

A G E N D A

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

1333 Main Street, 5th Floor
Columbia, South Carolina 29201
December 20, 2021, 10:30 a.m.

Meeting to be held in Hearing Room A

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

- | | |
|---|--|
| 1. CALL TO ORDER | CHAIRMAN BECK |
| 2. APPROVAL OF AGENDA OF BUSINESS MEETING OF DECEMBER 20, 2021 | CHAIRMAN BECK |
| 3. APPROVAL OF THE MINUTES OF THE SPECIAL BUSINESS MEETING OF NOVEMBER 18, 2021 (Tab 1) | CHAIRMAN BECK |
| 4. APPROVAL OF MINUTES OF THE BUSINESS MEETING OF NOVEMBER 22, 2021 (Tab 2) | CHAIRMAN BECK |
| 5. GENERAL ANNOUNCEMENTS | MR. CANNON |
| 6. APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 3) | MS. BROWN |
| 7. DEPARTMENT DIRECTORS' REPORTS
Human Resources (Tab 4)
Information Services (Tab 5)
Insurance and Medical Services (Tab 6)
Claims (Tab 7)
Judicial (Tab 8) | MS. WARD
MS. SPRANG
MR. DUCOTE
MS. SPANN
MS. BRACY |
| 8. DEPARTMENT OF VOCATIONAL REHABILITATION
Monthly Report (Tab 9) | MR. CANNON |
| 9. EXECUTIVE DIRECTOR'S REPORT (Tab 10) | MR. CANNON |
| 10. FINANCIAL REPORT (Tab 11) | MR. CANNON |
| 11. OLD BUSINESS | CHAIRMAN BECK |
| 12. NEW BUSINESS
2022 Medical Service Provider Manual Proposal (Tab 12)
Average Weekly Wage 2022 (Tab 13) | CHAIRMAN BECK |
| 13. EXECUTIVE SESSION
General Counsel has requested an Executive Session to discuss pending litigation. (Tab 14) | CHAIRMAN BECK |
| 14. ADJOURNMENT | CHAIRMAN BECK |

1	Approval of Minutes of Special Business Meeting of November 18, 2021
2	Approval of Minutes of Business Meeting of November 20, 2021
3	Self-Insurance
4	Human Resources
5	Information Services
6	Insurance and Medical Services
7	Claims
8	Judicial
9	Vocational Rehabilitation
10	Executive Director's Report
11	Financial Report
12	MSPM Proposal
13	Average Weekly Wage for 2022
14	Executive Session

THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
MINUTES OF THE SPECIAL BUSINESS MEETING

November 18, 2021

A Special Business Meeting of the South Carolina Workers' Compensation Commission was conducted electronically via ZOOM on Thursday, November 18, 2021 at 3:30 PM to discuss the Request for Proposals for vendors to manage the Commission's Electronic Data Interface System. The meeting agenda was posted prior to the meeting and proper advance notice was made in compliance with requirements in the Freedom of Information Act. The following Commissioners participated electronically via ZOOM from different locations:

T. SCOTT BECK, CHAIRMAN
SUSAN S. BARDEN, VICE CHAIR
R. MICHAEL CAMPBELL, II, COMMISSIONER
MELODY L. JAMES, COMMISSIONER
AISHA TAYLOR, COMMISSIONER
AVERY B. WILKERSON, JR., COMMISSIONER

Also participating electronically from different locations via ZOOM were: Gary Cannon Executive Director; Keith Roberts, General Counsel; Sandee Sprang, Information Technology Director.

Chairman Beck called the meeting to order at 3:37 PM.

REQUEST FOR PROPOSALS (RFP)

Ms. Sprang reported on the status of the preparing and issuing the Request for Proposals (RFP) for managing the Commission's EDI System; the schedule for completion and submission of the RFP to the State Procurement Office; the schedule for evaluation of the vendors' proposals; and the selection of the vendor.

Ms. Sprang then provided a brief overview of the contents of the RFP and responded to the Commissioners' questions.

No action was taken by the Commissioners.

ADJOURNMENT

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

The November 18, 2021, Special Business meeting of the South Carolina Workers' Compensation Commission adjourned at 4:25 p.m.

Reported
Amy Proveaux
Office of the Executive Director

THE
SOUTH CAROLINA WORKERS'
COMPENSATION COMMISSION
MINUTES OF THE BUSINESS MEETING

A Business Meeting of the South Carolina Workers' Compensation Commission was conducted on Monday, November 22, 2021 at 10:30 AM. The meeting agenda was posted prior to the meeting and proper advance notice was made in compliance with requirements in the Freedom of Information Act. The following Commissioners participated:

T. SCOTT BECK, CHAIRMAN
SUSAN S. BARDEN, VICE CHAIR
R. MICHAEL CAMPBELL, II, COMMISSIONER
MELODY L. JAMES, COMMISSIONER
GENE MCCASKILL, COMMISSIONER
AISHA TAYLOR, COMMISSIONER
AVERY B. WILKERSON, JR., COMMISSIONER

Also participating Gary Cannon Executive Director; Keith Roberts, General Counsel; Amy Bracy, Judicial Director; Wayne Ducote; Insurance & Medical Services, Claims Director; Christy Brown, Self-Insurance Director, Bridget Ward, Human Resource Manager; Amy Proveaux, Executive Assistant., Kristen Mcree, Staff Attorney, Julian Diaz, Compliance Officer and Wendy James, Administrative Coordinator.

Chairman Beck called the meeting to order at 10:49 AM

AGENDA

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

APPROVAL OF MINUTES – BUSINESS MEETING OF OCTOBER 18, 2021

Commissioner Barden moved that the minutes of the Business Meeting of October 18, 2021 be approved. Commissioner James seconded the motion, and the motion was approved.

GENERAL ANNOUNCEMENTS

Mr. Cannon introduced the agency's new employees. Julian Diaz, Compliance Officer, Christy Brown, Self-Insurance Director and Wendy James, Commissioner Barden's Administrative Assistant.

APPLICATIONS FOR APPROVAL TO SELF-INSURE

Self-insurance applications were presented by Wayne Ducote, Director of Insurance and Medical Services. Eleven (11) prospective members of three (3) funds was presented to the Commission for approval.

Palmetto Timber Fund

Harrington Logging LLC
Leitzsey Timber Inc.

South Carolina Home Builders SIF

Alec Nevergoll
Eagle Roofing and Repair LLC
Bailey Covert
Carolina Enterprises of the Low Country LLC
G&G Masonry of the Pee Dee LLC
Homemax LLC
Nova Builds LLC
Real Deal Countertops II LLC

South Carolina Municipal Self Insurance Trust Fund

Town of Olar

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 a motion to approve all members and funds application to self-insure, and Commissioner Barden seconded the motion. The motion was approved.

DEPARTMENT DIRECTORS' REPORTS

Each Department report was submitted in written form.

Human Resources

Ms. Ward gave an overview of her report. There were no comments or questions from the Commission.

Information Services

Mr. Cannon presented Ms. Sprang's report. There were no comments or questions from the Commission.

Insurance and Medical Services

Mr. Ducote verbally presented his report that was submitted in writing. There were no questions from the Commission.

Claims

Ms. Spann verbally presented her report that was submitted in writing. There were no questions from the Commission.

Judicial

Ms. Bracy verbally presented her report that was submitted in writing. There were no questions from the Commission.

Commissioner Barden thanked Ms. Bracy for all of her help with the transitions and training fo the new Administrative Coordinators.

VOCATIONAL REHABILITATION

The Vocational Rehabilitation report submitted in written form and there were no questions from the Commission.

EXECUTIVE DIRECTOR'S REPORT

The Executive Director's report was submitted in written form. Mr. Cannon presented a few highlights from the report. There were no questions or comments from the Commission.

ADMINISTRATION – FINANCIAL REPORT

Gary Cannon, Executive Director submitted the Financial Report to the Commission in written form. Mr. Cannon highlighted key data from the report.

OLD BUSINESS

No old business.

NEW BUSINESS

No new business

ADJOURNMENT

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

The November 22, 2021, meeting of the South Carolina Workers' Compensation Commission adjourned at 11:08 a.m.

Reported: December 14, 2021
Amy Proveaux
Office of the Executive Director

State of South Carolina

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Workers' Compensation Commission

TO: Gary Cannon

FROM: Bridget Ward

DATE: December 12, 2021

SUBJECT: Monthly Human Resources Report for October 2021 Business Meeting

This report summarizes the activities of Human Resources during the period of November 1, 2021 through November 30, 2021.

At the end of November, the Commission had 47 full time employees, one part-time employee, one temporary legal intern.

- **New Hires:** Two
- **Separations or Retirements:** One
- **FMLA Leaves:** None

In the month of November 12 SCEIS personnel transactions and 12 SCEIS time/leave transactions were processed. Detailed payroll and time reports were run as scheduled and any issues that arose were corrected with the collaborative effort of either the SCIES team or the Comptroller General Office. HR participated in a training with DSHR for NEOGOV.

Six "All Employee" emails were sent by HR during the month of November, and 9 travel reports were processed. Due to certain IRS updates, PEBA allowed changes to the Medical Spending Accounts for employees who chose to contribute during the 2022 open enrollment. HR assisted those employees and necessary paperwork was submitted to PEBA. HR responded to all other leave and benefit questions and made changes as needed or requested. HR received and reviewed 959 emails and sent 312 emails.

There was only one building issue for the month, and it was resolved in a timely manner. Two parking issues incurred during November and there were no updates to the parking assignments.

As of November 8, agencies are no longer required to report their attendance numbers DSHR on a weekly basis. There were no COVID cases in the month of November.

The Commission had a Records Analyst position become vacant on November 1. The discussion was made not to fill the position at this time. Our extern finished with her project with the Legal Department and November 19 was her last day. In November, the Commission hired an Administrative Coordinator II for one of the Commissioners and a Director of Self-Insurance for IMS. Interviews for the vacant Program Coordinator I position for IMS were concluded in November and a candidate was hired. He will start December 17. Interviews will start in December for the Program Assistant for Judicial, and we hope to hire a candidate the first of the year.

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Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director
From: Sandee Sprang, IT Director
Date: December 20, 2021
Subject: IT Department November 2021 Full Commission Report

This report summarizes the activities and accomplishments for projects and initiatives in the IT department during November 2021.

I. Systems Operations, Maintenance and Support

EDI

The team worked with multiple EDI Trading Partners identify specific reasons for data rejections on Claims and POC submissions. We continue our participation in IAIABC conference calls for: Jurisdiction Only meetings, EDI Claims Committee and the POC 3.0 taskforces.

Progress

Duane provided standard support for invoice and check reconciliation issues to end users. The new Progress development environment and production environment are both operational. The migration to version 12 for all agency users was rescheduled based on DTO's schedule for firewall migration.

Systems Support

Jason completed the deployment of the new laptops. He also completed an extensive amount of documentation and turnover to other IT staff in preparation of his last day with the agency.

Security

The agency had several infrastructure upgrades including a large firewall migration completed by the Department of Administration during November. There has been a significant increase in number of cybersecurity events so please be cautious of opening email, opening attachments, and clicking on links that are even slightly suspicious.

Reporting

The IT team generated several Open Claims reports and Outstanding Carrier Fines for external stakeholders and provided Compliance reports for internal staff.

Hardware

Jason is tracking the status of hardware related to the upfit of Hearing Room A and B; supply chain issues are constraining the start date for this project.

II. Projects, Enhancements and Development

Legacy Modernization

Both the EDI RFP and the Claims Management RFP are in the hands of SFAA. The EDI RFP responses are due back on December 22nd and the bid review and evaluation dates have been set; the contract is set to award on March 2, 2022.

The Claims Management RFP is currently being reviewed by the core project team and the Commissioners. Once feedback and approval from the Commission team is complete and incorporated into the solicitation, SFAA will review, approve and issue the RFP.

III. Meetings

Sandee attended the SAWCA Conference on November 16 – 19.

State of South Carolina



Workers' Compensation Commission

To: Mr. Gary Cannon
SCWCC Executive Director

From: Wayne Ducote, Jr.
IMS Director

Date: 17-Dec-21

Subj: Insurance and Medical Services Department
November 2021 Full Commission Report

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

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

- | | |
|---------------------|--|
| Compliance Division | <ol style="list-style-type: none">1. Reviewing revenue metrics / projections.2. Working with staff to review workflow processes and additional training opportunities.3. Continuing to explore outreach opportunities with stakeholders. |
| Coverage Division | <ol style="list-style-type: none">1. Working with staff to review workflow processes and explore opportunities to enhance service provision.2. Lapse in Coverage: 34 new registrants; 0 notifications sent. |
| Medical Services | <ol style="list-style-type: none">1. No new medical bill reviewer certifications were completed and processing five medical bill reviewer certifications and renewals.2. Four medical bill pricing reviews were done in the month of November. |

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.

Employer Rule to Show Cause Hearings and Compliance Activity

The Compliance Division docketed **0** new RTSC cases and **0** total RTSC cases in the month of November. And, compelled **61** South Carolina employers to come into compliance with the Act. Year to date, **7** new RTSC cases and **12** total RTSC cases have been docketed.

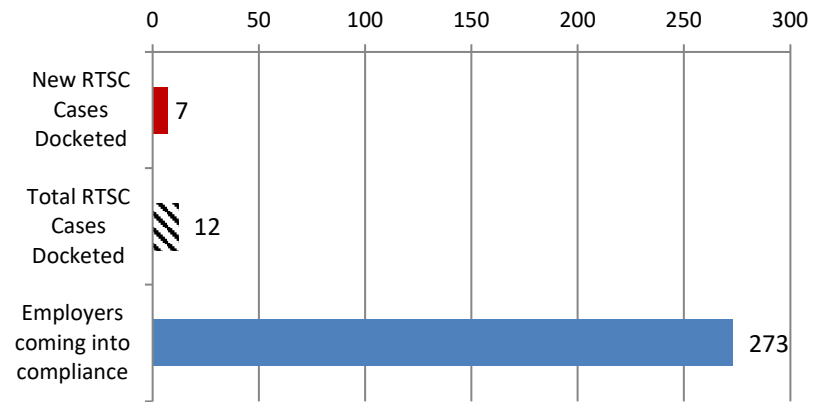
Employers Obtaining Coverage

Year to date, the Compliance Division has compelled **273** South Carolina employers to come into compliance with the Act. In so doing, approximately **2,215** previously uninsured workers are now properly covered.

Penalties Waived

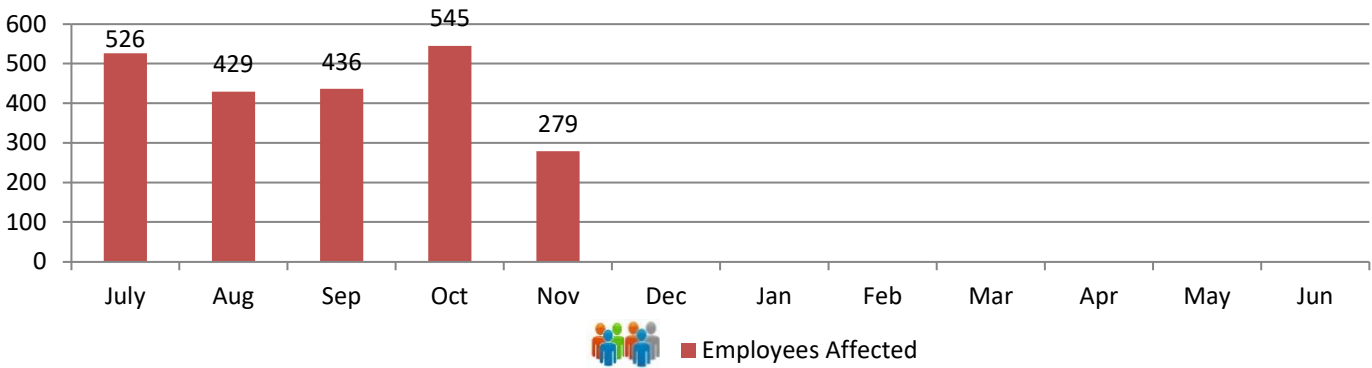
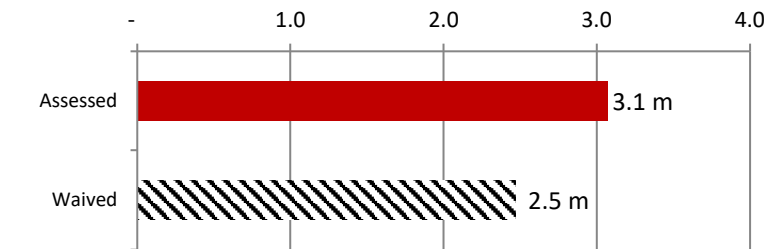
Although the Division has assessed \$3.1 m in fines this fiscal year, \$2.5 m have been waived or rescinded as employers have either obtained insurance coverage or were found not to be subject to the Act.

RTSC and Compliance Activity



Fines and Penalties

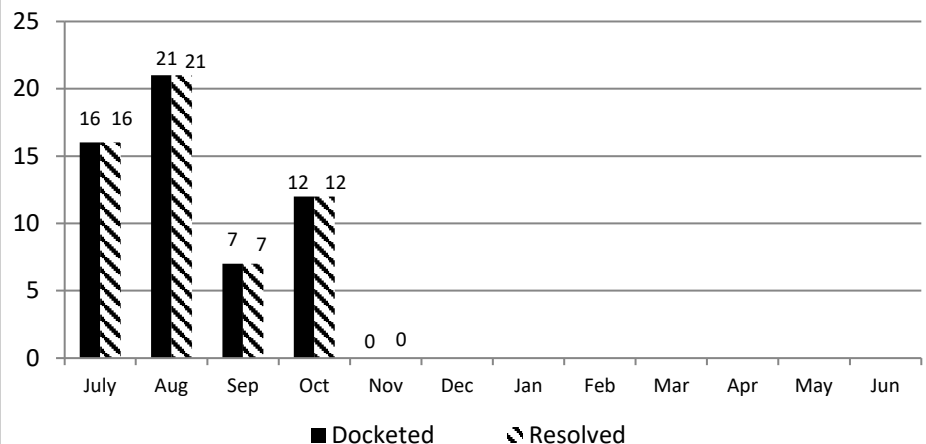
Millions



Carrier Rule to Show Cause Hearings

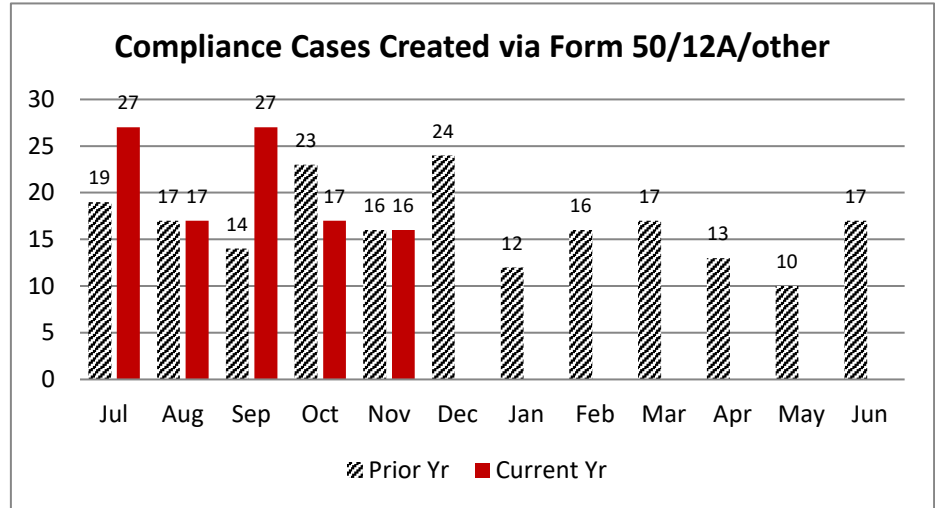
The Compliance Division manages the Rule to Show Cause process involving the recovery of outstanding carrier fines and penalties. In the month of November 2021, 0 carrier RTSC cases were docketed; 0 cases were resolved for a total of \$0.

Year to date, a total of 56 carrier RTSC cases have been docketed, 56 cases for a total of \$26,650 have been resolved.



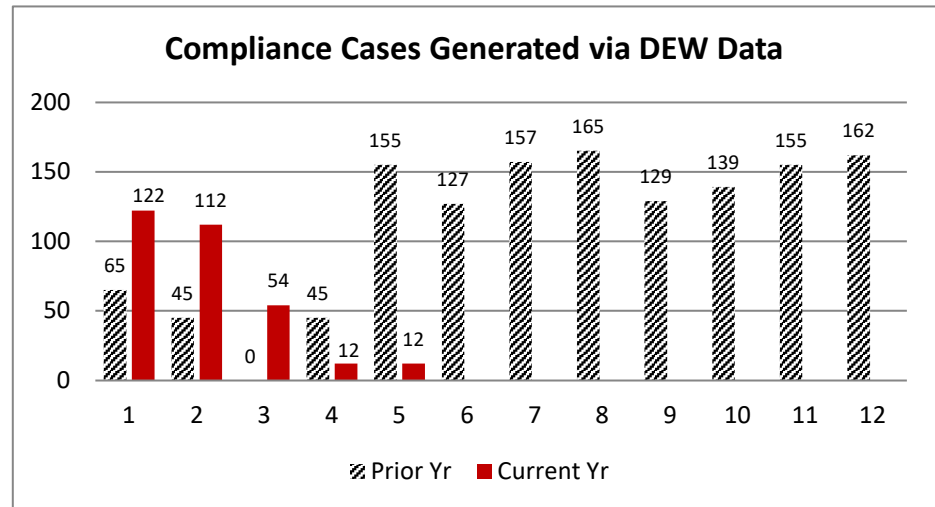
In November 2021, 16 compliance files were created from the combined filings of Form 50's, 12A's, and stakeholder reporting involving uninsured employers.

YTD vs. Prior Year total (198): 53%
 Nov 2020 to Nov 2021: 100%
 Current Yr End trend: 126% of 2020-2021
 YTD 2021-2022 v. YTD 2020-2021: 117%

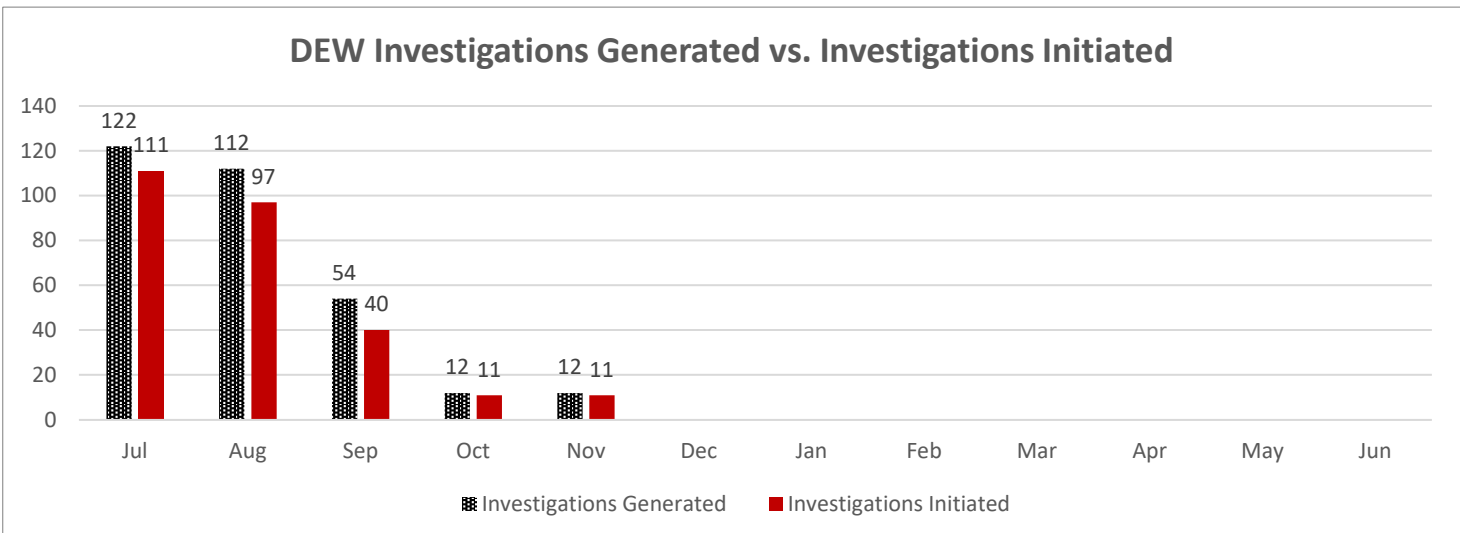


In November 2021, 12 compliance files were generated from the DEW data process.

YTD vs. Prior Year total (1,344): 23%
 Nov 2020 to Nov 2021: 7.74%
 Current Yr End trend: 56% of 2019-2020
 YTD 2021-2022 v. YTD 2020-2021: 101%



The DEW Data Pool is determined by the total number of potential, non-compliant employers who report wages to DEW with at least 4 employees and who's FEIN does not match with any coverage records in the Commission's coverage database. The investigations generated is the number of compliance investigations generated from the pool. The investigations initiated is the number of compliance investigations initiated from those that were generated.



Carryover Caseload:

The Compliance Division closed November 2021 with 174 cases active, compared to an active caseload of 213 at the close of November 2020.

Cases Resolved:

For the month of November 2021, Compliance Division staff closed-out 75 cases.

Compliance Fines:

In November 2021, the Compliance Division collected \$40,439 in fines and penalties. Year to Date, the Compliance Division has collected \$371,097 in fines and penalties.

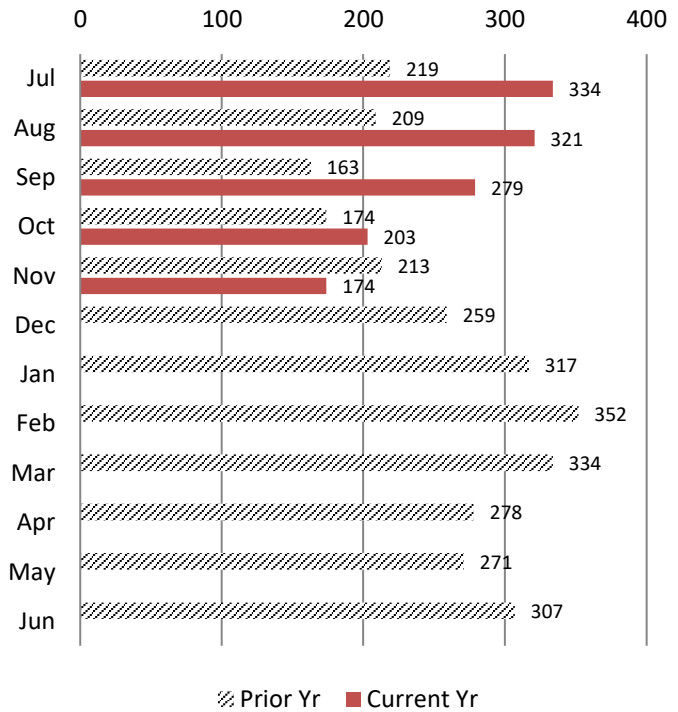
Year to Date vs Prior Year Total (\$785,893): 47%

Nov 2020 vs. Nov 2021: 109%

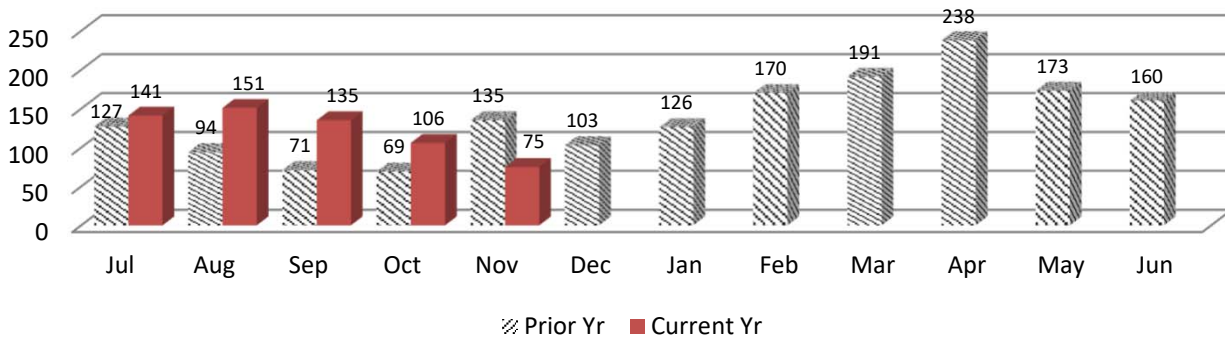
Current Year End trend is 1113% of 2020-2021

YTD 2020-21 (Nov - June) vs YTD 2021-2022: 133%

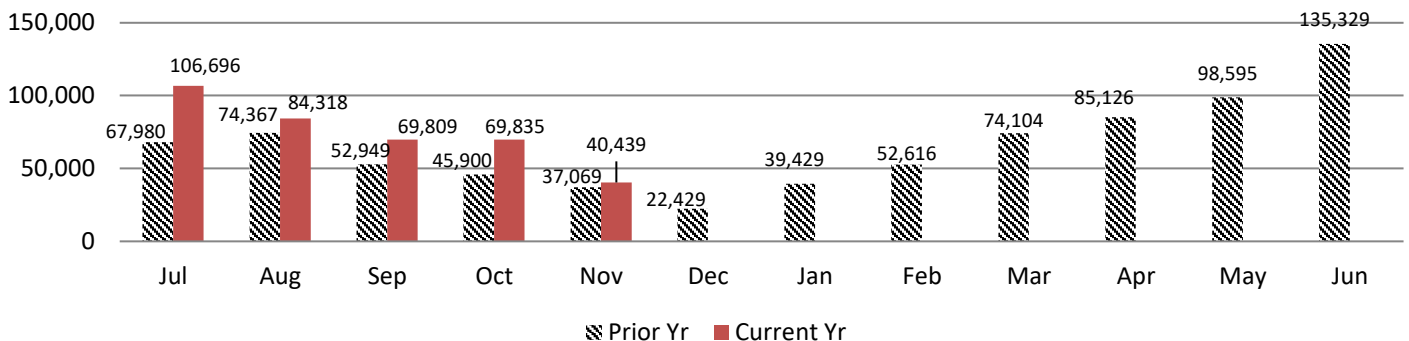
Caseload Pending v. Prior Year



Cases Resolved v. Prior Year



Compliance Fines Collected v. Prior Year

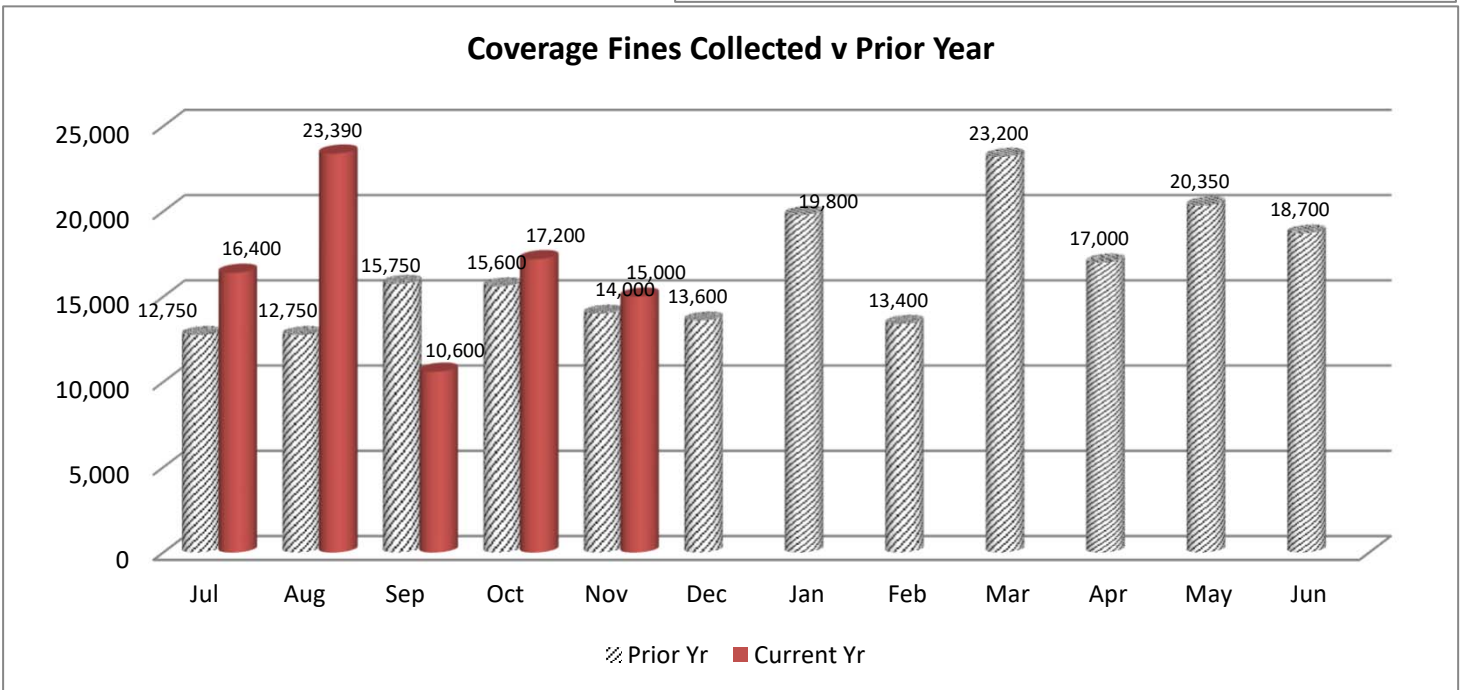
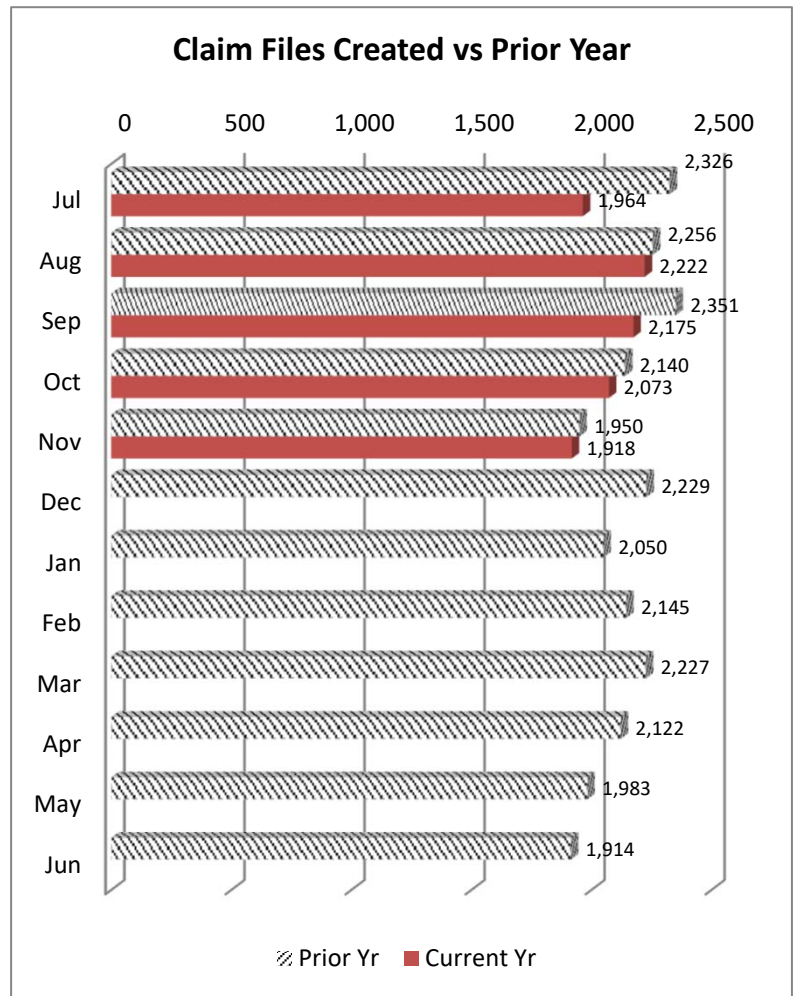


WCC Claim Files:

In November 2021, the Coverage Division received a total of 1,918 WCC Claim files. Of these, 1,660 were created through proper carrier filing of a 12A, and 258 were generated as a result of a Form 50 claim filing. Year to Date 10,352 Claim files have been created which is 40% of claim file volume prior year (25,693).

Coverage Fines:

The Coverage Division collected \$15,000 in fine revenue in November 2021, as compared to \$14,000 in Coverage fines/penalties accrued during November 2020. Year on Year, Coverage fines are at 42% of collections for prior year.



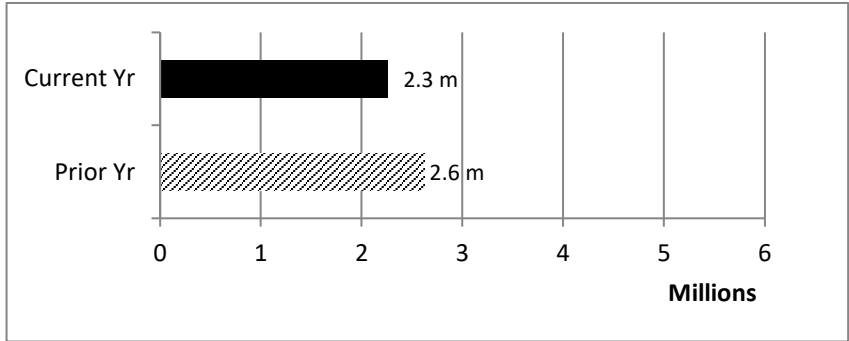
IMS SELF INSURANCE DIVISION

November 2021

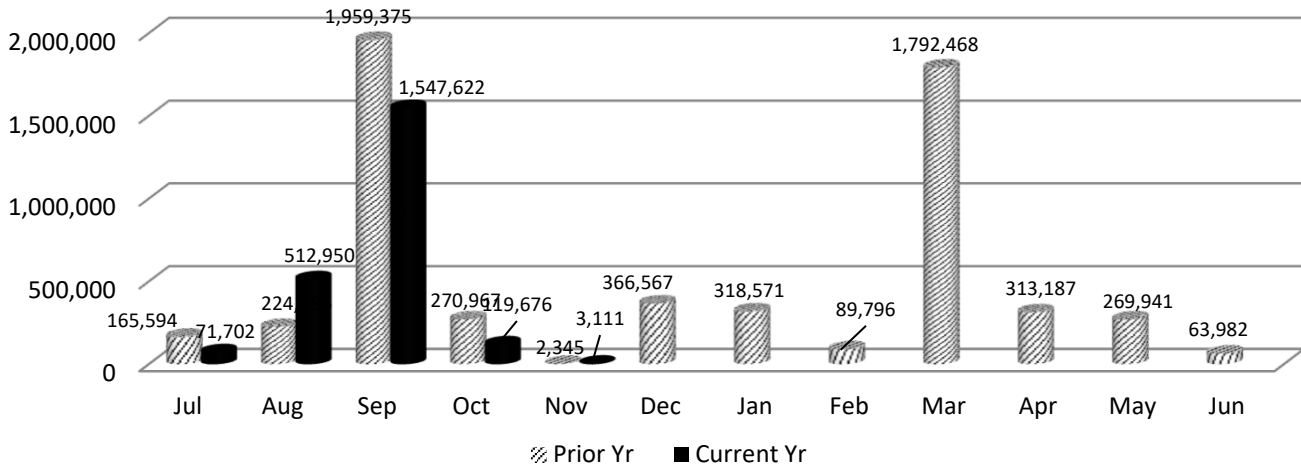
During the month of November 2021, the Self Insurance Division:

- * collected \$3,111 in self-insurance tax.
- * added 11 new self-insurers.
- * conducted 4 Self Insurance audits.

Year to Date, Self Insurance tax revenue is trending at 86% of prior year and 20 Self Insurance audits have been completed.



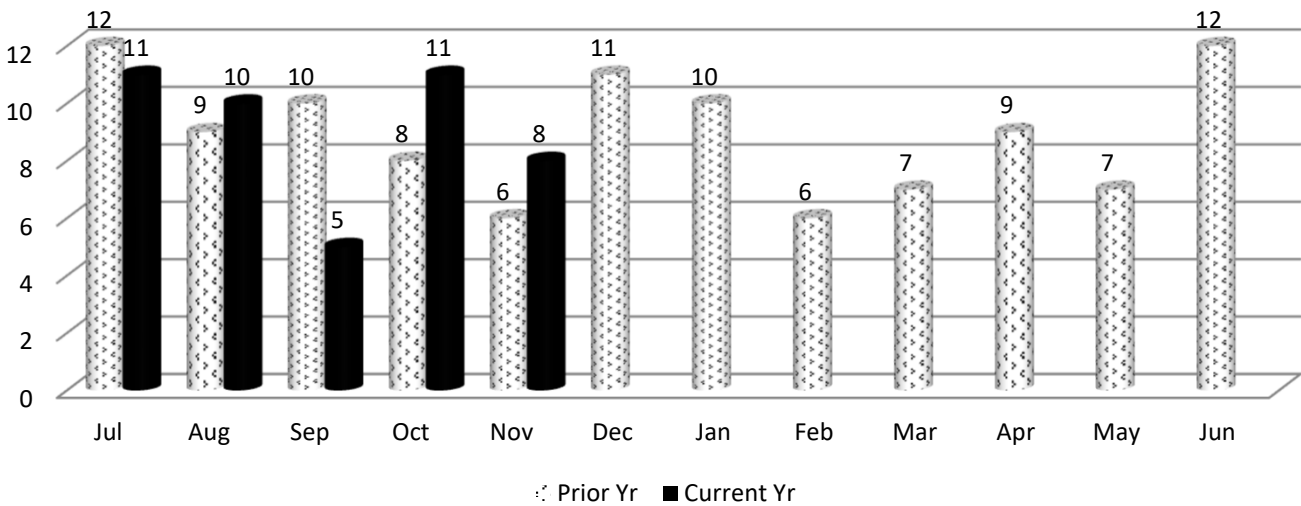
Self Insurance Tax Collections v. Prior Year



IMS MEDICAL SERVICES DIVISION

In November 2021, the Medical Services Division began the month with 11 bills pending review, received an additional 7 bills for review, conducted 10 bill reviews and ended the month with 8 bills pending.

Medical Bills Pending Review v. Prior Year



State of South Carolina

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Workers' Compensation Commission **MEMORANDUM**

To: Gary Cannon, Executive Director

From: Sonji Spann, Claims Director

Date: December 20, 2021

Re: Claims Department December 2021 Full Commission Report

Attached is the Statistical Report for the Claims Department for the period July - November 2021 for the Commission Business Meeting on December 20, 2021. Please note the slightly different format using row numbers and column letters for ease of use when referencing data. The information is based on the reports generated by Progress. The department continues to process all claim forms received during the month.

Claims activities are in Column (a) with the totals for the five-month period for FY21-22 in column (g). Column (i) reflects the percentage change when comparing the totals for same period in the current fiscal at the totals for the same period in last fiscal year. With the exception of the Total Fines most of the numbers for the current fiscal year are trending lower than the same period during the last fiscal year, for an overall decrease of 11% shown in Row 14, Column (i). The Total Fines Paid during the current fiscal year is 26% higher than the amount paid during the same period for last fiscal year. See Row 18, Col (i).

I will be happy to answer any questions you or the Commissioners have.

Claims Department Statistcal Report

FY2021-2022

July 1, 2021 - November 30, 2021

	Claims Activities	July	August	Sept	Oct	Nov	FY21-22 Total	FY20-21 Total	% Chg same period FY20-21
Col. > Row v	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
1	Forms 15-I	1,023	1,157	1,153	1,077	1,073	5,483	6,260	-12%
2	Forms 15-II/Forms 17	933	1,028	922	970	897	4,750	5,244	-9%
3	Forms 16 for PP/Disf	187	216	215	236	180	1,034	1,084	-5%
4	Forms 18	4,325	4,511	4,491	4,073	4,310	21,710	22,131	-2%
5	Forms 20	546	591	559	589	574	2,859	3,005	-5%
6	Form 50 Claims Only	291	316	241	286	290	1,424	1,449	-2%
7	Form 61	652	655	607	656	672	3,242	3,626	-11%
8	Letters of Rep	251	258	219	201	204	1,133	1,200	-6%
9	Clinchers	831	744	818	786	798	3,977	4,559	-13%
10	Third Party Settlements	14	24	19	17	12	86	63	37%
11	SSA Requests for Info	64	49	35	42	42	232	198	17%
12	Cases Closed	2,028	2,233	2,275	2,136	2,049	10,721	12,913	-17%
13	Cases Reviewed	2,849	3,742	2,694	2,261	2,228	13,774	17,064	-19%
14	Total	13,994	15,524	14,248	13,330	13,329	70,425	78,796	-11%
15							-	-	
16	Total Fines Assessed	297	338	221	184	119	1,159	1,368	-15%
17	Form 18 Fines	331	321	211	184	118	1,165	1,262	-8%
18	Total Amt Paid	\$38,650	\$60,800	\$59,450	\$33,400	\$23,800	\$ 216,100	\$ 172,100	26%

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Workers' Compensation Commission

December 14, 2021

To: Gary Cannon
Executive Director

From: Amy A. Bracy
Judicial Director

RE: Monthly Judicial Report for November 2021

During the month of November, the Judicial Department processed seven hundred thirty-one (731) requests for hearings (claimant and defense pleadings). Comparing the numbers from the same period last year both are experiencing a 6% decrease and an 8% decrease in the respective categories. The department received one hundred nine (109) Motions, a 15% decrease compared to the same period last year. and one hundred thirty-six (136) clincher conference requests, down about 4% compared to last year.

There were fifty-five (55) Single Commissioner Hearings conducted during the past month, fourteen (14) pre-hearing conferences held, and ten (10) Full Commission hearings held. A total of three hundred ninety-three (393) Orders (Single Commissioner Orders, Consent Orders and Administrative Orders) were served at the single Commissioner level, thirty-four (34) of those were Decision and Orders that resulted from hearings that went on the record and eighty-nine (89) were Motion Orders that were a result of Motions ruled upon by Commissioners.

There were 195 Informal Conferences requested during November and 222 were conducted.

There were twenty-six (26) regulatory mediations scheduled and forty-three (43) requested mediations. Totals are down about 27% and 2% in the respective categories for the same period last year. The Judicial Department was notified of forty-four (44) matters resolved in mediation, with the receipt of Forms 70. This category's total is up about 4% compared to the same period last year

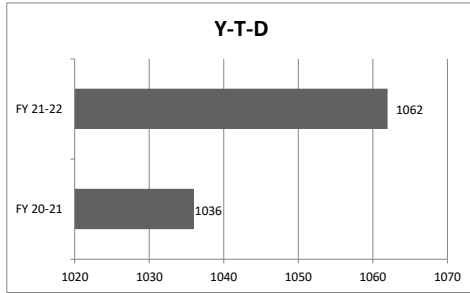
In the month of November, Judicial received one (1) Notice of Intent to Appeal to the Court of Appeals and zero (0) to the Circuit Court.

**Judicial Department Statistcal Report
Statistics For Fiscal Year 2021-2022**

	July	Aug	Sept	Oct	Nov	Totals YTD 2021-2022	Totals YTD 2020-2021	% Diff from prev year	YTD Diff + (-)	FY21-22 Mth Avg	FY20-21 Mth Avg
Claimant Pleadings	484	560	496	512	502	2,554	2,727	-6%	(173)	511	545
Defense Response to Pleadings	409	406	466	376	407	2,064	2,315	-11%	(251)	413	463
Defense Pleadings	287	285	310	266	229	1,377	1,500	-8%	(123)	275	300
Motions	140	120	109	107	109	585	688	-15%	(103)	117	138
Form 30	14	21	6	9	15	65	51	27%	14	13	10
FC Hearings Held	7	8	8	7	10	40	21	90%	19	8	4
FC Orders Served	14	14	11	8	9	56	40	40%	16	11	8
Single Comm. Hearings Held	40	61	52	67	55	275	351	-22%	(76)	55	70
Single Comm. Orders Served	215	189	204	154	141	903	949	-5%	(46)	181	190
Single Comm. Pre-Hearing Conf Held	14	11	26	13	14	78	135	-42%	(57)	16	27
Consent Orders	211	218	256	229	239	1,153	1,383	-17%	(230)	231	277
Adminstrative Orders	4	19	12	21	13	69	60	15%	9	14	12
Clincher Conference Requested	109	149	154	145	136	693	725	-4%	(32)	139	145
Informal Conference Requested	228	278	274	247	195	1,222	1,368	-11%	(146)	244	274
Informal Conference Conducted	181	200	205	254	222	1,062	1,036	3%	26	212	207
Regulatory Mediations	26	21	32	27	26	132	182	-27%	(50)	26	36
Requested Mediations	65	65	52	55	43	280	285	-2%	(5)	56	57
Ordered Mediations	0	0	0	0	0	0	4	-100%	(4)	0	1
Mediation Resolved	44	63	59	47	44	257	246	4%	11	51	49
Mediation Impasse	22	19	11	14	8	74	75	-1%	(1)	15	15
Mediation Held; Issues Pending	0	2	2	0	5	9	4	0%	5	2	1
Claim Settled Prior to Mediation	7	14	14	9	10	54	38	42%	16	11	8
Mediation Not Complete in 60 days	4	1	2	1	3	11	7	57%	4	2	1

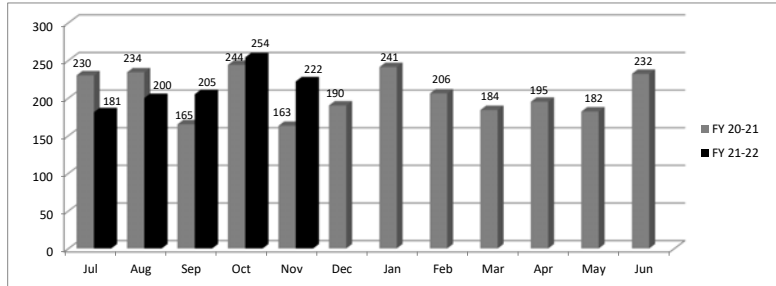
Informal Conf. Conducted

	FY 20-21	FY 21-22
Jul	230	181
Aug	234	200
Sep	165	205
Oct	244	254
Nov	163	222
Dec	190	
Jan	241	
Feb	206	
Mar	184	
Apr	195	
May	182	
Jun	232	
Total	2466	1062



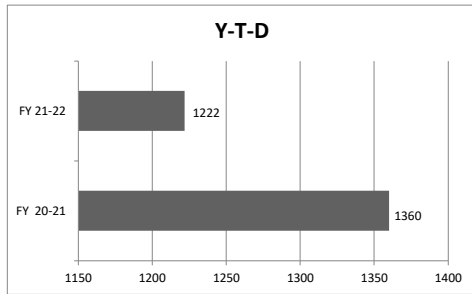
FY 20-21 FY 21-22

Y-T-D 1036 1062



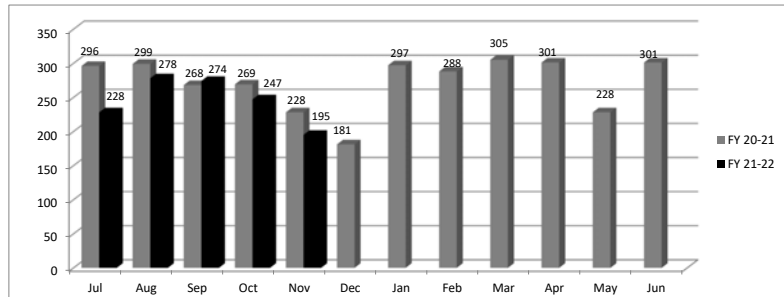
Informal Conf. Requested

	FY 20-21	FY 21-22
Jul	296	228
Aug	299	278
Sep	268	274
Oct	269	247
Nov	228	195
Dec	181	
Jan	297	
Feb	288	
Mar	305	
Apr	301	
May	228	
Jun	301	
Total	3261	1222



FY 20-21 FY 21-22

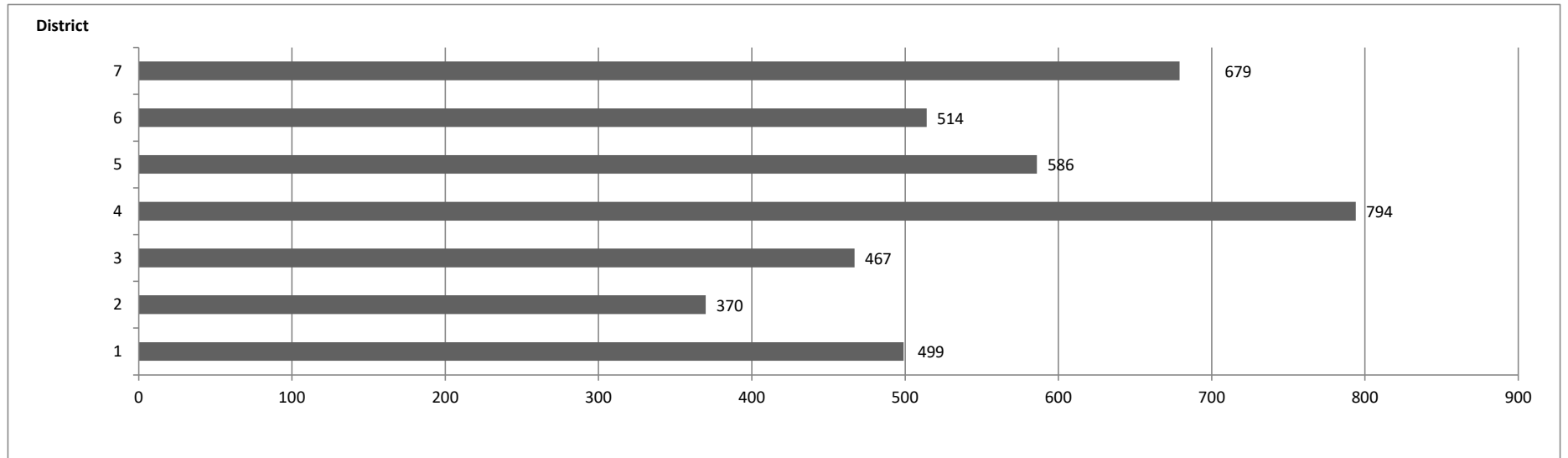
Y-T-D 1360 1222



Pleadings Assigned - Three Year Comparison by Month

	District 1			District 2			District 3			District 4			District 5			District 6			District 7		
	Greenville			Anderson			Orangeburg			Charleston			Florence			Spartanburg			Richland		
	21-22	20-21	19-20	21-22	20-21	19-20	21-22	20-21	19-20	21-22	20-21	19-20	21-22	20-21	19-20	21-22	20-21	19-20	21-22	20-21	19-20
Jul	112	120	99	87	81	84	72	85	123	166	151	183	109	126	136	122	112	137	156	154	140
Aug	93	88	99	67	73	85	101	105	78	174	142	168	112	125	153	101	95	104	134	133	147
Sep	109	87	101	77	70	77	96	107	98	158	162	174	143	128	108	112	113	104	143	169	131
Oct	89	93	115	73	81	90	103	125	76	152	175	187	110	115	124	95	104	121	130	159	142
Nov	96	92	83	66	88	74	95	100	108	144	176	155	112	96	116	84	104	78	116	134	148
Dec		90	81		68	65		115	80		168	140		132	99		96	104		141	117
Jan		79	98		56	69		96	78		172	186		110	104		88	88		124	110
Feb		84	91		88	85		86	78		133	143		101	132		93	126		118	166
Mar		125	112		93	96		118	134		201	187		132	131		106	111		164	183
Apr		94	90		63	78		100	90		138	150		112	136		106	100		134	140
May		90	100		69	80		85	80		134	126		110	103		98	104		126	125
Jun		95	112		74	75		98	91		164	170		117	97		103	109		134	175
Totals	499	1137	1181	370	904	958	467	1220	1114	794	1916	1969	586	1404	1439	514	1218	1286	679	1690	1724

Pleadings Assigned by District Year to Date



From: [Anderson, Carol](#)
To: [Cannon, Gary](#); [Williams, James](#)
Cc: [Abner, Harriett](#); [Green, Leah "Nikki"](#); [Rhett, Rita](#); [Gallman, DeCole](#); [Pullie, George](#)
Subject: RE: [External] RE: [External] WC Referral Report for SFY 2022 (through Oct 31, 2021)
Date: Monday, November 22, 2021 12:51:35 PM
Attachments: [image002.png](#)

Good afternoon Gary,

We are in the process of developing tracking systems for several specialty referrals such as Worker's Compensation. Our hope is that once we develop the program, we can mirror it to track other types of referrals. We will keep you posted and in the meantime, please do not hesitate to contact me.

Enjoy your Thanksgiving!

Carol

Carol C. Anderson, Consumer Services and Quality Assurance Director
SC Vocational Rehabilitation Department
PO Box 15
West Columbia, SC 29170
(803) 896-6637
Canderson@scvrd.net



From: Cannon, Gary <gcannon@wcc.sc.gov>
Sent: Thursday, November 18, 2021 3:17 PM
To: Williams, James <Jwilliams1@SCVRD.NET>
Cc: Anderson, Carol <Canderson@SCVRD.NET>; Abner, Harriett <Habner@SCVRD.NET>; Green, Leah 'Nikki' <LGreen1@SCVRD.NET>; Rhett, Rita <Rrhett@SCVRD.NET>; Gallman, DeCole <Dgallman@SCVRD.NET>; Pullie, George <Gpullie@SCVRD.NET>
Subject: [External] RE: [External] WC Referral Report for SFY 2022 (through Oct 31, 2021)

[External Email] ***This email originated outside of SCVRD, please use caution with any links or attachments. ***

Thank you Jim.

Have you had any more conversations about tracking the number of responses received to the contacts made to potential clients across the state?

Gary M Cannon
Executive Director

From: Williams, James <Jwilliams1@SCVRD.NET>
Sent: Wednesday, November 17, 2021 12:47 PM
To: Cannon, Gary <gcannon@wcc.sc.gov>
Cc: Anderson, Carol <Canderson@SCVRD.NET>; Abner, Harriett <Habner@SCVRD.NET>; Green, Leah 'Nikki' <LGreen1@SCVRD.NET>; Rhett, Rita <Rrhett@SCVRD.NET>; Gallman, DeCole <Dgallman@SCVRD.NET>; Pullie, George <Gpullie@SCVRD.NET>
Subject: [External] WC Referral Report for SFY 2022 (through Oct 31, 2021)

Good afternoon, Gary!

Please see the attached WC Referral Report for SFY 2022 current through October, 2021.

Thank you!

Jim Williams
Consumer Services
[South Carolina Vocational Rehabilitation Department](#)



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SC WCC Referrals
SFY 2020

COUNTY	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	County Total	% of State Total
Abbeville	0	0	0	1	1	0	0	0	0	0	0	0	2	0.19%
Aiken	7	7	10	7	7	0	0	0	0	0	0	0	38	3.60%
Allendale	1	2	0	0	0	0	0	0	0	0	0	0	3	0.28%
Anderson	13	10	10	10	10	0	0	0	0	0	0	0	53	5.01%
Bamberg	2	1	1	1	1	0	0	0	0	0	0	0	6	0.57%
Barnwell	0	3	0	2	2	0	0	0	0	0	0	0	7	0.66%
Beaufort	10	9	7	8	11	0	0	0	0	0	0	0	45	4.26%
Berkeley	5	5	7	5	5	0	0	0	0	0	0	0	27	2.55%
Calhoun	0	1	2	0	1	0	0	0	0	0	0	0	4	0.38%
Charleston	11	13	15	13	15	0	0	0	0	0	0	0	67	6.34%
Cherokee	3	1	2	1	5	0	0	0	0	0	0	0	12	1.14%
Chester	0	2	1	0	3	0	0	0	0	0	0	0	6	0.57%
Chesterfield	1	1	1	1	2	0	0	0	0	0	0	0	6	0.57%
Clarendon	3	1	1	1	0	0	0	0	0	0	0	0	6	0.57%
Colleton	1	3	0	4	0	0	0	0	0	0	0	0	11	1.04%
Darlington	2	8	2	1	5	0	0	0	0	0	0	0	18	1.70%
Dillon	3	1	2	0	0	0	0	0	0	0	0	0	6	0.57%
Dorchester	5	5	8	5	7	0	0	0	0	0	0	0	30	2.84%
Edgefield	0	0	0	1	1	0	0	0	0	0	0	0	2	0.19%
Fairfield	3	2	2	3	2	0	0	0	0	0	0	0	12	1.14%
Florence	7	9	12	7	7	0	0	0	0	0	0	0	42	3.97%
Georgetown	2	1	1	1	4	0	0	0	0	0	0	0	9	0.85%
Greenville	15	15	15	13	15	0	0	0	0	0	0	0	73	6.91%
Greenwood	6	2	7	6	3	0	0	0	0	0	0	0	24	2.27%
Hampton	0	5	0	1	2	2	0	0	0	0	0	0	10	0.95%
Horry	8	9	14	9	11	0	0	0	0	0	0	0	51	4.82%
Jasper	1	1	3	2	0	0	0	0	0	0	0	0	7	0.66%
Kershaw	5	3	7	4	1	0	0	0	0	0	0	0	20	1.89%
Lancaster	1	2	3	3	3	0	0	0	0	0	0	0	12	1.14%
Laurens	2	1	3	5	7	0	0	0	0	0	0	0	18	1.70%
Lee	1	0	0	2	0	0	0	0	0	0	0	0	3	0.28%
Lexington	15	17	15	13	15	0	0	0	0	0	0	0	75	7.10%
Marion	0	2	1	0	1	0	0	0	0	0	0	0	4	0.38%
Marlboro	3	1	1	1	1	0	0	0	0	0	0	0	7	0.66%
McCormick	0	1	1	0	0	0	0	0	0	0	0	0	2	0.19%
Newberry	2	1	4	5	1	0	0	0	0	0	0	0	13	1.23%
Oconee	2	3	2	5	9	0	0	0	0	0	0	0	21	1.99%
Orangeburg	5	8	7	9	4	0	0	0	0	0	0	0	33	3.12%
Pickens	8	9	4	6	5	0	0	0	0	0	0	0	32	3.03%
Richland	12	10	15	15	16	0	0	0	0	0	0	0	68	6.43%
Saluda	1	2	2	1	0	0	0	0	0	0	0	0	6	0.57%
Spartanburg	13	15	10	15	15	0	0	0	0	0	0	0	68	6.43%
Sumter	11	4	9	7	4	0	0	0	0	0	0	0	35	3.31%
Union	0	0	4	3	2	0	0	0	0	0	0	0	9	0.85%
Williamsburg	1	6	3	2	5	0	0	0	0	0	0	0	17	1.61%
York	9	6	6	7	9	0	0	0	0	0	0	0	37	3.50%
Monthly Totals	200	208	220	206	218	2	0	0	0	0	0	0	1057	100.00%

State of South Carolina



Workers' Compensation Commission

Executive Director's Report December 7, 2021

Meetings/Activities

During the month of November the Executive Director attended the Injured Workers' Advocates Association annual meeting; attended the SAWCA All Committee meeting; met with representatives from Antum insurance management; participated in a Zoom call with NCCI to discuss SC medical data; attended 1.5 hours of ethics training; met with staff to discuss the MSPM update; participated in a Zoom call with FairHealth to discuss the MSPM updates; attended a staff meeting concerning the Nuts and Bolts training session for stakeholders next spring.

COVID-19 Claims for November 2021	
Total Claims Filed from 2/1/2020 – 11/30/2021	4,080
Claims reported to the Commission in November, 2021	145
Total Reported Fatalities from 2/1/2020 – 11/30/21	28
Open Claims denied on Form 19	17
Closed Claims denied on a Form 19	2,608
Total Claims closed	3,822
Claims with attorney representation	134
Claims with active Judicial Activity	14
Claims with closed Judicial Activity	81
Total Medical Paid on closed claims thru 11/30/2021	\$661,575
Total Non-Medical Paid on closed claims thru 11/30/2021	\$2,728,463
Counties reporting highest number of claims	Greenville (497) Greenville (502) Charleston (450) Richland (295) Charleston (444) Richland (292)
Occupation reporting the highest number of claims	Registered Nurse (467)

Constituent /Public Information Services

For the period November 1, 2021 to November 30, 2021, the Executive Director's Office and the General Counsel's office had 298 contacts with claimants or constituents, state agencies, federal agencies, attorneys, service providers, business partners, and letters with congressional offices.

Financial Transactions Activity

For the period November 1, 2021 to November 30, 2021, the Director's office processed and approved 34 travel expense reports, 134 invoices, and 44 deposits for DOA to process in the SCIES system.

SCWCC Stakeholder Electronic Distribution List

For the period November 1, 2021 to November 30, 2021, we added two (2) individuals. Due to the receipt of email delivery failures, a total of nine (9) email addresses were deleted. A total of 726 individuals currently receives notifications from the Commission. We are continuing to see a large increase in email failures. Upon verification, a lot are from stakeholders that have been on the list for many years, that have retired or have decided to move on.

Advisory Notices

During the month of November, the office posted five (5) notices on the Commission's website and emailed it to the distribution list.

State of South Carolina

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



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

Workers' Compensation Commission

MEMORANDUM

TO: COMMISSIONERS

FROM: Gary Cannon
Executive Director

DATE: December 20, 2021

RE: FINANCIAL REPORT - Period ending November 30, 2021

Attached is the Budget vs. Actual Report for the General Fund and Earmarked Fund for the fiscal year period ending November 30, 2021. The benchmark for this period is 42%.

Expenditures

The expenditures for the General Fund are on pages 1-2 of the attached report "Budget vs. Actual Report FY2021. The year-to-date expenditures in the General Fund (10010000) for this period is \$1,058,757. The amount budgeted in the IT Management Project account is \$1,695,084, which is not a part of the daily operations. Reducing the total Current Budget in the General Fund by this amount results in an adjusted budget for operations \$2,845,196. The year-to-date operational expenditures is \$1,058,757 or 37% of the adjusted total budgeted amount.

The Earmarked Fund financials begin on page 4 with the total expenditures found on page 6. The year-to-date expenditures, \$1,649,804 found on page 7 is 30% of budgeted amount.

Revenues

The Earmarked Fund budgeted \$3,170,991 for operating revenues. Year to date the Fund received \$ 1,058,109 or 33% of budgeted revenues.

Self-Insurance Tax Funds

To date we have received \$ 2,228,663 of Self-Insurance Tax funds.

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 10010000 - GENERAL FUND

Administration

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501015	DIRECTOR	138,686	59,230	43%		79,456
501058	CLASSIFIED POS	48,034				48,034
512001	OTHER OPERATING	323,033				
Total OTHER OPERATING:		323,033				323,033
Total Administration:		509,753	59,230	12%		450,523

Inform. services

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
5030067130	EQUIP&SUPP- EUC		1,110		21,718	
Total OTHER OPERATING:			1,110		21,718	-22,828
Total Inform. services:			1,110		21,718	-22,828

Claims

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	80,565	34,408	43%		46,157
Total Claims:		80,565	34,408	43%	0	46,157

Commissioners

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501026	CHAIRMAN	168,057	71,774	43%		96,283
501033	COMMISSIONER	978,964	418,097	43%		560,867
501050	TAXABLE SUBS	70,000	23,860	34%		46,140
501058	CLASSIFIED POS	345,000	145,703	42%		199,297
501070	OTH PERS SVC		14,145			-14,145
Total Commissioners:		1,562,021	673,580	43%	0	888,441

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 10010000 - GENERAL FUND

Information Services FY18

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
561000	Special Item	1,695,084	0	0	0	1,695,084
Total Information Services FY18:		1,695,084	0	0	0	1,695,084

Insurance & Medical

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	30,600	13,069	43%		17,531
Total Insurance & Medical:		30,600	13,069	43%		17,531

Judicial

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
512001	OTHER OPERATING	29,852				
Total OTHER OPERATING:		29,852				29,852
Total Judicial:		29,852				29,852

Employer Contributions

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
513000	EMPLOYER CONTRIB	632,405	277,361	44%		355,044
Total Employer Contributions:		632,405	277,361	44%		355,044

Total GENERAL FUND:		4,540,280	1,058,757	23%	21,718	3,459,805
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South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 31C30000 - COVID-19 RESP RESERV

Inform. services

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
512001	OTHER OPERATING	100,000				
5030067130	EQUIP&SUPP- EUC		11,273			
	Total OTHER OPERATING:	100,000	11,273	11%	0	88,727
	Total Inform. services:	100,000	11,273	11%	0	88,727
	Total COVID-19 RESP RESERV:	100,000	11,273	11%	0	88,727

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

Administration

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	791,985	88,975	11%		703,010
501070	OTH PERS SVC	41,000	3,188	8%		37,812
512001	OTHER OPERATING	2,282,671				
5020030000	PRINT / BIND / ADV		106			
5020120000	CELLULAR PHONE SVCS		1,863			
5021010003	LEGAL SRV-TRANSCRIPT		55			
5021020000	ATTORNEY FEES		2,345			
5021490000	AUDIT ACCT FINANCE		130			
5021540001	PROF SRV-LANG INTER				97	
5024990000	OTH CNT-NON-IT & REA		842			
5030010000	OFFICE SUPPLIES		2,069			
5030010002	OFF SUP - MIN OFF EQ		9			
5030010004	SUBSCRIPTIONS		43			
5030030000	PRINTED ITEMS		1,840			
5030050000	PHOTO & VISUAL SUPP		134			
5030067101	PRGM LIC - APP SUPP		17,465		25,245	
5030067130	EQUIP&SUPP- EUC		101,952			
5030067170	EQUIP&SUPP- PRINT EU		3,222			
5030070000	POSTAGE		13,961			
5031479203	JANITORIAL SUPPLIES		117			
5032410000	MED/SCIENT/LAB SUPP		93			
5033090000	EMPLOYEE RECOG AWARD		2,472			
5040060000	ST RENT-NON ST BLDG		2,514		2,715	
5040070000	RENT-ST OWN RL PROP		120			
5040490003	RENT PO BOX		1,544			
5040490009	RENT PARKING		6,500		9,909	
5041010000	DUES & MEMBER FEES		1,570			
5041840000	LEASE BLDG PRINCIPAL		206,717		111,849	
5041850000	LEASE BLDG INTEREST		594		99	
5050010000	IN ST-MEALS-NON-REP		971			
5050020000	IN ST-LODGING		3,422			
5050041000	HR-IN ST-AUTO MILES		1,477			

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

5050060000	IN ST-MISC TR EXP		89			
5050070000	IN ST-REGISTR FEES		629			
5050510000	OUT ST-MEALS-NON-REP		170			
5050570000	OUT ST-REGISTR FEES		930			
5051520000	REPORTABLE MEALS		17			
5051540000	LEASED CAR-ST OWNED		13,150			
Total OTHER OPERATING:		2,282,671	389,134	17%	149,914	1,743,624
Total Administration:		3,115,656	481,297	15%	149,914	2,484,445

Executive director

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
Total Executive director:					0	0

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

Inform. services

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS		154,388			-154,388
5020077100	SERVICES- APP SUP		15,145		1,139	
5020077110	SERVICES- DATA NET		125			
5020077170	SERVICES- PRINT EU		1,045			
5020077200	SERVICES- SERVERS		2,399			
5020077220	SERVICES- VOICENET		7,940		17,280	
5020077240	DP SERVICES – STATE		103,945			
5021469316	SECURITY ALARM SRVC		2,625			
5030010000	OFFICE SUPPLIES		2,765			
5030010004	SUBSCRIPTIONS		11			
5030067100	EQUIP&SUPP- APP SUP				10,530	
5030067110	EQUIP&SUPP- DATA NET		811			
5030067130	EQUIP&SUPP- EUC		4,222		4,650	
5030067131	PLM- EUC				1,269	
5030067141	PLM- ITSD		9,590			
5030067170	EQUIP&SUPP- PRINT EU		4,723		2,440	
5030067211	PLM- STORAGE		50			
5030090000	COMMUNICATION SUPP		848			
5031010000	LAUNDRY SUPPLIES		53			
5040057000	CONTINGNT RENT - IT		2,293		60	
5041010000	DUES & MEMBER FEES		100			
5050070000	IN ST-REGISTR FEES		1,524			
5050510000	OUT ST-MEALS-NON-REP		100			
5050520000	OUT ST-LODGING		1,032			
5050531000	HR-OUT ST-AIR TRANS		498			
5050550000	OUT ST-OTHER TRANS		260			
5050560000	OUT ST-MISC TR EXPEN		120			
Total OTHER OPERATING:			162,226		37,368	-199,594
Total Inform. services:			316,613		37,368	-353,982

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

Claims

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	280,850	98,075	35%		182,775
501070	OTH PERS SVC		4,000			-4,000
512001	OTHER OPERATING	19,700				
5050020000	IN ST-LODGING		164			
Total OTHER OPERATING:		19,700	164	1%	0	19,536
Total Claims:		300,550	102,239	34%	0	198,311

Commissioners

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501050	TAXABLE SUBS	70,000				70,000
512001	OTHER OPERATING	230,700				
5020077112	NCV- DATA NET		1,026			
5020080000	FREIGHT EXPRESS DELV		100			
5020120000	CELLULAR PHONE SVCS		6,865			
5021010003	LEGAL SRV-TRANSCRIPT		1,176			
5021010005	LEGAL SRV-REPORTER		21,621			
5021410000	EDUC & TRNG-STATE		75			
5021540000	NON-IT OTHER PRO SRV		240			
5050010000	IN ST-MEALS-NON-REP		205			
5050020000	IN ST-LODGING		1,290			
5050041000	HR-IN ST-AUTO MILES		4,921			
5050060000	IN ST-MISC TR EXP		53			
5050080000	IN ST-SUBSIST ALLOW		1,214			
5050510000	OUT ST-MEALS-NON-REP		85			
5050570000	OUT ST-REGISTR FEES		565			
Total OTHER OPERATING:		230,700	39,437	17%	0	191,263
Total Commissioners:		300,700	39,437	13%	0	261,263

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

Insurance & Medical

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	435,902	153,539	35%		282,363
501070	OTH PERS SVC	31,200	12,111	39%		19,089
512001	OTHER OPERATING	54,500				
5021540000	NON-IT OTHER PRO SRV		9,000			
5024990000	OTH CNT-NON-IT & REA		330			
5030010004	SUBSCRIPTIONS		220			
5050010000	IN ST-MEALS-NON-REP		149			
5050020000	IN ST-LODGING		1,851			
5050041000	HR-IN ST-AUTO MILES		780			
5050060000	IN ST-MISC TR EXP		42			
5050510000	OUT ST-MEALS-NON-REP		85			
5050570000	OUT ST-REGISTR FEES		415			
Total OTHER OPERATING:		54,500	12,871	24%	0	41,629
Total Insurance & Medical:		521,602	178,521	34%	0	343,081

Judicial

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	470,084	193,114	41%		276,970
501070	OTH PERS SVC	62,193	20,662	33%		41,531
512001	OTHER OPERATING	12,800				
5021010003	LEGAL SRV-TRANSCRIPT		155			
5021010005	LEGAL SRV-REPORTER		758			
5030010000	OFFICE SUPPLIES		149			
5030067130	EQUIP&SUPP- EUC		167			
5040490008	RENT POSTAGE EQUIP		2,145			
5050020000	IN ST-LODGING		164			
Total OTHER OPERATING:		12,800	3,538	28%	0	9,262
Total Judicial:		545,077	217,313	40%	0	327,764

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 11/30/2021
42% of year elapsed

Fund 38440000 - EARMARKED FUND

Employer Contributions

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
513000	EMPLOYER CONTRIB	724,260	314,383	43%	0	409,877
Total Employer Contributions:		724,260	314,383	43%	0	409,877

Total EARMARKED FUND:		5,507,845	1,649,804	30%	187,282	3,670,758
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South Carolina Workers' Compensation Commission

Commitments

FY 2022 As of 11/30/2021

Fund 10010000 - GENERAL FUND

Inform. services

Commitment Item	Commitment Item Description	Vendor	Commitment
5030067130	EQUIP&SUPP- EUC	DELL MARKETING LP	21,718
Total Inform. services:			21,718

Total GENERAL FUND:	21,718
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Fund 38440000 - EARMARKED FUND

Administration

Commitment Item	Commitment Item Description	Vendor	Commitment
5021540001	PROF SRV-LANG INTER	GLOBAL INTERPRETING NETWORK INC	97
5030067101	PRGM LIC - APP SUPP	WEST PUBLISHING CORPORATION	25,245
5040060000	ST RENT-NON ST BLDG	GALIUM 1333 MAIN LLC	2,715
5040490009	RENT PARKING	REPUBLIC PARKING SYSTEM INC	9,909
5041840000	LEASE BLDG PRINCIPAL	GALIUM 1333 MAIN LLC	111,849
5041850000	LEASE BLDG INTEREST	GALIUM 1333 MAIN LLC	99
Total Administration:			149,914

Inform. services

Commitment Item	Commitment Item Description	Vendor	Commitment
5020077100	SERVICES- APP SUP	PROGRESS SOFTWARE CORP	1,139
5020077220	SERVICES- VOICENET	NWN CORPORATION	17,280
5030067100	EQUIP&SUPP- APP SUP	PROGRESS SOFTWARE CORP	10,530
5030067130	EQUIP&SUPP- EUC	KEYMARK INC	4,650
5030067170	EQUIP&SUPP- PRINT EU	US INK AND TONER INC	2,440
5040057000	CONTINGNT RENT - IT	XEROX	60
Total Inform. services:			36,099

Total EARMARKED FUND:	187,282
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Any items with vendor "Not assigned" are pending financial adjustments. Any commitment on the Budget vs. Actual Report that is missing from this list is a travel commitment.

South Carolina Workers' Compensation Commission
Commitments
FY 2022 As of 11/30/2021

Any items with vendor "Not assigned" are pending financial adjustments. Any commitment on the Budget vs. Actual Report that is missing from this list is a travel commitment.

State of South Carolina

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



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Workers' Compensation Commission

MEMORANUM

TO: Commissioners

FROM: Gary Cannon

DATE: December 20, 2021

RE: Medical Services Provider Manual (MSPM)

Attached you will find three documents provided by FairHealth. The "Fee Schedule Analysis" is the analysis of the medical data and proposed Conversion Factors. The "Preliminary Summary of Changes, 2022 Medical Services Provider Manual" includes the recommendations for the policy changes in the MSPM. The "Analysis of Anesthesia Conversion Factor – Preliminary Draft" is comparative analysis of the Commission's Anesthesia rate to other states using data from the American Society of Anesthesiologists' (ASA) survey.

The following is a proposed schedule for the Commissioners review of receipt and review of stakeholder comment and adoption:

December 20, 2021 – Commission Business Meeting receipt of 2022 MSPM proposed changes

December 21, 2021 – Issue Advisory Notice for stakeholder comment period.

January 19, 2022 – Deadline for submission of stakeholder comment.

January 24, 2022 – Commission Business Meeting - Public Hearing for 2022 MSPM

February 14, 2022 – Commission Business Meeting

March 21, 2022 – Commission Business Meeting – Adoption of 2022 MSPM

April 1, 2022 – Effective date of 2022 MSPM



Fee Schedule Analysis

December 17, 2021

FAIR Health appreciates the opportunity to assist the South Carolina Workers' Compensation Commission in updating the Medical Services Provider Manual (MSPM). This analysis uses medical call data (2020 dates of service) provided by the National Council on Compensation Insurance, Inc. (NCCI) and South Carolina maximum allowable payment (MAP) amounts to develop conversion factors and propose MAP values for the 2022 fee schedule.

FAIR Health received paid amounts from NCCI for the 2020 calendar year, aggregated at the procedure code/modifier level. FAIR Health used the data from 2020 to:

1. Develop a "fee schedule-neutral" conversion factor designed to reflect a similar level of spending based on 2021 MAP amounts; and
2. Project paid amounts for 2022 based on multiple conversion factor alternatives.

2020 Paid Data and Frequencies

The following is a summary of the 2020 data received from NCCI:

NCCI Data - 2020 Calendar Year

Service Type	Total Paid	Total Charged	Transactions	Units
CPT (Less Anesthesia)	\$54,751,003.88	\$118,533,235.35	663,721	941,149
Anesthesia*	\$1,294,918.12	\$8,097,318.69	5,137	568,777
HCPCS (Less Ambulance)	\$19,677,712.73	\$27,961,206.65	76,127	681,986
Ambulance**	\$2,340,216.45	\$3,934,994.61	13,076	260,781
Total	\$78,063,851.18	\$158,526,755.30	758,061	2,452,693

* Assumes most units are minutes

** Assumes most units are miles

Data Used in the Analysis

FAIR Health used the following methodology to analyze the NCCI data and project future payments based on fee schedule MAPs:

- The NCCI paid data from 2020 were used to determine the number of occurrences (frequency) for each service.

- Services were reviewed at the procedure code/modifier level to account for differences in paid amounts based on fee schedule MAP amounts and policies. For example:
 - The occurrences for codes reported with modifier 26 and TC were projected separately, based on the MAP amounts in the fee schedule.
 - HCPCS Codes reported with modifiers NU (new), UE (used) and RR (rental) were projected separately based on the occurrences in the NCCI data and fee schedule MAP values.
 - Records with other modifiers or with modifiers NU, UE and RR appended to codes where these modifiers are not applicable and/or expected were considered as though the records did not contain modifiers.
 - Services containing modifiers that are paid at adjusted amounts according to South Carolina policies (assistant surgeon modifiers 80-82 and AS) were projected based on 2020 occurrences and adjusted MAP amounts.

Fee Schedule-Neutral Conversion Factor - 2021 Projections

- Total dollar amounts were projected based on 2020 occurrences and 2021 relative value units (RVUs).
- Using these frequencies and RVUs and incorporating the +/- 9.5% cap on MAP increases and decreases compared to the prior year where applicable, FAIR Health calculated a conversion factor designed to maintain spending at the 2020 level for each service area.
- The total fee schedule budget neutral conversion factor is 38.97.
- Ambulance data is paid at 100% of Medicare and is not included in this analysis.
- Please see the separate analysis for anesthesia.

2021 Projections

Category	Frequency	Total 2021		Budget Neutral Conversion Factor
		RVUs	NCCI Payment	
Evaluation and Management	114,626	327,685	\$ 12,437,429.00	37.96
HCPCS Level II	162,325	123,298	\$ 4,307,648.80	34.94
Medicine & Injection	12,805	28,984	\$ 1,217,166.70	41.99
Pathology & Laboratory	9,894	8,557	\$ 398,839.44	46.61
Physical Medicine	708,933	644,807	\$ 23,348,208.00	36.21
Radiology	46,443	87,115	\$ 4,437,912.60	50.94
Special Reports	990	1,030	\$ 46,792.34	45.43
Surgery	30,145	237,507	\$ 10,658,747.00	44.88
Total	1,086,161	1,458,983	\$ 56,852,743.88	38.97

The relatively low conversion factor in this analysis may be influenced by several factors including:

- The impact of the 9.5% statutory cap on increases to the fee schedule. This effect may be compounded when increases to the conversion factor cannot be recognized over the course of several years and may result in the MAP never reaching the calculated formula amount.
- The impact of COVID-19 and telemedicine on office visits, surgical and imaging procedures.
- 2021 increases to the RVUs for office visits, which are among the most frequently billed codes. The full RVU increase could not be recognized due to the 9.5% cap on increases to the MAP.

- Negotiated rates that are below fee schedule MAPs; especially high frequency codes in the HCPCS and Physical Medicine sections.

Comparison of Alternate Conversion Factors – 2022 Projections

- The projections of paid amounts for the 2022 fee schedule are based on 2020 frequencies and 2022 RVUs, to which conversion factors of 50, 51, 51.5 (the current South Carolina conversion factor), 52, 53 and 54 were applied. The cap of +/- 9.5% of the prior year's MAP value for each service was applied, when appropriate, in providing these projections.
- Certain 2022 MAP values used for these projections were calculated based on the following assumptions:
 - If a service is not valued in the Medicare Physician Fee Schedule, FAIR Health determined whether the service was valued by another Medicare fee schedule (e.g., the Clinical Laboratory, DMEPOS or Average Sales Price fee schedule). FAIR Health used Medicare values in the analysis whenever a Medicare value was available.
 - If Medicare did not provide a professional value in *any* fee schedule for a service, FAIR Health gap filled the value using RVUs calculated by FAIR Health based on our repository of private claims data.
 - FAIR Health does not gap fill values for new codes effective January 1, 2022 that were not valued by Medicare. FAIR Health requires a minimum threshold of claims for a procedure before we can establish an RVU. FAIR Health will evaluate these codes for the 2023 MSPM to determine if we are able to value these codes at that time.

2022 Projections

Category	Total \$ 2022 CF=50	CF50	Total \$ 2022 CF=51	CF51	Total \$ 2022 CF=51.5	CF51.5	Total \$ 2022 CF=52	CF52	Total \$ 2022 CF=53	CF53	Total \$ 2022 with CF=54	CF54
Evaluation and Management	15,915,961	48.4	\$16,013,541	48.7	\$16,062,458	48.8	\$16,110,940	49.0	\$16,205,399	49.3	\$16,298,371	49.6
HCPCS Level II	6,560,280	51.1	\$6,577,317	51.2	\$6,585,956	51.3	\$6,594,470	51.3	\$6,611,576	51.5	\$6,628,664	51.6
Medicine & Injection	1,435,516	49.5	\$1,462,904	50.5	\$1,476,624	51.0	\$1,490,267	51.4	\$1,516,079	52.3	\$1,537,217	53.0
Pathology & Laboratory	432,950	48.5	\$439,976	49.3	\$443,709	49.7	\$446,455	50.0	\$453,525	50.8	\$461,735	51.8
Physical Medicine	31,993,344	49.9	\$32,559,059	50.8	\$32,843,980	51.3	\$33,121,819	51.7	\$33,682,157	52.6	\$34,241,530	53.5
Radiology	4,303,437	50.1	\$4,388,464	51.1	\$4,431,078	51.6	\$4,473,459	52.1	\$4,558,154	53.0	\$4,624,423	53.8
Special Reports	50,526	50.0	\$51,535	51.0	\$52,041	51.5	\$52,545	52.0	\$53,555	53.0	\$54,560	54.0
Surgery	12,004,061	50.0	\$12,233,692	51.0	\$12,347,927	51.5	\$12,460,880	52.0	\$12,684,564	52.9	\$12,899,761	53.8
Total	\$72,696,075	49.7	\$73,726,488	50.4	\$74,243,773	50.8	\$74,750,835	51.1	\$75,765,009	51.8	\$76,746,261	52.5

Upon approval of a conversion factor for 2022, FAIR Health will provide an updated Medical Services Provider Manual, which will include all approved changes in policies and a final set of rate tables.

Please let us know if you have any questions.

Chris O'Donnell
 Executive Director, Business Operations
 codonnell@fairhealth.org
 212-257-2367 (office)
 212-710-0646 (mobile)



Preliminary Summary of Changes 2022 Medical Services Provider Manual

December 17, 2021

FAIR Health has reviewed the policies in the fee schedule under the direction of the South Carolina Workers' Compensation Commission (WCC). This is a preliminary version of the summary and will be updated when final changes are approved.

The codes in the fee schedule will be made current by including codes established for 2022 and deleting obsolete codes. Maximum allowable payment (MAP) amounts will be updated based on the conversion factors adopted by the Workers' Compensation Commission. In addition to administrative changes such as updating copyright dates and URL links, substantive changes to the text, which are outlined below, are included in the proposed version of the 2022 Medical Services Provider Manual (MSPM). Page numbers refer to the pages in the South Carolina MSPM effective April 1, 2021.

The Commission's Ad Hoc Advisory Committee presented seven recommendations at the Commission's Business Meeting in October 2021. Two recommendations are included in this summary with recommendations. The other five recommendations are not included herein because they are not directly related to the fee schedule and will require further study and a statutory or regulatory change. They will be addressed at a later date.

Where applicable, new text is underlined and deleted text is marked with a ~~strike through~~.

1. Chapter 2. General Policy

Copies of Records and Reports (page 9) – The Ad Hoc Committee proposed adopting a change which requires any party to furnish medical records and other records and reports free of charge. However, the Commission received additional feedback that this proposal places a burden on providers who receive multiple requests to provide the same documentation to different parties. Providing copies free of charge may exacerbate this problem, which already presents a significant administrative cost driver to medical practices.

The Commission's staff recommends delaying adoption of this recommendation because of the comments from stakeholders concerned about the potential financial impact on the medical service providers.

There are no proposed changes to the policy for copies of reports and records on page 9.

2. Part II: Fee Schedule

Telemedicine (Page 32) – If the Commission decides to make the telemedicine policy permanent after the end of the COVID-19 pandemic emergency and continues to allow applicable services to be provided via telehealth, language about the expiration date of the policy will be deleted. The Telemedicine section will be updated as follows:

Telemedicine

Telemedicine is the use of electronic information and telecommunication technologies to provide care when the provider and patient are in different locations. Technologies used to provide telemedicine include telephone, video, the internet, mobile app and remote patient monitoring. Services provided by telemedicine are identified by the use of location code 02 (telemedicine) and Modifier 95, Synchronous Telemedicine Service, on the bill.

Certain services that are eligible for reimbursement under the South Carolina Medical Services Provider Manual when provided by telehealth during the COVID-19 pandemic emergency are identified with an star (★) in the rate tables. Telemedicine may not be used for emergent conditions. The maximum payment for telemedicine services is 100% of the billed charge, not to exceed the non-facility maximum allowable payment (MAP) listed in the rate tables. Service level adjustment factors are applicable based on the licensure of the healthcare professional providing the telemedicine service.

Additional services may be provided via telemedicine with pre-authorization by the payer.

The location for the telemedicine service is defined as the location of the patient/injured worker. Providers must be licensed to practice in South Carolina and telemedicine services may be provided by physicians, physician assistants, psychologists, nurse practitioners, physical therapists, occupational therapists, speech therapists and social workers. Telemedicine activities provided by physical therapy assistants and occupational therapy assistants must be supervised and directed by a physical therapist or occupational therapist, as appropriate, whose license is in good standing in South Carolina.

~~The South Carolina Workers' Compensation Commission will determine the expiration date of this policy, which will be aligned with the suspension of the COVID-19 Pandemic Emergency.~~

~~If the pandemic emergency is lifted prior to March 31, 2022, telemedicine services may be provided with pre-authorization through March 31, 2022.~~

3. Section 1. Evaluation and Management (E/M) Services

Footnote on Heading “Levels of E/M Services¹” (Page 35) – The footnote reference was included in the 2021 MSPM, however, the language in the footnote was omitted. We will restore the footnote language by adding the following footnote at the bottom of the page:

¹ Adapted from CPT 2022, pp 6-12

Independent Medical Evaluation IME (page 37) – See # 5, proposed update for Medical Testimony below. If this change is adopted, the IME language below will be updated to clarify that medical testimony related to IMEs is part of the IME and therefore not subject to the reimbursement cap that applies to other medical testimony.

INDEPENDENT MEDICAL EVALUATION (IME)

An Independent Medical Evaluation is an objective medical or chiropractic evaluation of the injured employee's medical condition and work status which is requested by the insurance carrier, self-insured employer, an attorney, or a Workers' Compensation Commissioner. An IME includes the review of available records and test reports, examination of the patient, and a written report regarding the medical condition and work status of the injured worker.

The employer or carrier may schedule an IME with a medical provider of its choice to assist in determining the status of an injured employee's condition. Acceptable reasons for conducting an IME include, but are not limited to:

1. Instances when the authorized treating physician has not provided current medical reports;
2. Determining whether a change in medical provider is necessary;
3. Determining whether treatment is necessary or the employee appears not to be making appropriate progress in recuperation;
4. Determining whether over-utilization by a medical provider has occurred.

The medical provider performing the IME may not be the medical provider selected to provide the treatment or follow-up care, unless the carrier or self-insurer and the employee agree to this, or unless an emergency exists.

Before performing an IME, a physician must have a written request from the Commission, the employer/insurance carrier, the injured worker or his/her attorney, or other appropriate third party. To report an IME, use CPT code 99456. Payment for this service (including medical testimony related to IMEs) varies and is based on individual consideration (IC) or negotiation between the carrier and provider.

4. Section 6. Medicine and Injections

Independent Medical Evaluations (page 455) – Same as above in #3, the Evaluation and Management section. See # 5, proposed updated for Medical Testimony below. If this change is adopted, the IME language below will be updated to clarify that medical testimony related to IMEs is part of the IME and therefore not subject to the reimbursement cap that applies to other medical testimony.

INDEPENDENT MEDICAL EVALUATION (IME)

An Independent Medical Evaluation is an objective medical or chiropractic evaluation of the injured employee's medical condition and work status which is requested by the insurance carrier, self-insured employer, an attorney, or a Workers' Compensation Commissioner. An IME includes the review of available records and test reports, examination of the patient, and a written report regarding the medical condition and work status of the injured worker.

The employer or carrier may schedule an IME with a medical provider of its choice to assist in determining the status of an injured employee's condition. Acceptable reasons for conducting an IME include, but are not limited to:

1. Instances when the authorized treating physician has not provided current medical reports;
2. Determining whether a change in medical provider is necessary;
3. Determining whether treatment is necessary or the employee appears not to be making appropriate progress in recuperation;
4. Determining whether over-utilization by a medical provider has occurred.

The medical provider performing the IME may not be the medical provider selected to provide the treatment or follow-up care, unless the carrier or self-insurer and the employee agree to this, or unless an emergency exists.

Before performing an IME, a physician must have a written request from the Commission, the employer/insurance carrier, the injured worker or his/her attorney, or other appropriate third party. To report an IME, use CPT code 99456. Payment for this service (including medical testimony related to IMEs) varies and is based on individual consideration (IC) or negotiation between the carrier and provider.

Over the Counter Preparations (page 456) – The changes proposed below are not part of the formal recommendation of the Ad Hoc Committee. However, members of the committee who work with prescription drug bills requested that reimbursement for non-prescription strength patches be included. This proposed change builds on language that was considered and deferred from last year.

OVER-THE-COUNTER PREPARATIONS

Over-the-counter preparations dispensed by the provider must be preauthorized prior to dispensing. With the exception of non-prescription strength patches, CPT code 99070 must be used to bill for over-the-counter (proprietary) preparations. The name of the preparation, dosage, and package size must be listed either on the claim form or in the attached office report. The charge must not exceed actual cost plus an additional 20 percent. Payment will not be made for nutrient preparations and other dietary supplements.

Non-prescription strength patches shall be reimbursed at the lesser of actual cost plus 20% or \$70.00 for a 30-day supply, pro-rated based on the number of days dispensed.

5. Section 8. Special Reports and Services

Medical Testimony (page 526) – The language added to the policy below is in response to a recommendation from the Ad Hoc Advisory Committee. The intent is to clarify that medical testimony provided with respect to an independent medical examination (IME) is not subject to the maximum payment cap.

MEDICAL TESTIMONY

Medical testimony by personal appearance of a physician, whether before a Commissioner or in a court of law, is reported using South Carolina specific codes SC001 and SC002. Payment is based on the time spent “in court” only. Time for preparation or travel is not considered when determining payment. Use South Carolina specific code SC001 to report the initial hour, and South Carolina specific code SC002 to report each additional quarter hour of medical testimony by personal appearance by a physician. For all other providers, use South Carolina specific code SC003.

Medical testimony by deposition of a physician is reported using South Carolina specific service codes SC004 and SC005. Use South Carolina specific code SC004 to report the initial hour and code SC005 to report each additional quarter hour of medical testimony by deposition of a physician. Time is measured based on the actual time spent in deposition. Time spent reviewing records is not considered when determining payment. For all other providers, use South Carolina specific code SC006.

Independent Medical Examinations (IME) and costs and fees associated with an IME are not subject to the MAP.

6. Section 10. Pharmacy

Prescription Strength Topical Compounds (page 740) – The Ad Hoc Committee did not include a recommendation on prescription strength topical compounds. However, members of the Ad Hoc Committee who work with prescription drugs proposed the following language. Last year, a similar update was considered, but not adopted due to feedback about the difficulty of administering claims with state-specific codes. The language proposed below addresses topical compounds without the need for new codes and would be added at the end of the Pharmacy section of the MSPM.

PRESCRIPTION STRENGTH TOPICAL COMPOUNDS

Compound drugs must be preauthorized for each dispensing. In order to qualify as a compound under this section, the medication must require a prescription; the ingredients must be combined,

mixed, or altered by a licensed pharmacist or a pharmacy technician being overseen by a licensed pharmacist, a licensed physician, or, in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist; and it must create a medication tailored to the needs of an individual patient. All ingredient materials must be listed by quantity used per prescription. Continued use (refills) may require documentation of effectiveness including functional improvement. Fees include materials, shipping and handling, and time. Automatic refilling is not allowed.

1. Payment for prescription-strength topical medications and topical compounded medication, shall be the lesser of:
 - a. The sum of the average wholesale price by gram weight for each ingredient based on the original manufacturer's NDC Number for the ingredient; or
 - b. \$240.00 for a 30-day supply, pro-rated based on the number of days supply dispensed, not to exceed 90 days;
Plus a single dispensing fee of \$5.00.
2. Any component ingredient in a compound medication for which there is no NDC or that is not FDA approved for topical use, shall not be reimbursed.
3. Physicians shall prescribe therapeutically equivalent over-the-counter medications when available in lieu of a prescription or custom compound.



Analysis of Anesthesia Conversion Factor – Preliminary Draft

December 17, 2021

The South Carolina Workers' Compensation Commission requested FAIR Health to review the conversion factor that determines reimbursement for anesthesia services under the South Carolina Medical Services Provider Manual.

FAIR Health reviewed the anesthesia conversion factor from several aspects:

- Comparison to Medicare
- Comparison to private health insurance
 - Billed charges
 - Contracted amounts
- ASA survey results from 2021
- Comparison to other states' workers' compensation fee schedules

The current anesthesia conversion factor in the South Carolina Medical Services Provider Manual (MSPM) is \$30.00. The anesthesiology maximum allowable payment (AMAP) is the sum of the Basic MAP amount plus the Time Value Amount payment. The Basic MAP amount is set in the fee schedule based on the conversion factor x base units. The Time Value amount is calculated based on the \$30 conversion factor x each 15-minute time unit.

For example:

CPT 01380 – anesthesia for all closed procedures on knee joint

	60-Minute Surgery (4 Time Units)	120-Minute Surgery (8 Time Units)
Basic MAP (3 base units)	\$ 90.00	\$ 90.00
Time Value Amount	\$ 120.00	\$ 240.00
Total AMAP	\$ 210.00	\$ 330.00

Medicare

CMS reduced the Medicare anesthesia conversion factor in 2022 to maintain budget neutrality for professional fees. This reduction helps to offset increased costs for office visits that were introduced in 2021. As a result, the South Carolina anesthesia conversion factor of \$30 compares more favorably to the CMS conversion factor than it did last year. The comparison below is based on the Medicare conversion factor published in the 2022 Final Rule.

On December 10, 2021, the Protecting Medicare and American Farmers from Sequester Cuts Act was signed into law. This law restores some of the cuts to the conversion factor that were included in the Final Rule. It is expected that the updated conversion factor will be approximately .8% less than the 2021 conversion factor, however, CMS has not yet published the final rate. FAIR Health will provide an updated report to reflect the final conversion factor in this Medicare comparison.

	Anesthesia – National Comparison	Anesthesia – South Carolina Comparison	Other Professional Services
South Carolina Conversion Factor	\$30.00	\$30.00	\$51.50
2021 Medicare Conversion Factor	\$20.9343 (National)	\$20.21 (Adjusted by CMS for South Carolina)	\$33.5983
Ratio	143.31%	148.44%	153.28%

Private Health Insurance

FAIR Health collects data for anesthesia services from private payors (more than 40 payors contribute data for services performed in South Carolina) and uses this data to develop benchmarks, including benchmarks for anesthesia conversion factors. Insurers and administrators that participate in the FAIR Health Data Contribution Program are required to submit all of their data; they cannot selectively choose which data to contribute to FAIR Health. We are providing benchmarks for anesthesia conversion factors in two different ways:

- Charge benchmarks based on the non-discounted charges billed by providers before any network discounts are applied; and
- Allowed benchmarks based on imputed allowed amounts, which reflect network rates that have been negotiated between the payor and the provider.

The benchmarks below are based on anesthesia services in the FAIR Health database provided in the state of South Carolina. Charge benchmarks are based on claims from July 2020 through June 2021 and allowed benchmarks are based on imputed allowed amounts from claims incurred from January through December 2020. These are the latest releases available at the time of developing this report.

Type	Release	Average	Percentiles													
			5th	10th	15th	20th	25th	30th	35th	40th	45th	50th	60th	70th	80th	90th
Billed Anesthesia	Nov 2021	131.40	50.03	63.20	72.79	80.52	88.96	98.98	107.72	113.57	119.37	124.83	142.17	164.58	175.54	194.37
Allowed Anesthesia	Aug 2021	61.80	23.98	29.94	34.94	39.21	43.05	47.70	51.37	54.11	56.63	58.94	65.30	76.50	84.43	92.47

The benchmarks for allowed anesthesia may be compared to the South Carolina conversion factor, as the allowed line represents the amounts allowed by payors under their network contracts. This aligns to what is paid to anesthesiologists and certified registered nurse anesthetists (CRNAs) for patients covered by workers' compensation.

In this analysis, a \$30 conversion factor approximately aligns to the 10th percentile for private insurance. That means that 90% of the imputed allowed values in the FAIR Health database are equal to or greater than \$30. The 50th percentile (conversion factor of \$56.63) is the median conversion factor value in the private insurance data and the average allowed conversion factor benchmark is \$61.80.

ASA Survey Results for Commercial Fees Paid for Anesthesia Services

The American Society of Anesthesiologists (ASA) publishes an annual study on conversion factors. FAIR Health downloaded the 2021 study from the ASA website at <https://pubs.asahq.org/monitor/article/84/10/1/110713/ASA-Survey-Results-Commercial-Fees-Paid-for>.

A copy of the ASA Monitor newsletter containing the 2021 survey is appended to this report.

According to the publication, the ASA anonymously surveys anesthesiology practices across the country, asking them to report the conversion factors for up to five of their largest commercial managed care contracts. This study publishes the results of that survey, which are normalized based on 15-minute time units. That is the same time unit used by South Carolina in the MSPM.

South Carolina practices are included in the Southeast Region in the ASA survey.

Conversion Factor	National		Southeast Region		South Carolina	
	2020	2021	2020	2021	2020	2021
Low	31.50	25.65	32.00	36.00	33.00	50.00
Median	73.00	78.00	78.68	92.00	72.00	73.30
Average	82.14	85.23	87.33	98.64	82.02	88.43
High	323.22	292.00	184.50	292.00	162.00	162.00

State Workers' Compensation Fee Schedules

FAIR Health reviewed anesthesia conversion factors documented in state workers' compensation fee schedules.

State	Conversion Factor (per 15-minute time unit)
South Carolina	\$30.00
Alabama	\$57.63
Colorado	\$44.18
Florida	\$29.49
Georgia	\$61.23
Kentucky	\$78.53
Louisiana	\$50.00
Maryland	\$22.81
Mississippi	\$50.00
North Carolina	\$58.20 – first 60 min \$30.75 – after 60 min
Oklahoma	\$48.50
North Dakota	\$66.87
Tennessee	\$75.00
Virginia (6 regions)	\$48.00 - \$77.00

FAIR Health assists Colorado, Georgia, Kentucky, Louisiana, Mississippi, North Dakota, Oklahoma and Tennessee in updating their fee schedules. As we are doing for the South Carolina Workers' Compensation Commission, we provide research and analysis to support decision making. FAIR Health does not make or recommend fee schedule changes.

Summary

FAIR Health presents this analysis to the Commission to assist with decision making. In summary:

- The current South Carolina anesthesia conversion factor is \$30 or 148.44% of the 2021 Medicare conversion factor for South Carolina and 143.31% of the national Medicare conversion factor.
- The ratio of the South Carolina workers' compensation anesthesia to Medicare is slightly less than the 153.28% ratio of the conversion factor for other professional services (\$51.50) in comparison to Medicare (\$33.5983). However, the MAP amounts in the MSPM may also be limited by the +/- 9.5 percent cap on increases or decreases each year, and the formula-based conversion factors would not be applicable to those services.
- The \$30 conversion factor is low in comparison to contracted amounts paid through private health insurance as reflected in FAIR Health benchmarks and ASA survey results.

- The mean and median conversion factor benchmarks developed by FAIR Health, which are based on data contributions for services performed in South Carolina, are lower than the ASA survey results, which are based on up to five of the largest commercial contracts reported by anesthesiology practices responding to the ASA survey.
- South Carolina's \$30 conversion factor falls within the range of conversion factors used by other states' workers' compensation programs; however, it is on the lower end of the range.

A copy of the ASA publication *ASA Survey Results for Commercial Fees Paid for Anesthesia Services – 2022* appears on the following pages.



American Society of
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ASA Monitor®

THE LEADING SOURCE FOR PERIOPERATIVE HEALTH CARE NEWS

ASA Survey Results:



Commercial Fees Paid for Anesthesia Services – 2021

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Sharon K. Merrick, MS, CCS-P

ASA is pleased to present the annual commercial conversion factor survey for 2021. Each summer we survey anesthesiology practices across the country. We ask them to report up to five of their largest managed care (commercial) contract conversion factors (CF) and the percentage each contract represents of their commercial population, along with some demographic information. Our objectives for the survey are to report

to our members the average contractual amounts for the top five contracts and to present a view of regional trends in commercial contracting.

Summary

Based on the 2021 ASA commercial conversion factor survey results, the national average commercial conversion factor was \$85.23, ranging between \$79.04 and \$90.23 for the five contracts. The national median

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Caring for the Injured and Acutely Ill

Arman Dagal, MD, FRCA, MHA

Marc P. Steurer, MD, MHA, DESA

Michael J. Murray, MD, PhD, MCCM

Death and disability caused by injuries remain a significant public health issue. For both children and adults younger than age 45, traumatic injuries continue to be the leading cause of death in the United States. Injury-associated deaths furthermore lead to substantial economic consequences. Given the major impact that trauma and acute care can subsequently have, in the late 2000s a

number of dedicated and enthusiastic anesthesiologists felt that a dedicated platform was needed to facilitate much-needed support and growth for this emerging subspecialty. This reflected the early casual inception of the Trauma Anesthesiology Society (TAS). The initial annual meetings were small and full of energy. Steady growth in subsequent years mirrored the need and desire of a

Continued on page 9



Get Vaccinated and Still Get COVID-19

Richard Simoneaux

Steven L. Shafer, MD

Editor-in-Chief

Recent news reports describe high-profile “breakthrough” cases of COVID-19 in *fully vaccinated* individuals. In one prominent case, a fully vaccinated Australian socialite was infected and became a superspreader (asamonitor.pub/3k1YEUt). Over a busy weekend in Los Angeles, he transmitted COVID-19 to approximately 60 people.

Hospital breakout in Finland

In May 2021, a patient with COVID-19-associated pneumonia was admitted to the central hospital of the Tavastia Proper health district in Finland (*Euro Surveill* 2021;26:2100636). RT-PCR demonstrated the Delta variant. The patient was discharged four days later. Six days after discharge, two patients in the same ward developed symptoms of infection. Both

tested positive for the Delta variant. The infection spread to three additional wards, infecting three patients and 21 health care workers. Some patients were transferred to other hospitals prior to identifying their exposure, transmitting the Delta variant to four other hospitals before the outbreak was identified.

By the time the outbreak was controlled, 58 patients were infected with the Delta variant. Contact tracing identified several patients infected by health care workers despite high vaccination rates and universal use of PPE. Eighteen patients died. Of the deceased patients, six were unvaccinated, 11 had received one dose, and one was fully vaccinated. All had underlying medical conditions.

There were 45 cases among health care workers. None had serious illness.

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SPECIAL SECTION

Anesthesia in Low- and Middle-Income Countries 28-38

Guest Editors: Muhammad B. Rafique, MD, FASA;
Lalitha Sundararaman, MD; and Elizabeth T. Drum, MD, FASA

**Payment & Practice Management:
ASA Survey Results**

Continued from page 1

increased to \$78.00, ranging between \$74.00 and \$81.50 for the five contracts (Figure 1, Table 1). In the 2020 survey, the mean conversion factor ranged between \$76.09 and \$85.75, and the median ranged between \$69.00 and \$77.25. In contrast, the current national Medicare conversion factor for anesthesia services is \$21.5600, or about 25.30% of the 2021 overall mean commercial conversion factor.

Figure 1 shows the frequency in percent and distribution of contract values. In order to show all the values in limited space, we are using a broken axis for all plots. The ranges plotted are \$0-\$200, with a break indicated by wavy lines and then \$280-\$300. The estimated normal distribution is the solid blue line. We have added a box-and-whiskers plot of the same data immediately below the histogram. The left and right whiskers delineate the minimum and maximum values. The box represents the interquartile range, the left edge of the box is the 25th percentile, the vertical line in the box is the median, and the right edge of the box is the 75th percentile. The solid diamond in the box is the mean.

Table 1 provides the overall survey results by reported managed care contract. As with previous surveys, we requested that participants submit data on five commercial contracts. Most practices submitted three or more contracts. The survey reflects valid responses from 219 practices in 47 states and D.C. The 2020 survey results included data from 238 practices in 43 states.

Methodology

The survey was disseminated in June and July 2021. To comply with the principles

Table 1: National Managed Care Anesthesia Conversion Factors (\$/unit), 2021

Conversion Factors	Contract 1	Contract 2	Contract 3	Contract 4	Contract 5	ALL
Mean	\$79.04	\$82.80	\$87.67	\$89.23	\$90.23	\$85.23
Low	\$36.00	\$25.65	\$40.00	\$35.00	\$40.00	\$25.65
25 th Percentile	\$63.76	\$65.00	\$64.50	\$68.50	\$66.00	\$65.00
Median	\$74.00	\$75.43	\$81.00	\$82.00	\$81.50	\$78.00
75 th Percentile	\$85.37	\$97.00	\$104.42	\$111.83	\$114.97	\$100.00
High	\$186.90	\$188.00	\$184.50	\$184.50	\$292.00	\$292.00
Number of Responses	219	210	192	167	145	933
Percentage of Managed Care Business	20.4%	10.0%	6.47%	4.70%	4.13%	10.0%

established by the Department of Justice (DOJ) and the Federal Trade Commission (FTC) in their 1996 Statements of Antitrust Enforcement Policy in Health Care, the survey requested from participants data that were at least three months old. In addition, the following three conditions must have been met:

1. There are at least five providers reporting data upon which each disseminated statistic is based, and
2. No individual provider's data represents more than 25% on a weighted basis of that statistic, and
3. Any information disseminated is sufficiently aggregated such that it would not allow recipients to identify the prices charged or compensation paid by any particular provider.

To comply with the statements, we are only able to provide aggregated data. Since some states did not respond, and other states had insufficient response rates, we are unable to provide specific data for all states. We term "Eligible States" those that submitted sufficient data to be compliant with DOJ and FTC principles and provide state-specific data for only those states. We have 18 Eligible States this year.

This is the eleventh year that we offered the survey electronically through the website www.surveymonkey.com. ASA urged participation through various electronic mail offerings, including ASA

committee list serves, ASAP (all-member weekly e-mail digest), Vital Signs, the Monday Morning Outreach, communications to state component societies and our Anesthesia Administrator and Executive (AAE) members, and via the ASA website.

The responses to the survey represented 233 unique practices. However, due to respondents providing incomplete data, we excluded 14 responses from the overall analysis. Our results are based on the data from 219 practices.

Results

Table 2 presents respondent information for 199 practices (20 practices did not provide us with complete practice demographics) in the analytic sample per Major Geographic Region as identified by the Medical Group Management Association (MGMA) (asamonitor.pub/30PLj9B). These regions are as follows:

- Eastern: CT, DE, DC, ME, MD, MA, NH, NJ, NY, NC, PA, RI, VT, VA, WV
- Midwestern: IL, IN, IA, MI, MN, NE, ND, OH, SD, WI
- Southern: AL, AR, FL, GA, KS, KY, LA, MS, MO, OK, SC, TN, TX
- Western: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

These 199 practices employ or contract with 7,213.6 full-time equivalent (FTE) physician anesthesiologists, 5,211.5 FTE nurse anesthetists, and 1,333.2 FTE anesthesiologist assistants (AAs). The practices also work with an



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additional 1,758.7 FTE nurse anesthetists and 264 FTE AAs for whom the practice does not directly pay compensation (i.e., facility hires or contracts the nurse anesthetist or AA).

The 219 practices reported a total of 933 managed care contracts. This is fewer than the 1,015 contracts reported last year.

Table 3 provides the same respondent information by Minor Geographic Region as identified by the MGMA.

- CAAKHI: CA, AK, HI
- Eastern Midwest: IL, IN, KY, MI, OH
- Lower Midwest: AR, KS, LA, MO, OK, TX
- Mid Atlantic: DC, DE, MD, VA, WV
- North Atlantic: NJ, NY, PA
- Northeast: CT, MA, ME, NH, RI, VT
- Northwest: ID, OR, WA
- Rocky Mountain: AZ, CO, MT, NM, NV, UT, WY
- Southeast: AL, FL, GA, MS, NC, SC, TN
- Upper Midwest: IA, MN, ND, NE, SD, WI.

Nine hundred two (902) of the contracts are based upon a 15-minute unit, 20 upon a 12-minute unit, and 11 are based upon a 10-minute unit. None were based upon an 8-minute unit. We normalized all contract conversion factors

Figure 1

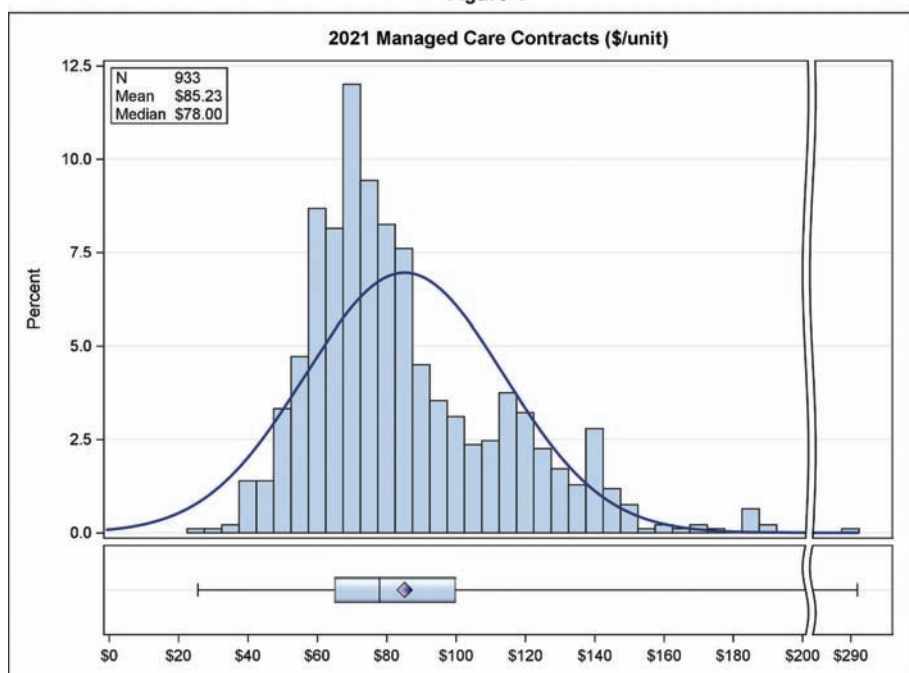


Table 2: Respondent Information by Major Geographic Region, 2021

Region	Practices	Cases	Mean Units/ FTE MD	Mean Units/ Case	FTE MD	FTE Nurse Anesthetist	FTE AA
Eastern	44	1,649,125	23,458	11.14	1,935.4	1,340.0 (1060.4)	529 (258)
Midwest	39	1,569,491	16,034	13.80	1,295.0	1,269.9 (268.3)	178.5 (1)
Southern	70	2,220,494	18,406	12.18	1,653.2	2,127.0 (362)	530.7 (4)
Western	46	1,404,286	7,951	12.87	2,330.0	474.6 (68)	95 (1)
ALL	199	6,843,396	16,246	12.39	7,213.6	5,211.5 (1,758.7)	1333.2 (264)

(Number in brackets indicate the number of non-employed FTEs).
Note: 199 of the 219 practices reported case, unit, or FTE data.

Table 3: Respondent Information by Minor Geographic Region, 2021

Region	Practices	Cases	Mean Units/ FTE MD	Mean Units/ Case	FTE MD	FTE Nurse Anesthetist	FTE AA
CAAKHI	12	492,010	9,026	14.78	876.0	121 (68)	1 (1)
Eastern Midwest	22	795,544	17,498	11.83	605.2	523 (178)	80 (0)
Lower Midwest	29	750,176	18,358	11.18	722.9	897.2 (56)	147 (0)
Mid Atlantic	11	363,279	14,813	10.78	273.0	280 (145)	26 (0)
North Atlantic	19	663,994	10,940	11.54	1,199.9	717.5 (167.8)	451 (258)
Northeast	8	148,406	12,306	10.63	237.3	92.5 (57.6)	31 (0)
Northwest	15	463,348	9,136	10.43	722.7	203.8 (0)	0 (0)
Rocky Mountain	19	448,928	6,242	13.73	731.3	149.8 (0)	94 (0)
Southeast	47	1,943,764	29,010	12.68	1,155.5	1,479.8 (996)	404.7 (4)
Upper Midwest	17	773,947	14,438	16.53	689.8	746.9 (90.3)	98.5 (1)
ALL	199	6,843,396	16,246	12.39	7,213.6	5,211.5 (1,758.7)	1333.2 (264)

(Number in brackets indicate the number of non-employed FTEs).
Note: 199 of the 219 practices reported case, unit, or FTE data.

Table 4: Conversion Factor Adjustment Based on Time Units, 2021

Time Units	Time Units	Sum of Base and Time Units	CF Value Ratio based for 15-minute units
CMS PPS 2019¹			
Mean Base Units	5.2865		
Minutes/Case	64.0949		
10-minute time units	6.409	11.696	1.223
12-minute time units	5.341	10.628	1.112
15-minute time units	4.273	9.559	1.000

1. Mean Minutes per Case and Base Unit taken from is based on data from the 2019 CMS Physician/Supplier Procedure Summary (PPS) Master File ("Master File").
https://www.cms.gov/NonIdentifiableDataFiles/06_PhysicianSupplierProcedureSummaryMasterFile.asp

Table 5: Respondents Having Flat Fee Components, 2021

	Flat Fee (Any)	Labor & Delivery	Cataracts	Endoscopy	Pain	Other
Eastern	23	20	0	8	0	4
Midwest	22	15	1	12	0	5
Southern	39	35	3	7	0	7
Western	19	12	3	2	1	10
Total	103	82	7	29	1	26

Others include cosmetic and plastic surgery, bundled surgical procedures, total joint replacement, spine surgery, general surgery, organ transplant, radiation oncology, invasive monitoring, and open heart surgery.

Figure 2

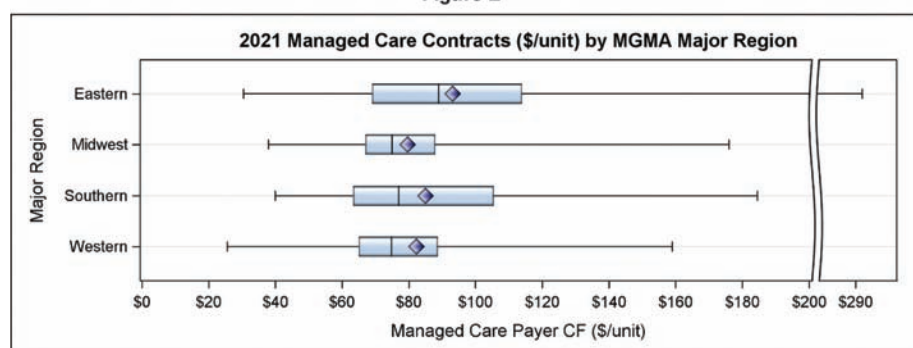


Table 6: Major Region Managed Care Anesthesia Conversion Factors (\$/unit), 2021

	Contract 1	Contract 2	Contract 3	Contract 4	Contract 5	ALL
Eastern	n = 49	n = 48	n = 46	n = 38	n = 35	n = 216
Mean	\$83.66	\$90.45	\$97.07	\$96.62	\$101.29	\$93.16
Low	\$36.00	\$30.48	\$50.36	\$35.00	\$40.00	\$30.48
25th Percentile	\$68.00	\$68.00	\$77.00	\$76.00	\$60.00	\$69.00
Median	\$76.50	\$88.00	\$94.51	\$92.43	\$89.00	\$89.00
75th Percentile	\$96.30	\$103.50	\$122.00	\$117.00	\$130.50	\$113.99
High	\$186.90	\$188.00	\$184.00	\$170.00	\$292.00	\$292.00
Midwest	n = 44	n = 42	n = 39	n = 34	n = 28	n = 187
Mean	\$77.59	\$80.23	\$78.06	\$80.96	\$82.71	\$79.66
Low	\$46.60	\$38.00	\$48.00	\$38.00	\$42.00	\$38.00
25th Percentile	\$63.76	\$68.86	\$65.00	\$67.63	\$70.63	\$67.00
Median	\$72.00	\$74.50	\$75.00	\$74.50	\$81.48	\$75.00
75th Percentile	\$79.00	\$91.00	\$86.00	\$87.00	\$96.36	\$88.00
High	\$176.00	\$145.00	\$131.75	\$128.33	\$124.00	\$176.00
Southern	n = 77	n = 74	n = 66	n = 57	n = 49	n = 323
Mean	\$77.97	\$82.31	\$88.29	\$92.17	\$87.43	\$85.01
Low	\$50.00	\$40.00	\$40.00	\$40.00	\$40.00	\$40.00
25th Percentile	\$63.00	\$65.00	\$62.00	\$67.00	\$62.00	\$63.34
Median	\$75.00	\$75.00	\$78.25	\$85.00	\$85.00	\$77.00
75th Percentile	\$86.03	\$97.00	\$116.10	\$121.00	\$116.99	\$105.53
High	\$162.00	\$139.50	\$184.50	\$184.50	\$139.50	\$184.50
Western	n = 49	n = 46	n = 41	n = 38	n = 33	n = 207
Mean	\$77.42	\$77.98	\$85.28	\$84.82	\$89.03	\$82.31
Low	\$45.81	\$25.65	\$50.03	\$50.00	\$52.00	\$25.65
25th Percentile	\$65.00	\$61.50	\$64.00	\$70.00	\$71.00	\$65.00
Median	\$71.15	\$73.08	\$79.00	\$76.97	\$79.75	\$74.85
75th Percentile	\$78.34	\$85.00	\$96.74	\$89.40	\$89.00	\$88.75
High	\$159.00	\$150.00	\$150.00	\$150.00	\$150.00	\$159.00

with 10- and 12-minute time units to the typical 15-minute time unit using an adjustment factor of 1.223 for 10-minute units and 1.112 for 12-minute units (Table 4).

The adjustment factors are calculated as ratios based on the mean time and mean base units per case. To make these calculations, we have used the CMS Physician/Supplier Procedure Summary (PPS) data set, which represents over

21 million anesthesia claims (asamonitor.pub/3jr8COX).

The mean time was 64.0949 minutes, and mean base units per case were 5.2865 base units. Making the same calculations described above, the adjustment factors are similar to last year: 1.2404 for 10-minute units and 1.1202 for 12-minute units. Of note, the mean time has decreased by 8.3 minutes since last year's mean time of 72.405 minutes.

Figure 3

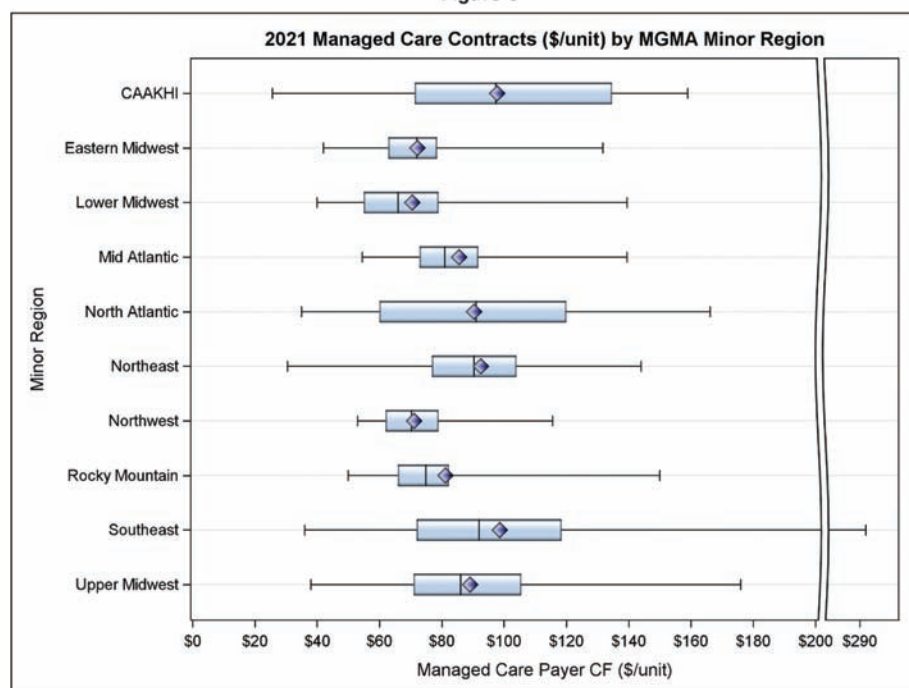


Table 7: Minor Region Managed Care Anesthesia Conversion Factors (\$/unit), 2021

MGMA Minor Region	Contracts	Low	25 th Percentile	Median	Mean	75 th Percentile	High
CAAKHI	58	\$25.65	\$71.36	\$97.37	\$97.80	\$134.69	\$159.00
Eastern Midwest	108	\$42.00	\$62.88	\$72.00	\$72.19	\$78.50	\$131.75
Lower Midwest	137	\$40.00	\$55.00	\$66.00	\$70.55	\$79.00	\$139.50
Mid Atlantic	49	\$54.50	\$72.90	\$81.00	\$85.60	\$91.75	\$139.50
North Atlantic	89	\$35.00	\$60.00	\$91.05	\$90.40	\$120.00	\$166.20
Northeast	47	\$30.48	\$76.88	\$90.37	\$92.58	\$104.00	\$144.00
Northwest	73	\$53.00	\$62.00	\$70.32	\$71.14	\$79.00	\$115.62
Rocky Mountain	76	\$50.00	\$65.94	\$74.93	\$81.21	\$82.34	\$150.00
Southeast	215	\$36.00	\$72.00	\$92.00	\$98.64	\$118.50	\$292.00
Upper Midwest	81	\$38.00	\$71.00	\$86.08	\$89.11	\$105.58	\$176.00

Groups continue to report flat fee contracts for certain procedures. Table 5 shows respondents who identified that they had flat fee contracts. One hundred three of the 183 groups (56.3%) responding to this question negotiated at least one flat fee contract. Eighty-two of the 103 groups that reported having flat fees (44.8%) have flat fee contracts for Labor and Delivery. This is very similar to last year's rate of 44.3%.

Table 6 reports the conversion factor by MGMA Major Region. Contract 1 reflected the highest percentage of the reported commercial business, Contract 2 reflected the second highest percentage, and so on. Thus, when looking at the data, you can see that Contract 1 not only reflects the greatest number of responses (219) but also the highest average percentage of managed care business (20.4%, Table 1). We also reported the total number of responses for each contract in Table 1. Figure 2 shows the contract data for each major region as a box-and-whiskers plot.

We had a sufficient data sample to provide detailed information for all 10 MGMA Minor Regions (Figure 3). Table 7 shows contract data for the minor regions.

This is the seventh year we are presenting state-specific data. Although we had respondents from 47 states and D.C.,

only 18 states were identified as eligible states (Figure 4, Table 8). Eligible states were those that complied with the DOJ and FTC requirements, listed above. We believe by providing this data, we can encourage more participation in the 2022 CF study and increase the state-level detail of our reporting.

Observations

Based on our review of the analysis, the most interesting findings include:

- The national average conversion factor increased to \$85.23, while the median, \$78.00, and the range of mean values increased from a range of \$76.09-\$85.75 in 2020 to a range of \$79.04-\$90.23 in 2021.
- As was the case in our 2018-2020 surveys, the Eastern Region has the highest mean this year. The Eastern Region mean in 2020 was \$97.85, and this year it is \$93.16.
- The highest conversion factor reported was \$292.00. In 2020, the highest conversion factor reported was \$323.22.
- In the 2020 survey, the Medicare conversion factor was 27.03% of the overall commercial mean. In this year's survey, it has fallen to 25.30%.

Conclusions

Our sample size for this year's survey was slightly less than last year but still represents a significant portion of U.S.

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**Payment & Practice Management:
ASA Survey Results**

Continued from previous page

practicing anesthesiologists, nurse anesthetists, and AAs. We were pleased to have respondents report across a broad geographic basis, 47 states and D.C., allowing us to provide detailed regional responses. The number of practices reporting allowed us to report state-specific data from 18 states. Most practices included complete demographic information, and we are hopeful that this trend will continue and all respondents will

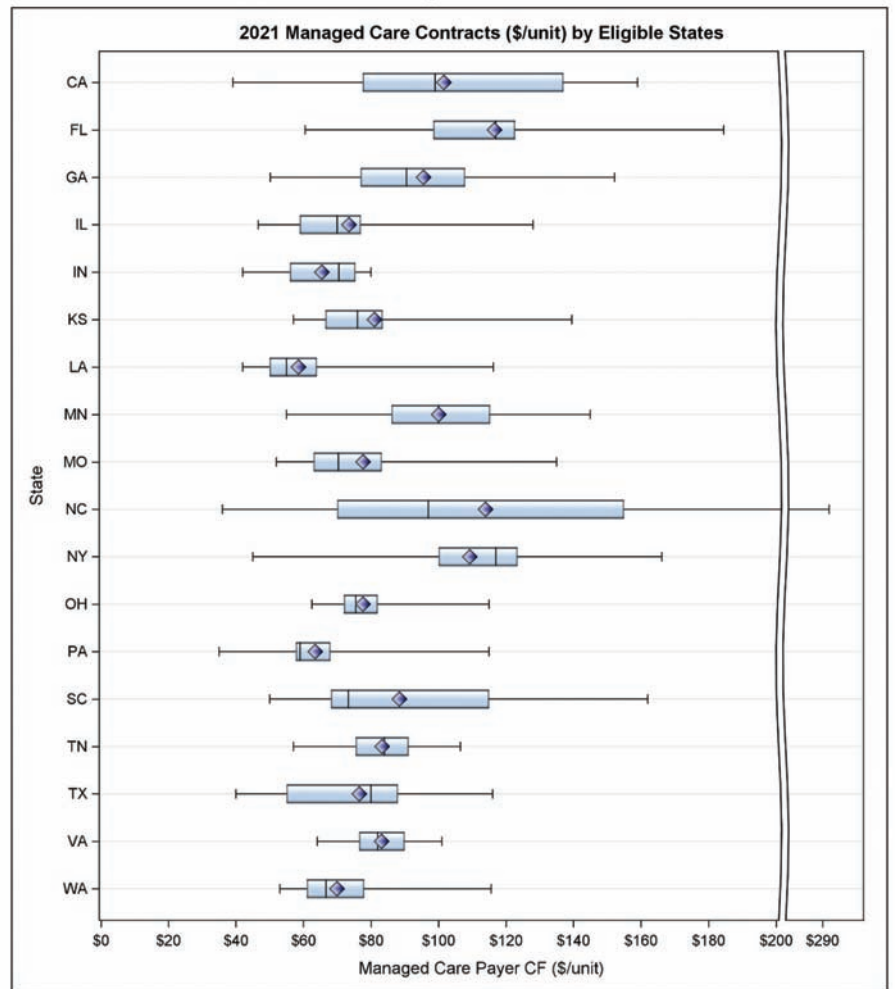
supply complete information in future surveys.

We will continue to monitor trends in the commercial conversion factor survey results and will launch the survey again in June 2022. It is important that as many practices as possible participate in the 2022 survey to help us obtain an accurate representation of the anesthesia commercial conversion factor. We hope that a significant growth in participants will allow us to publish data for every state. We look forward to your future participation and thank all of the practices that contributed to the 2021 results. ■

Table 8: Eligible States Managed Care Anesthesia Conversion Factors (\$/unit), 2021

State	Contracts	Low	25 th Percentile	Median	Mean	75 th Percentile	High
CA	50	\$39.10	\$77.59	\$99.00	\$101.59	\$137.03	\$159.00
FL	56	\$60.50	\$98.50	\$116.99	\$116.59	\$122.72	\$184.50
GA	41	\$50.16	\$76.92	\$90.53	\$95.58	\$107.92	\$152.20
IL	21	\$46.62	\$58.92	\$70.00	\$73.49	\$77.00	\$128.00
IN	24	\$42.00	\$56.00	\$70.50	\$65.45	\$75.43	\$80.00
KS	28	\$57.00	\$66.50	\$76.00	\$81.03	\$83.50	\$139.50
LA	33	\$42.00	\$50.00	\$55.00	\$58.52	\$64.00	\$116.25
MN	35	\$55.00	\$86.08	\$100.00	\$100.07	\$115.28	\$145.00
MO	24	\$52.00	\$63.00	\$70.35	\$77.66	\$83.25	\$135.00
NC	31	\$36.00	\$70.00	\$97.00	\$113.93	\$155.00	\$292.00
NY	41	\$45.00	\$100.06	\$117.00	\$109.27	\$123.43	\$166.20
OH	46	\$62.50	\$72.00	\$75.50	\$77.63	\$82.00	\$115.00
PA	37	\$35.00	\$57.75	\$59.00	\$63.48	\$68.00	\$115.00
SC	45	\$50.00	\$68.15	\$73.30	\$88.43	\$115.00	\$162.00
TN	20	\$57.00	\$75.50	\$84.00	\$83.30	\$91.15	\$106.50
TX	27	\$40.00	\$55.00	\$80.00	\$76.54	\$88.00	\$116.10
VA	23	\$64.10	\$76.50	\$82.00	\$83.13	\$90.00	\$101.00
WA	53	\$53.00	\$61.00	\$66.70	\$69.94	\$78.00	\$115.62

Figure 4



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