

A G E N D A

SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION

1333 Main Street, 5th Floor
Columbia, South Carolina 29201
March 21, 2022- 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.

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. CALL TO ORDER | CHAIRMAN BECK |
| 2. APPROVAL OF AGENDA OF BUSINESS MEETING OF MARCH 21, 2022 | CHAIRMAN BECK |
| 3. APPROVAL OF MINUTES OF THE BUSINESS MEETING OF FEBRUARY 22, 2022 (Tab 1) | CHAIRMAN BECK |
| 4. GENERAL ANNOUNCEMENTS | MR. CANNON |
| 5. APPLICATIONS FOR APPROVAL TO SELF-INSURE (Tab 2) | MS. BROWN |
| 6. DEPARTMENT DIRECTORS' REPORTS
Human Resources (Tab 3)
Information Services (Tab 4)
Insurance and Medical Services (Tab 5)
Claims (Tab 6)
Judicial (Tab 7) | MS. WARD
MS. SPRANG
MR. DUCOTE
MS. SPANN
MS. BRACY |
| 7. DEPARTMENT OF VOCATIONAL REHABILITATION
Monthly Report (Tab 8) | MR. CANNON |
| 8. EXECUTIVE DIRECTOR'S REPORT (Tab 9) | MR. CANNON |
| 9. FINANCIAL REPORT (Tab 10) | MR. CANNON |
| 10. OLD BUSINESS
2022 Medical Service Provider Manual (Tab 11) | CHAIRMAN BECK |
| 11. NEW BUSINESS | CHAIRMAN BECK |
| 12. EXECUTIVE SESSION
General Counsel has requested an Executive Session to discuss pending litigation. | CHAIRMAN BECK |
| 12. ADJOURNMENT | CHAIRMAN BECK |

1	Approval of Minutes of Business Meeting of February 22, 2022
2	Self-Insurance
3	Human Resources
4	Information Services
5	Insurance and Medical Services
6	Claims
7	Judicial
8	Vocational Rehabilitation
9	Executive Director's Report
10	Financial Report
11	2022 Medical Service Provider Manual

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, February 22, 2022, 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, Claims Director; Christy Brown, Self-Insurance Director, Sandee Sprang; IT Director; Kristen Mcree, Staff Attorney, Amy Proveaux, Executive Assistant. Bonnie Anzelmo, Injured Workers' Advocates and James Williams of Vocational Rehabilitation; were also present.

Chairman Beck called the meeting to order at 10:37 AM

AGENDA

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

APPROVAL OF MINUTES – BUSINESS MEETING OF JANUARY 24, 2022

Commissioner James moved that the minutes of the Business Meeting of January 24, 2022, be approved. Commissioner McCaskill seconded the motion, and the motion was approved.

GENERAL ANNOUNCEMENTS

Mr. Cannon reminded the Commission there was a working session scheduled at 5:00 to discuss the Medical Service Provider Manual.

APPLICATIONS FOR APPROVAL TO SELF-INSURE

Self-insurance applications were presented by Christy Brown, Director of Insurance and Medical Services. Eight (8) prospective members of three (3) funds was presented to the Commission for approval.

Palmetto Timber Fund

Tre's Logging

South Carolina Home Builders SIF

Dock Masters Inc

Loder Heating & Air LLC

Morgan-Barfield Heating & Air LLC

Palmetto Painting Contractors LLC

Ryan Brewer Enterprises LLC

Simmons Contracting Group LLC

SC McDonalds Operators SIF

KA Harnish LLC, DBA McDonald's Restaurants

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 James seconded the motion. The motion was approved.

DEPARTMENT DIRECTORS' REPORTS

Each Department report was submitted in written form and included in the Commission's agenda booklets

Human Resources

Ms. Ward submitted her report in written form. There were no comments or questions from the Commission.

Information Services

Ms. Sprang submitted her report in written form. There were no comments or questions from the Commission.

Insurance and Medical Services

Mr. Ducote submitted his report in written form. There were no questions from the Commission.

Claims

Ms. Spann submitted her report in written form. There were no questions from the Commission.

Judicial

Ms. Bracy submitted her report in written form. There were no questions from the Commission

VOCATIONAL REHABILITATION

The Vocational Rehabilitation report submitted in written form. Mr. Cannon introduced Mr. Williams from Vocational Rehabilitation. Mr. Williams shared an update on the SCVRD's tracking and reporting referrals. The Commission shared some of the concerns with issues experienced at hearing sites. Mr. Williams indicated he would check into the concerns.

EXECUTIVE DIRECTOR'S REPORT

The Executive Director's report was submitted in written form. Mr. Cannon presented a few highlights from the report.

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.

EXECUTIVE SESSION

Commissioner Barden made a motion to move into Executive Session to discuss a contractual matter and receive legal briefing from General Counsel. Commissioner McCaskill seconded the motion, and the motion was approved. The Commission went into Executive Session at 10:56 a.m.

Commissioner Barden made the motion to leave Executive Session at 11:24 a.m.; noting that no action was taken. Commissioner Taylor seconded the motion, and the motion was approved.

REVERT TO OLD BUSINESS

Commissioner Barden made a motion to move back to old business to allow Ms. Sprang to provide the Commission with a few updates. Commissioner James seconded the motion, and the motion was approved.

Ms. Sprang presented an overview of the new upcoming EDI contract with the Commission. There was no comments or questions from the Commission as it relates to EDI.

Commissioner Campbell inquired on the status of the technology update in the hearing rooms. Mr. Cannon advised that installation is scheduled the first full week in March.

ADJOURNMENT

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

The February 22, 2022, meeting of the South Carolina Workers' Compensation Commission adjourned at 11:28 a.m.

Reported: March 16, 2022
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: March 11, 2022,

SUBJECT: Monthly Human Resources Report for March 2022 Business Meeting

This report summarizes the activities of Human Resources during the period of February 1, 2021 through February 28, 2021.

At the end of February, the Commission had 48 full time employees, one part-time employee, one temporary legal intern.

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

In the month of February 3 SCEIS personnel transactions and 19 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.

Three "All Employee" emails were sent by HR during the month of February, and 10 travel reports were processed. HR received and reviewed 704 emails and sent 250 emails.

There was one building issue in February, and it was resolved in a timely manner. The commission has incurred some issues that Republic Parking is aware of and is working to repair them. There was one update to the parking assignments.

There was one COVID cases and two scares in the month of February. The employees returned to work after protocol was followed, contact tracing was done and the appropriate quarantine/isolation period was observed.

Interviews continued in February for the Judicial Program Assistant and the IT Consultant positions. A candidate was found for the program assistant who will start March 7 and the search will continue for the IT position. HR posted for an Administrative Coordinator position, conducted interviews, and hired a candidate that will start in March.

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Workers' Compensation Commission

To: Gary Cannon
SCWCC Executive Director
From: Sandee Sprang, IT Director
Date: March 15, 2022
Subject: IT Department February 2022 Full Commission Report

This report summarizes the activities and accomplishments for projects and initiatives in the IT department during February 2022.

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 agency's conversion to the new version of Progress (V12) is has not been finalized based on continued firewall inconsistencies.

Systems Support

The IT team is collectively managing all end user support. During February, the team responded to 84 helpdesk tickets. We began the onboarding for Martin Streett and Patty Lundy and offboarded Kellie Linder.

Security

The frequency of security vulnerabilities continues to rise with February bringing another high-profile threat which, in turn, forced several unplanned maintenance windows for additional patches to our infrastructure and endpoints.

Reporting

The IT team generated several Open Claims reports and Outstanding Carrier Fines for external stakeholders and provided Compliance reports for internal staff. Duane generated the annual Debt Collection report

Staffing

Despite 7 interviews, the IT Consultant helpdesk position was not filled in February. The position was re-posted recently and hopefully this position will be filled in the next few weeks.

II. Projects, Enhancements and Development

Legacy Modernization

The EDI contract negotiation was completed, and the contract was awarded to ISO/Verisk. The contract dates are March 14, 2022, through March 13, 2029.

Several modifications were made to the Claims Management solicitation document and the final RFP review was completed. The scheduled timeline for the procurement process is:

- RFP Issue: 3/4
- Pre-proposal Conference: 3/22 at 1000
- Amendment Issued: 3/30
- Proposals Due: 4/15
- MMO Review: 4/15-29
- Charging: 5/3
- Scoring: 5/25 all day
- Demonstration: 6/22-24 all day
- Negotiations: 6/25-7/15
- Intent to Award: 7/27*
- Award Effective: 8/6*
- Contract Effective: 8/8*

III. Meetings

Sandee attended the Agency Relationship Management (ARM) Board meeting with the Department of Administration.

State of South Carolina



Workers' Compensation Commission

To: Mr. Gary Cannon
SCWCC Executive Director

From: Wayne Ducote, Jr.
IMS Director

Date: 17-Mar-22

Subj: Insurance and Medical Services Department
February 2022 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: 30 new registrants; 0 notifications sent. |
| Medical Services | <ol style="list-style-type: none">1. Processing four medical bill reviewer certifications and renewals.2. Eight medical bill pricing reviews were done in the month of February. |

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 February. And, compelled 23 South Carolina employers to come into compliance with the Act. Year to date, 9 new RTSC cases and 21 total RTSC cases have been docketed.

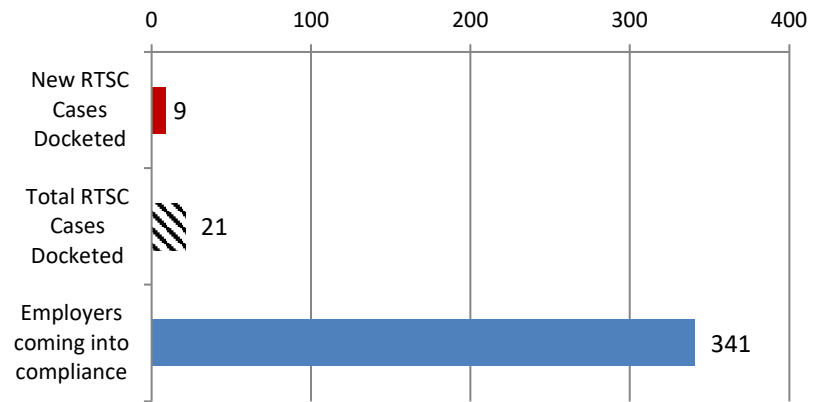
Employers Obtaining Coverage

Year to date, the Compliance Division has compelled 341 South Carolina employers to come into compliance with the Act. In so doing, approximately 2,748 previously uninsured workers are now properly covered.

Penalties Waived

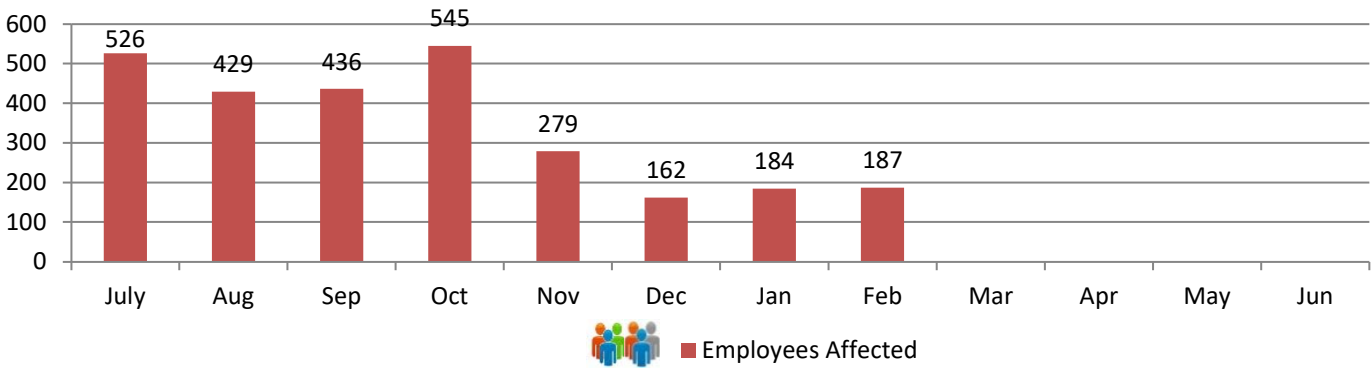
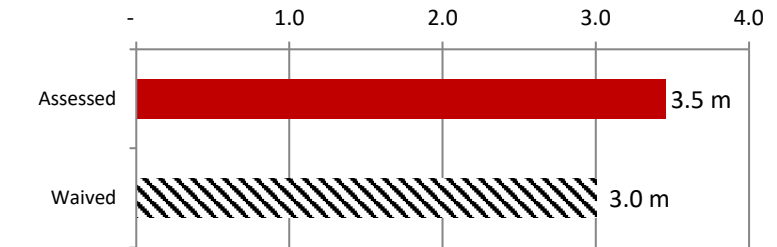
Although the Division has assessed \$3.5 m in fines this fiscal year, \$3.0 m have been waived or rescinded as employers have either obtained insurance coverage or were found not to be subject to the Act.

RTSC and Compliance Activity



Fines and Penalties

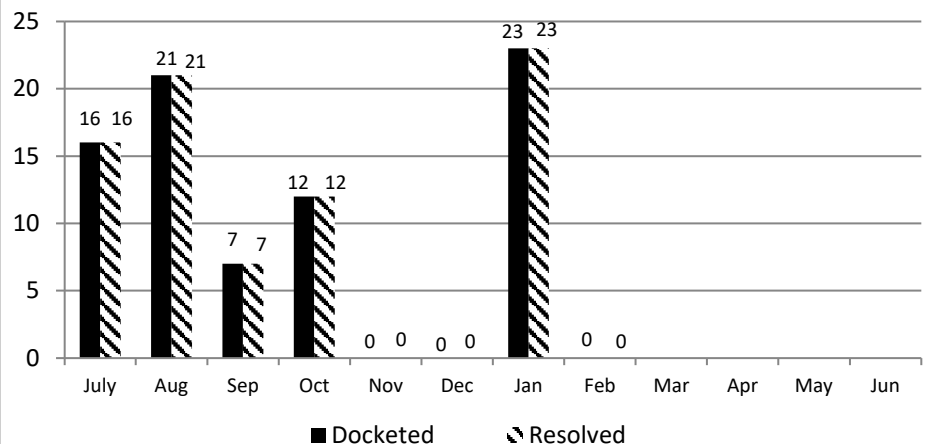
Millions



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 February 2022, 0 carrier RTSC cases were docketed; 0 cases were resolved for a total of \$0.

Year to date, a total of 79 carrier RTSC cases have been docketed, 79 cases for a total of \$33,029 have been resolved.

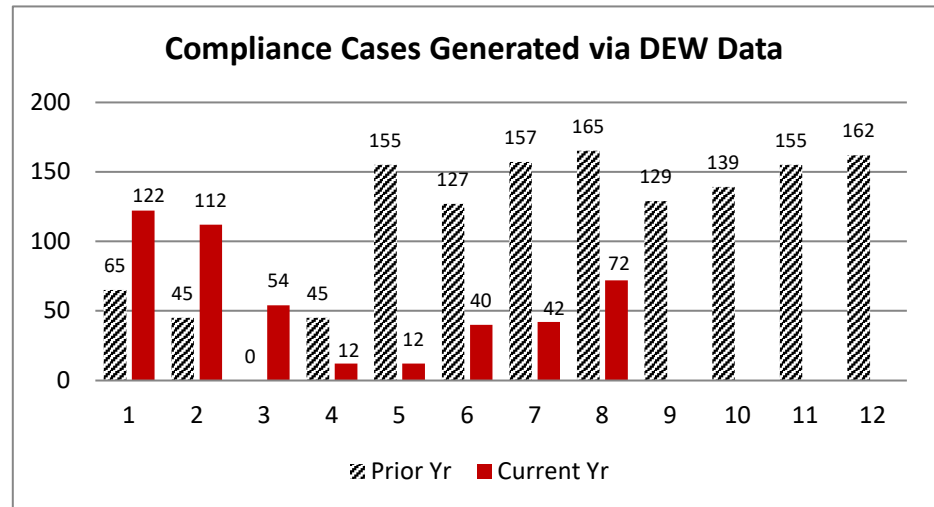
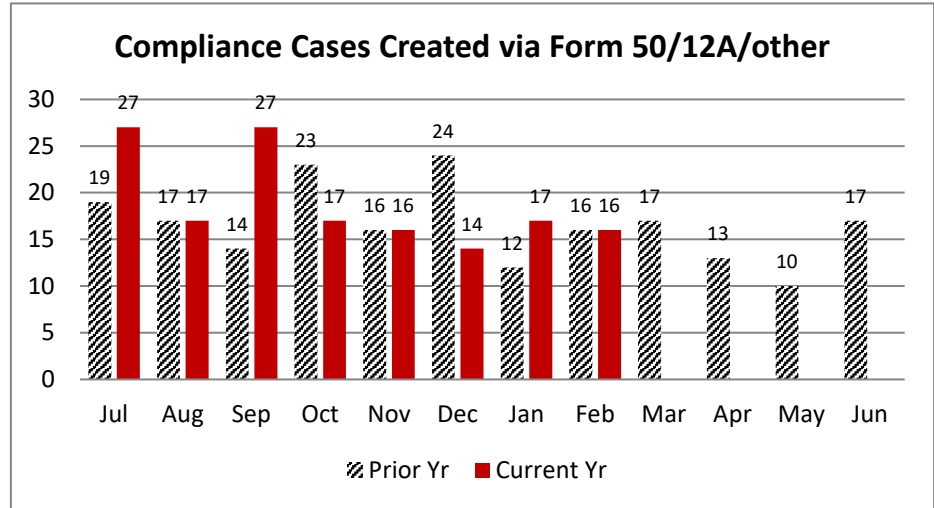


In February 2022, 16 compliance files were created from the combined filings of Form 50's, 12A's, and stakeholder reporting involving uninsured employers.

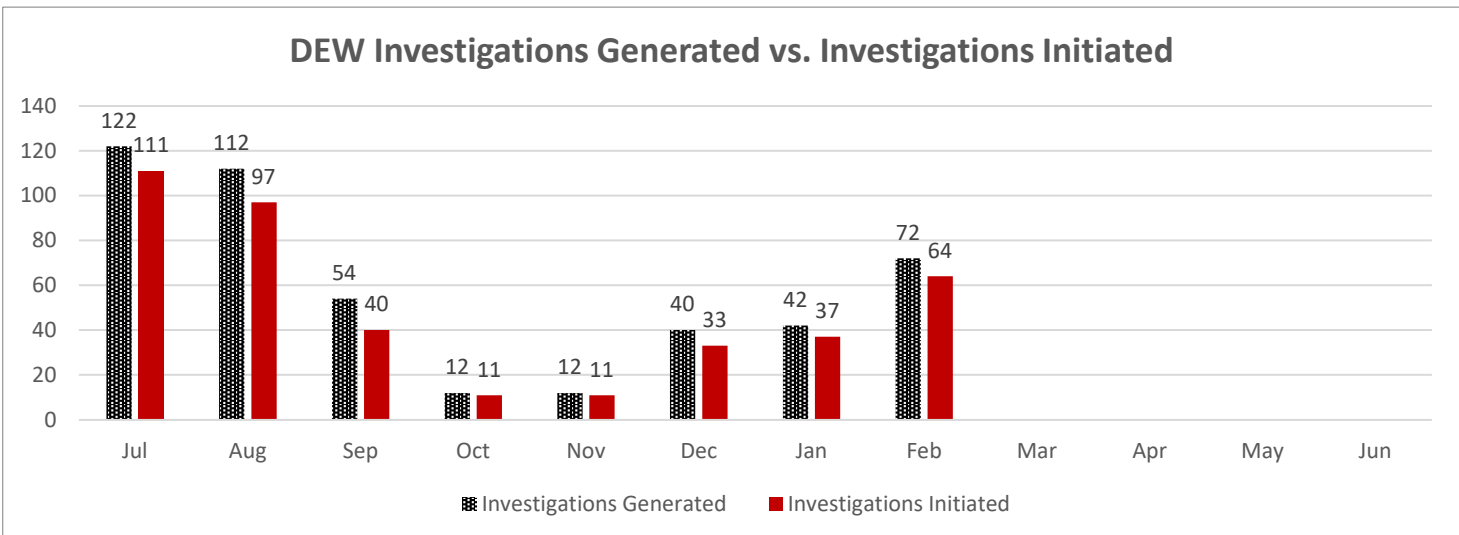
YTD vs. Prior Year total (198): 76%
 Feb 2021 to Feb 2022: 100%
 Current Yr End trend: 114% of 2020-2021
 YTD 2021-2022 v. YTD 2020-2021: 107%

In February 2022, 72 compliance files were generated from the DEW data process.

YTD vs. Prior Year total (1,344): 35%
 Feb 2021 to Feb 2022: 43%
 Current Yr End trend: 52% of 2019-2020
 YTD 2021-2022 v. YTD 2020-2021: 61%



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 February 2022 with 173 cases active, compared to an active caseload of 352 at the close of February 2021.

Cases Resolved:

For the month of February 2022, Compliance Division staff closed-out 116 cases.

Compliance Fines:

In February 2022, the Compliance Division collected \$35,424 in fines and penalties. Year to Date, the Compliance Division has collected \$478,168 in fines and penalties.

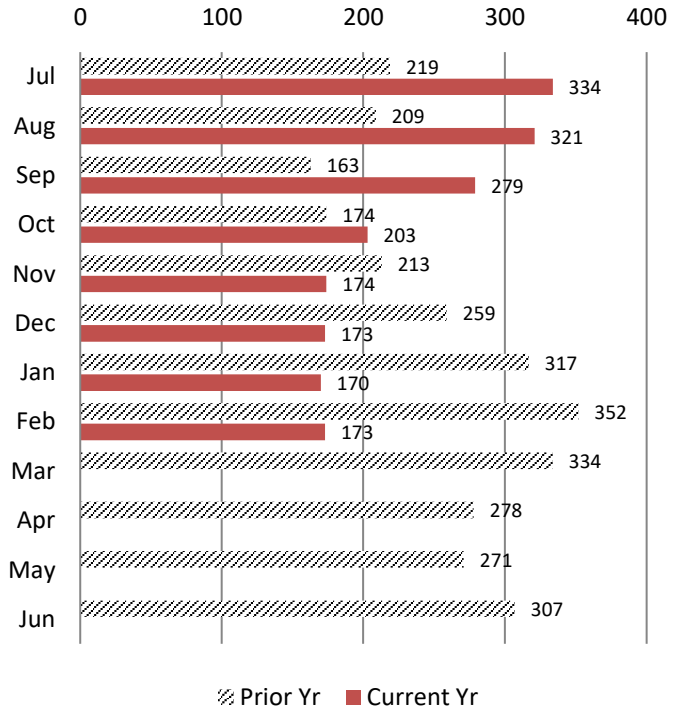
Year to Date vs Prior Year Total (\$785,893): 61%

Feb 2021 vs. Feb 2022: 67%

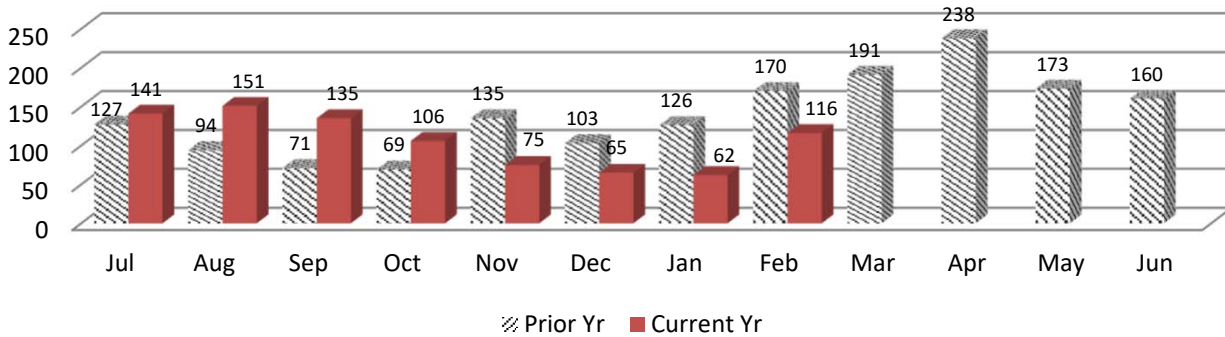
Current Year End trend is 91% of 2020-2021

YTD 2020-21 (Feb - June) vs YTD 2021-2022: 122%

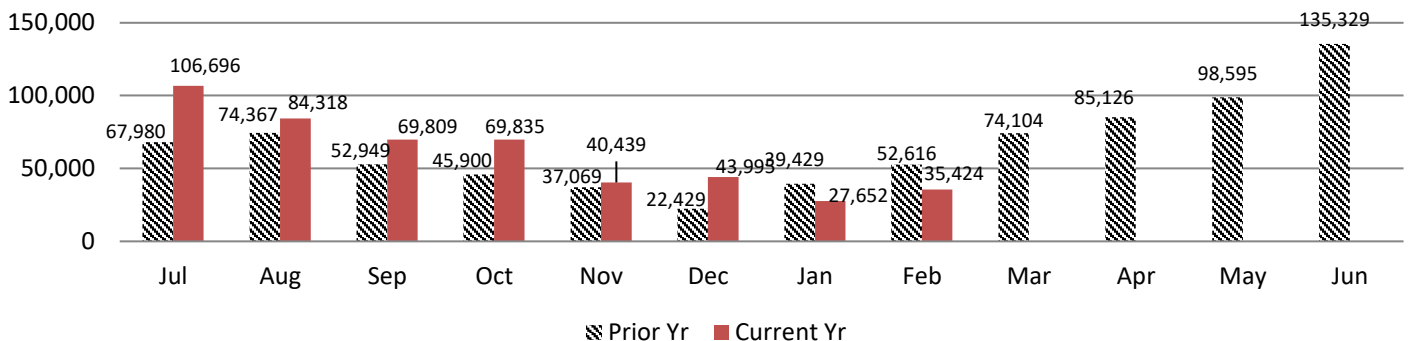
Caseload Pending v. Prior Year



Cases Resolved v. Prior Year



Compliance Fines Collected v. Prior Year

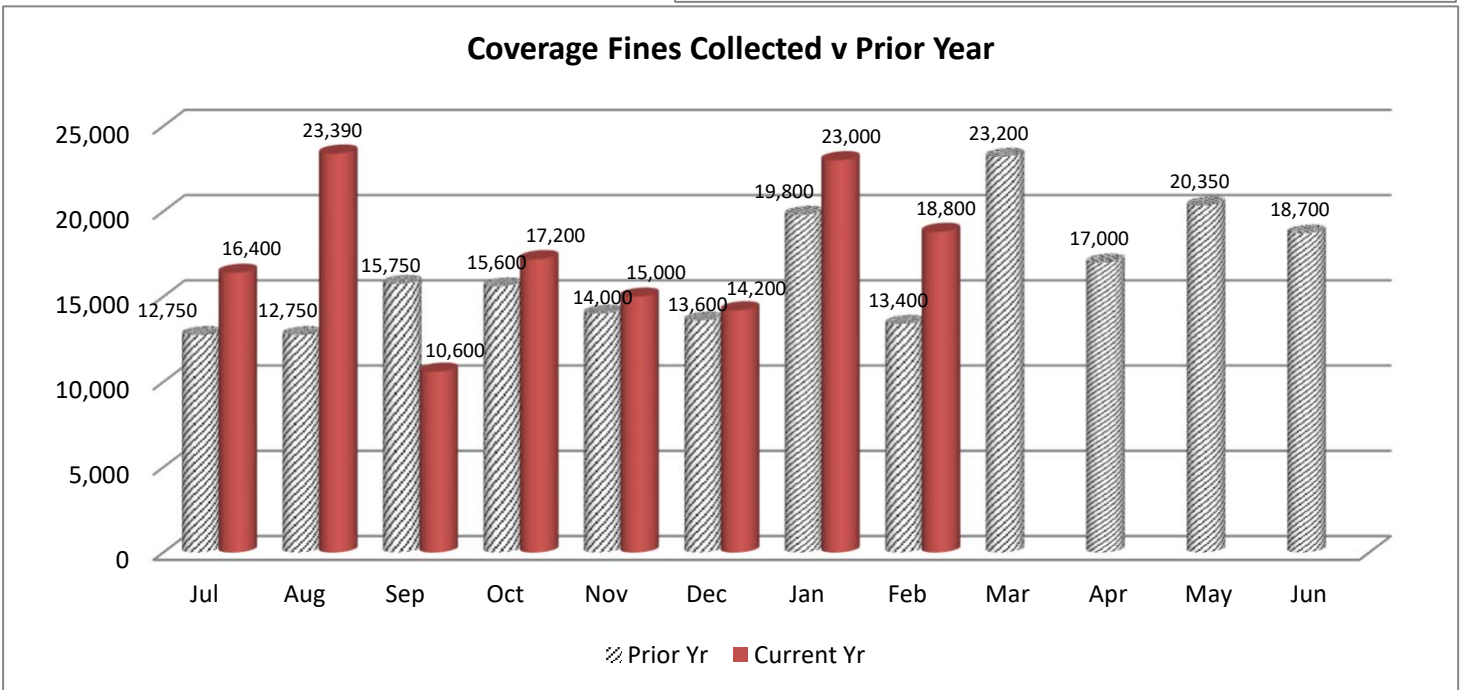
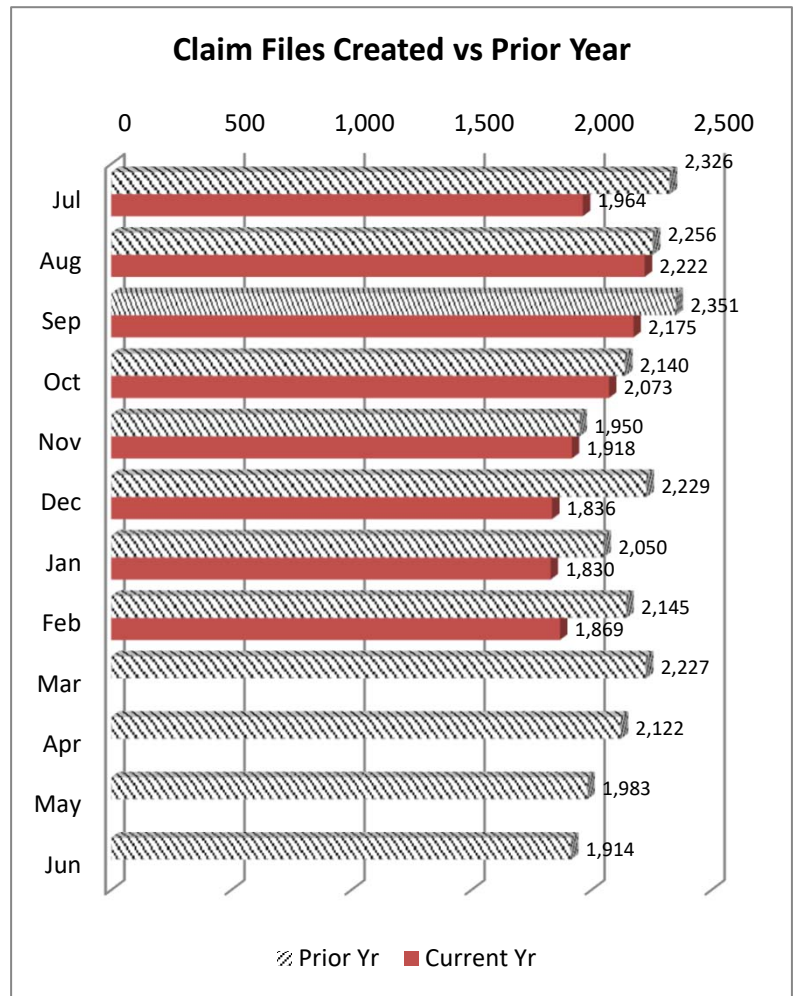


WCC Claim Files:

In February 2022, the Coverage Division received a total of 1,869 WCC Claim files. Of these, 1,622 were created through proper carrier filing of a 12A, and 247 were generated as a result of a Form 50 claim filing. Year to Date 15,887 Claim files have been created which is 62% of claim file volume prior year (25,693).

Coverage Fines:

The Coverage Division collected \$18,800 in fine revenue in February 2022, as compared to \$13,400 in Coverage fines/penalties accrued during February 2021. Year on Year, Coverage fines are at 70% of collections for prior year.



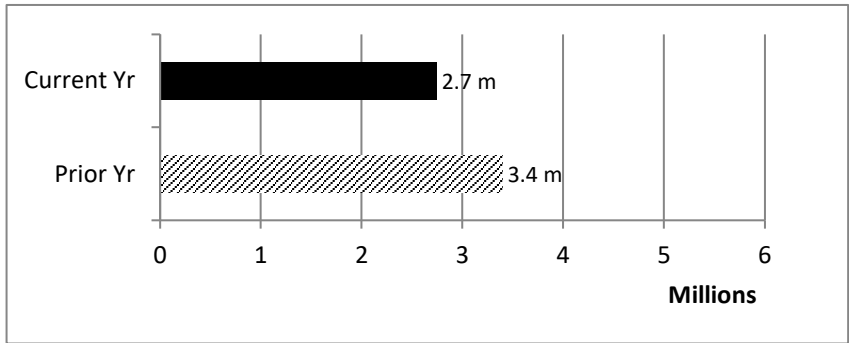
IMS SELF INSURANCE DIVISION

February 2022

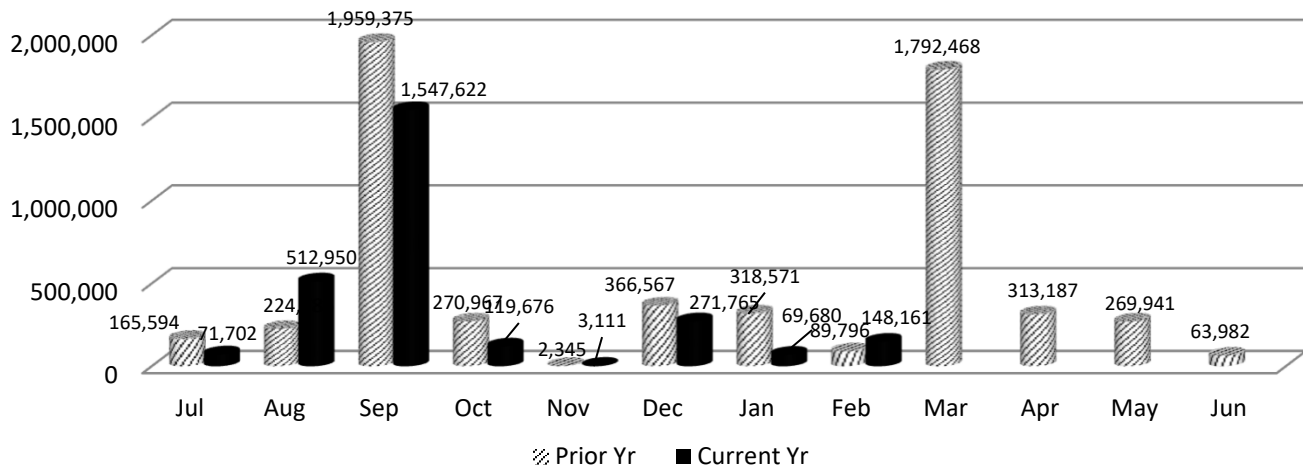
During the month of February 2022, the Self Insurance Division:

- * collected \$148,161 in self-insurance tax.
- * added 8 new self-insurers.
- * conducted 4 Self Insurance audits.

Year to Date, Self Insurance tax revenue is trending at 81% of prior year and 32 Self Insurance audits have been completed.



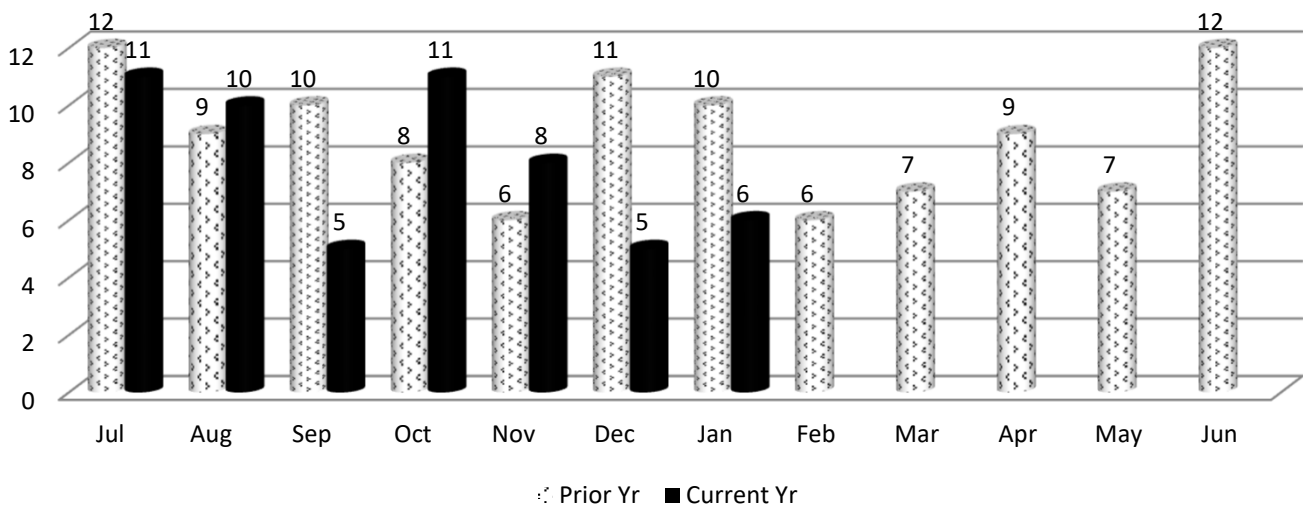
Self Insurance Tax Collections v. Prior Year



IMS MEDICAL SERVICES DIVISION

In February 2022, the Medical Services Division began the month with 5 bills pending review, received an additional 8 bills for review, conducted 7 bill reviews and ended the month with 6 bills pending.

Medical Bills Pending Review v. Prior Year



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Workers' Compensation Commission **MEMORANDUM**

To: Gary Cannon, Executive Director

From: Sonji Spann, Claims Director

Date: March 21, 2022

Re: Claims Department March 2022 Full Commission Report

Attached is the Statistical Report for the Claims Department for the period July 1, 2021 through - February 28, 2022 for the Business Meeting on March 21, 2022. Please note the format using row numbers and column letters for ease of use when referencing data.

Claims activities are in Column (a) with the totals for the eight-month period for FY21-22 in column (o). Column (q) 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. The total Claims Activities, (113,025) for this period is 9% less than the same period from last fiscal year.

The number of Total Fines assessed are up 14%, compared to the same period last fiscal year and the Total Fines paid is 24% higher when compared to the same period last year

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

Claims Department Statistcal Report

FY2021-2022

July 1, 2021 - February 28, 2022

	Claims Activities	July	August	Sept	Oct	Nov	Dec	Jan	Feb	FY21-22 Total	FY20-21 Total	% Chg same period FY20-21
Col. > Row v	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(o)	(p)	(q)
1	Forms 15-I	1,023	1,157	1,153	1,077	1,073	1,030	882	920	8,315	9,682	-14%
2	Forms 15-II/Forms 17	933	1,028	922	970	897	856	367	803	6,776	8,355	-19%
3	Forms 16 for PP/Disf	187	216	215	236	180	289	192	207	1,722	1,725	0%
4	Forms 18	4,325	4,511	4,491	4,073	4,310	4,121	4,306	4,701	34,838	36,123	-4%
5	Forms 20	546	591	559	589	574	2,111	537	502	6,009	4,764	26%
6	Form 50 Claims Only	291	316	241	286	290	504	218	279	2,425	2,280	6%
7	Form 61	652	655	607	656	672	751	641	626	5,260	5,772	-9%
8	Letters of Rep	251	258	219	201	204	169	186	216	1,704	1,906	-11%
9	Clinchers	831	744	818	786	798	872	855	785	6,489	7,274	-11%
10	Third Party Settlements	14	24	19	17	12	15	19	17	137	106	29%
11	SSA Requests for Info	64	49	35	42	42	29	30	26	317	314	1%
12	Cases Closed	2,028	2,233	2,275	2,136	2,049	2,111	2,103	2,027	16,962	20,075	-16%
13	Cases Reviewed	2,849	3,742	2,694	2,261	2,228	2,435	2,909	2,953	22,071	26,208	-16%
14	Total	13,994	15,524	14,248	13,330	13,329	13,433	13,245	14,072	113,025	124,584	-9%
15										-	-	
16	Total Fines Assessed	297	338	221	184	119	310	543	328	2,340	1,989	18%
17	Form 18 Fines	331	321	211	184	118	310	530	316	2,321	1,864	25%
18	Total Amt Paid	\$38,650	\$60,800	\$59,450	\$33,400	\$23,800	\$34,400	\$47,400	\$35,200	333,100	267,950	24%

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Workers' Compensation Commission

March 11, 2022

To: Gary Cannon
Executive Director

From: Amy A. Bracy
Judicial Director

RE: Monthly Judicial Report for February 2022

During the month of February, the Judicial Department processed eight hundred forty-two (842) requests for hearings (claimant and defense pleadings). Comparing the numbers from the same period last year both are experiencing a decrease of 2% and 9% in the respective categories. The department received one hundred six (106) Motions, a 13% decrease compared to the same period last year and one hundred thirty-seven (137) clincher conference requests, down about 6% compared to last year.

There were sixty-one (61) Single Commissioner Hearings conducted during the past month, eighteen (18) pre-hearing conferences held, and ten (10) Full Commission hearings held. A total of four hundred six (406) Orders (Single Commissioner Orders, Consent Orders and Administrative Orders) were served at the single Commissioner level, forty-one (41) of those were Decision and Orders that resulted from hearings that went on the record and one hundred fourteen (114) were Motion Orders that were a result of Motions ruled upon by Commissioners.

There were two hundred forty-nine (249) Informal Conferences requested during January and two hundred nine (209) were conducted.

There were twenty-two (22) regulatory mediations scheduled and fifty-eight (58) requested mediations. Totals are down about 21% and 4% in the respective categories for the same period last year. The Judicial Department was notified of forty-three (43) matters resolved in mediation, with the receipt of Forms 70. This category's total is down about 9% compared to the same period last year

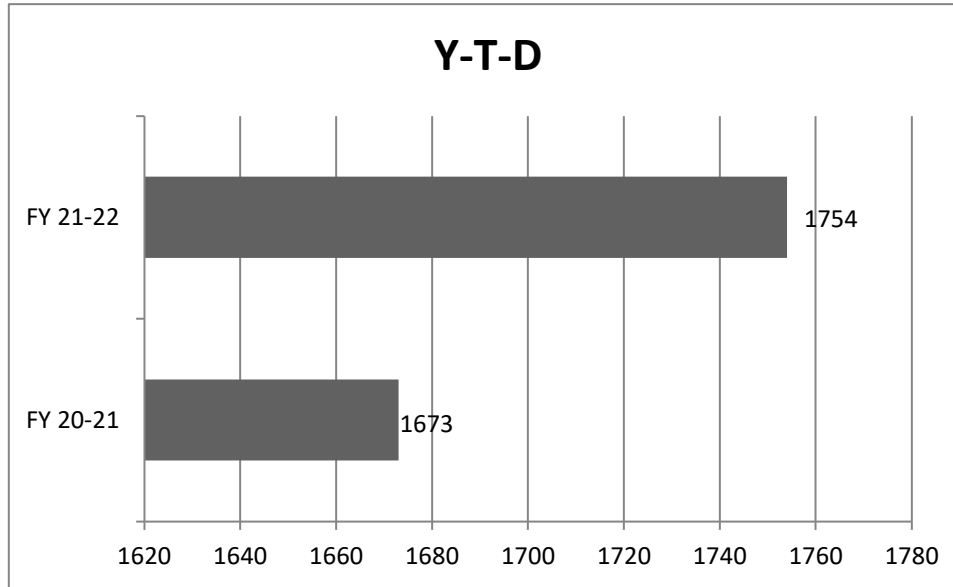
In the month of February, Judicial received four (4) Notice of Intent to Appeal to the Court of Appeals and zero (0) to the Circuit Court.

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

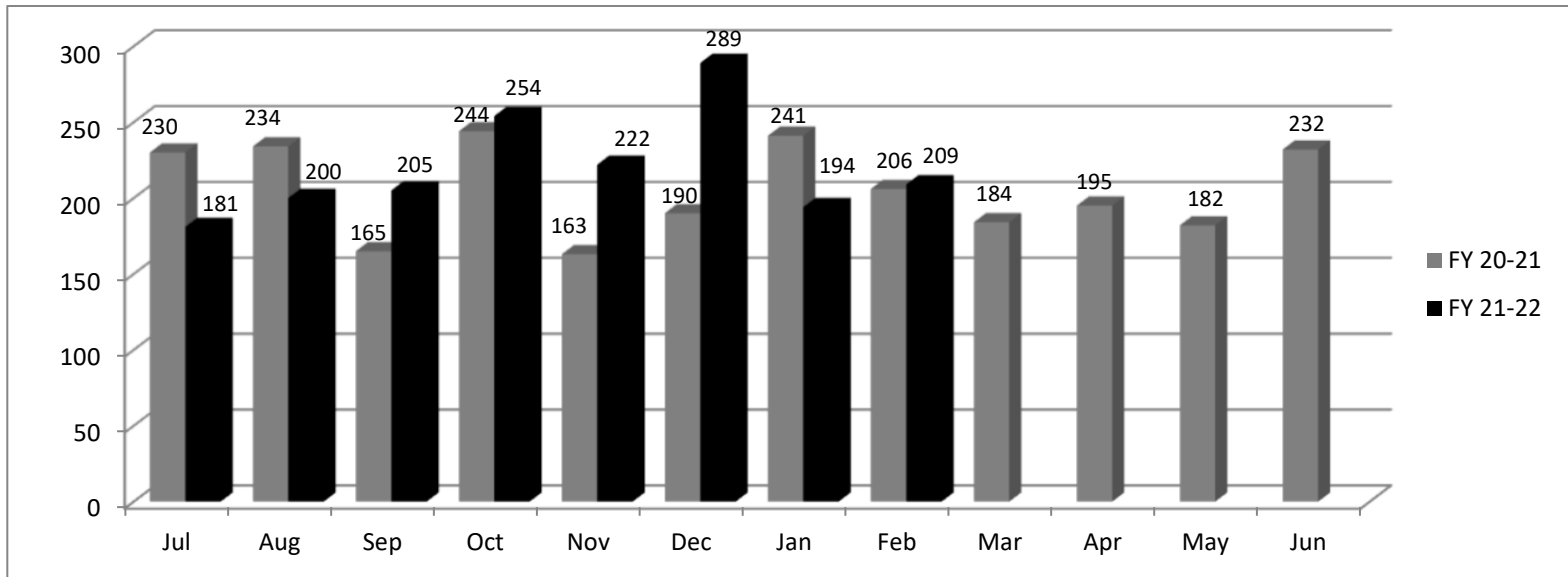
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Totals YTD 2021-	Totals YTD 2020-	% Diff from prev year	YTD Diff + (-)	FY21-22 Mth Avg	FY20-21 Mth Avg
Claimant Pleadings	484	560	496	512	502	469	486	574	4,083	4155	-2%	(72)	510	519
Defense Response to Pleadings	409	406	466	376	407	441	376	410	3,291	3453	-5%	(162)	411	432
Defense Pleadings	287	285	310	266	229	257	270	268	2,172	2394	-9%	(222)	272	299
Motions	140	120	109	107	109	94	111	106	896	1030	-13%	(134)	112	129
Form 30	14	21	6	9	15	9	13	18	105	80	31%	25	13	10
FC Hearings Held	7	8	8	7	10	8	8	10	66	40	65%	26	8	5
FC Orders Served	14	14	11	8	9	5	12	9	82	56	46%	26	10	7
Single Comm. Hearings Held	40	61	52	67	55	45	53	61	434	558	-22%	(124)	54	70
Single Comm. Orders Served	215	189	204	154	141	180	189	167	1,439	1493	-4%	(54)	180	187
Single Comm. Pre-Hearing Conf Held	14	11	26	13	14	12	11	18	119	191	-38%	(72)	15	24
Consent Orders	211	218	256	229	239	207	303	237	1,900	2151	-12%	(251)	238	269
Adminstrative Orders	4	19	12	21	13	5	9	2	85	161	-47%	(76)	11	20
Clincher Conference Requested	109	149	154	145	136	140	112	137	1,082	1146	-6%	(64)	135	143
Informal Conference Requested	228	278	274	247	195	250	323	249	2,044	2134	-4%	(90)	256	267
Informal Conference Conducted	181	200	205	254	222	289	194	209	1,754	1673	5%	81	219	209
Regulatory Mediations	26	21	32	27	26	20	27	22	201	255	-21%	(54)	25	32
Requested Mediations	65	65	52	55	43	24	46	58	408	424	-4%	(16)	51	53
Ordered Mediations	0	0	0	0	0	0	0	1	1	5	-80%	(4)	0	1
Mediation Resolved	44	63	59	47	44	44	33	43	377	416	-9%	(39)	47	52
Mediation Impasse	22	19	11	14	8	14	12	19	119	114	4%	5	15	14
Mediation Held; Issues Pending	0	2	2	0	5	0	0	0	9	4	0%	5	1	1
Claim Settled Prior to Mediation	7	14	14	9	10	13	9	14	90	71	27%	19	11	9
Mediation Not Complete in 60 days	4	1	2	1	3	2	2	10	25	13	92%	12	3	2

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	289
Jan	241	194
Feb	206	209
Mar	184	
Apr	195	
May	182	
Jun	232	
Total	2466	1754

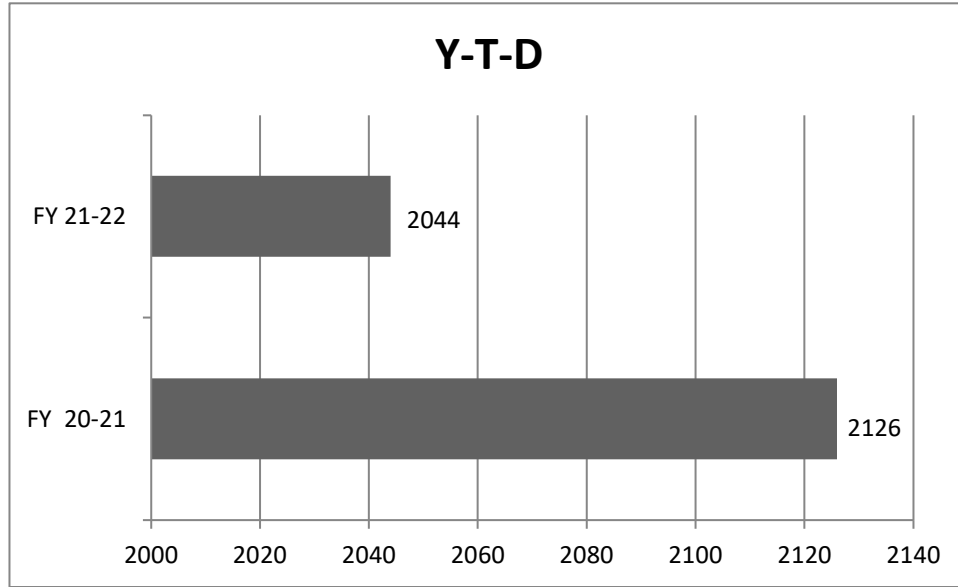


	FY 20-21	FY 21-22
Y-T-D	1673	1754

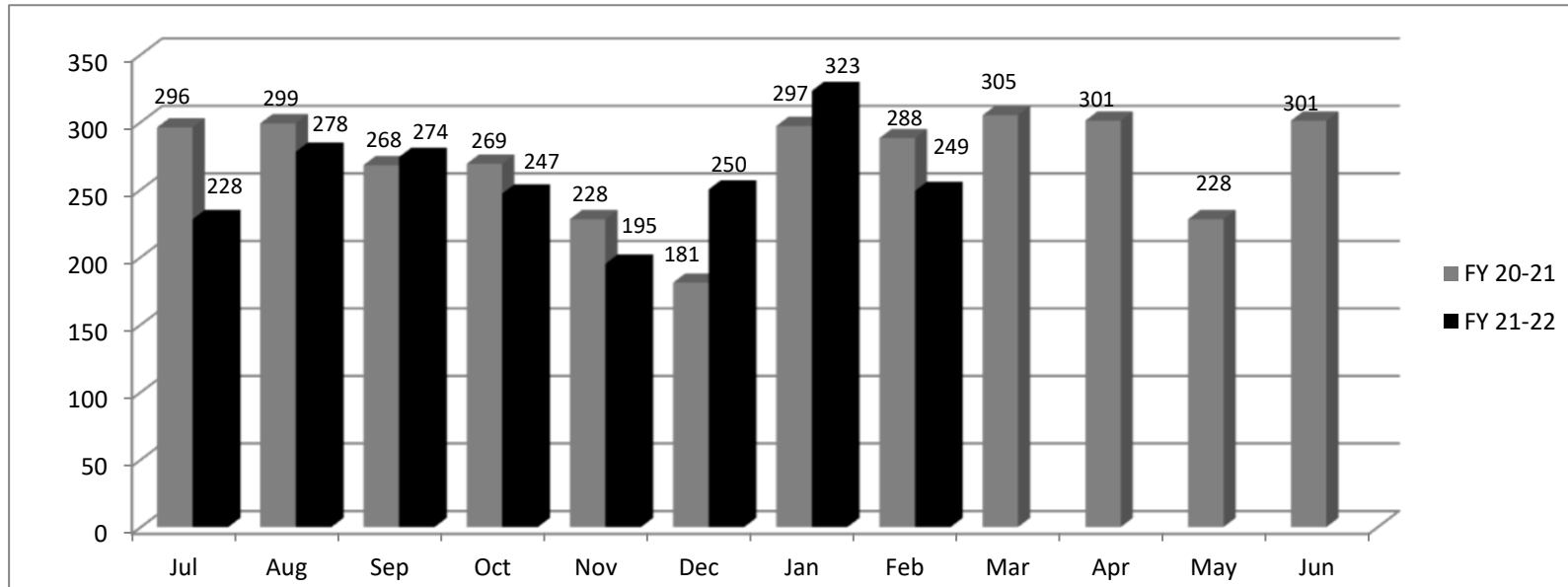


Informal Conf. Requested

	FY 20-21	FY 21-22
Jul	296	228
Aug	299	278
Sep	268	274
Oct	269	247
Nov	228	195
Dec	181	250
Jan	297	323
Feb	288	249
Mar	305	
Apr	301	
May	228	
Jun	301	
Total	3261	2044



	FY 20-21	FY 21-22
Y-T-D	2126	2044



No Vocational
Rehabilitation Report
was submitted this
month.

State of South Carolina



Workers' Compensation Commission

Executive Director's Report March 16, 2022

Hearing Rooms – Audio Visual Equipment

The new AV equipment has been installed in Hearing Rooms in A and B. We are waiting a part to be delivered to make the system fully functional. Delivery date is pending due to supply chain issues.

SC Vocational Rehabilitation Department (SCVRD)

At last month's Business Meeting some of the Commissioners expressed concerns about issues that have occurred at some of the SCVRD facilities used as venues for single Commissioner Hearings. Staff revised the procedures for assigning these sites, which should resolve the problem. Mr. Williams contacted the SCVRD facilities to discuss the issues and ensured us they should not occur in the future. Should any of the Commissioners experience any issues with SCVRD facilities please contact the Executive Director.

FY2022-23 Budget

The Commission's FY2022-23 Budget Request was approved by the House on March 15 and sent to the Senate. The Senate subcommittee budget hearing is scheduled for March 24.

Meetings/Activities

During the month of February presented at the Injured Workers' Association Paralegal's meeting in North Myrtle Beach; presented at the SCWCEA Medical Conference in the Isle of Palms; met with staff 8 times regarding pending litigation; interviewed 3 applicants; met with staff 2 times concerning the claims management system RFP; met 2 times to plan the Nuts and Bolts Workshop; attended one employee retiree reception; and met one time with staff to discuss Commissioner Barden's transition.

COVID

The following is data related to the number of COVID related. workers' compensation claims.

COVID-19 Claims for February 2022	
Total Claims Filed from 2/1/2020 2/28/2022	4,644
Claims reported to the Commission in February, 2022	190
Total Reported Fatalities from 2/1/2020 – 2/28/2022	29
Open Claims denied on Form 19	16
Closed Claims denied on a Form 19	3,031
Total Claims closed	4,352

Claims with attorney representation	148
Claims with active Judicial Activity	13
Claims with closed Judicial Activity	111
Total Medical Paid on closed claims thru 2/28/2022	\$700,835.74
Total Non-Medical Paid on closed claims thru 2/28/2022	\$3,211,351.17
Counties reporting highest number of claims	Greenville (569) Charleston (495) Richland (340)
Occupation reporting the highest number of claims	Registered Nurse (533)

Constituent /Public Information Services

For the month of February the Executive Director’s Office and the General Counsel’s office had 368 contacts with claimants or constituents, state agencies, federal agencies, attorneys, service providers, business partners, and letters with congressional offices. This number was significantly higher this month due to planning of the Nuts & Bolts workshop.

Financial Transactions Activity

For the period February 1, 2022, to February 28, 2022, the Director’s office processed and approved 16 travel expense reports, 114 invoices, and 26 deposits for DOA to process in the SCIES system.

SCWCC Stakeholder Electronic Distribution List

For the period February 1, 2022, to February 28, 2022, we added two (2) individuals. Due to the receipt of email delivery failures, a total of ten (10) email addresses were deleted. A total of 695 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 decided to move on.

Advisory Notices

During the month of February, 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: March 21, 2022

RE: FINANCIAL REPORT - Period ending February 28, 2022

Attached is the Budget vs. Actual Report for the General Fund and Earmarked Fund for the fiscal year period ending February 28, 2022. The benchmark for this period is 67%.

Expenditures

The expenditures for the General Fund are on pages 1-2 of the attached report "Budget vs. Actual Report FY2022. The year-to-day expenditures in the General Fund (10010000) for this period is \$1,686,516. To provide a more accurate account of the monthly operational expenditures I decreased the total amount budgeted by \$1,695,084, the amount in the IT Management Project account. This adjusted the annual Current Budget to \$2,912,088. The year-to-date operational expenditures is \$1,686,516, 58% of the adjusted budgeted amount 9% below benchmark.

The Earmarked Fund (38440000) financials begin on page 4 with the total expenditures found on page 9. The total expenditures for this period are \$2,506,002 or 422 of budgeted amount, 22% below benchmark.

Revenues

The Earmarked Fund budgeted \$3,170,991 for operating revenues. Year to date the Fund received \$ 1,598,188 or 50% of budgeted revenues.

Self-Insurance Tax Funds

To date we have received \$ 2,600,256 of Self-Insurance Tax funds.

South Carolina Workers' Compensation Commission
 Estimated Revenue vs Actual Revenue
 FY 2022 As of 2/28/2022

Fund	Cash Rev/Exp Acct		Original Budget	Budget Adjustments	Current Budget	MTD Revenue	Revenue Over/(Under)	YTD Actual Revenue
38440000	4110090000	WRK COMP HEARING FEE	1,091,322.00		1,091,322.00	612,650.00	(478,672.00)	612,650.00
38440000	4160040000	W COMP SELF INS APPL	26,555.00		26,555.00	6,475.00	(20,080.00)	6,475.00
38440000	4223030000	W COMP FL VIOL PNLT	1,985,476.00		1,985,476.00	878,329.00	(1,107,147.00)	878,329.00
38440000	4350040000	PARKING FEE	5,900.00		5,900.00	18,872.50	12,972.50	18,872.50
38440000	4350140000	W/C AWARD REVIEW FEE	32,251.00		32,251.00	16,100.00	(16,151.00)	16,100.00
38440000	4380050000	PHOTOCOPYING FEE	25,300.00		25,300.00	63,566.52	38,266.52	63,566.52
38440000	4480020000	SL OF SERVICES				1,200.00	1,200.00	1,200.00
38440000	4480060000	SL OF LISTING & LBL	4,187.00		4,187.00	1,604.44	(2,582.56)	1,604.44
38440000	4520010000	REFUND PYR EXP				10.79	10.79	10.79
38440000	4530010000	RETURN CHECKS				0.00	0.00	0.00
38440000	4530020000	ADJ TO AGNCY DEPOSIT				(620.00)	(620.00)	(620.00)
		Sum:	3,170,991.00		3,170,991.00	1,598,188.25	(1,572,802.75)	1,598,188.25

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% of year elapsed

Fund 10010000 - GENERAL FUND

Administration

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501015	DIRECTOR	142,153	94,769	67%		47,384
501058	CLASSIFIED POS	49,235				49,235
512001	OTHER OPERATING	323,033				
Total OTHER OPERATING:		323,033				323,033
Total Administration:		514,421	94,769	18%		419,652

Inform. services

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
5030067130	EQUIP&SUPP- EUC		16,728		6,100	
Total OTHER OPERATING:			16,728		6,100	-22,828
Total Inform. services:			16,728		6,100	-22,828

Claims

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	82,579	55,053	67%		27,526
Total Claims:		82,579	55,053	67%	0	27,526

Commissioners

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501026	CHAIRMAN	172,258	114,839	67%		57,419
501033	COMMISSIONER	1,003,438	668,956	67%		334,482
501050	TAXABLE SUBS	70,000	39,292	56%		30,708
501058	CLASSIFIED POS	353,625	235,408	67%		118,217
501070	OTH PERS SVC		14,145			-14,145
Total Commissioners:		1,599,321	1,072,640	67%	0	526,681

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% 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	31,365	20,910	67%		10,455
Total Insurance & Medical:		31,365	20,910	67%		10,455

Judicial

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	746				746
512001	OTHER OPERATING	29,852				
Total OTHER OPERATING:		29,852				29,852
Total Judicial:		30,598				30,598

Employer Contributions

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
513000	EMPLOYER CONTRIB	647,804	426,416	66%		221,388
Total Employer Contributions:		647,804	426,416	66%		221,388

Total GENERAL FUND:		4,601,172	1,686,516	37%	6,100	2,908,557
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South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% 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 2/28/2022
67% 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	134,466	17%		657,519
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		414			
5021020000	ATTORNEY FEES		5,777			
5021450000	MOTOR VEHICLE SVCS		18			
5021479207	JANITORIAL		62			
5021490000	AUDIT ACCT FINANCE		130			
5021540000	NON-IT OTHER PRO SRV		5,400			
5021540001	PROF SRV-LANG INTER		64		65	
5024990000	OTH CNT-NON-IT & REA		842			
5030010000	OFFICE SUPPLIES		3,347			
5030010002	OFF SUP - MIN OFF EQ		9			
5030010004	SUBSCRIPTIONS		9,041			
5030030000	PRINTED ITEMS		1,878			
5030050000	PHOTO & VISUAL SUPP		134			
5030067101	PRGM LIC - APP SUPP		28,463		13,078	
5030067130	EQUIP&SUPP- EUC		101,952			
5030067170	EQUIP&SUPP- PRINT EU		5,902			
5030070000	POSTAGE		17,973			
5031479203	JANITORIAL SUPPLIES		117			
5031639500	OTH SECURTY EXP SUPL		6			
5032410000	MED/SCIENT/LAB SUPP		151			
5033090000	EMPLOYEE RECOG AWARD		3,082			
5040060000	ST RENT-NON ST BLDG		3,770		1,357	
5040070000	RENT-ST OWN RL PROP		120			
5040490003	RENT PO BOX		1,544			
5040490009	RENT PARKING		9,138		7,101	
5041010000	DUES & MEMBER FEES		5,609			
5041020001	FF - BACKGRD CK		26			

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% of year elapsed

Fund 38440000 - EARMARKED FUND

5041840000	LEASE BLDG PRINCIPAL		310,281			
5041850000	LEASE BLDG INTEREST		686		-	
5050010000	IN ST-MEALS-NON-REP		1,201		89	
5050020000	IN ST-LODGING		4,512			
5050041000	HR-IN ST-AUTO MILES		2,485		224	
5050060000	IN ST-MISC TR EXP		153			
5050070000	IN ST-REGISTR FEES		1,329			
5050510000	OUT ST-MEALS-NON-REP		170			
5050570000	OUT ST-REGISTR FEES		930			
5051520000	REPORTABLE MEALS		17			
5051540000	LEASED CAR-ST OWNED		22,694			
Total OTHER OPERATING:		2,282,671	551,395	24%	21,914	1,709,362
Total Administration:		3,115,656	689,049	22%	21,914	2,404,693

Executive director

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

Inform. services

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS		243,043			-243,043
501070	OTH PERS SVC		3,000			-3,000
5020077100	SERVICES- APP SUP		17,695		11,183	
5020077110	SERVICES- DATA NET		125			
5020077170	SERVICES- PRINT EU		1,130			
5020077200	SERVICES- SERVERS		4,173			
5020077220	SERVICES- VOICENET		13,857		10,800	
5020077240	DP SERVICES – STATE		149,304			
5021469316	SECURITY ALARM SRVC		2,710			
5030010000	OFFICE SUPPLIES		3,230			
5030010004	SUBSCRIPTIONS		386			
5030067101	PRGM LIC - APP SUPP		18,021			
5030067110	EQUIP&SUPP- DATA NET		1,271			

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% of year elapsed

Fund 38440000 - EARMARKED FUND

5030067130	EQUIP&SUPP- EUC		4,222		4,650	
5030067131	PLM- EUC		1,175			
5030067141	PLM- ITSD		9,590			
5030067170	EQUIP&SUPP- PRINT EU		4,723		2,440	
5030067211	PLM- STORAGE		50			
5030090000	COMMUNICATION SUPP		1,348			
5031010000	LAUNDRY SUPPLIES		53			
5040057000	CONTINGNT RENT - IT		2,783		-	
5041010000	DUES & MEMBER FEES		100			
5050010000	IN ST-MEALS-NON-REP		285			
5050020000	IN ST-LODGING		1,323			
5050041000	HR-IN ST-AUTO MILES		554			
5050050000	IN ST-OTHER TRANS		554			
5050070000	IN ST-REGISTR FEES		1,874			
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:			242,548		29,073	-271,621
Total Inform. services:			488,591		29,073	-517,664

Claims

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	280,850	150,457	54%		130,393
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	154,621	51%	0	145,929

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% of year elapsed

Fund 38440000 - EARMARKED FUND

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		13,632			
5021010003	LEGAL SRV-TRANSCRIPT		1,576			
5021010005	LEGAL SRV-REPORTER		46,114			
5021410000	EDUC & TRNG-STATE		150			
5021540000	NON-IT OTHER PRO SRV		345			
5021540001	PROF SRV-LANG INTER		150			
5030010000	OFFICE SUPPLIES		76			
5050010000	IN ST-MEALS-NON-REP		942			
5050020000	IN ST-LODGING		3,283			
5050031000	HR-IN ST-AIR TRANS		82			
5050041000	HR-IN ST-AUTO MILES		12,059			
5050060000	IN ST-MISC TR EXP		265			
5050080000	IN ST-SUBSIST ALLOW		2,094			
5050510000	OUT ST-MEALS-NON-REP		85			
5050570000	OUT ST-REGISTR FEES		565			
Total OTHER OPERATING:		230,700	82,543	36%	0	148,157
Total Commissioners:		300,700	82,543	27%	0	218,157

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% 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	247,383	57%		188,519
501070	OTH PERS SVC	31,200	13,097	42%		18,103
512001	OTHER OPERATING	54,500				
5020080000	FREIGHT EXPRESS DELV		19			
5021540000	NON-IT OTHER PRO SRV		13,690			
5024990000	OTH CNT-NON-IT & REA		560			
5030010000	OFFICE SUPPLIES		158			
5030010004	SUBSCRIPTIONS		782			
5030030000	PRINTED ITEMS		421			
5030070000	POSTAGE		15			
5050010000	IN ST-MEALS-NON-REP		224			
5050020000	IN ST-LODGING		2,347			
5050031000	HR-IN ST-AIR TRANS		288			
5050041000	HR-IN ST-AUTO MILES		878			
5050050000	IN ST-OTHER TRANS		87			
5050060000	IN ST-MISC TR EXP		102			
5050070000	IN ST-REGISTR FEES		350			
5050510000	OUT ST-MEALS-NON-REP		85			
5050570000	OUT ST-REGISTR FEES		415			
Total OTHER OPERATING:		54,500	20,422	37%	0	34,078
Total Insurance & Medical:		521,602	280,903	54%	0	240,699

South Carolina Workers' Compensation Commission
Budget vs. Actual Report
FY 2022 As of 2/28/2022
67% of year elapsed

Fund 38440000 - EARMARKED FUND

Judicial

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
501058	CLASSIFIED POS	470,084	302,736	64%		167,348
501070	OTH PERS SVC	62,193	34,149	55%		28,044
512001	OTHER OPERATING	12,800				
5021010003	LEGAL SRV-TRANSCRIPT		155			
5021010005	LEGAL SRV-REPORTER		1,688			
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	4,468	35%	0	8,332
Total Judicial:		545,077	341,353	63%	0	203,724

Employer Contributions

Commitment Item	Commitment Item Description	Current Budget	YTD Expenditures	% Used	Commitments	Remaining Balance
513000	EMPLOYER CONTRIB	724,260	468,942	65%	0	255,318
Total Employer Contributions:		724,260	468,942	65%	0	255,318

Total EARMARKED FUND:		5,507,845	2,506,002	45%	50,988	2,950,855
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South Carolina Workers' Compensation Commission

Commitments

FY 2022 As of 2/28/2022

Fund 10010000 - GENERAL FUND

Inform. services

Commitment Item	Commitment Item Description	Vendor	Commitment
5030067130	EQUIP&SUPP- EUC	DELL MARKETING LP	6,100
Total Inform. services:			6,100

Total GENERAL FUND:	6,100
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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	65
5030067101	PRGM LIC - APP SUPP	WEST PUBLISHING CORPORATION	13,078
5040060000	ST RENT-NON ST BLDG	GALIUM 1333 MAIN LLC	1,357
5040490009	RENT PARKING	REPUBLIC PARKING SYSTEM INC	7,101
Total Administration:			21,601

Inform. services

Commitment Item	Commitment Item Description	Vendor	Commitment
5020077220	SERVICES- VOICENET	NWN CORPORATION	10,800
5030067130	EQUIP&SUPP- EUC	KEYMARK INC	4,650
5030067170	EQUIP&SUPP- PRINT EU	US INK AND TONER INC	2,440
Total Inform. services:			17,890

Total EARMARKED FUND:	50,675
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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.



Workers' Compensation Commission

MEMORANDUM

TO: COMMISSIONERS

FROM: GARY M CANNON

DATE: MARCH 21, 2022

RE: MEDICAL SERVICES PROVIDER MANUAL

A work session was held on February 22, 2022 to review the recommendations and stakeholder comments on the updates to the Medical Services Provider Manual.

The Commission is asked to consider the following items related to the 2022 Medical Services Provider Manual (MSPM) at the Business Meeting on March 21.

1. Approval of the Conversion Factor for 2022. Attached: *FairHealth's "Conversion Factor Analysis – Explanation" provided February 22, 2022 and the original "Fee Schedule Analysis" dated December 17, 2021*. A budget neutral Conversion Factor is \$51.5, the same as 2021.

The attached document: *FairHealth's "Summary of Changes", March 17, 2022* to reference the following proposed changes.

2. The recommended language in the policy on Telemedicine which eliminates the sunset provision. (See Page 2 in *FairHealth's "Summary of Changes", March 17, 2022*)

3. The recommended language in Evaluation and Management (E/M) Services which adds a footnote language which was omitted in the 2021 MSPM in error. (See Page 2 in *FairHealth's "Summary of Changes", March 17, 2022*)
4. The recommend language in the policy for Over the Counter Preparations (page 456 in MSPM) to clarify a healthcare practitioner dispensing from the office and establish a Maximum Allowable Payment (MAP) for non-prescription strength patches (See Page 2-3 in *FairHealth's "Summary of Changes", March 17, 2022*).
5. The proposed increase in the maximum allowable payment fee for Medical Testimony to \$600.00 for the first hour and \$150.00 for Testimony by Deposition, physician, each quarter hour. (See Page 3-4 in *FairHealth's "Summary of Changes", March 17, 2022*).
6. The proposed MAP for Prescription Topical Medications and Prescription Topical Compound Medications. (See Page 4-5 in *FairHealth's "Summary of Changes", March 17, 2022*).

Also attached are documents from the following stakeholders submitted since the work session.

1. A letter from Tiffany Grzybowski of Healthesystems supporting the proposed MAP on Prescription Topical Medications and Prescription Topical Compound Medications.
2. A letter from Joseph A. Schwartz, III of the Physicians Research Institute opposing the proposed language for the Prescription Topical Medications and recommending alternative language.
3. A letter from Richele K. Taylor of the South Carolina Medical Association which supports the proposal offered by the Physician Research Institute.
4. An article for the NY Times "What the Opioid Crisis Took From People in Pain" provided by Ted Riley, Esq. who represents medical providers.
5. Information provided by NCCI about the amount paid for Non-pharmacy Dispensed Topical Drugs and Pharmacy-Dispensed Topical Drugs for the year 2020.

Thank you for your consideration.



Conversion Factor Analysis - Explanations

The conversion factor analysis includes two types of calculations:

- **2021 fee schedule-neutral analysis**

This calculation backs into a conversion factor by dividing the amount spent in each service area in 2020 (the last year for which we have paid data) by the total number of RVUs reported. Because the starting point is the actual paid data, it includes payments that reflect discounted network amounts and other billed amounts that were lower than the fee schedule MAPs, which are the *maximum* allowable payment. The result produces a set of conversion factors based on 2021 RVUs that maintains similar spending in 2020 for each service area. Several factors contribute to the low conversion factors produced by this view:

- Discounted network amounts/negotiated rates that are less than the fee schedule MAPs
- Amounts billed by providers that are less than the fee schedule MAPs
- The impact of the +9.5% statutory cap, which results in a fee schedule MAP that is less than what would be produced by the formula of RVUs x the conversion factor
- 2021 increases to office visit RVUs, which could not be fully recognized due to the +9.5% cap; office visits are among the most frequently billed codes by all providers

- **2022 projections**

Projections for 2022 are calculated by applying fee schedule conversion factors to the CMS 2022 RVUs based on the number of occurrences that each procedure code/modifier combination appears in the NCCI paid data from 2020. These projections do not take into account network discounts and bills lower than the fee schedule MAPs, because we cannot project the volume of these occurrences. 2022 projections include the +/- 9.5% cap on changes in MAP values for all codes.

It is expected that the caps, network discounts and negotiated arrangements will continue in 2022 so that actual paid amounts will be less than projections based on the full fee schedule MAPs. Therefore, when reviewing conversion factors, these factors should be taken into consideration.

2021 Fee Schedule Neutral analysis

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

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	\$75,765,003	51.8	\$76,746,261	52.5



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
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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	CF60	Total \$ 2022 CF=51	CF61	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
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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)

Summary of Changes

2022 Medical Services Provider Manual

Updated March 17, 2022, reflecting discussion during the Commissioners' Work Session

Updates added after the original, December 17, 2021, version of this document are highlighted

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 ~~strikethrough~~.

1. 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.~~

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

Footnote on Heading "Levels of E/M Services"¹ (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

3. 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.

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

~~Physician dispensed~~ Over-the-counter preparations dispensed by the provider a healthcare practitioner from the office 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.

4. 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.

Medical Testimony by Deposition (pages 528 – 529) – At the Commissioners' Work Session held on February 22, 2022, there was discussion of increasing the maximum allowable payment for a physician's testimony by deposition to \$600 for the first hour and \$150 per additional quarter hour. The policy language does not include the rate and refers to the rate tables for South-Carolina specific codes SC004 and SC005. If this change is approved, the rate tables would be update as follows:

∞	SC001	Medical testimony	600.00	600.00
∞	SC002	Medical testimony, each additional quarter-hour	150.00	150.00
∞	SC003	Medical testimony, all other providers	IC	IC
∞	SC004	Testimony by deposition, physician, first hour	600.00	600.00

New Code ▲ Revised Code # Resequenced Code + Add-on Code ⊕ Modifier 51 Exempt ★ Telemedicine-eligible ∞ State-specific Code
 CPT © 2021 American Medical Association. All Rights Reserved

2021 South Carolina Workers' Compensation Medical Services Provider Manual—Section 8. Special Reports and Services

99070-99091, 99151-99199	SPECIAL REPORTS AND SERVICES
Effective April 1, 2022	Medical Fee Schedule

CODE	MOD	DESCRIPTION	MAP NON FAC	MAP FAC	FUD	ASST
∞	SC005	Testimony by deposition, physician, each additional quarter hour	150.00	150.00		
∞	SC006	Testimony by deposition, all other providers	IC	IC		

5. 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 medications and topical compounds without the need for new codes and would be added at the end of the Pharmacy section of the MSPM.

PRESCRIPTION TOPICAL MEDICATIONS

1. Payment for prescription topical medications shall be \$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. Physicians are urged to prescribe therapeutically equivalent medications or over-the-counter medications when available in lieu of a prescription-strength topical medication.

PRESCRIPTION TOPICAL COMPOUND MEDICATIONS

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.

3. Payment for prescription topical compound medications, 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.

4. 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.
5. Physicians are urged to prescribe therapeutically equivalent medications or over-the-counter medications when available in lieu of a prescription-strength topical compound.

Cannon, Gary

From: Tiffany Grzybowski <tgrzybowski@healthsystems.com>
Sent: Wednesday, March 16, 2022 4:32 PM
To: Cannon, Gary
Cc: Proveaux, Amy; Tiffany Grzybowski
Subject: [External] Healthsystems Additional Comments | Topical Medications
Attachments: SC_Topical Medications_Healthsystems Additional Comments.pdf

Hello Mr. Cannon,

As promised, please find the attached Healthsystems' letter of support for the proposed topical medication reimbursement language. We thank you for considering our feedback as we hope this new information will provide additional support when the Commission considers adoption of the proposed Medical Services Provider Manual at the next Business meeting on March 21st.

As always, please feel free to contact me should you have any questions or comments.

Sincerely,



Tiffany Grzybowski

Advocacy & Compliance Analyst
5404 Cypress Center Dr., Suite 350 | Tampa, FL 33609
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March 16, 2022

Gary Cannon, Executive Director
 South Carolina Workers' Compensation Commission
 1333 Main Street, 5th Floor
 Columbia, SC 29202-1715

Via email: gcannon@wcc.sc.gov

Dear Mr. Cannon,

Healthesystems is a Pharmacy and Ancillary Benefit Manager supporting workers' compensation insurance carriers, third-party administrators, and self-insured employers in the state of South Carolina. We thank you for the opportunity to submit additional comments in support of the Commission's effort to establish reasonable reimbursement for prescription topical medications in the proposed 2022 Medical Services Provider Manual.

As previously mentioned, topical medications are being dispensed much more frequently across the country as healthcare providers shift their prescribing practices to find alternative pain medications in response to the opioid epidemic. As a result, opioid usage has declined dramatically, and topical medications are now becoming a growing cost driver in workers' compensation. ¹ According to a study conducted last year, the Workers' Compensation Research Institute evaluated the cost and prescribing trends of topicals across 28 states indicating that payment share increased from 9% in Q1 of 2015 to 19% in Q1 of 2020. More specifically, South Carolina ranked 3rd highest for average payment per claim and 7th highest for percentage of claims with prescriptions that had topical medications.

Below details Healthesystems' top 10 topical medications by spend, showing the differences in average cost from 2016 to 2021:

Medication	2016 Total Paid Amt	2021 Total Paid Amt	2016 Avg Cost per Rx	2021 Avg Cost per Rx
LIDOTHOL PAD 4.5-5%		\$102,395		\$1,551.44
DICLOFENAC SOL 1.5%		\$83,545		\$1,228.60
LIDOCAINE OIN 5%	\$3,927	\$47,898	\$561.00	\$997.87
DICLOFENAC GEL 3%	\$2,206	\$33,028	\$735.42	\$2,064.23
LIDOPRO PAD 4-4-5%	\$5,775	\$28,800	\$1,443.75	\$1,440.00
LIDOCAINE PAD 5%	\$37,378	\$27,850	\$294.32	\$217.58
LIDOPRO OIN	\$106,722	\$25,299	\$1,160.02	\$973.04
LIDODERM DIS 5%	\$12,793	\$24,466	\$473.82	\$1,063.75
FLECTOR DIS 1.3%	\$31,057	\$7,869	\$690.15	\$605.28
DICLOFENAC GEL 1%	\$12,749	\$6,250	\$101.18	\$55.80

Note: Lidothol Pad 4.5-5% and Diclofenac Sol 1.5% were not available in 2016.

As shown, some of these medications like Lidocaine Oint 5%, Diclofenac Gel 3% and Lidoderm Dis 5% have increased 75%-180% in cost during this 5-year window of time. And while we do understand that topical medications can be an important option for treating certain pain conditions, without specific language to direct reimbursement these costs will continue to rise, create reimbursement disputes, and further increase the drug cost spend in the Workers' Comp System.

To further assist the Commission with suitable reimbursement, we recommended language that provides a single max cap of \$240 for thirty-day supply (or pro-rated if supply is greater or less than thirty days) for topical medications. This cap was derived from the highest cap amount recommended by FAIR Health in last year's proposal. Establishing a reimbursement cap is not unheard of. Many other states, such as Arizona, Michigan, Mississippi, and Rhode Island have uniformly addressed the significant increase in prices by adopting rules using a single max cap to limit the reimbursement. For example:

- ⁱArizona established a \$200 max cap for thirty-day supply or pro-rated if supply is greater or less than thirty days for topical compounds.
- ⁱⁱMichigan rules limit reimbursement for a custom compounded drug to a maximum of \$600.00. Any charges exceeding this amount must be accompanied by the original component manufacturers' invoice pro-rated for each component amount used, for review by the carrier.
- ⁱⁱⁱMississippi's reimbursement for a compound topical medication is limited to \$300.00 for a maximum of 120 grams per month, less than 120 grams per month shall be prorated. The maximum allowed for manufactured topical medications, other than patches, is the billed charge or maximum of thirty dollars (\$30.00) for a thirty (30) day supply, prorated if a lesser amount is provided. Patches will be reimbursed the billed charge up to a maximum of seventy dollars (\$70.00) for a thirty (30) day supply, prorated if a lesser amount is provided.
- ^{iv}In Rhode Island, reimbursement for topical compounds shall not exceed \$500 per prescription and the \$500 fee provides the patient with a 30-day supply.

In the continued effort to control these inflated costs on topical medications, we trust the Commission to support a single max cap, similarly to what is being done in other states today. We thank you for considering our feedback as we hope this new data will provide additional support when the Commission considers adoption of the proposed Medical Services Provider Manual at the next Business meeting on March 21st.

Sincerely,

Tiffany Grzybowski

Tiffany Grzybowski
Analyst, Advocacy & Compliance
Healthsystems

ⁱ WCRI Report: Topical Analgesic Use in Workers' Compensation, August 2021, www.wcriunet.org.

ⁱⁱ [Arizona 2021 Pharmaceutical Guidelines, pg. 19](#)

ⁱⁱⁱ [Michigan R 418.101009 Reimbursement for Custom Compounded Medication](#)

^{iv} The MS fee schedule is not available on website and must be purchased from FAIR Health.

^v [2022 RI Fee Schedule](#)



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March 9, 2022

Honorable T. Scott Beck, Chair
South Carolina Workers' Compensation Commission
1333 Main Street, Ste. 180
Columbia, SC 29201

RE: 2022 Medical Services Provider Manual – Preliminary Summary of Changes (2/17/22)
Prescription Topical and Topical Compound Medications

Dear Chair Beck:

The Physicians Research Institute (PRI) membership presently consists of 38 State Medical Societies and one of the first to join was the South Carolina Medical Association (SCMA) which is the voice of organized medicine in South Carolina and many of its physician members treat workers' compensation patients. PRI represented those doctors during the Ad Hoc Advisory Committee deliberations. Since its creation in 2016, PRI has developed an expertise in workers' compensation laws and regulations throughout the United States.

This letter was developed in consultation with the SCMA which is sending a letter attesting to its approval of the positions here expressed.

The Physicians Research Institute (PRI) was an active participant in the Ad Hoc Committee convened to develop consensus proposals for the Commission's consideration. The current proposal relating to prescription topical compounds and prescription topical medications (Section 10) was proposed by Pharmacy Benefit Managers (PBMs). This proposal was presented to the Ad Hoc Committee and was withdrawn once objection was raised.

Last year, the Commission considered and adopted additional changes to the Manual section titled "Compounds." At the last Medical Services Provider Manual work session, it was mentioned that the section on topical compounds was just an updated version of "last year's language." It is not. The current language is much broader in that it also includes prescription topical medications, not just "topical compounds."

Insofar as the language in Section 10 is designed to contain costs, PRI respectfully suggests that Fair Health should assess any cost savings achieved from last year's changes to compound

reimbursement before implementing other overly broad measures that may have an adverse impact on patient care.

Prescription Topical Medications

South Carolina doctors, like most doctors in the nation, no longer prescribe opioids unless absolutely necessary. Opioid prescriptions have declined dramatically. However, what has not declined, is the reality of consistent and constant pain for many South Carolina injured workers. The provider community continues to use various non-opioid alternatives, including topical prescription medications, for pain management. The current proposal takes aim at these very medications.

The proposed \$240 dollar cap for prescription topical medications is unique and occurs in no other state. Reimbursement on the basis of the Original Manufacturer's Average Wholesale Price (OMAWP), however, is the widely accepted standard benchmark for medication pricing in workers' compensation that can be determined through national pricing publications like Medi-Span and Redbook. Only two states imposed a fixed dollar cap on prescription topical medications while all others (48 states and the District of Columbia) either impose no cap on these medications or they reimburse them on the OMAWP formula or similar formulas.

PRI and the SCMA would propose that, in lieu of an inflexible dollar fee cap, the Commission adopt the following proposal using the well-established OMAWP formula utilized in almost all states. The proposed language is as follows:

~~Payment for prescription topical medications shall be \$240.00 for a 30 day supply, pro-rated based on the number of days supply dispensed, not to exceed 90 days.~~

Payment for prescription topical medications shall not exceed the Original Manufacturer's Average Wholesale Price (OMAWP) of the medication on the date the medication was dispensed.

Topical Compounds

For several years, compounds have been subject to a distinct fee schedule within the Medical Services Provider Manual. With respect to the issue of topical compounds, PRI and the SCMA do not understand the rationale for a new flat dollar fee cap when, less than 12 months ago, this Commission adopted the following language with respect to compounds. Please note that existing Manual language also utilizes an OMAWP formula:

COMPOUND DRUGS (p.738)(Effective April 2021)

All medications must be reasonable and medically necessary to cure and relieve the injured worker from the effects of the injury. Compound drugs must be preauthorized for each dispensing. Any compounded drug product billed by the compounding pharmacy or dispensing physician shall be identified at the ingredient level and the corresponding quantity by their original manufacturer's National Drug Code (NDC) when submitted for reimbursement. Payment for compounded prescription drugs shall be the sum of the average wholesale price by gram weight for each ingredient, plus a

single dispensing fee of \$5.00. A compounded NDC Number shall not be used and shall not be considered the original manufacturer's NDC Number. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.

It does not appear that Fair Health has determined whether last year's change was effective or not. If not effective, perhaps another change is necessary but, if effective, change for the sake of change is not warranted. Fair Health should be directed to determine whether last year's change was effective before implementing further measures.

Setting dollar fee caps for topical compounds is done in only a handful of states and the dollar amounts vary widely with Michigan setting a maximum cap of \$600, Rhode Island having a \$500 cap, and Mississippi having a \$300 cap for a maximum of 120 grams per month.

Conclusion

In Fair Health's current multi page submission to this Commission, there is no supporting documentation concerning the proposed fee cap and it is simply the same as that proposed by the PBMs to the Ad Hoc Committee and then withdrawn. PRI and SCMA respectfully suggest the Commission adopt the proposed changes set forth above and, further, direct Fair Health to evaluate the cost savings resulting from last year's changes to the topical compound reimbursement formula.

We thank you for your consideration of this proposal and will be happy to answer any questions that you may have.

Very truly yours,

Joseph A. Schwartz, III

JAS:jsm

cc: Honorable Susan S. Barden, Vice Chair
Honorable R. Michael Campbell, II
Honorable Avery B. Wilkerson, Jr.
Honorable Melody L. James
Honorable Aisha Taylor
Honorable Gene McCaskill
Gary M. Cannon, Executive Director, South Carolina Workers' Compensation Commission
Amy Proveaux, South Carolina Workers' Compensation Commission
Richele Taylor, Chief Executive Officer, South Carolina State Medical Association
All PRI Member State Medical Societies



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March 9, 2022

The Honorable T. Scott Beck, Chair
South Carolina Workers' Compensation Commission
1333 Main Street, Ste. 180
Columbia, SC 29201

RE: *2022 Medical Services Provider Manual – Preliminary Summary of Changes
(2/17/22) Prescription Topical and Topical Compound Medications*

Dear Chair Beck:

The South Carolina Medical Association (SCMA) has been the voice of organized medicine in South Carolina since February 14, 1848. We have always represented the physicians of South Carolina, many of whom treat workers compensation patients.

The SCMA has also been a partner of the Physician Research Institute (PRI) since its inception and has collaborated with PRI with respect to the current proposals before your commission. The SCMA fully endorses the proposed changes contained in the PRI letter submitted this afternoon.

We appreciate your review of these important issues.

Sincerely,

Richele K. Taylor

cc: Honorable Susan S. Barden, Vice Chair
Honorable R. Michael Campbell, II
Honorable Avery B. Wilkerson, Jr
Honorable Melody L. James
Honorable Aisha Taylor
Honorable Gene McCaskill
Gary M. Cannon, Executive Director, South Carolina WCC
Joseph A. Schwartz, III, President, Physicians Research Institute

From: [Ted Riley](#)
To: [Cannon, Gary](#)
Subject: [External] Fwd: NY Times: What the Opioid Crisis Took from People in Pain
Date: Tuesday, March 15, 2022 2:47:36 PM

Gary,

The article below reinforces the provider argument re: caps on prescription topicals as physicians have moved away from opioids.

Please give me a call at your convenience.

Thank you,
Ted

Sent from my iPhone

Begin forwarded message:

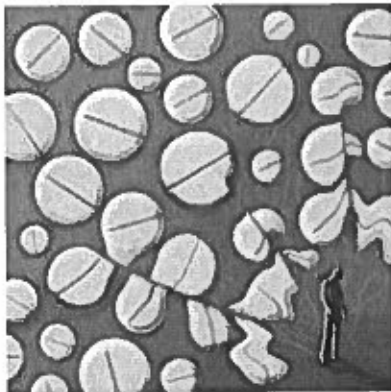
From: Tara Boone <tboone@rplfirm.com>
Date: March 15, 2022 at 2:37:02 PM EDT
To: Ted Riley <triley@rplfirm.com>
Subject: NY Times: What the Opioid Crisis Took from People in Pain

NEW YORK TIMES: OPINION

GUEST ESSAY

What the Opioid Crisis Took From People in Pain

March 7, 2022



Credit...Jeremy Leung

By Maia Szalavitz

Ms. Szalavitz is a contributing Opinion writer. She covers addiction and public policy.

Doctors didn't think Brent Slone would survive his gruesome 2011 car crash. His car flipped after he swerved to avoid a stalled vehicle. His spinal cord was compressed. He broke several ribs, a shoulder and a knee. One lung collapsed. A shattered pelvic bone ruptured his bladder and seriously damaged his spleen, kidney and colon.

Miraculously, Mr. Slone avoided brain injury. However, he was paralyzed from the waist down. After months of painful physical rehabilitation, he went home to his wife, Sonya Slone, and their 6-year-old daughter. When he had appropriate pain care, Mrs. Slone said, he was able to be a loving and involved father.

But in 2017, the clinic he attended cut his pain medications by more than half overnight. He tried to remedy the prescription by calling and even showing up in his wheelchair. Still, he was told he wouldn't receive any refills until an appointment six days away. In agony, he texted Sonya: "they denied script im done love you." He died by suicide in a local park.

Mr. Slone is just one of many thousands who have been harmed by ongoing reductions in opioid prescriptions, which are used for chronic pain by an estimated five million to eight million Americans. These cuts by doctors and pain clinics, intended to fight overdose and addiction, have hurt patients. But Mr. Slone's story is unique in an important way: the Slone family won a nearly \$7 million malpractice judgment against his doctors and the clinic. "Had his pain physicians treated Brent with the care and compassion he deserved, he would still be here," she said. This is believed to be the first such victory in a malpractice case related to opioid cutbacks.

Though even some doctors are confused on this issue, addiction and physical dependence are not the same thing. Addiction, according to the National Institute on Drug Abuse, is compulsive drug seeking and use that occurs despite negative consequences. But pain patients like Mr. Slone are not considered addicted when medication improves their quality of life and the risks of side effects like withdrawal are outweighed by the relief medication offers.

For people with chronic pain, research is only beginning to show how widespread the damage from opioid prescription cuts is. One study examined the medical records of nearly 15,000 Medicaid patients in Oregon who were taking long-term, high doses of opioids. Those whose medications were stopped were three and a half to four and a half times as likely to die by suicide compared to those whose doses were stable or increased. Another study, which included the medical records of over

100,000 people, found that drastically reducing a patient's opioid dosage increased the risk of overdose by 28 percent and increased the risk of mental health crisis requiring hospitalization by 78 percent.

Many opioid prescribing cuts were made under the auspices of guidelines published by the Centers for Disease Control and Prevention in 2016 to fight the overdose crisis. These guidelines recommend avoiding opioid prescriptions if at all possible and, when prescribing them for chronic pain, generally keeping the dosage below 90 morphine milligram equivalents, or M.M.E., per day — a measure calculated by comparing other opioids to the strength of morphine. Lawyers for Mr. Slone's doctors argued in court that the agency's guidelines justified their clients' actions because his dosage was far higher than that.

The C.D.C. is now updating those recommendations, admitting that the result has too often been unsafe changes in care. The agency opened a comment period for the newly revised guidelines in February, and the public has through April 11 to respond. The final version must be recalibrated to stop tragedies like what happened to Mr. Slone.

The original guidelines were intended mainly for primary care providers, and the idea behind the recommendations was to stop communities from being flooded with painkillers. However, the guidance has been misapplied as a mandate, and all types of doctors, including pain specialists, have reduced or eliminated prescriptions.

By 2019, the authors of the original guidelines warned in The New England Journal of Medicine that they were being misused, saying, "Unfortunately, some policies and practices purportedly derived from the guideline have in fact been inconsistent with, and often go beyond, its recommendations." That year, the Food and Drug Administration cautioned that it had "received reports of serious harm," including suicides, associated with patients who suddenly had their medication discontinued or abruptly reduced.

But by then, states had passed legislation giving some of the recommendations the force of law. The National Committee for Quality Assurance, which provides standards for insurers, government agencies and medical organizations, made keeping doses within the guidelines into a metric — incentivizing doctors to taper or stop seeing high-dose patients. Insurers, pharmacy chains and government agencies also use the guidelines to inform restrictions, and law enforcement uses them when prosecuting physicians for running "pill mills."

If these policies had reduced the death toll, some might argue that they are warranted. But they have not. Measured by the number of prescriptions written per capita, medical opioid use rates in 2020 were down to levels last seen in 1993, before OxyContin marketing helped spark the crisis. However, overdose deaths are still increasing dramatically, driven by

illegally manufactured synthetic opioids and many who formerly got pharmaceuticals from doctors and now resort to dealers.

Even people the C.D.C. exempted from the guidelines seem to have been hurt. A 2022 study found that opioid use among patients with cancer fell between 2013 and 2018, with the steepest decline occurring after the guidelines were introduced.

“We normally don’t mandate or incentivize actions in health care where lots of papers say it could do harm and a few say it might be helpful,” said Stefan Kertesz, a professor of medicine and public health at the University of Alabama at Birmingham. “And we certainly wouldn’t mandate that those actions be done on a patient who has not consented.”

To ensure that people in pain stop becoming collateral damage in the drug war, the C.D.C. and other policymakers must change course.

The revisions posted for comment make some critical concessions. Importantly, they eliminate the 90 M.M.E. per day recommended dosage cap. This is crucial not only because some people need much higher dosages but also because the method of calculating it is imprecise. The authors of the revisions also warn against the misuse of the guidelines by groups such as health systems and lawmakers, stressing that they “should not be applied as inflexible standards of care.” They emphasize individualized treatment, writing that these recommendations are meant “to support, not supplant, clinical judgment.” Finally, they strongly advise against rapid dose cuts like the one that led to Mr. Slone’s death.

But these changes may not be enough. While the guidelines explicitly reject dosage caps, they continue to warn doctors to be wary of dosing over 50 M.M.E. per day, which could still be misread as a rule. Moreover, these revisions by themselves can’t undo all the laws, metrics and regulations that codified the old guidelines.

If policymakers really want to prevent suicides like Mr. Slone’s as well as overdose deaths, addiction and pain must be treated with compassion and science, and the assumption that we can solve either problem merely by slashing the medical supply must end.



Topical Drug data for the state of South Carolina

Source: NCCI Medical Data Call for South Carolina, Service Year 2020.

Reported Generic Code	All Topical Drugs			Nonpharmacy-Dispensed Topical Drugs			Pharmacy-Dispensed Topical Drugs		
	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription
generic	\$306	1	\$ 305.58	-	-	\$ -	\$306	1	\$ 305.58
generic	\$29	1	\$ 29.07	-	-	\$ -	\$29	1	\$ 29.07
generic	\$278	7	\$ 39.72	-	-	\$ -	\$278	7	\$ 39.72
generic	\$40	12	\$ 3.35	\$20	8	\$ 2.52	\$20	4	\$ 4.99
brand	\$85	5	\$ 16.93	-	-	\$ -	\$85	5	\$ 16.93
generic	\$40	4	\$ 9.90	-	-	\$ -	\$40	4	\$ 9.90
brand	\$16	1	\$ 16.18	-	-	\$ -	\$16	1	\$ 16.18
generic	\$759	3	\$ 252.88	-	-	\$ -	\$759	3	\$ 252.88
generic	\$38	6	\$ 6.32	-	-	\$ -	\$38	6	\$ 6.32
generic	\$18	7	\$ 2.56	\$1	4	\$ 0.17	\$17	3	\$ 5.75
generic	\$4	1	\$ 3.70	-	-	\$ -	\$4	1	\$ 3.70
none	\$491	1	\$ 491.16	-	-	\$ -	\$491	1	\$ 491.16
generic	\$7	1	\$ 6.58	-	-	\$ -	\$7	1	\$ 6.58
generic	\$587	7	\$ 83.86	-	-	\$ -	\$587	7	\$ 83.86
generic	\$70	2	\$ 34.75	-	-	\$ -	\$70	2	\$ 34.75
generic	\$122	2	\$ 60.94	-	-	\$ -	\$122	2	\$ 60.94
generic	\$8	1	\$ 8.17	-	-	\$ -	\$8	1	\$ 8.17
brand	\$14	1	\$ 14.17	-	-	\$ -	\$14	1	\$ 14.17
generic	\$2,031	12	\$ 169.28	-	-	\$ -	\$2,031	12	\$ 169.28
generic	\$13	2	\$ 6.69	-	-	\$ -	\$13	2	\$ 6.69
generic	\$571	14	\$ 40.79	-	-	\$ -	\$571	14	\$ 40.79
brand	\$474	2	\$ 237.00	\$474	2	\$ 237.00	-	-	\$ -
generic	\$117	1	\$ 116.61	-	-	\$ -	\$117	1	\$ 116.61
generic	\$728	4	\$ 181.93	-	-	\$ -	\$728	4	\$ 181.93
generic	\$257	10	\$ 25.67	-	-	\$ -	\$257	10	\$ 25.67
generic	\$291,611	199	\$ 1,465.38	\$100,716	59	\$ 1,707.05	\$190,895	140	\$ 1,363.54
generic	\$94,168	1,501	\$ 62.74	\$926	36	\$ 25.72	\$93,242	1,465	\$ 63.65
generic	\$10,389	7	\$ 1,484.17	-	-	\$ -	\$10,389	7	\$ 1,484.17
generic	\$7	1	\$ 7.44	-	-	\$ -	\$7	1	\$ 7.44
brand	\$15,119	8	\$ 1,889.85	\$15,119	8	\$ 1,889.85	-	-	\$ -
generic	\$625	44	\$ 14.21	\$111	9	\$ 12.29	\$515	35	\$ 14.71
generic	\$60	1	\$ 60.23	-	-	\$ -	\$60	1	\$ 60.23
brand	\$10	1	\$ 9.89	-	-	\$ -	\$10	1	\$ 9.89
brand	\$187	3	\$ 62.30	-	-	\$ -	\$187	3	\$ 62.30
generic	\$725	5	\$ 144.99	-	-	\$ -	\$725	5	\$ 144.99
generic	\$1,439	1	\$ 1,438.83	-	-	\$ -	\$1,439	1	\$ 1,438.83
generic	\$169	7	\$ 24.09	-	-	\$ -	\$169	7	\$ 24.09
brand	\$5,243	12	\$ 436.92	-	-	\$ -	\$5,243	12	\$ 436.92
brand	\$31,089	43	\$ 723.01	\$30,066	42	\$ 715.87	\$1,023	1	\$ 1,023.00
brand	\$35	1	\$ 34.90	-	-	\$ -	\$35	1	\$ 34.90
generic	\$388	8	\$ 48.56	-	-	\$ -	\$388	8	\$ 48.56
brand	\$11	1	\$ 10.85	-	-	\$ -	\$11	1	\$ 10.85

Reported Generic Code	All Topical Drugs			Nonpharmacy-Dispensed Topical Drugs			Pharmacy-Dispensed Topical Drugs		
Reported Generic Code	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription
brand	\$179	2	\$ 89.37	-	-	\$ -	\$179	2	\$ 89.37
generic	\$2,865	2	\$ 1,432.31	-	-	\$ -	\$2,865	2	\$ 1,432.31
generic	\$286	7	\$ 40.82	-	-	\$ -	\$286	7	\$ 40.82
generic	\$218	4	\$ 54.60	-	-	\$ -	\$218	4	\$ 54.60
brand	\$17	1	\$ 16.90	-	-	\$ -	\$17	1	\$ 16.90
generic	\$251	5	\$ 50.10	-	-	\$ -	\$251	5	\$ 50.10
brand	\$157	10	\$ 15.71	-	-	\$ -	\$157	10	\$ 15.71
generic	\$739,299	907	\$ 815.10	\$365,886	409	\$ 894.59	\$373,412	498	\$ 749.82
generic	\$1,798	15	\$ 119.88	-	-	\$ -	\$1,798	15	\$ 119.88
generic	\$550	22	\$ 25.01	-	-	\$ -	\$550	22	\$ 25.01
none	\$47,179	53	\$ 890.17	\$33,322	39	\$ 854.42	\$13,857	14	\$ 989.78
brand	\$625,035	686	\$ 911.13	\$418,212	470	\$ 889.81	\$206,823	216	\$ 957.51
brand	\$94,608	68	\$ 1,391.29	-	-	\$ -	\$94,608	68	\$ 1,391.29
brand	\$12,007	4	\$ 3,001.82	-	-	\$ -	\$12,007	4	\$ 3,001.82
none	\$7,311	10	\$ 731.11	-	-	\$ -	\$7,311	10	\$ 731.11
none	\$994	4	\$ 248.62	-	-	\$ -	\$994	4	\$ 248.62
brand	\$90	2	\$ 45.22	\$90	2	\$ 45.22	-	-	-
brand	\$226	1	\$ 225.77	-	-	\$ -	\$226	1	\$ 225.77
brand	\$1,729	8	\$ 216.13	-	-	\$ -	\$1,729	8	\$ 216.13
none	\$671	1	\$ 670.56	-	-	\$ -	\$671	1	\$ 670.56
brand	\$8	1	\$ 7.98	-	-	\$ -	\$8	1	\$ 7.98
brand	\$76	12	\$ 6.30	-	-	\$ -	\$76	12	\$ 6.30
brand	\$33	1	\$ 32.64	-	-	\$ -	\$33	1	\$ 32.64
generic	\$128	1	\$ 127.92	-	-	\$ -	\$128	1	\$ 127.92
generic	\$109	5	\$ 21.84	-	-	\$ -	\$109	5	\$ 21.84
generic	\$6,792	191	\$ 35.56	\$324	24	\$ 13.48	\$6,469	167	\$ 38.73
none	\$197	62	\$ 3.17	\$192	61	\$ 3.14	\$5	1	\$ 5.06
generic	\$20	4	\$ 4.88	\$11	3	\$ 3.70	\$8	1	\$ 8.40
brand	\$6,770	13	\$ 520.79	\$1,034	1	\$ 1,033.90	\$5,736	12	\$ 478.03
generic	\$19,404	20	\$ 970.20	-	-	\$ -	\$19,404	20	\$ 970.20
generic	\$76	5	\$ 15.21	-	-	\$ -	\$76	5	\$ 15.21
generic	\$83	1	\$ 82.94	-	-	\$ -	\$83	1	\$ 82.94
brand	\$659	1	\$ 659.27	-	-	\$ -	\$659	1	\$ 659.27
generic	\$4	1	\$ 3.58	-	-	\$ -	\$4	1	\$ 3.58
generic	\$0	1	\$ 0.04	\$0	1	\$ 0.04	-	-	\$ -
brand	\$30	1	\$ 30.00	-	-	\$ -	\$30	1	\$ 30.00
none	\$414	1	\$ 413.90	-	-	\$ -	\$414	1	\$ 413.90
none	\$1,243	5	\$ 248.54	-	-	\$ -	\$1,243	5	\$ 248.54
generic	\$134	2	\$ 67.08	-	-	\$ -	\$134	2	\$ 67.08
generic	\$29	3	\$ 9.51	-	-	\$ -	\$29	3	\$ 9.51
brand	\$13	2	\$ 6.59	-	-	\$ -	\$13	2	\$ 6.59
generic	\$265	2	\$ 132.53	-	-	\$ -	\$265	2	\$ 132.53
brand	\$4,987	13	\$ 383.59	-	-	\$ -	\$4,987	13	\$ 383.59
brand	\$5	1	\$ 5.07	-	-	\$ -	\$5	1	\$ 5.07
brand	\$125	8	\$ 15.63	-	-	\$ -	\$125	8	\$ 15.63

Reported Generic Code	All Topical Drugs			Nonpharmacy-Dispensed Topical Drugs			Pharmacy-Dispensed Topical Drugs		
	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription	Paid Amount	Prescription Count	Avg Cost per Prescription
none	\$191	1	\$ 191.49	-	-	\$ -	\$191	1	\$ 191.49
brand	\$10,155	15	\$ 676.99	-	-	\$ -	\$10,155	15	\$ 676.99
brand	\$234	2	\$ 117.11	-	-	\$ -	\$234	2	\$ 117.11
generic	\$1,255	74	\$ 16.96	\$228	16	\$ 14.26	\$1,027	58	\$ 17.71
brand	\$18	1	\$ 17.82	-	-	\$ -	\$18	1	\$ 17.82
brand	\$25	2	\$ 12.29	-	-	\$ -	\$25	2	\$ 12.29
brand	\$372	24	\$ 15.52	-	-	\$ -	\$372	24	\$ 15.52
brand	\$14	1	\$ 14.44	-	-	\$ -	\$14	1	\$ 14.44
generic	\$315	1	\$ 314.54	-	-	\$ -	\$315	1	\$ 314.54
generic	\$22,439	51	\$ 439.99	-	-	\$ -	\$22,439	51	\$ 439.99
brand	\$3,212	14	\$ 229.40	-	-	\$ -	\$3,212	14	\$ 229.40
none	\$1,263	5	\$ 252.57	-	-	\$ -	\$1,263	5	\$ 252.57
generic	\$1,008	2	\$ 504.03	\$1,008	2	\$ 504.03	-	-	\$ -
generic	\$1,013	65	\$ 15.59	\$60	9	\$ 6.72	\$953	56	\$ 17.02
brand	\$839	4	\$ 209.65	-	-	\$ -	\$839	4	\$ 209.65
brand	\$48	3	\$ 15.86	-	-	\$ -	\$48	3	\$ 15.86
none	\$21,410	31	\$ 690.64	-	-	\$ -	\$21,410	31	\$ 690.64
none	\$1,464	3	\$ 487.84	-	-	\$ -	\$1,464	3	\$ 487.84
brand	\$116	1	\$ 115.94	-	-	\$ -	\$116	1	\$ 115.94
generic	\$229	8	\$ 28.65	-	-	\$ -	\$229	8	\$ 28.65
Total	\$2,101,068	4,428	\$ 474.50	\$967,800	1,205	\$ 803.15	\$ 1,133,268	3,223	\$ 352