63,487	\$ -	\$ 63,487	\$ -	\$ 6,891	11%	\$ -	\$ 56,596				
Terminal Leave	13,736	-	13,736	-	13,736	100%	\$ -	\$ [0]				
<b>Total Claims</b>	<b>77,223</b>	-	<b>77,223</b>	-	<b>20,627</b>	<b>27%</b>	-	<b>\$6,596</b>				
<b>Insurance and Medical Services</b>												
<b>Salaries</b>												
Classified Positions	\$ 26,110	\$ -	\$ 26,110	\$ 3,264	\$ 15,817	61%	\$ -	\$ 10,293				
<b>Total Ins and Medical Svcs</b>	<b>26,110</b>	-	<b>26,110</b>	<b>3,264</b>	<b>15,817</b>	<b>61%</b>	-	<b>10,293</b>				
<b>Judicial</b>												
<b>Salaries</b>												
Classified Positions	\$ 28,693	\$ -	\$ 28,693	\$ 4,276	\$ 14,990	52%	\$ -	\$ 13,703				
<b>Total Judicial</b>	<b>28,693</b>	-	<b>28,693</b>	<b>4,276</b>	<b>14,990</b>	<b>52%</b>	-	<b>13,703</b>				
<b>General Funds</b>												
<b>Department Totals</b>												
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				
<b>Total Departmental Expend</b>	<b>\$ 1,378,405</b>	<b>\$ -</b>	<b>\$ 1,378,405</b>	<b>\$ 163,337</b>	<b>\$ 622,890</b>	<b>45%</b>	<b>\$ -</b>	<b>\$ 755,715</b>				
<b>Employer Contributions</b>	<b>464,971</b>	<b>25,635</b>	<b>480,606</b>	<b>50,025</b>	<b>191,578</b>	<b>40%</b>	<b>-</b>	<b>289,028</b>				
<b>Total General Fund Appropriations</b>	<b>\$ 1,843,376</b>	<b>\$ 25,635</b>	<b>\$ 1,859,011</b>	<b>\$ 213,362</b>	<b>\$ 814,268</b>	<b>44%</b>	<b>\$ -</b>	<b>\$ 3,044,743</b>				

**South Carolina Workers' Compensation Commission**

**2013 - 2014 Budget**

November 30, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Expended November	Year-To-Date : 43.67%			
					Year to Date	%	Encumb.	Balance
<b>Commissioners</b>								
<b>Salaries</b>								
Taxable Subsistence	\$ 72,350	\$ -	\$ 72,350	\$ 6,803	\$ 30,343	42%	\$ -	\$ 42,009
Total Salaries	72,350	-	72,350	6,803	30,343	42%	-	42,009
<b>Other Operating Expenditures</b>								
<b>Contractual Services</b>								
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	235%	-	(230)
Total Contractual Services	201,275	-	201,275	12,207	71,839	46%	-	129,446
<b>Supplies &amp; Materials</b>								
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
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%	-	7,329
<b>Fixed Charges</b>								
Rental-Car 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	-	9,033	109%	-	(713)
Insurance-Non State	1,169	-	1,169	-	-	0%	-	1,169
Dues & Memberships	430	-	430	-	650	151%	-	(270)
Total Fixed Charges	153,899	-	153,899	32,911	69,443	45%	-	84,351
<b>Travel (Includes Leased Car)</b>								
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	1,925	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	57,800	-	57,800	3,292	26,189	45%	-	31,411
<b>Total Other Operating Expenditures</b>	424,894	-	424,894	17,812	172,557	41%	-	251,837
<b>Total Commissioners</b>	\$ 497,244	\$ -	\$ 497,244	\$ 54,615	\$ 202,893	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				
<b>Administration</b>												
<b>Salaries</b>												
Classified Positions	\$ 316,710	\$	\$ 316,710	\$ 55,846	\$ 210,079	66%	\$	\$ 106,131				
Temporary Employees	11,614		12,614	5,069	18,898	150%		(6,284)				
Terminal Leave						0%						
<b>Total Salaries</b>	<b>328,324</b>		<b>328,324</b>	<b>60,934</b>	<b>228,977</b>	<b>70%</b>			<b>99,847</b>			
<b>Other Operating Expenditures</b>												
<b>Contractual Services</b>												
Office Equipment Service	8,100		8,100	500	2,163	27%			5,937			
Copying Equipment Services	3,000		3,000			0%			3,000			
Print/Bind/Advertisement	10,000		10,000	1,632	1,632	16%			8,368			
Prime Pub/Annual Reports	6,000		6,000			0%			6,000			
Data Processing Services	213,993		213,993	2,031	16,311	8%			197,682			
FedEx 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	413	144	1%			24,856			
General Repar	1,500		1,500			0%			1,500			
Audit Acct Finance	110		110	114	114	104%			(4)			
Catered Meals	4,000		4,000	696	1,696	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			
<b>Total Contractual Services</b>	<b>294,063</b>		<b>294,063</b>	<b>5,669</b>	<b>25,007</b>	<b>9%</b>			<b>269,056</b>			
<b>Supplies &amp; Materials</b>												
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	17%			1,683			
Postage	6,000		6,000	412	1,830	23%			6,171			
Mailing/Labeling/Supply	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	3,000		3,000			0%			1,000			
<b>Total Supplies &amp; Materials</b>	<b>33,334</b>		<b>33,334</b>	<b>1,325</b>	<b>6,929</b>	<b>21%</b>			<b>26,205</b>			
<b>Rental Charges</b>												
Rental-Cont Rent Payment	6,000		6,000	286	1,945	32%			4,055			
Rental-Non State Owned Property	95,900		95,900	7,726	38,629	41%			56,373			
Rent-Other	11,000		11,000	1,435	6,385	56%			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	6,186		6,186		1,691	21%			5,495			
<b>Total Fixed Charges</b>	<b>133,426</b>		<b>133,426</b>	<b>13,722</b>	<b>57,019</b>	<b>43%</b>			<b>76,407</b>			
<b>Travel (Includes Leased Car)</b>												
In State - Meals Non/ Reportable	1,000		1,000	38	212	21%			782			
Reportable Meals	1,000		1,000	65	306	33%			694			
In State - Lodging	1,000		1,000	81	606	41%			595			
In State - Auto Mileage		1,000	1,000	172	299	30%			701			
In State - Registration Fees	2,000	(1,000)	3,000		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		5,680	25%			10,820			
<b>Total Travel</b>	<b>20,000</b>		<b>20,000</b>	<b>356</b>	<b>5,427</b>	<b>17%</b>			<b>14,573</b>			
<b>Equipment</b>												
Equipment Data Processing- PC's						0%						
<b>Total Equipment</b>						0%						
<b>Total Other Operating Expenses</b>	<b>480,623</b>		<b>480,623</b>	<b>21,072</b>	<b>94,381</b>	<b>20%</b>			<b>386,242</b>			
<b>Total Administration</b>	<b>\$ 809,447</b>	<b>\$</b>	<b>\$ 809,447</b>	<b>\$ 82,006</b>	<b>\$ 323,357</b>	<b>40%</b>	<b>\$</b>	<b>\$ 486,090</b>				

**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
<b>Claims</b>								
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%		
<b>Total Salaries</b>	<b>317,240</b>		<b>317,240</b>	<b>40,189</b>	<b>150,164</b>	<b>47%</b>		<b>167,076</b>
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
<b>Total Contractual Services</b>	<b>40,570</b>		<b>40,570</b>	<b>262</b>	<b>10,764</b>	<b>27%</b>		<b>29,806</b>
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		423	32%		1,017
Data Processing Supplies	3,500		3,500		934	27%		2,566
Postage	34,000		34,000	918	5,333	38%		8,567
Maint/Janitorial Supplies	500		500		10	6%		472
Other Supplies	100		100			0%		100
<b>Total Supplies &amp; Materials</b>	<b>24,600</b>		<b>24,600</b>	<b>918</b>	<b>7,907</b>	<b>32%</b>		<b>18,693</b>
Road Charges								
Rental-Cont Rent Payment	2,500		2,500	154	644	26%		1,856
Rental-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
<b>Total Road Charges</b>	<b>83,234</b>		<b>83,234</b>	<b>6,124</b>	<b>32,850</b>	<b>39%</b>		<b>49,384</b>
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
<b>Total Travel</b>	<b>2,100</b>		<b>2,100</b>	<b>13</b>	<b>26</b>	<b>1%</b>		<b>2,074</b>
<b>Total Other Operating Expenditures</b>	<b>149,564</b>		<b>149,564</b>	<b>7,317</b>	<b>\$1,545</b>	<b>34%</b>		<b>97,958</b>
<b>Total Claims</b>	<b>\$ 466,744</b>	<b>\$</b>	<b>\$ 466,744</b>	<b>\$ 47,506</b>	<b>\$ 281,710</b>	<b>43%</b>	<b>\$</b>	<b>\$ 264,034</b>

## South Carolina Workers' Compensation Commission

2013 - 2014 Budget

November 30, 2013

## Earmarked Funds

Year-To-Date : 41.67%

	Original Budget	Budget Amendments	Amended Budget	Expended November	Year to Date	%	Encumb	Balance
<b>Insurance and Medical Services</b>								
<b>Salaries</b>								
Classified Positions	430,540		430,540	60,063	201,572	47%	-	228,968
Temporary Employees	15,469		15,469	-	-	0%	-	15,469
Terminal Leave	0		0	0	0	0%	-	-
<b>Total Salaries</b>	<b>446,009</b>		<b>446,009</b>	<b>60,063</b>	<b>201,572</b>	<b>45%</b>		<b>244,437</b>
<b>Other Operating Expenditures</b>								
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%	-	1,233
Cell Phone	1,000		1,000	33	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	-	545	109%	-	(45)
<b>Total Contractual Services</b>	<b>98,898</b>		<b>98,898</b>	<b>3,381</b>	<b>28,346</b>	<b>29%</b>		<b>70,552</b>
Supplies & Materials								
Office Supplies	9,000		9,000	125	4,126	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
<b>Total Supplies &amp; Materials</b>	<b>26,600</b>		<b>26,600</b>	<b>\$12</b>	<b>10,123</b>	<b>49%</b>		<b>16,669</b>
Fixed Charges								
Rental-Cont Rent Payment	2,500		2,500	76	761	10%	-	2,239
Rent-Non State Owned Property	52,000		52,000	4,234	21,071	41%	-	30,929
Rent-Other	2,000		2,000	121	544	27%	-	1,456
Interest-Non State	2,500		2,500	-	2,554	100%	-	(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
<b>Total Fixed Charges</b>	<b>63,690</b>		<b>63,690</b>	<b>4,431</b>	<b>24,540</b>	<b>39%</b>		<b>38,530</b>
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
<b>Total Travel</b>	<b>1,350</b>		<b>1,350</b>			0%		<b>1,350</b>
<b>Total Other Operating Expenditures</b>	<b>184,138</b>		<b>184,138</b>	<b>8,394</b>	<b>63,017</b>	<b>34%</b>		<b>121,121</b>
<b>Total Insurance and Medical Services</b>	<b>\$ 630,147</b>	<b>\$</b>	<b>\$ 630,147</b>	<b>\$ 58,386</b>	<b>\$ 264,589</b>	<b>42%</b>	<b>\$</b>	<b>\$ 365,558</b>

**South Carolina Workers' Compensation Commission**

**2013 - 2014 Budget**

November 30, 2013

**Earmarked Funds**

	Original Budget	Budget Amendments	Amended Budget	Year-To-Date : #1.67%				
				Expended November	Year to Date	%	Encumb	Balance
<b>Judicial</b>								
<b>Salaries</b>								
Classified Positions	\$ 360,302	\$ -	\$ 360,302	\$ 33,053	\$ 125,573	35%	\$ -	\$ 234,729
Temporary Employees	2000	-	2000	0	1184	59%	-	816
<b>Total Salaries</b>	<b>362,302</b>	-	<b>362,302</b>	<b>33,053</b>	<b>126,757</b>	<b>35%</b>	-	<b>285,545</b>
<b>Other Operating Expenditures</b>								
Contractual Services								
Office Equipment Services	80	-	80	-	-	0%	-	80
Copy Equipment Services	850	-	850	-	-	0%	-	850
Print/Bind/Advertising	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	1,320	-	1,320	53	712	53%	-	908
Other Professional Services	200	-	200	-	80	40%	-	120
<b>Total Contractual Services</b>	<b>35,522</b>	-	<b>35,522</b>	<b>238</b>	<b>8,866</b>	<b>28%</b>	-	<b>25,616</b>
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
<b>Total Supplies &amp; Materials</b>	<b>29,270</b>	-	<b>29,270</b>	<b>382</b>	<b>5,227</b>	<b>18%</b>	-	<b>24,043</b>
Rental Charges								
Rental-Cont Rent Payment	3,000	-	3,000	26	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	-	1,241	112%	-	(243)
Insurance-Non State	120	-	120	-	-	0%	-	120
<b>Total Rental Charges</b>	<b>70,345</b>	-	<b>70,345</b>	<b>5,343</b>	<b>28,840</b>	<b>41%</b>	-	<b>43,705</b>
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	300	-	300	-	-	0%	-	300
<b>Total Travel</b>	<b>5,445</b>	-	<b>5,445</b>	-	<b>139</b>	<b>3%</b>	-	<b>5,306</b>
<b>Total Other Operating Expenditures</b>	<b>140,782</b>	-	<b>140,782</b>	<b>5,863</b>	<b>44,112</b>	<b>31%</b>	-	<b>96,670</b>
<b>Total Judicial</b>	<b>\$ 503,084</b>	<b>\$ -</b>	<b>\$ 503,084</b>	<b>\$ 19,016</b>	<b>\$ 170,869</b>	<b>34%</b>	<b>\$ -</b>	<b>\$ 332,215</b>
<b>Earmarked Funds</b>								
<b>Department Totals</b>								
Commissioners	\$ 497,244	\$ -	\$ 497,244	\$ 34,635	\$ 202,998	41%	\$ -	\$ 294,346
Administration	809,447	-	809,447	82,006	323,357	40%	-	486,090
Claims	466,744	-	466,744	47,506	209,710	43%	-	265,034
Insurance & Medical	630,347	-	630,347	68,386	264,589	42%	-	365,358
Judicial	503,084	-	503,084	39,016	170,869	34%	-	332,215
<b>Total Departmental Expend.</b>	<b>\$ 2,806,666</b>	<b>\$ -</b>	<b>\$ 2,806,666</b>	<b>\$ 271,931</b>	<b>\$ 1,163,424</b>	<b>40%</b>	<b>\$ -</b>	<b>\$ 1,743,243</b>
<b>Employer Contributions</b>	<b>465,400</b>	-	<b>465,400</b>	<b>63,525</b>	<b>231,333</b>	<b>50%</b>	-	<b>234,067</b>
<b>Total Earmarked Funds</b>	<b>\$ 3,372,066</b>	<b>\$ -</b>	<b>\$ 3,372,066</b>	<b>\$ 335,055</b>	<b>\$ 1,394,757</b>	<b>41%</b>	<b>\$ -</b>	<b>\$ 1,877,309</b>
<b>Capital / Computer Project Carryforward</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0%</b>	<b>\$ -</b>	<b>\$ -</b>

MEMORANDUM

Date: 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
  - Counselling 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

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**Workers' Compensation Commission**

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**To:** Gary Cannon  
SCWCC Executive Director  
**From:** Betsy Hartman  
IT Director  
**Date:** December 10, 2013  
**Subject:** IT Department  
November 2013 Full Commission Report

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**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						
Project ID	Project Name	Start Date	End Date	Status Key:	Not Started	Ongoing
<b>IT Strategic Goals</b>						
1	Implement Phase 4 of system to receive payments for Self-Injuries (fees and fees, fine; filing fees, document copying fee, fee for Medical Services Provider Manual); and other publications produced by the Commission.					
2	Develop and implement system to allow stakeholders to upload electronic documents via eCase.					
3	Develop system to receive Second Report of Injury (SROI) EDI Release 3 Forms 16, Section I and II, Form 16-B.					
4	Refine existing and define future performance metrics to assist Commissioners 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 modification of deficiency.					
7	Provide access to BCWCC claim file images via eCase web portal to registered users.					
	Enhance the eServices 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.					

Besigle Item	Key Projects	Sub Projects	Estimated Hours	Start Date	Estimated Completion Date	Lead	Supplementary Comments
	Campus ID Initiative - F/R/Q		1000	2/1/2013	4/30/2013	Awards Underline	Lead for Research Initiatives
1	ePayment	Urgent Master issue #8	40	10/1/2013	TBD	Camp Gant	working with SO on all page and finance testing
1	electronic copy fee		100	10/1/2013	TBD	Keith Roberts	Developing methodology for enrollment
2	Upload documents	Upload New vendor code	150	TBD	TBD	Betsy Hartman	New Requirements being gathered. Working with Wholesaler on coding. Part of expansion one item at a time
2		digitization upload	TBD	TBD		Betsy Hartman	Hand Tasks to database distribution base start with identification of BPCD capable chain stores. Review forms and edit, agree with IT on layout/Development of Business Requirements Task, Event Table and ECR initial
3 & 4	EOI Response 3 BPCD		10 months	TBD	TBD	TBD	
4	Strategic Planning Process	Assessment Report #0		7/1/2013	09/09/2014	Gary Cavan	Develop action plan for each Strategic Objective and assign Champions to lead the project team
5	Centralized Mail		40	11/1/2013	TBD	Maria O'Connor	Hand quote for drive date change to October. POC: Communications office from all departments to update. AA's to process from queues and index to cases
6	Stamming forms	From off processing	30	12/1/2013	TBD	Amy Tracy	require all Forms M/F be emailed
6	Stamming forms	all Checks by end	100	TBD	TBD	Grant Duford	Allow all stamp forms to be emailed Hand to verify activity. Depending on waiting for upload may be better results
6	Electronic Forms or Clean eForms		100	?	TBD	Jeanne Smith	Create report of cases to be reviewed? proposed template writing for data entry Key items for case conversion
7	View Images	Electronic copy fees	70	TBD	TBD	Betsy Hartman	
8	PBSC process and Automation		400			TBD	60% of applications preferred BSC Process of coding
10	Pad application upgrades	Offices upgrade	200	7/1/2014	TBD	Awards Underline	Upgrade from version 10 to version 10
	Upgrade account/Prod Progress 10/30/98		TBD			IT Staff	Complete coding in development

State of South Carolina



Workers' Compensation Commission

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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

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

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.

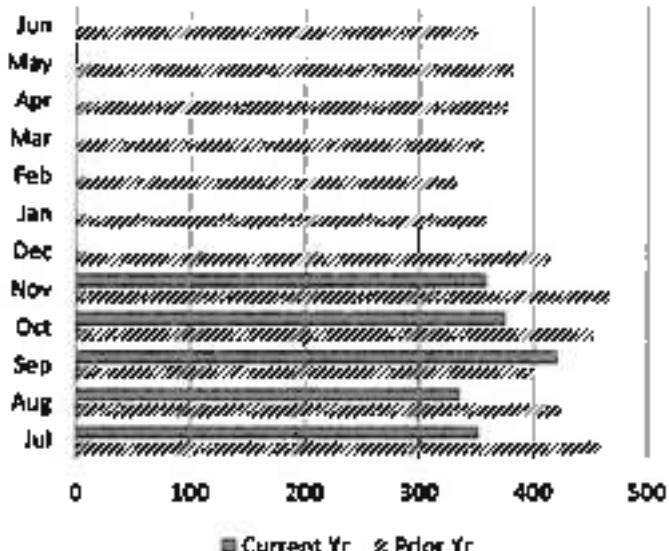
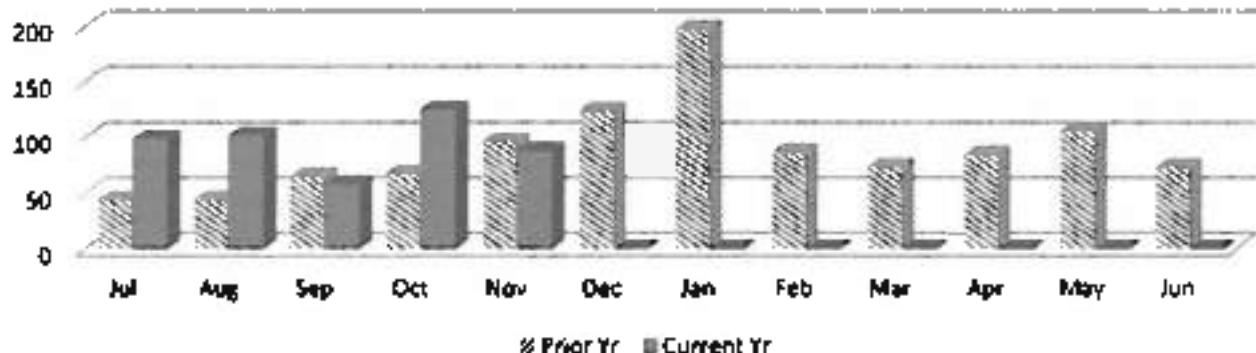
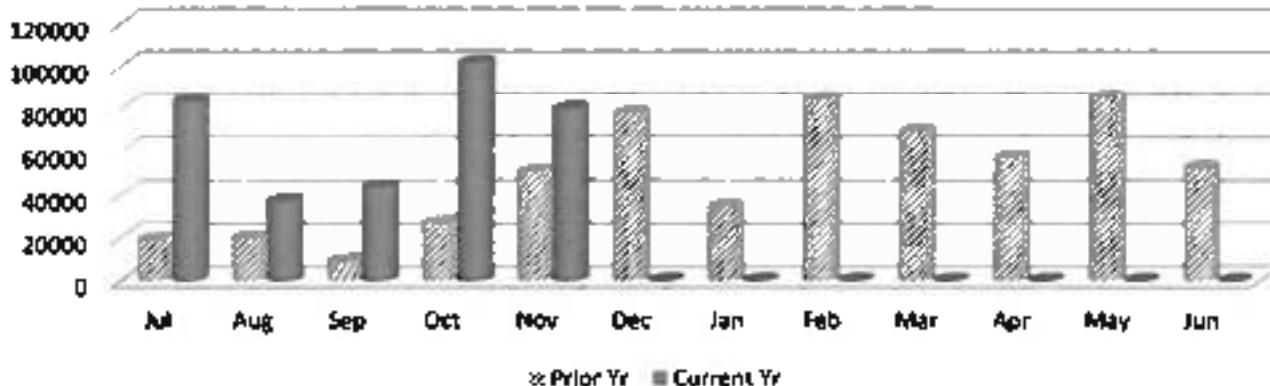
**Cases Resolved:**

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.

**Caseload Pending v. Prior Year****Cases Resolved v. Prior Year****Compliance Fines Collected v. Prior Year**

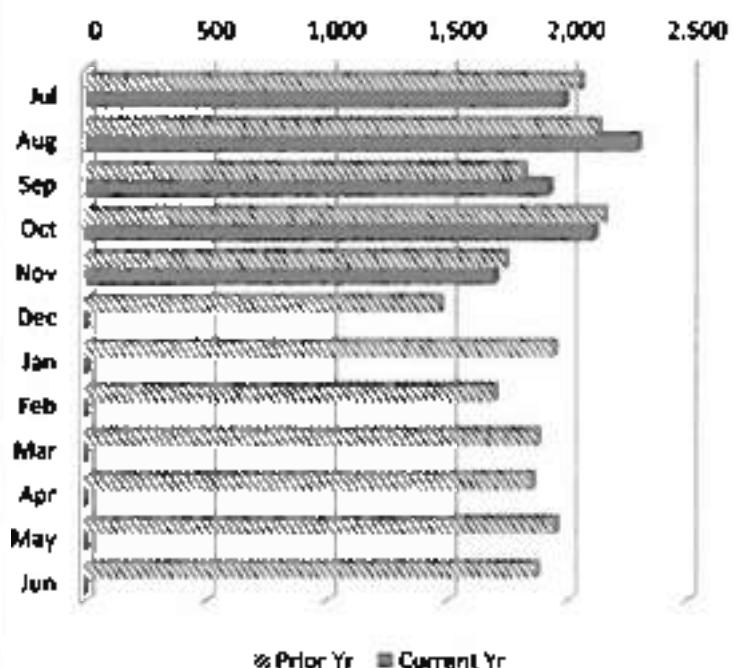
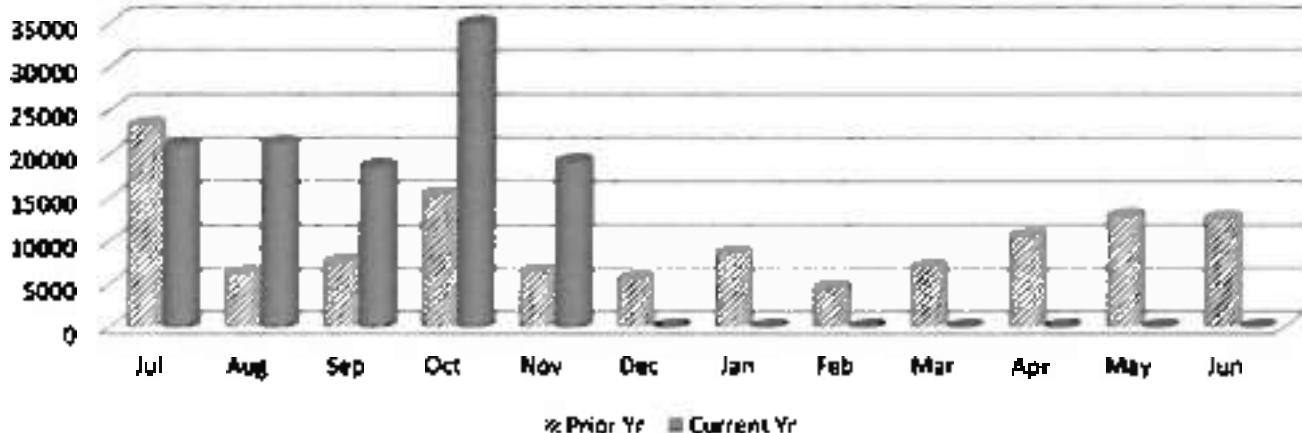
**WCC Claim Files:**

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.

**Coverage Files Created vs Prior Year****Coverage Fines Collected v Prior Year**

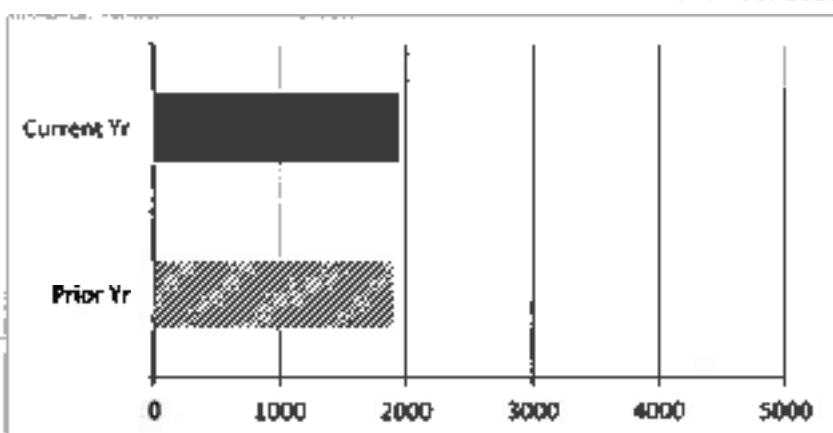
## IMS SELF INSURANCE DIVISION

November 2013

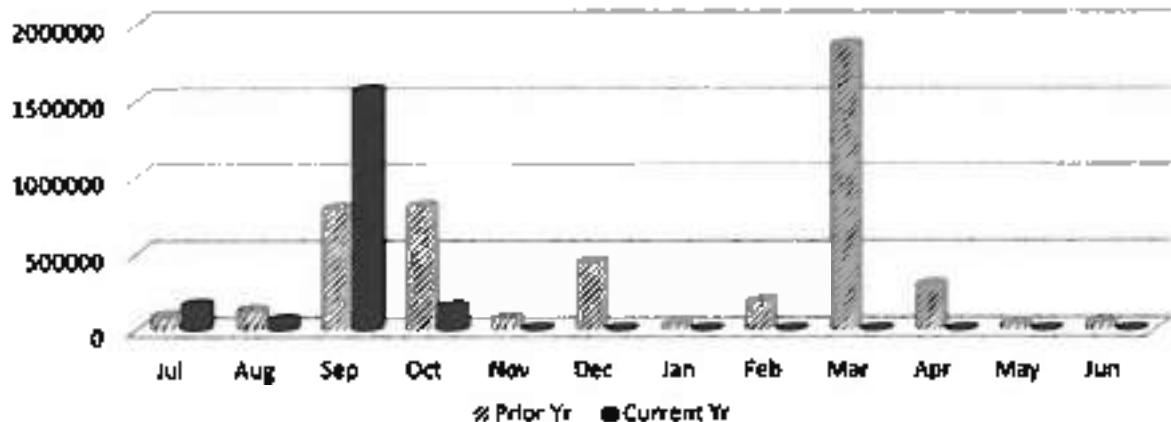
During the month of November 2013, the Self Insurance Division:

- 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.



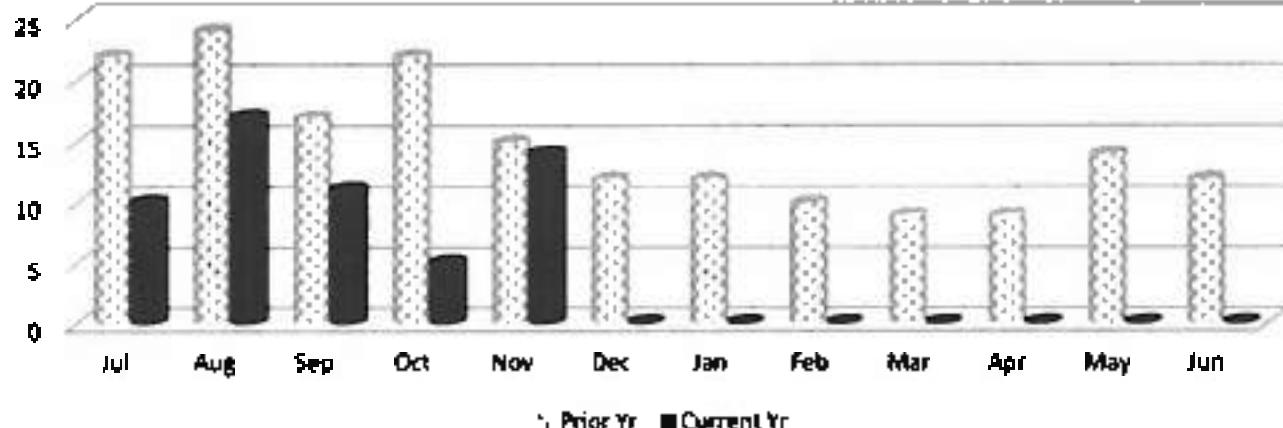
**Self Insurance Tax Collections  
v. Prior Year**



## 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**

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**To:** Gary Cannon  
SCWCC Executive Director

**From:** Grant Duffield  
Interim Claims  
Director

**Date:** December 3, 2013

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

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

For the month of 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 Fines 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	119,833	130,326	86,595	91,927	128,000	105,000	104,200	101,700	110,650	119,525
2010-2011	141,825	144,825	118,325	120,300	81,300	85,100	110,700	126,700	120,225	116,915	100,200
2011-2012	111,014	102,800	83,300	81,300	85,100	110,700	126,700	120,225	116,915	100,200	51,050
2012-2013	80,825	64,100	57,075	91,825	64,125	65,880	60,550	78,855	67,000	54,650	47,550
2013-2014	42,350	27,900	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 REPORT  
STATISTICS FOR FISCAL YEAR 2013-2014**

Prepared Date 2, 2013

Chitosan Derivatives

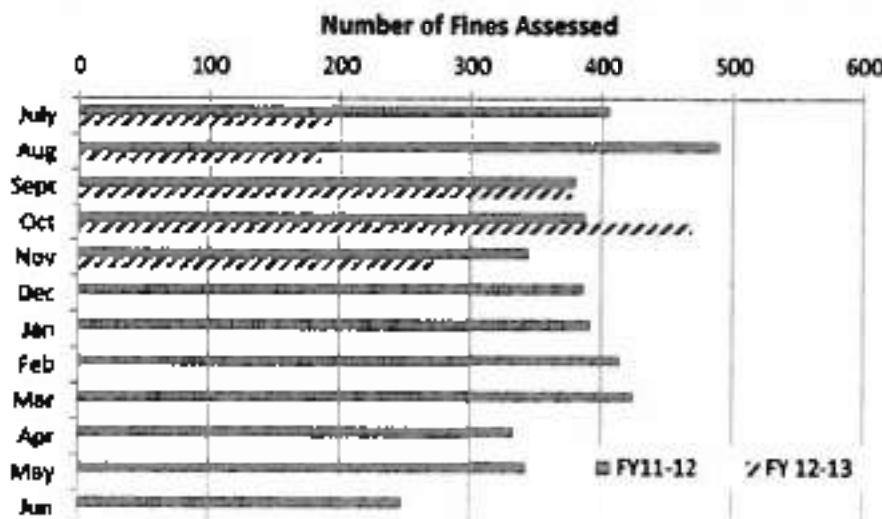
**CLAIMS DEPARTMENT REPORT  
STATISTICS FOR FISCAL YEAR 2013-2014**

**PYRAMID INSURANCE CO., LTD.**

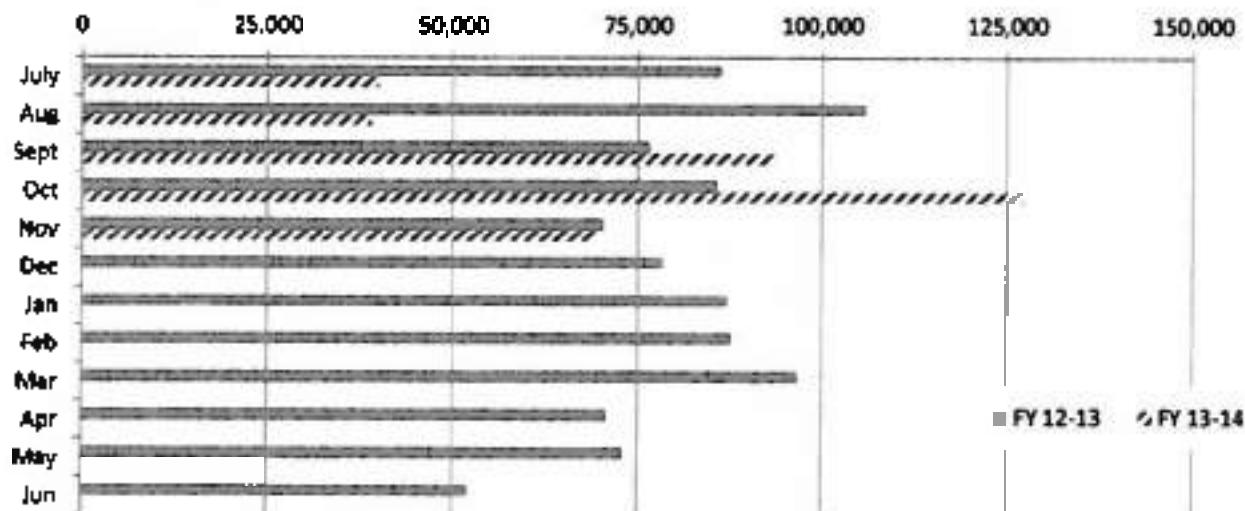
## CLAIMS DEPARTMENT - Fine Activity Report Dec 2013

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 Nov was \$57,4250 a decrease over prior month \$110,350.

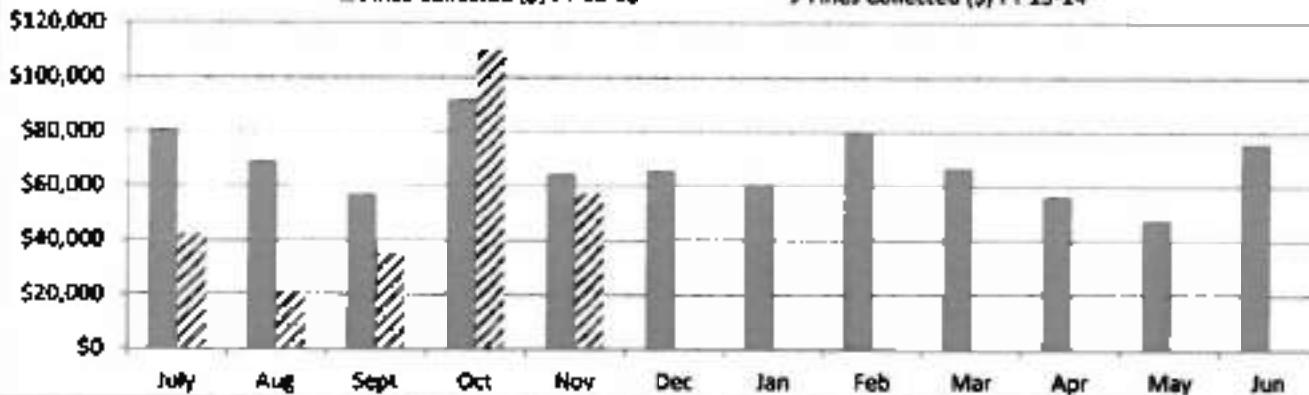


### Net Fines Assessed (\$)



### ■ Fines Collected (\$) FY 12-13

### ▨ Fines Collected (\$) FY 13-14



Claims Department - Fine Activity Report - July 2013

Fines Assessed (#)		Fines Received (#)			
	FY 12-13	FY 13-14			
	FY 11-12	FY 12-13			
July	406	193	July	363	162
Aug	489	185	Aug	314	190
Sept	380	377	Sept	275	174
Oct	387	469	Oct	437	459
Nov	344	272	Nov	295	242
Dec	386	0	Dec	313	0
Jan	391	0	Jan	302	0
Feb	414	0	Feb	373	0
Mar	425	0	Mar	334	0
Apr	333	0	Apr	307	0
May	342	0	May	235	0
Jun	248	0	Jun	371	0
Total	4,545	1,496	Total	3,919	1,227
Mo Avg	379	299	Mo Avg	478	245

Net Fines Assessed (\$)*		Fines Collected (\$)			
	FY 12-13	FY 13-14			
	FY 12-13	FY 13-14			
July	\$86,325	\$40,000	July	\$80,825	\$42,350
Aug	\$105,800	\$39,000	Aug	\$69,100	\$21,200
Sept	\$76,500	\$93,500	Sept	\$57,075	\$35,050
Oct	\$85,780	\$127,250	Oct	\$91,925	\$110,350
Nov	\$70,300	\$69,350	Nov	\$64,825	\$57,425
Dec	\$78,400	0	Dec	\$65,950	0
Jan	\$87,200	0	Jan	\$60,550	0
Feb	\$87,700	0	Feb	\$79,875	0
Mar	\$96,650	0	Mar	\$67,000	0
Apr	\$70,750	0	Apr	\$56,650	0
May	\$73,000	0	May	\$47,550	0
Jun	\$52,100	0	Jun	\$76,100	0
Total	\$970,505	\$369,100	Total	\$17,425	\$266,375
Mo Avg	\$80,875	\$33,820	Mo Avg	\$68,119	\$53,275

\*after reductions and rescinded

**State of South Carolina**



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**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.

Judicial Report

## Informal Conferences and Mediations

Month	FY 2013-2014	FY 2014	FY 2014-2015										
			Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
Mgmt													
Clinicher Cncl.													
Regulated Informal Conf.													
Conduct Conf.													
Re-referral Requests													
Mediation Requests													
Moderated Mediations													
Moderated Re-referrals													
Mediation Response													
Moderation Response													
Mediation Referrals													
FY 2013-2014 Totals	501	1860	1927	646	64	26	195	88	1	65			
Totals													

Informal Conference  
Mediations

Mediation Response

Mediation Requests

Re-referral Requests

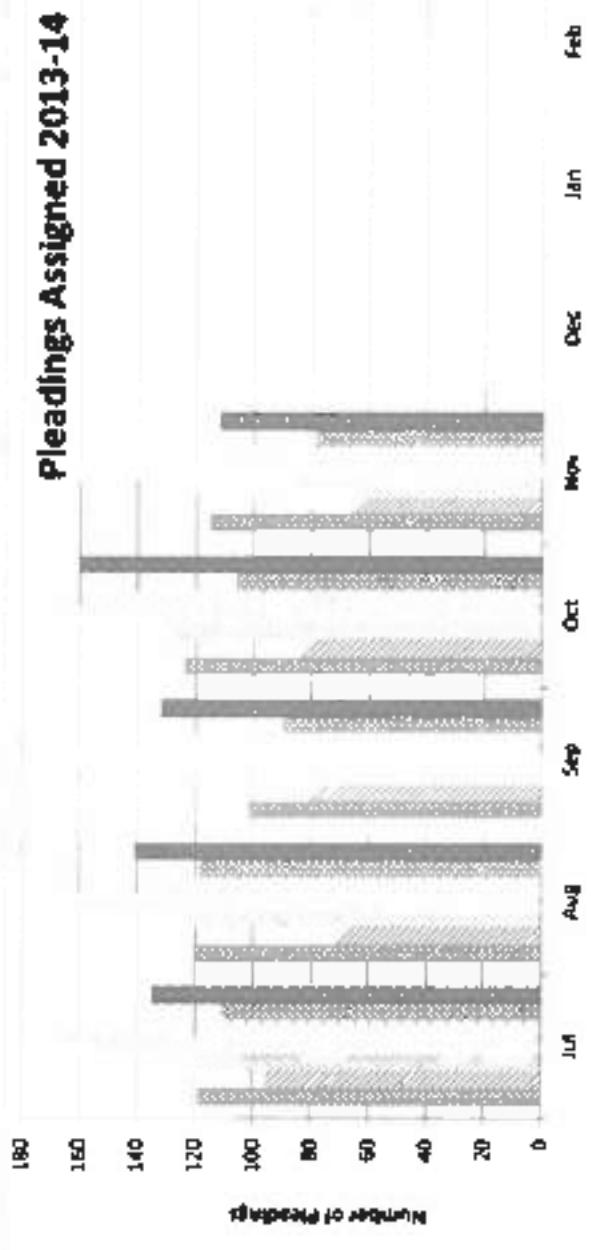
Conduct Conf.

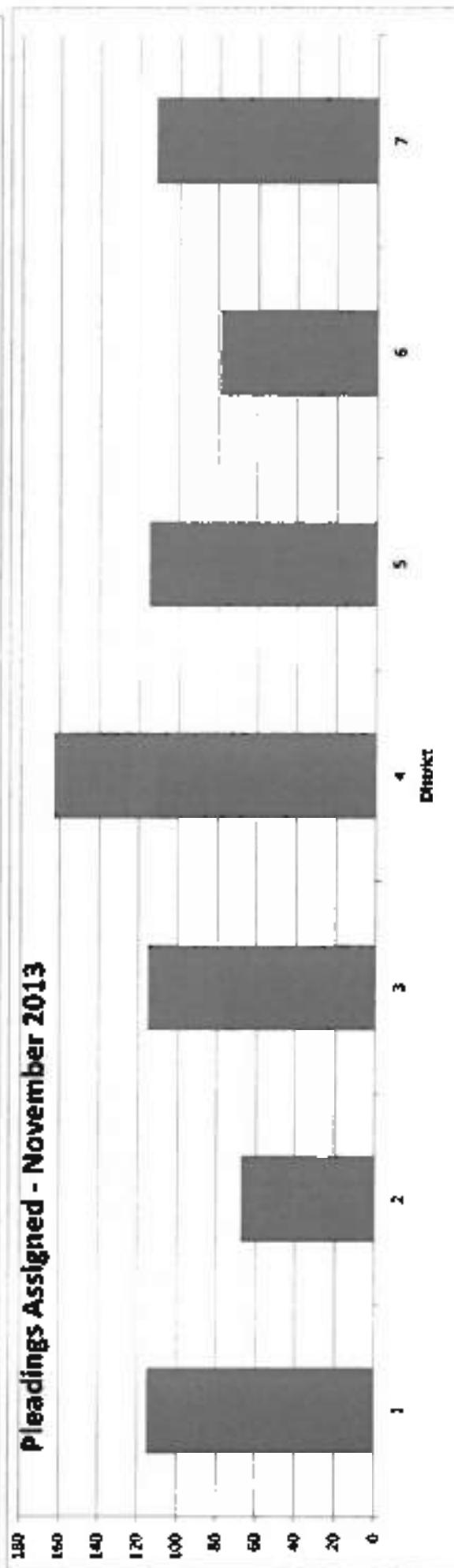
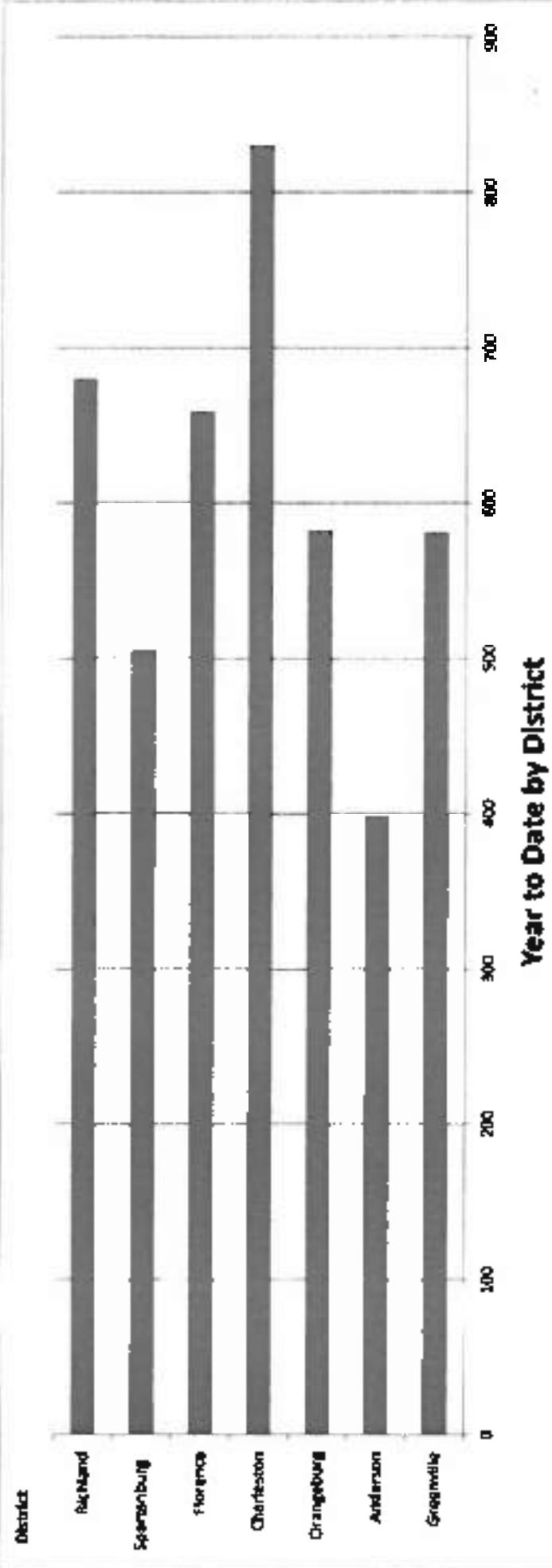
Regulated Informal Conf.

Mgmt

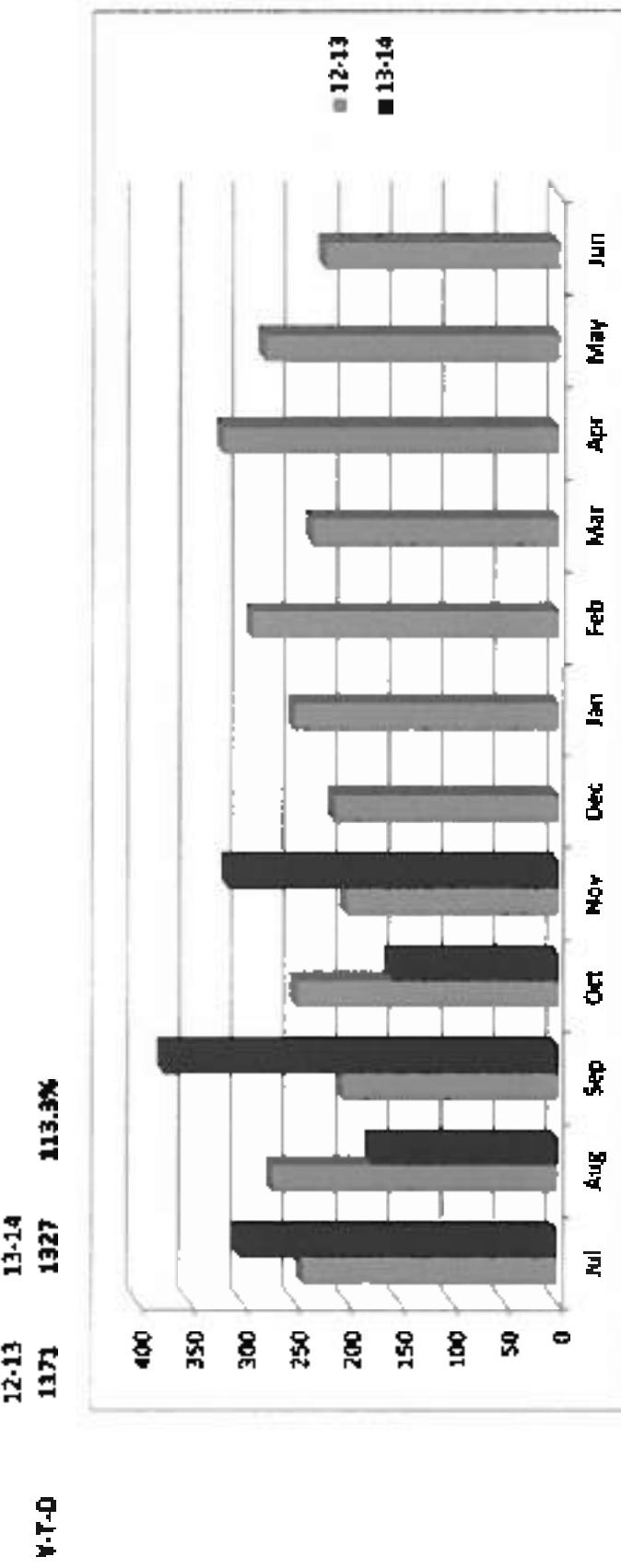
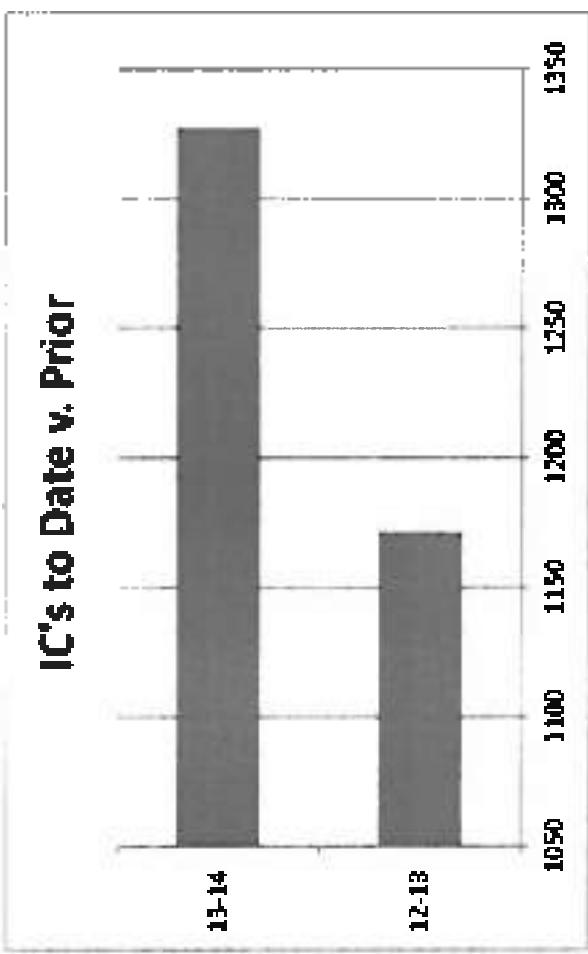
Pleadings Assigned

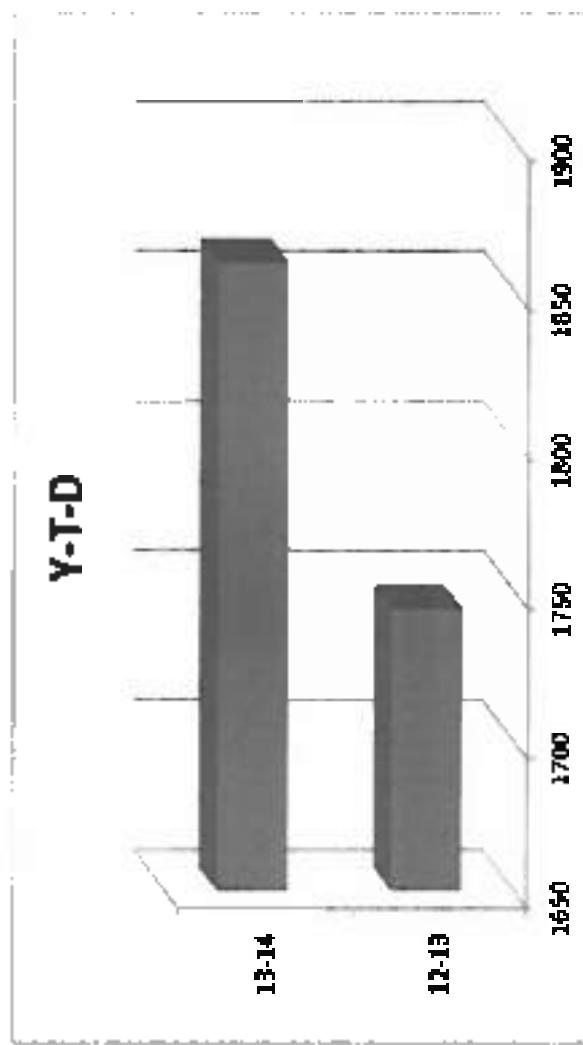
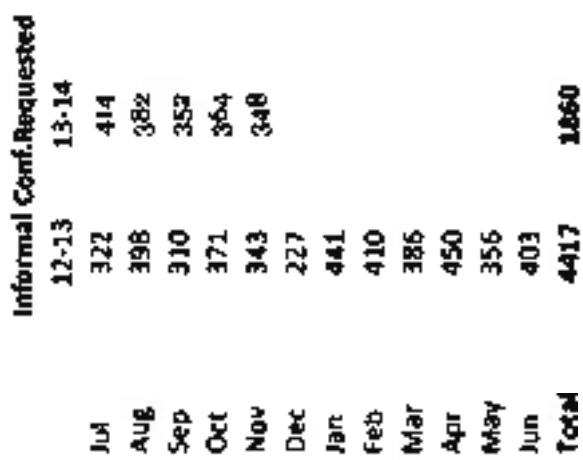
District 1 Greenville		District 2 Anderson		District 3 Orangeburg		District 4 Charleston		District 5 Florence		District 6 Spartanburg		District 7 Richland	
13-14	135-136	13-14	13-14	13-14	13-14	13-14	13-14	13-14	13-14	13-14	13-14	13-14	13-14
Jul	119	94	85	96	89	106	121	124	103	164	160	153	111
Aug	121	133	140	71	100	126	121	126	123	170	176	199	131
Sep	102	95	123	80	100	95	97	103	108	143	137	160	107
Oct	124	128	114	84	97	97	128	120	134	170	168	194	121
Nov	115	111	109	67	99	94	115	125	122	163	153	115	112
Dec	74	164	80	142	142	142	104	104	104	186	186	186	115
Jan	111	112	106	90	118	122	122	122	122	193	189	128	111
Feb	106	163	98	94	114	125	112	125	112	141	141	114	117
Mar	104	108	90	84	107	126	126	126	126	162	162	121	124
Apr		122	121	73	89		107	107	107	126	126	103	106
May	67	106	67	79	78	78	78	78	78	144	144	143	109
Jun	98	112	80	94	121	119	121	119	121	170	170	121	134
Totals	581	1233	938	398	1079	1184	552	134	1435	830	891	1452	640



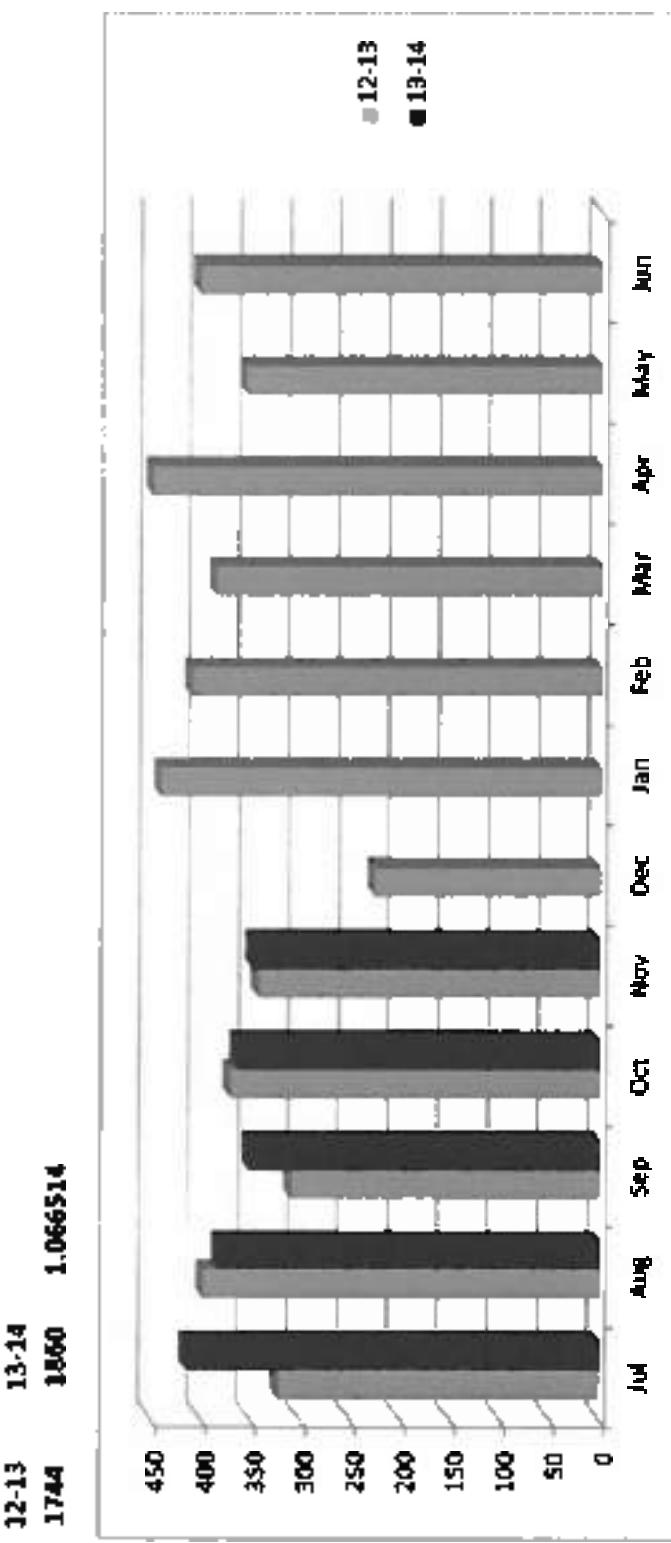


	12-13	13-14	Informal Conf. Conducted
Jul	243	303	124.7%
Aug	272	176	64.7%
Sep	205	376	183.4%
Oct	249	158	63.5%
Nov	202	314	155.4%
Dec	213	0.0%	
Jan	252	0.0%	
Feb	292	0.0%	
Mar	234	0.0%	
Apr	320	0.0%	
May	280	0.0%	
Jun	223	0.0%	
Total	2985	1327	
Y-T-D	1373	1327	113.3%





**Y-T-D**



# *State of South Carolina*

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## *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 NCCTI 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.

**Commitment /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

COUNTY	JAN	FEB	MAR	APR	MAY	JUN	JULY Total
Abbeville							0
Aiken	1						1
Allendale							0
Anderson							0
Bamberg							0
Barnwell							0
Beaufort							0
Berkeley	1		1				2
Calhoun							0
Charleston	1	2	1				4
Cherokee							0
Chester							0
Chesterfield							0
Clarendon							0
Colleton							0
Darlington							0
Dillon							0
Dorchester	1	1					2
Edgefield							0
Fairfield							0
Florence							0
Georgetown		1					1
Greenville	1						1
Greenwood							0
Hampton							0
Horry							0
Jasper							0
Kershaw	1						1
Lancaster							0
Laurens							0
Lee							0
Lexington	2	2	1	1			6
Marion							0
Marlboro							0
McCormick							0
Newberry							0
Oconee							0
Orangeburg	1			1			2
Pickens							0
Richland		1	2	1			4
Saluda							0
Spartanburg							0
Sumter	1						1
Union							0
Williamsburg							0
York							0
Monthly Tot.	4	9	5	4	3	0	25

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

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

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*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

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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 1<sup>st</sup>, 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.

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## National Uniform Claim Committee

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

October 21, 2013

The NUCC has released updated 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](mailto: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: [taxon@nucc.org](mailto:taxon@nucc.org).

### Questions about the OSMO 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: [OSMO: 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 DSHO reviews change requests to the HICPA 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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Email: [sales@ezclaim.com](mailto:sales@ezclaim.com)

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

### NUCC Time Line:

- January 4, 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

Select for questions again

Document ID: 658

Updated: 10/18/2013

[View an EZAnswer Article](#)

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 or Revised*

## **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	SBR08	Titled Claim Filing Indicator Code in the 837P.
1a	Insured's ID Number	2010BA	NM108	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	Type	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	KC	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 Person's 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	
16	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)	NM108	Titled Referring Provider Identifier, Supervising Provider Identifier, and Ordering Provider Identifier in the 837P.
18	Hospitalization Dates Related to Current Services	2300	DTP03	Titled Related Hospitalization Admission Date and Related Hospitalization Discharge Date in the 837P.

1500 Form Locator		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
19	Additional Claim Information (previously Reserved for Local Use)	2300	NTE PWK	
20	Outside Lab Charges	2400	PS102	Titled Purchased Service Charge Amount in the 837P.
21	Diagnosis or Nature of Illness or Injury	2300	H101-2, H102-2, H103-2, H104-2, H105-2, H106-2, H107-2, H108-2, H109-2, H110-2, H111-2, H112-2	
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	SV108	Titled Emergency Indicator in the 837P.
24D	Procedures, Services, or Supplies	2400 2400	SV101 (2-6)	Titled Product/Service ID and Procedure Modifier in the 837P.

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

1800 Form		837P		Notes
Item Number	Title	Loop ID	Segment/Data Element	
30	Paid 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	CLM08	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 CLAIMS COMMITTEE (NUCC) 07/01

NUCC											
I. MEDICARE		MEDICO		TRICARE		CHAMPVA		GROUP		OTHER	
<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> Medicare	<input type="checkbox"/> CHAMPVA	<input type="checkbox"/> CHAMPVA	<input type="checkbox"/> GROUP	<input type="checkbox"/> GROUP	<input type="checkbox"/> GROUP	<input type="checkbox"/> GROUP	<input type="checkbox"/> OTHER	
II. PATIENT'S NAME (Last Name, First Name, Middle Initial)											
III. PATIENT'S ADDRESS (No., Street)						IV. PATIENT'S BIRTH DATE					
CITY _____ STATE _____						M _____ DD _____ YY					
ZIP CODE		TELEPHONE (Include Area Code)									
( )		( )									
V. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)											
VI. OTHER INSURED'S POLICY OR GROUP NUMBER											
VII. RESERVED FOR NUCC USE											
VIII. RESERVED FOR NUCC USE											
IX. INSURANCE PLAN NAME OR PROGRAM NAME											
X. READ-BACK OF PAYOR BEFORE COMPLETING A REQUEST THAT PAYOR SIGN AND DATE THIS FORM. If the payor of any insured is other than the payor necessary to process this claim, > the request payment of government benefits either to itself or to the party to whom payment is due.											
XI. SIGNATURE		DATE									
XII. DATE OF CURRENT ILLNESS (MONTH / YEAR / PREGNANCY WEEK)		XIII. OTHER DATE MONTH / DAY / YEAR		XIV. 00 00 YY							
XV. NAME OF REFERRING PROVIDER/CLINIC/DOCTOR SOURCE		XVI. 178-188									
XVII. ADDITIONAL CLAIM INFORMATION REQUESTED BY PAYOR											
XVIII. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Refer to <a href="#">Table 6C</a> to review the new CPT® codes)											
XIX. A. GATEWAY CLINIC NAME ADDRESS CITY STATE ZIP		XX. B. PLACE OF TREATMENT NAME ADDRESS CITY STATE ZIP		XXI. C. PROFESSIONAL, DEPARTMENT, OR DIVISION (Specify Visual, Orthopedic, ORTHOPEDICS, MEDICAL, NURSING)		XXII. D. PROFESSIONAL POSITION NURSE		XXIII. E. CHARGES AMOUNT CODE UNIT QUANTITY ITEM DESCRIPTION		XXIV. F. L. R. AMOUNT CODE UNIT QUANTITY ITEM DESCRIPTION	
1										XXV. G. PERIODIC PROBLEMS (EL +)	
2										XXVI. H. PERIODIC PROBLEMS (EL +)	
3										XXVII. I. PERIODIC PROBLEMS (EL +)	
4										XXVIII. J. PERIODIC PROBLEMS (EL +)	
5										XXIX. K. PERIODIC PROBLEMS (EL +)	
6										XXX. L. PERIODIC PROBLEMS (EL +)	
XX. M. MEDICAL TAX ID NUMBER		XXI. N. ZIP CODE		XXII. O. PATIENT'S ACCOUNT NO.		XXIII. P. ACCEPT RESPONSIBILITY FOR OWN CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO		XXIV. Q. TOTAL CHARGE		XXV. R. AMOUNT PAID	
XXVI. S. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDES CPT® CODES OR CREDENTIALES & ONLY ONE SIGNING ON THE FORM (See <a href="#">Table 6A</a> and <a href="#">Table 6B</a> for details.)				XXVII. T. SERVICE FACILITY LOCATION INFORMATION				XXVIII. U. BILLING PROVIDER PAYOR NAME		XXIX. V. RESERVE NUCC LINE	

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

**WARNING:** Any person who knowingly files a statement of claim containing any misrepresentations or any false,虚假的 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 PAYMENT**: A patient's signature certifies that payment is made and authorizes release of any information necessary to process the claim and verifies that the information provided in Blocks 1 through 12 is true, accurate and complete. In the case of a Medicare claim, the patient is required pursuant to statute to assign to Medicare medical and non-medical information and whether the person has employer group health insurance, liability, no-fault, workers' compensation or other insurance which is responsible to pay for the services, for whom the Medicare claim is made. See 42 CFR 411.2(a)(1). Upon its completion, the patient is required to release the information to the health plan or agency chosen. In Medicare (including TRICARE designated cases), the physician agrees to assign the charge (allowance) of the Medicare carrier or TRICARE faced independently to the full charge and the patient is responsible only for the deductible, copayments and non-covered services. Copayments and the deductible are based upon the charge disbursement of the Medicare carrier or TRICARE faced independently. There lies from the charge submitted. TRICARE is not a health insurance program but makes payment for health services afforded through contract of affiliation with the Uniformed Services. Information on the patient's sponsor should be provided in those items captioned in "Request" (i.e., Items 1, 4, 6, 7, 8, and 10).

**BL 1040 (LNUO AND FECA CLAIMS)**

This provider agrees to assign the amount due by the Government to patients in full. See BL 1040 Long and FECA instructions regarding required procedure and diagnosis coding systems.

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

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 furnished Medicare 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) the claim, whether submitted by me or my employee, complies with all applicable Medicare and/or TRICARE laws, regulations, and program instructions for payment including but not limited to the Provider Enrollment, Claims and Physician Self-Attestation (commonly known as SCA) laws; 5) the services on this form were medically necessary and properly furnished by me or were furnished incident to my professional service by my employee under my direct supervision, except as otherwise expressly authorized by Medicare or TRICARE; 6) for each service rendered incident to my professional service, the physician's legal name and NPI, licensed in all 50 states or the District of Columbia, including each service is reported in the designated section or service to be considered/furnished to a physician's designated services; 7) they must be rendered under the physician's direct supervision by his/her employee; 8) they must be an integral, although incidental part of a general physician service; 9) they must be of funds commonly handled in physician's office; and 10) the services of non-physicians must be included on the physician's bills.

For TRICARE claims, I further certify that: 1) for any employee who rendered services are 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 36 USC §5334); For Black LNUO claims, I further certify that the services performed were for a Black LNUO related disorder.

No Part A Medicare services may be paid unless the bill is received at Medicare by March 1st of the year following the end of regulation (42 CFR 423.32).

**NOTE:** Any one who recommends or retains essential information to receive payment from Federal funds requested by the item may upon request be subject to fine and imprisonment under applicable Federal laws.

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

You are entitled by CMS, TRICARE and DOD to see you for information needed in the administration of the Medicare, TRICARE, FECA, and Black LNUO programs, including to collect information as in section 2054(a), 1852, 1872 and 1874 of the Social Security Act as amended (42 CFR 411.241(a) and 411.4(a)(4)), and 44 USC 3509(j); 41 CFR 101-11.4 and 10 CFR 1070 and 1085; 36 USC 8401 et seq; and 30 USC 801 et seq; 31 USC 413; CIO 8087.

The information we obtain is used to operate and/or administer these programs in order to ensure you are given the best quality care. It is also used to decide if the services and supplies you received are covered by these programs and to protect their proper payment.

No information may be given to other providers of services, carriers, intermediaries, medical review boards, health plans, and other organizations or third parties, for the effective administration of Federal programs that require other third parties, payers, to pay primary to a given 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 informed consent or systems of records.

**FOR MEDICARE CLAIMS:** See the notice modifying systems No. 60-75-6501 (Medicare Claims Record), published in the Federal Register, Vol. 55 No. 127, page 37549, Wed. Sept. 17, 1991 or supplements and reissues.

**FOR OMBOP 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 OMBOP (ESA-8, EBA-12, EBA-13, EBA-30, or as updated and republished).

**FOR TRICARE CLAIMS - PURPOSES:** To determine eligibility for medical care provided by civilian sources and to issue payments upon establishment of eligibility and determination that the services/supplies received are authorized by law.

**ROUTINE USES:** Information from claims related documents may be given to the Dept. of Transportation, the Dept. of Health and Human Services, and/or the Dept. of Transportation, pursuant with their respective administrative responsibilities under TRICARE/CHAMPVA, to the Dept. of Justice for representation of the Secretary of Defense in civil actions; to the Inspector General Service, general selection committee, and appropriate reporting agencies in connection with recruitment claims; and to Congressional Offices in response to inquiries made at the request of the Senator to whom a record pertains. Appropriate disclosures may be made to other Federal, state, local, tribal government agencies, private employers, clients, and individual providers of care or services relating to enrollment, claim adjudication, fraud programs, abuse, utilization review, quality assurance, DMR, Health Program Integrity, third-party liability, coordination of benefits, and civil and criminal litigation related to the operation of TRICARE.

**DISCLOSED INFORMATION:** However, failure to furnish 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 failing to furnish 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 date of birth, would delay payment of the claim. Failure to provide medical information under FECA could be deemed an obstruction.

It is important that you tell us if you know that another party is responsible for paying for your treatment. Section 1173B of the Social Security Act and 21 USC 3001-3012 provide penalties for withholding this information.

You should be aware that P.L. 100-176, the "Caveat Emptor" Billing and Privacy Protection Act of 1982, permits the government to verify information on any claim made to Medicare.

**REBATES AND PAYMENTS (PRIVACY ACT STATEMENT)**

I hereby agree to keep such records as are necessary to facilitate the return of services rendered in accordance with the 42 CFR 410.106 TRICARE and TRICARE information regarding any payments claimed for providing such services to the State Agency or DOD, or other appropriate authority from which I received payment.

I hereby agree to submit, at my own expense, the amount paid by the Medicaid program for other claims submitted for payment under this program, with the amount of my liability and deductible, rebates or similar cost-sharing charge.

**DISCLAIMER OF RESPONSIBILITY FOR SERVICES:** 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 direct supervision.

**NOTICE:** I also certify that the foregoing information is true, accurate and complete. I understand that payment and collection 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 person is required to respond to a collection of information unless 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, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the information or burden of this collection, or if you believe it is unnecessary, please write to: CMS, Rockville Boulevard, Attn: PRA Report, Consumer Office, Mail Stop C-26-01, Baltimore, Maryland 21244-1850. The address is for comments and suggestions only. DOD: 40 CFR 300, DODAM, TLD-CB-10-04-ADORLSS.

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!**

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T. Scott Beck, Chairman

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Susan S. Barden, Vice Chair

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Andrea C. Roche, Commissioner

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Avery B. Wilkerson, Jr., Commissioner

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Gene McCaskill, Commissioner

---

Melody L. James, Commissioner

---

Aisha Taylor, Commissioner

In Chambers  
Columbia, South Carolina

---

Date

P.O. Box 995  
1550 Geddes Street  
Columbia, SC 29202  
[dew.sc.gov](http://dew.sc.gov)



Nikki R. Haley  
Governor

Cheryl M. Stanton  
Executive Director

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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 M. Stanton".  
Cheryl Stanton  
Executive Director

CMS/tcm

ES-8