## Accountability Report Transmittal Form

Agency Name Second Injury Fund

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**SECOND INJURY FUND**
**Accountability Report for Fiscal Year 2009-2010**

# Section I – Executive Summary

1. Mission Statement

The Second Injury Fund (the Fund) functions within the South Carolina Workers' Compensation System. The mission of the Fund is two-fold.

1. To protect employers from the higher cost of insurance that can occur when an injury combines with a prior disability to result in substantially increased medical or disability costs than the accident alone would have produced. This ensures that an employer is not made to suffer a greater monetary loss or increased insurance costs because they hire or retain an employee who has a disability.

2. To ensure payment of workers' compensation benefits to injured employees whose employers have failed to comply with the coverage provisions of the Workers' Compensation Law.

The values of the Fund are simple and straightforward:

- **Administer claims in a fair and impartial manner**
- **A highly professional and well-trained staff**
- **Continuous improvement of services**

2. The Fund's major achievements for FY10 are summarized below:

- **Customer satisfaction scores remained high (Figures 7.2-1 and 7.2-2)**
- **Cycle time to pay claims is lowest when compared to "like" funds (Figure 7.5-1)**
- **Annual assessment reduced by $23.3 million (Figure 7.3-2)**
- **Claim and administrative costs continue to be less than published average for the private sector and "like" funds (Figures 7.3-1 and 7.3.3)**
- **Uninsured Employers' Fund payout reduced $1.3 million by finding other coverage (Figure 7.6-1)**

This was the fourth year that the 135% factor was used in the calculation of the annual assessment. This change, brought about by the 2007 Workers' Compensation Reform Act (Act. 111), resulted in a $41.9 million reduction in the assessment levied on carriers in August 2009. This reduction, along with the reduction of $139.6 million in the previous three years, equates to a saving on the annual assessment of $181.5 million in the past four years. In order to assist carriers financially, we allowed the assessment to be paid in two payments. The first payment was due November 1st and the second payment on April 1st.

This year's statistics show that the 2003 amendments to our law are having the results anticipated. The amendment did away with the "unknown condition" as a reason to meet the knowledge requirement. The table below shows a 73% reduction in accepted claims over the past seven years. Of the 2,219 claims accepted in FY 2004, 1,964 or 88.8% were for the "unknown condition" compared to the 606 claims

accepted in FY 2010 and only 65 or 10.7% being for the 'unknown condition". We can expect further reductions in the acceptance of these type claims.

| | FY 2004 | FY 2005 | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 | % Reduced |
|---|---|---|---|---|---|---|---|---|
| Claims Accepted | 2,219 | 1,922 | 1,184 | 887 | 861 | 783 | 606 | 73% |

New and reopened claims for FY10 have seen a reduction of 59% from the 4,521 claims in FY09 versus the 1,864 claims in FY10. This resulted in a 24% reduction in the number of open claims carried forward into FY11, 4,250 claims carried forward into FY11 versus 5,566 in FY10. We expect this downward trend to continue.

The total reimbursements for FY10 showed a 9% reduction from FY09. This reduction, along with the reductions from the previous three fiscal years, equates to a 30% reduction over the last four fiscal years. We predict the reimbursements will continue to drop along with the number of claims accepted. We continue to have carriers reopening claims that are many years old and providing documentation for acceptance. The result being of the 606 claims accepted in FY10, 260 claims or 43% were accepted more than 4 years from the date of accident. In these cases some employers may not receive any benefit in the experience modification used in their premium calculation. (Figure 7.1-2)

One of our strategic challenges was to reduce the use of contract attorneys in the Uninsured Employers' Fund's claims process. This would contain claim costs and be sound fiscal management of these claims. The table below shows a 74% reduction in attorney/legal fees over the high of $1,286,925 in FY 2007 versus $328,656 in FY 2010. This reduction is a major factor in the 17% decrease of the Uninsured Employers' Fund Administrative Cost Ratio for FY 2010 reflected in Figure 7.3-3.

| | FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|---|---|---|---|---|---|
| Attorney Fees | $808,636 | $1,057,487 | $555,705 | $343,469 | $270,087 |
| Legal Fees | $143,048 | $ 299,438 | $151,947 | $ 79,581 | $ 58,569 |
| **Total** | **$951,684** | **$1,286,925** | **$707,652** | **$423,050** | **$328,656** |

The Workers' Compensation Reform Act (Act. 111) signed by the Governor on June 25, 2007. It included several changes that will affect the handling and administration of Uninsured Employers' Fund claims. These changes are those that affect all carriers and self-ensured employers/funds that report and collect premiums and adjust workers compensation claims in South Carolina.

The major effect the Act has on the Second Injury Fund is that we are in "run-off" posture and will be terminated effective July 1, 2013. The following table is a brief outline of the events/actions and their effective dates as specified in the Act for the orderly termination of the Second Injury Fund.

| Effective Date | Event/Action |
|---|---|
| July 1, 2007 | New notice requirements. |
| July 1, 2007 | The 175% factor used in the assessment calculation reduced to 135%. |
| July 1, 2008 | No claims accepted with date of injury of July 1, 2008, or after. |

| | |
|---|---|
| December 31, 2010 | Last day to submit notice of a new claim. |
| July 1, 2011 | All data to either accept, compromise or deny a claim must be received by the Fund. |
| December 31, 2011 | Last day for the Fund to accept a claim for reimbursement. |
| July 1, 2013 | The Uninsured Employers' Fund is transferred to the State Accident Fund. |
| July 1, 2013 | The Second Injury Fund is terminated and all remaining obligations and residual activity are transferred to the Budget and Control Board for the orderly winding down of the affairs of the Fund. |

3. The key strategic goals for the present and future years are as follows:

- **The orderly phase-out of the Fund in June 2013.**
- **To protect employers from increased workers' compensation insurance cost**
- **To ensure payment of workers' compensation benefits to injured employees whose employers are in violation of the Workers' Compensation Law**
- **Prompt determination of eligibility**
- **Efficient claims processing and payments**
- **Contain claims cost**
- **Sound fiscal management**

4. Key Strategic Challenges:

- Position the Fund for termination
- Increase Uninsured Employers' Fund recoveries
- Decrease use of contract attorneys
- Communication with carriers

5. The accountability report is used to support the agency's stated goals, objectives and values. Managers are instructed to strive for continuous improvements in all services provided to our customers. Each employee is e-mailed a copy of the accountability report and are encouraged to communicate to their managers any opportunities for improvement that they feel are available.

## Section II – Organizational Profile

1. Products and Services – The Fund's products and services are the processing of Second Injury Fund and Uninsured Employers' Fund claims. This encompasses all aspects of claim process; the acceptance or denial of a claim, payment of claims, and the defense of claims through the court system. These are delivered through written and verbal communications and by the use of the Fund's website.

2. Key Customers:

- Self-insured employers doing business in South Carolina
- Workers' compensation insurance companies and their representatives in South Carolina
- Injured workers of employers who are in violation of the Workers' Compensation Law
- The General Assembly
- Budget and Control Board

Our requirements are the same as our values: Administer claims in a fair and impartial manner; a highly professional and well-trained staff; and continuous improvement of services. Their expectations are the objectives that we have set and are instilled and practiced by all members of our staff. Prompt determination of eligibility, efficient claims processing and payments, contain claims cost, and sound fiscal management.

3. Stakeholders:

- All employers with Workers' Compensation coverage
- Employees with pre-existing disabilities
- Second Injury Fund recovery companies
- Taxpayers of South Carolina
- State agencies that deal with disabled citizens

4. Our key suppliers are those that supply services to injured workers covered by the Uninsured Employers' Fund. These consist of medical providers, pharmacies, vocational rehabilitation firms, and medical equipment companies. Our other group of key suppliers are those that provide services to the agency such as contract attorneys and a select group of our customers including carriers, self-ensured employers, and reimbursement companies.

5-6. The agency has 23 employees, 1 unclassified and 22 classified, all located in one office in Columbia, however, the claims handled by the agency cover all 46 counties.

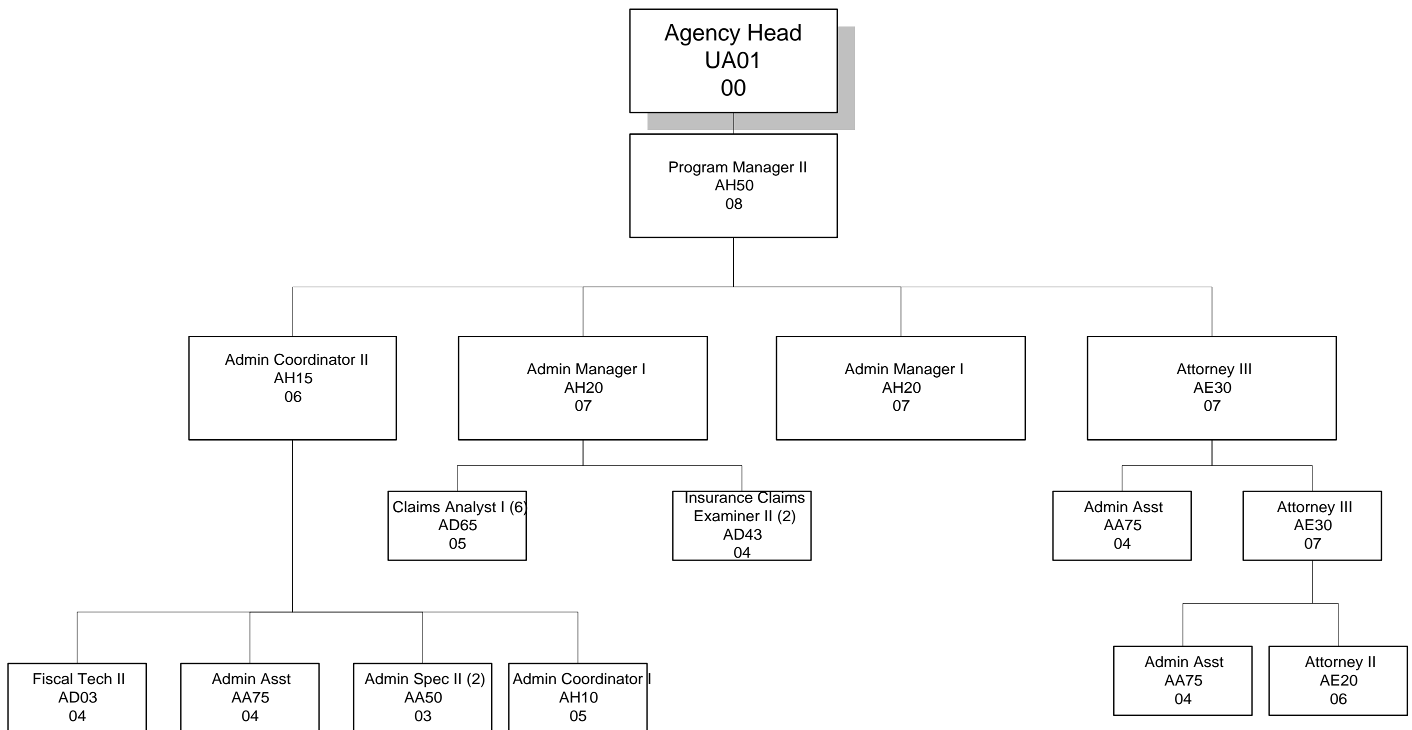
7. The Fund operates within the Workers' Compensation system and we must adhere to the rules and regulations of the South Carolina Workers' Compensation Commission. The sections of the South

Carolina Code of Laws that govern the Fund are 42-7-200, 42-7-310, 42-7-320, 42-9-400 and 42-9-410. We also operate under the oversight of the Budget and Control Board.

8. Performance Improvement System(s):

The Fund uses several methods to measure performance improvement. These include, but are not limited to, processing times, comparisons to "like" funds, financial audits and actuarial reviews, and customer and employee input and comments The Fund's managers and supervisors review the overall systems and measurements and communicate results to the staff to ensure continuous improvement in all processes and systems.

9. Organizational Structure



10. Expenditures/Appropriations Chart

# Base Budget Expenditures and Appropriations

| | FY 08-09 Actual Expenditures | | FY 09-10 Actual Expenditures | | FY 10-11 Appropriations Act | |
|---|---|---|---|---|---|---|
| **Major Budget Categories** | **Total Funds** | **General Funds** | **Total Funds** | **General Funds** | **Total Funds** | **General Funds** |
| Personal Service | $1,033,744 | $ | $1,037,185 | $ | $1,059,591 | $ |
| Other Operating | $354,749 | $ | $367,129 | $ | $423,904 | $ |
| Special Items | $ | $ | $ | $ | $ | $ |
| Permanent Improvements | $ | $ | $ | $ | $ | $ |
| Case Services | $ | $ | $ | $ | $ | $ |
| Distributions to Subdivisions | $ | $ | $ | $ | $ | $ |
| Fringe Benefits | $305,603 | $ | $317,157 | $ | $331,207 | $ |
| Non-recurring | $ | $ | $ | $ | $ | $ |
| **Total** | **$1,694,096** | **$** | **$1,721,471** | **$** | **$1,814,702** | **$** |

# Other Expenditures

| Sources of Funds | FY 08-09 Actual Expenditures | FY 09-10 Actual Expenditures |
|---|---|---|
| Supplemental Bills | $0 | $0 |
| Capital Reserve Funds | $0 | $0 |
| Bonds | $0 | $0 |

11. Major Program Areas Chart

## Major Program Area

| Program Number and Title | Major Program Area Purpose (Brief) | FY 08-09 Budget Expenditures | FY 09-10 Budget Expenditures | Key Cross References for Financial Results |
|---|---|---|---|---|
| 1. Second Injury Fund Administration | Investigate, evaluate, and make the final decision to accept, compromise or deny claims for acceptance and reimbursement | **State:**<br>**Federal:**<br>**Other:** 1,355,277<br>**Total:** 1,355,277<br>**% of Total Budget: 80%** | **State:**<br>**Federal:**<br>**Other:** 1,377,176<br>**Total:** 1,377,176<br>**% of Total Budget: 80%** | Figures 7.1-3; 7.3-1; 7.3-2; 7.3-3; 7.5-1; 7.5-2 |

| **Below: List any programs not included above and show the remainder of expenditures by source of funds.** |
|---|
| Uninsured Employers' Fund Administration |

| **Remainder of Expenditures:** | **State:**<br>**Federal:**<br>**Other:** 338,819<br>**Total:** 338,819<br>**% of Total Budget::** 20% | **State:**<br>**Federal:**<br>**Other:** 344,294<br>**Total:** 344,294<br>**% of Total Budget:** 20% |
|---|---|---|

## Section III – Elements of Malcolm Baldrige Award Criteria

### Category 1 – Senior Leadership, Governance, and Social Responsibility

1.1(a-c) The senior leadership team consists of the Agency Director, appointed by and serving at the pleasure of the Budget and Control Board, the Deputy Director, Administrative Manager, the Director of Claims, the Director of Recoveries, and the General Counsel. The team has the responsibility for setting, deploying and communicating the short and long term direction of the agency. The agency's direction is predictated on our overall goals and objectives outlined below.

### Goals

- **To protect employers from increased workers' compensation insurance cost**
- **To ensure payment of workers' compensation benefits to injured employees whose employers are in violation of the Workers' Compensation Law**

Objectives

- **Prompt determination of eligibility**
- **Efficient claims processing and payments**
- **Contain claims cost**
- **Sound fiscal management**

The performance expectations of the agency, as a whole, and of each individual are reviewed regularly to ensure that we continue to meet or exceed the goals and objectives outlined. These goals and objectives are directly related to the agency's organizational values listed below:

- **Administer claims in a fair and impartial manner**
- **A highly professional and well-trained staff**
- **Continuous improvement of services**

The values, goals and objectives are known by all employees. We do this by way of staff meetings, memos, e-mail, policy statements and one-on-one contact. We are a small agency and this encourages an ongoing flow of constructive dialogue with members of the agency without regard to their position.

1.1(d) All employees are empowered to make recommendations on changes to any process that would improve the effectiveness or efficiency of our service to our external or internal customers. We encourage innovative suggestions from all employees and examine and evaluate each with an open mind and the intention of adopting, when feasible, these suggestions. This openness promotes organizational and employee learning and is always supportive of our stated values. The nature of our business requires that all employees conduct themselves in an honest and ethical manner. This directly relates to our number one organizational value of administering claims in a fair and impartial manner. All employees have been made aware of our high standards pertaining to ethical behavior.

1.2 All employees have daily contact with our customers in some manner. The general attitude from the senior leaders to the front office receptionist is "the customer is always right" and it is everyone's job to assist them with any problem or question they may have. We have an "open door" policy for our customers. They can talk with or meet with any member of our staff. We are a service-oriented agency and understand the importance of focusing our efforts to improve customer service.

One example would be the Special Claims Fund. In coordination and written agreements with Workers' Compensation Commission (WCC), we assumed the claims administration for bankrupt self-insured employers. The WCC calls for the security bond of the bankrupt employer and it was deposited in a special account with our agency at the State Treasurer's office. We then administered any outstanding workers' compensation claims until the funds were depleted. This ensured all funds are paid to injured workers and saved the usual 15-25% charged by private third party claims administrators.

1.3 We are always mindful of how our services affect the public. If we plan changes, our first consideration is the affect changes will have on the services we provide our customers. Our intentions are to continuously improve our processes and service.

1.4 Senior leaders maintain fiscal, legal, and regulatory accountability by the internal audit systems that require a senior manager to review and approve all claims that are recommended for acceptance by the claims analyst. All payments are audited by a claims examiner and then reviewed and approved by either the Fiscal Technician or the Deputy Director.

1.5

Also all payments involving the Uninsured Employers' Fund are reviewed and audited by at least two people and in some cases three people. All administrative type payments are regularly reviewed and approved by the agency Director or the Deputy Director. These processes are effective in ensuring that the agency is accountable in all areas. This can be supported by the fact that the Fund has not received a material finding on its annual independent financial audit in the past 20 years.

1.6 Senior leaders review the following key performance measures:

(a) Prompt determination of eligibility
- number of employers benefiting
- percentage of claims accepted within 4 yrs of the date of accident

(b) The expeditious processing of claim payments
- average number of days to pay claims

(c) Maintaining reasonable claims cost
- administrative cost per claim
- reduction in the annual assessment

(d) Determine if the Fund is responsible for coverage on Uninsured Employers' Fund claims
- number of claims where other coverage found

(e) Recoupment from the employer of monies paid by the Uninsured Employers' Fund

1.7 The senior leaders of the agency are involved in the workflow process on a daily basis. This allows them to regularly review performance and make comparisons with our past findings and our set goals. Based on the outcome of these data reviews and the feedback received from our employees we can take the course of action needed for the leaders and management of the agency to be effective in meeting or exceeding our goals and objectives. The Fund's senior leaders review and remain current on pending legislation that would affect the agency and the services we provide. They also stay aware of any current events and any changes to the South Carolina Workers' Compensation System. They use this information when evaluating any changes to our processes/systems.

1.8 Senior leaders use several methods to prepare staff members to fill positions of greater responsibility. Informal mentoring programs to prepare middle managers/supervisors are used by all senior leaders. Cross training at all levels in the agency is mandated in all divisions. Employees in management or supervisory positions are involved in the planning and decision making process concerning their divisions and/or agency wide issues.

1.9 Senior leaders use several methods to communicate improvement priorities. They use staff meetings with the members involved, memos, e-mail or one-on-one contact. Improvement of services remains our number one priority. They review and monitor our claim processes on a daily basis to ensure that we are accomplishing our agency's goals and objectives.

1.10 Senior leaders create an environment for organizational and workforce learning by emphasizing during the performance review procedure the importance of individual and organizational professional development. They encourage the learning process of the workforce to improve services to our customers.

1.11 Senior leaders empower and motivate employees by positive reinforcement and getting them involved in the planning and development of new or changed procedures and processes. Senior leaders are involved in the everyday workflow and are always recognizing high performances. We award performance pay increases for outstanding job performance. When necessary we grant additional duties pay increases

1.12 Agency leaders and employees support the community through the participation in annual campaigns for the United Way and the Community Health Charities of South Carolina and the annual Spring Wellness Walk sponsored by Prevention Partners. We have several employees that donate blood to the American Red Cross on a regular basis.

Employee involvement in community activities is encouraged but not mandated. We allow employees to promote, advertise, and collect donations for several different charitable organizations. Listed below are organizations and programs supported by employees of the Fund:

- Various Civic clubs and groups
- Meals on Wheels
- Breast Cancer Walk
- The State Museum
- St. Jude's Hospital
- Toys for Tots
- Women's Abuse Shelters
- Church groups
- Harvest Food Bank
- PETS, Inc.
- Diabetes Foundation
- Schools and school activities
- American Cancer Society
- Contributions to
  - Goodwill
  - Vietnam Veterans
  - American Veterans
- American Heart Association

## Category 2 – Strategic Planning

2.1(a-f) We are a small agency with a very distinct mission that is well defined in the SC Code of Laws. We currently do not have a formal written strategic plan. However, we have many of the components, such as goals, objectives, and values, necessary for a formal strategic plan in place and familiar to the majority of our customers and employees With the enactment of the Workers' Compensation Reform Act our number one strategic goal will be the planning and execution of the phase out and termination of the Fund as directed by this legislation.

2.2 The challenges outlined in our Executive Summary - Increase in Uninsured Employers' Fund recoveries, decrease use of contract attorneys and communication with carriers are addressed in at least 1 of 3 of our objectives. They are: contain claims cost; improve customer services and sound fiscal management. When we are successful in meeting these challenges, we will improve the performance measurements of these objectives.

2.3 We currently do not have a formal plan addressing the development and tracking of action plans. Informally we track the outcomes/outputs of our processes and when needed allocate resources to ensure we continue to meet or exceed our objectives.

2.4 The agency's goals, objectives, and performance measures are communicated to all members of the agency. This is done with e-mails, meetings, written memorandums, and the EPMS process. The accountability report is e-mailed to each employee with the intent of making employees knowledgeable of the agency's goals and objectives and to solicit feedback. Job duties are reviewed during the EPMS planning stage to ensure the success criteria performance measurers meet or exceed the goals and objectives of the agency.

2.5 We currently do not have a formal plan that addresses the measurement of progress on our action plans. Our senior leaders monitor the progress of meeting or exceeding our objectives on a daily basis. This is accomplished by our review procedures of the claims process in all divisions.

2.6 The agency uses the Agency Activity Inventory to evaluate our progress, resources and the environment to ensure we remain aligned with our strategic goals and objectives. This is a continuous process with adjustments being made when the need arises.

2.7 The agency's website is www.scsif.sc.gov. Although we do not have a strategic plan available other documents such as our Annual Accountability Report and our Annual Report are posted.

2.8 The agency uses the Agency Activity Inventory to evaluate our progress, resources and the environment to ensure we remain aligned with our strategic goals and objectives. This is a continuous process with adjustments being made when the need arises.

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**STRATEGIC PLANNING**

**Category 3 – Customer Focus**

3.1 Our key customers and their requirements are outlined in the statute governing our agency. We can and have made administrative changes to fine-tune our processes to better serve these customers but the key requirements must be changed through the legislative process. We determine these needs several ways:

- Written customer surveys
- Focus groups
- Formal and informal customer training
- Telephone and written correspondence
- Attendance at industry specific conferences and seminars

| Program Number And Title | Supported Agency Strategic Planning Goal/Objective | Related FY 07-08 Key Agency Action Plan/Initiative(s) | Key Cross References for Performance Measures |
|---|---|---|---|
| 1. Claims Administration | Prompt Determination of Eligibility | Claims Management System<br>Customer Survey Results | Figures 7.1-1; 7.1-2; 7.2-1; 7.2-2 |
| | Efficient Claims processing and payments | Claims Management System<br>Basic Accounting Reporting System<br>Medical and Indemnity Audit System | Figures 7.1-1; 7.1-2; 7.1-3 |
| | Contain Claim Cost | Claims Management System<br>Basic Accounting Reporting System<br>Medical and Indemnity Audit System<br>Assessment Process<br>Recoveries | Figures 7.3-1; 7.3-2; 7.3-3; 7.5-1; 7.5-2 |
| | Improve Customer Service | Customer Survey Results<br>Customer Feedback<br>Employee Satisfaction Survey | Figures 7.2-1; 7.2-2; 7.4-1; 7.4-2 |
| | Sound Fiscal Management | Annual Independent Outside Financial Audit | No Major Findings Past 17 Years |

3.2 Through informal meetings, senior leaders share information concerning customer needs. This information or concerns are evaluated and when necessary we can direct changes to our processes based on the needs of our customers. When we evaluate these needs we take into account the effect it has on all customers and not just a few. An example of this would be the legislative change to our assessment process. We had to ensure this change would be equitable to the self-ensured employers and not just to insurance companies. The result was an amendment to the code that satisfied the needs of the insurance companies and was fair to the self-ensured employers.

3.3 Customers have several access mechanisms available. Our website is updated monthly with the latest statistics important to our customers. They can post inquiries to the website plus all employees have email and make their email addresses readily available. Interested parties are able to contact, via the US mail, telephone or email, any member of the agency with comments, questions or complaints.

3.4 –5 We have several methods to measure customer satisfaction and dissatisfaction. These include customer surveys, informal focus groups and telephone and written correspondence. Our primary measurement would be our annual customer survey. This is the fourth year that we have sent the survey to customers. The survey is designed to capture information on our customers concerns and expectations and allows for recommendations to improve services.

The ten questions of the survey address the five dimensions of customer concerns.

- **Reliability:** The ability to perform the promised service dependably and accurately.
- **Responsiveness:** The willingness to help customers and provide prompt service.
- **Empathy:** Caring, individualized attention.
- **Assurance:** Employees are knowledgeable & courteous and are able to convey trust and confidence.
- **Tangible:** Physical appearance of facilities, equipment, people.

The results of the survey are outlined in Category 7.

We will use the responses to the open-ended questions and comments to better understand customer's expectations and preferences and for improving our services.

The information we receive from our customers is very important to us. We are continuously evaluating and analyzing this information to determine if we need to make changes to the services we provide. However, we must make sure these changes will benefit all customers and that the changes are cost effective and make the best use of our limited resources.

3.6 The way we build a positive relationship with our customers and stakeholders is to adhere to our organizational values.

- **Administer claims in a fair and impartial manner**
- **A highly professional and well-trained staff**
- **Continuous improvement of services**

We feel that if our employees adhere to these values and make this the prevailing attitude throughout our agency that customer relationships will remain positive and will continue to grow in future years.

## Category 4 – Measurement, Analysis, and Knowledge Management

4.1 The operations, processes and systems that we measure for financial and operational performance are directly linked to our strategic goals and objectives. We also have the ability to measure and track several forms of data input/output. We use these measurements to reallocate our resources in the event of any deviations in the normal workflow that adversely affects the level of services to our customers.

4.2 The data/information that we select, collect, align and integrate for analysis is made available to all individuals in the decision-making process. We use this data to support the decisions on whether to adopt or not adopt suggestions/ recommendations from our customers and employees. All decisions made that affect service to our customers and stakeholders must be supported by data.

4.3 Our key measures are:

(f) Prompt determination of eligibility
- Number of employers benefiting
- Percentage of claims accepted within 4 yrs of the date of accident

(g) The expeditious processing of claim payments
- Average number of days to pay claims

(h) Maintaining reasonable claims cost
- Administrative cost per claim
- Reduction in the annual assessment

(i) Determine if the Fund is responsible for coverage on Uninsured Employers' Fund claims
- Number of claims where other coverage found

(j) Recoupment from the employer of monies paid by the Uninsured Employers' Fund

4.4 The determination as to the type of comparative data is based on customer expectations, the desired outcome and the availability of data**.** The collection and analysis of information is of great importance to our agency. We use information to measure our performance and to determine where process improvements are needed. We use this collection of data to compare our performance to "like agencies" and private industry. It also gives us a "picture" of our agency by comparing past performance with present performance ensuring that we continue to provide world-class service.

4.5 The key data we use to measure performance outcomes and outputs and to use in the decision-making process is contained in one or more of our three automated systems. These systems are our Claims Management System, Basic Accounting Reporting System (replaced this year with SCEIS) and the Medical and Indemnity Audit Reduction System. The input of data into these systems is checked by a minimum of two people. The systems also have programmed

self-audits that will not allow invalid entries. The data contained in these systems is real time and all reports can be tailored to measure specific areas needed to make sound business decisions.

4.6 Performance reviews of data gathered from the Claims Management System, Basic Accounting Reporting System and SCEIS are used to identify strengths and opportunities for improvement. With this data we can prioritize our efforts for continuous improvement.

4.7 We establish and maintain "how to" job descriptions for all positions in the agency. Each supervisor is responsible to ensure that these descriptions remain current. This allows for the smooth transition when an employee leaves a position and a new employee assumes those duties. We continuously seek improvement and when best practices are identified we readily implement and share with all "like" positions.

**Category 5 – Workforce Focus**

5.1 The Fund's internal structure consists of four divisions. They are the Claims, Legal, Recoveries and Administrative divisions. Each division manager organizes and manages the workflow in a manner best suited for their division. This allows their employees the flexibility to develop and utilize their full potential. All staff members are empowered to take the initiative to recommend changes to any process or system that will improve performance.

5.2 All employees are located in our central office. The structure encourages communication, knowledge, skill and best practice on all levels. Interaction by employees is encouraged between divisions to speed the flow of information across normal organizational boundaries. An example would be development of strategies by the Claims Division and Legal Division to handle denied claims.

5.3 We use the NEOGOV system to post any vacancies that we are attempting to fill. Supervisors determine the required knowledge, skills and abilities needed for each position. This information is posted on the position descriptions and the NEOGOV system with special attention to the agency specific questions. We use a two tier hiring system. The best candidates are interviewed by the immediate supervisor with the best potential candidate interviewed by the next level supervisor. Before a hiring decision is made all required background and reference checks are completed. All new hires receive extensive on-the-job training by their supervisor and peers on all aspects of their position.

5.4 The agency assesses capability by ensuring all employees possess all the skills and competences required for their position. For example, all our adjusters must be licensed as Property & Casualty Adjusters with the SC Department of Insurance.

We assess our capacity needs on a continuing basis. When the need arises we have the ability to assign additional resources to alleviate any capacity issues.

5.5 The EPMS is administered in a fair and timely manner. We have established a universal review date. Staff members are always made aware of their job performance throughout the year. When necessary, they receive guidance and training needed to improve performance. During the planning stage supervisors and employees meet to agree upon job requirements and the expectations of job performance for the coming year.

5.6(a-d) All senior leaders exceed the requisite attributes of their position. They meet regularly to discuss strategies and form action plans to best accomplish our mission. They are well versed in organizational knowledge and ethical practices. These practices are communicated to all employees through the agency.

5.7 Development and training for our employees is done on an "as needed" basis. Formal training for job skills is provided initially and when refresher training is needed. Informal training, pertaining to job performance, is done by the employee's peers with input and guidance from their supervisor.

The majority of our senior leaders are graduates of the South Carolina Executive Institute.

All employees attend seminars, conferences and workshops that pertain to their area of expertise.

5.8 We encourage the use of any new knowledge or skills obtained by our employees. We have the ability to pass these new skills or knowledge to other employees through cross training. This encourages employees to apply new skills and knowledge on-the-job and ultimately improve performance and customer satisfaction.

5.9 Employee's individual training needs are derived from and directly support the action plans used to realize the agency's strategic goals.

5.10 The Fund uses an informal out-briefing with departing employees and we use comments from current employees through the annual Employee Satisfaction Survey. We have an "open door" policy that allows all employees the opportunity to comment on ways to improve any process. We are a small agency, which affords us the ability to move quickly when the need for improvement in our effectiveness in any area is identified.

5.11 We know that our staff members are one of our most important assets. Their well being, satisfaction and development is a high priority. We encourage and motivate employees to their full potential by strongly supporting the pay plans outlined in the State Human Resources Regulation. We have developed internal policies for performance increases, retention increases and additional duties/responsibilities. We have established a universal review date (August 1st) for the Employee Performance Management System (EPMS). All employees are counseled and coached throughout the year to ensure they are fully aware of their job performance and what they need to do to exceed or substantially exceed job requirements. We have established a flexible work schedule policy allowing all staff members the choice of flextime or a compressed work week. We have also initiated a casual dress code for all employees.
The agency's policies and rules are broad and flexible in order to cover all justifiable situations. This encourages an ongoing flow of constructive dialogue with staff members at all levels of the agency. Staff members feel free to discuss work-related problems, opportunities and issues. There is a prevailing sense that "we're all in this together." Staff members feel that their work makes a positive difference in some way and that they are genuinely valued by the agency.

5.12 The Fund monitors employee well being and satisfaction by a variety of measures. Our most effective and primary measure is the Employee Satisfaction Survey. The survey is designed to measure employees' level of satisfaction in several areas. The results are outlined in Category 7. All senior leaders, managers, and supervisors have "open-door" policies and are

available to all employees. We have a monthly staff social gathering. This type venue allows for a non-scripted free flow of information and comments both of work and non-work subject matters. Supervisors conduct informal exit briefing with departing employees to determine trends in employee satisfaction.

5.13 We manage effective career progression and succession planning by the use of cross training and mentoring. All managers have trained and mentored employees to succeed them or to be able to assume their duties in the event of an emergency. This process of cross training applies to all positions to ensure the level of customer service remains high.

5.14 The senior leaders and supervisors promote workplace safety and a healthy work environment. The workplace is kept in a high state of maintenance and cleanliness. We occupy leased office space and maintain a good working relationship with the property manager to ensure a quick response when problems arise.

## Category 6 – Process Management

6.1 Our agency has a very distinct mission. This mission is the processing of Second Injury Fund and Uninsured Employers' Fund claims. The core competencies are fair and impartial claims administration, highly professional and well-trained staff and the continuous improvement of services. These competencies are directly related to our mission and the agency environment insuring that we maintain our high customer satisfaction ratings.

6.2 Managers and supervisors regularly review and monitor work processes associated with claims administration. Claims administration includes the investigation, acceptance or denial, and audit and payment of claims. We have designed internal audits and edits into our Claims Management System to ensure final decisions are based on valid data. These practices are interwoven in our core competencies and ensure added value to both our internal and external customers.

6.3 The review of our customer surveys, employee satisfaction surveys, customer and employee focus group and recommendations from our key supplier are factors that cause changes to existing processes or creation of a new process. We continuously monitor all processes/systems to ensure that organizational knowledge, technology, customer and mission related requirements, cost controls, and other efficiency and effectiveness factors are considered if and when changes are needed in process design or delivery. All employees involved in these processes are empowered to make or recommend changes to improve the process based on input from both our internal and external customers.

6.4 The quality and timeliness of our delivery processes are constantly monitored to ensure that we meet or exceed our goals. We have requirements in the EPMS that outlines time limits on job duties to ensure we will meet our objectives. An example of some of these duties are:

- Daily distribution of incoming mail
- Create and distribute new claim files within 5 days of receipt of information
- Monthly claims diary must be complete by month end
- Process of Reimbursement Request Forms within 20 days of receipt

These examples are a few of the duties outlined in the EPMS and show that we have linked the EPMS to our stated goals and objectives and improved customer service.

6.5 Senior leaders receive weekly, bi-weekly and month-end reports generated from our Claims Management System, Basic Accounting Reporting System, SCEIS and the Medical and Indemnity Audit Reduction System. They review these reports, along with other information available, to evaluate and, if opportunities are identified, improve our key product and service related processes.

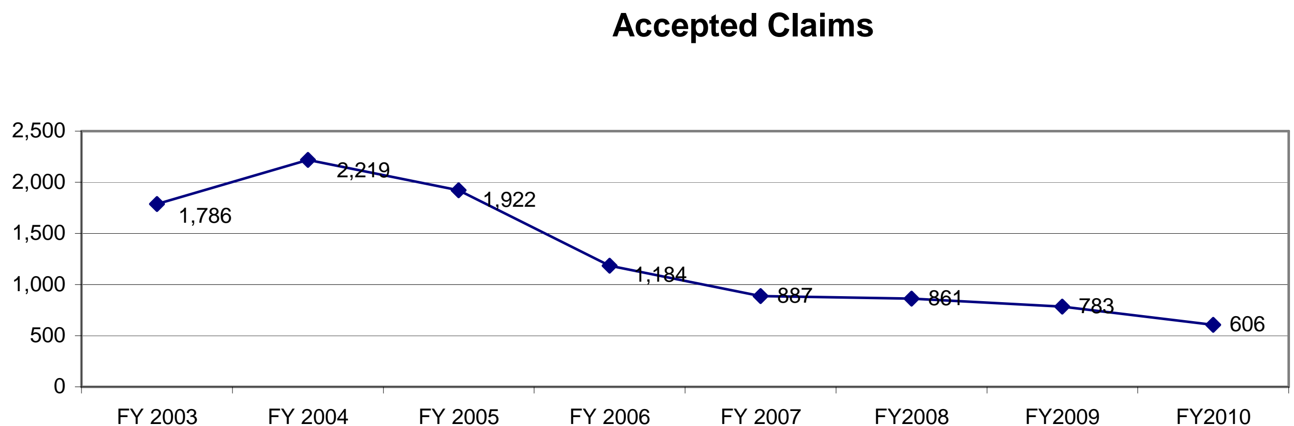
6.6 Our agency has one key support process and that is information technology support. We are a small agency and could not justify the positions needed to manage our IT mission. We have outsourced this support to the Budget and Control Board's Division of State Information Technology (DSIT). They maintain our mainframe system and our LAN and WAN. The coordination and cooperation we have with their office is excellent. Based on their recommendations we remain on the "cutting edge" of information technology.

6.7 The agency's budgetary process breaks down strategic goals into measurable short-term objectives. Each of these objectives are analyzed and prioritized to determine the short-term funding requirements. These are compiled to form the agency's annual budget request.

## Category 7 – Results

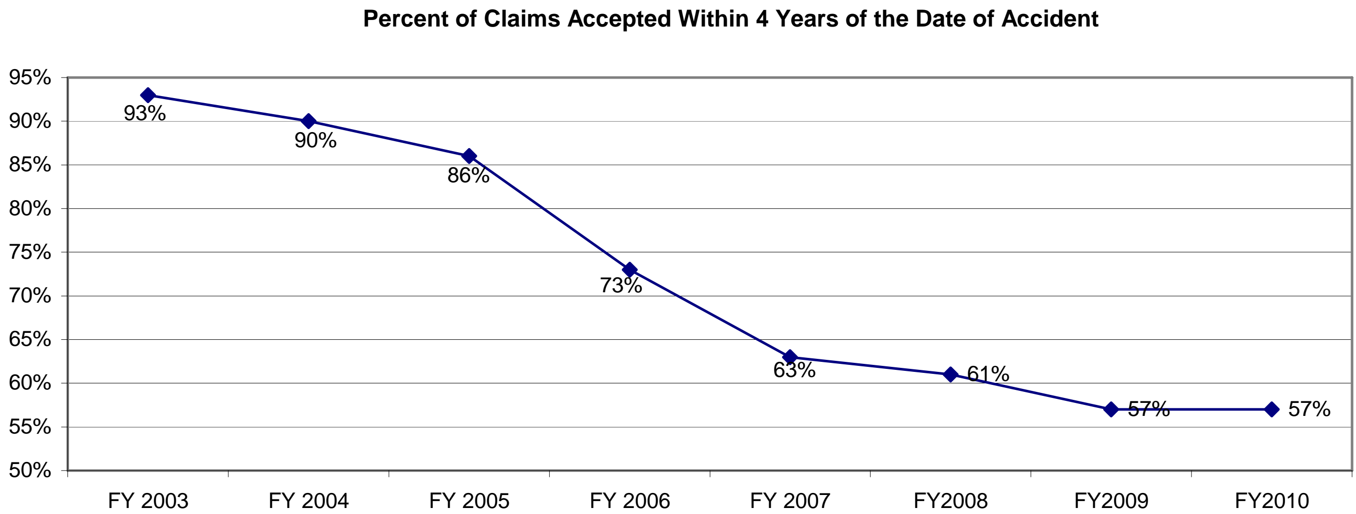
7.1 The Second Injury Fund measures several key trends and performance levels that are related to the accomplishment of our mission. We actively investigate all Second Injury Fund claims to reach a final determination to accept or deny each claim. The results shown in Figure 7.1-1 reflect the number of employers benefiting from this process by the acceptance of their claims.

Figure 7.1-1



Another outcome of our vigorous investigation process is the number of claims we accept for payment within four years of the date of accident. The importance of this measurement is the direct effect it has on the employers' workers' compensation premiums. The National Council on Compensation Insurance (NCCI) determines the experience rating in the overall insurance pricing system. Using both paid and incurred loss data, NCCI goes back a total of four years. When claims are accepted, carriers must lower their reserves to the threshold limits of the Fund ensuring that that accident should not have an adverse effect on the experience rating. Figure 7.1-2 shows 57% of the accepted claims in FY 2010 were accepted within four years. This downward trend is caused by carriers reopening claims that are many years old and providing documentation for acceptance.

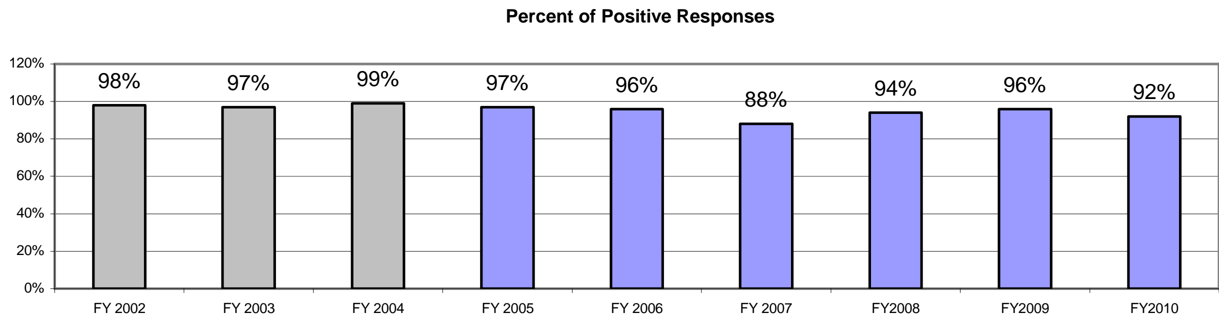
Figure 7.1-2




7.2 The Second Injury Fund conducts an annual customer survey to measure customer satisfaction. Customers evaluate our performance using a four point Liker Scale. Additional space is provided for written comments and to answer open-ended questions. We use this information to determine customer expectations and to gather recommendations on improving services. This information is compiled and trends are noted and distributed to all employees.

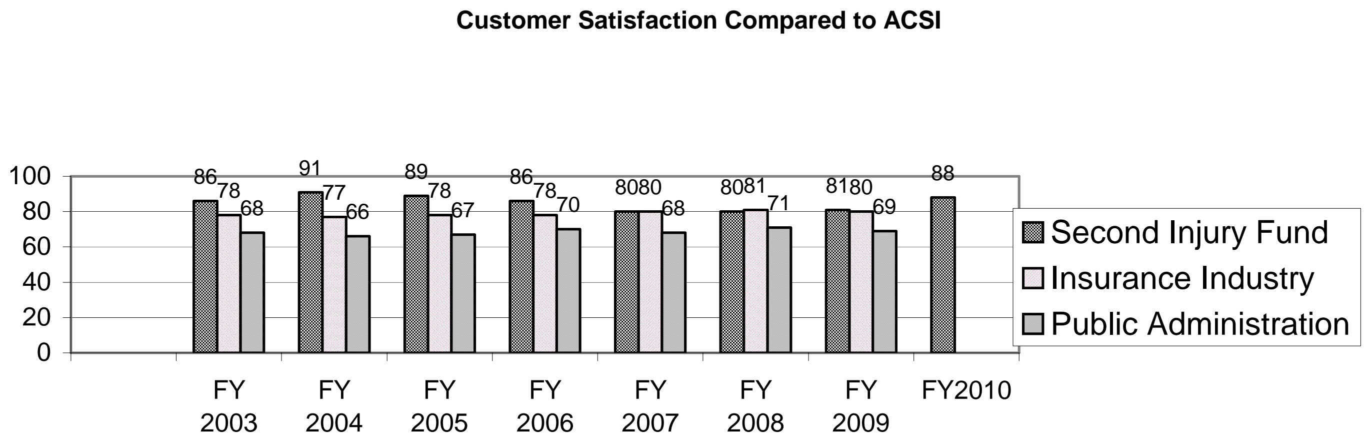
We use the percentage of positive responses to determine trends. The results for the past nine years are shown in Figure 7.2-1

Figure 7.2-1



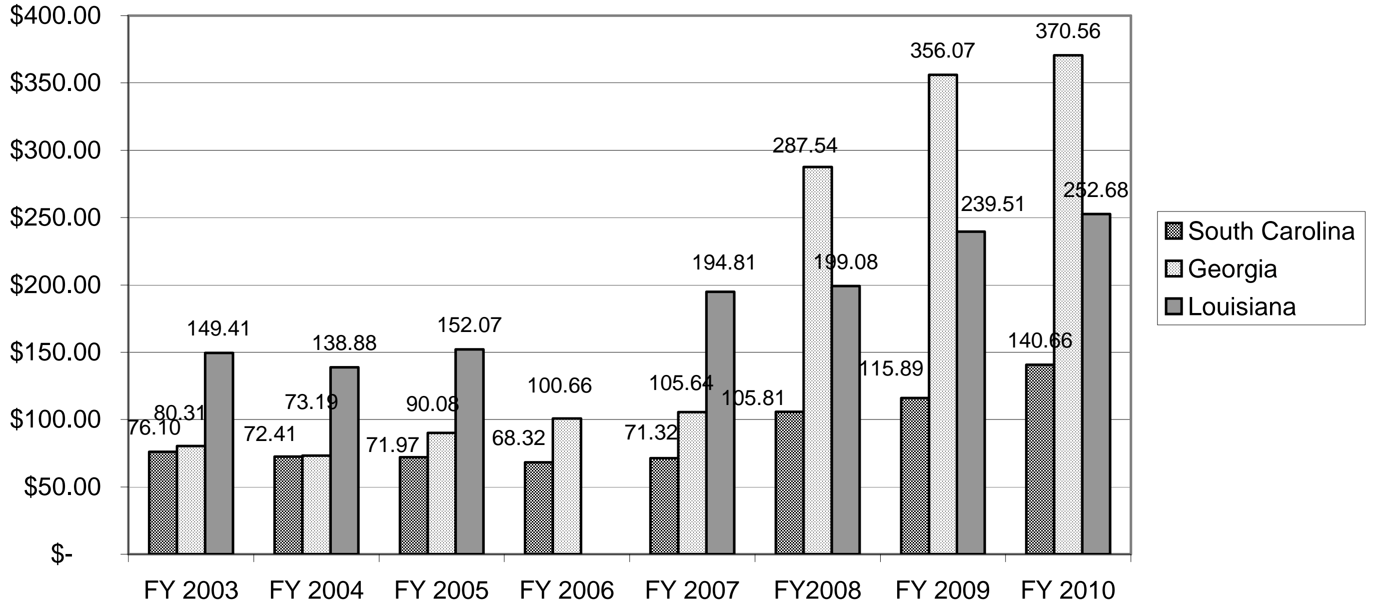

We compare our customers' satisfaction against the American Customer Satisfaction Index (ACSI) produced by the American Society for Quality. The index is nationally recognized and provides industry specific measures of customer satisfaction. The results of the customer survey are converted to a comparable scale of 0 –100 and then measured against the indexes of the insurance industry and public administration. The results shown in Figure 7.2-2 indicate that the Second Injury Fund is equal to or exceeds the ACSI for the comparable industries. ACSI data is not available for Public Administration and the Insurance Industry for FY 2010.

Figure 7.2 -2



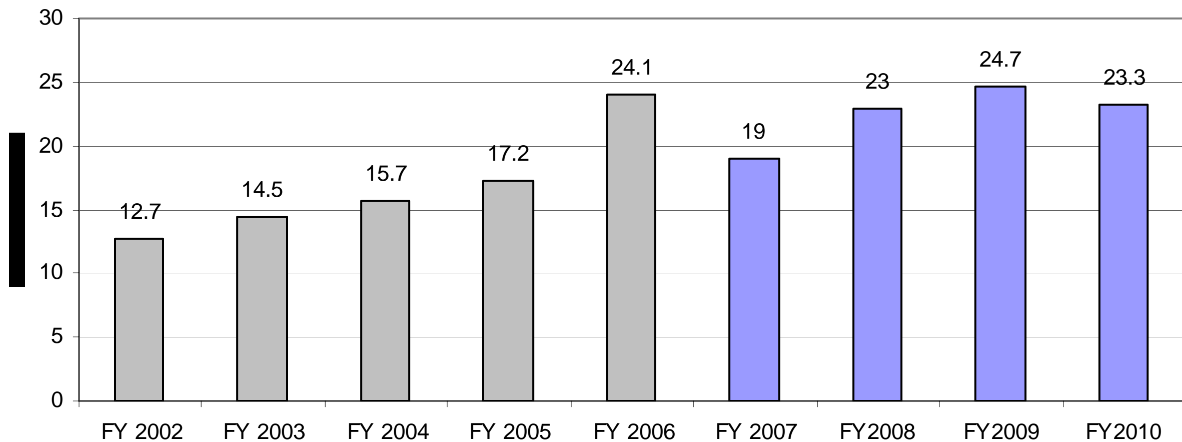

7.3 The financial performance of the Fund is sound. We have not had a major finding on our annual financial audit in the past 21 years. We measure 3 performance levels in this area. Figure 7.3-1 shows the Second Injury Fund's average cost per claim compared to "like" funds from Georgia and Louisiana. Over the past eight years we have set the standard. Louisiana data for FY 2006 is not available.

Figure 7.3-1



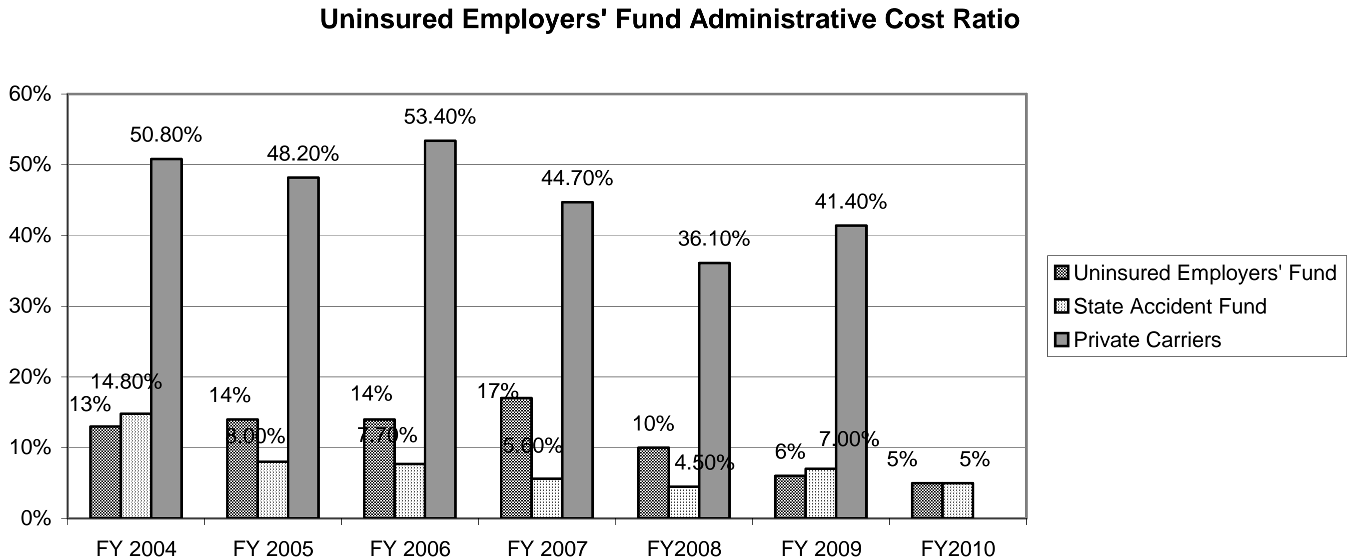

The second performance level we measure is the savings on the annual assessment caused by our internal review of reimbursements. By ensuring we only reimburse the amounts allowed by the Workers' Compensation Commission Medical Fee schedule and compensation ordered we continue to have a positive effect on the assessment process. Figure 7.3-2 shows that our internal review of reimbursements led to a $23.3 million reduction in the annual assessment for FY 2010.

Figure 7.3-2



The last performance measurement we track is the administrative cost ratio of the Uninsured Employers' Fund. We compare the Fund with private carriers and the State Accident Fund. Figure 7.3-3 reflects that we are meeting our expectations by keeping our cost ratio lower than that of the private industry. FY 2010 data for private carriers is not available.

Figure 7.3-3




7.4 The Fund conducts an annual Employee Satisfaction Survey. This survey has been used for seven years. The results of the questions that deal with the employee satisfaction are shown below in figures 7.4-1 and 7.4-2

Figure 7.4-1

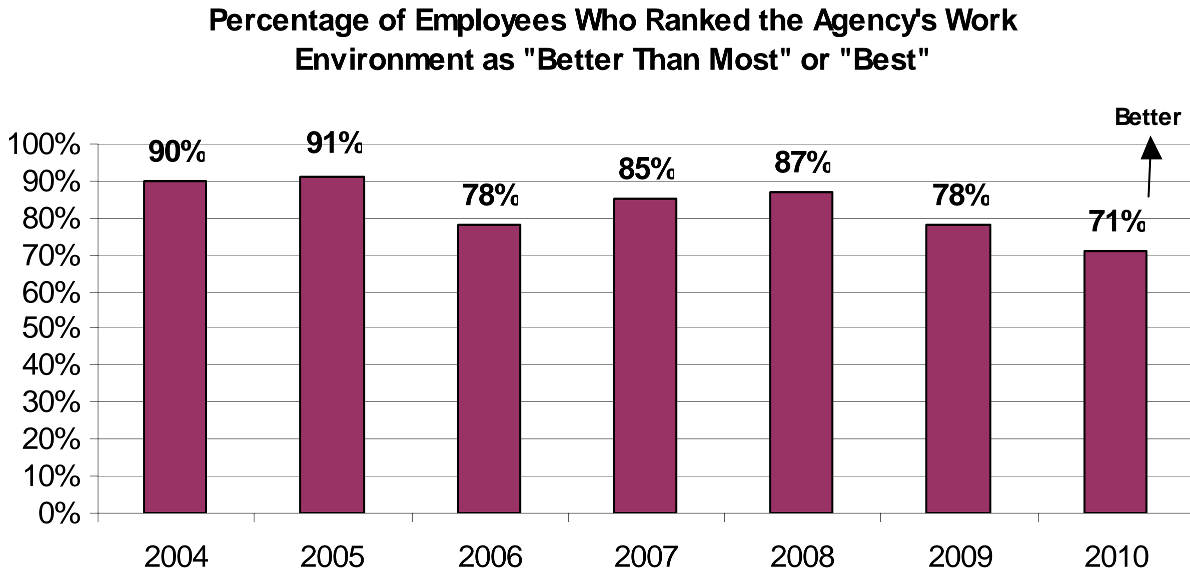
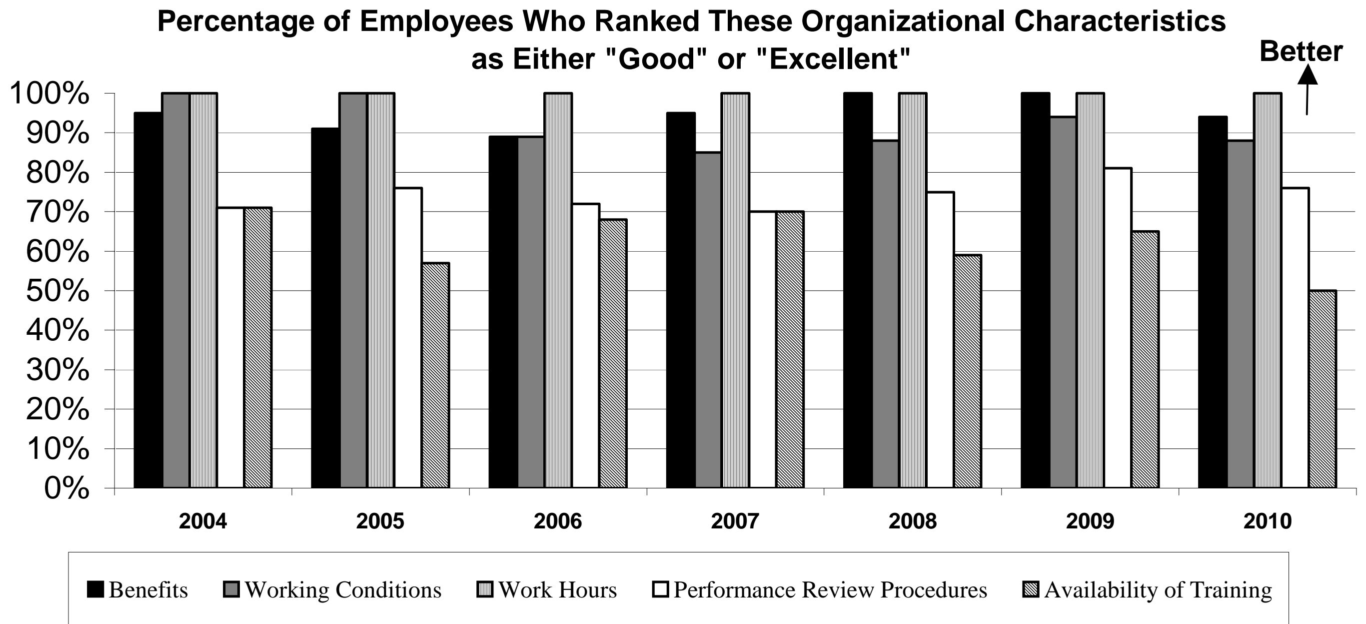
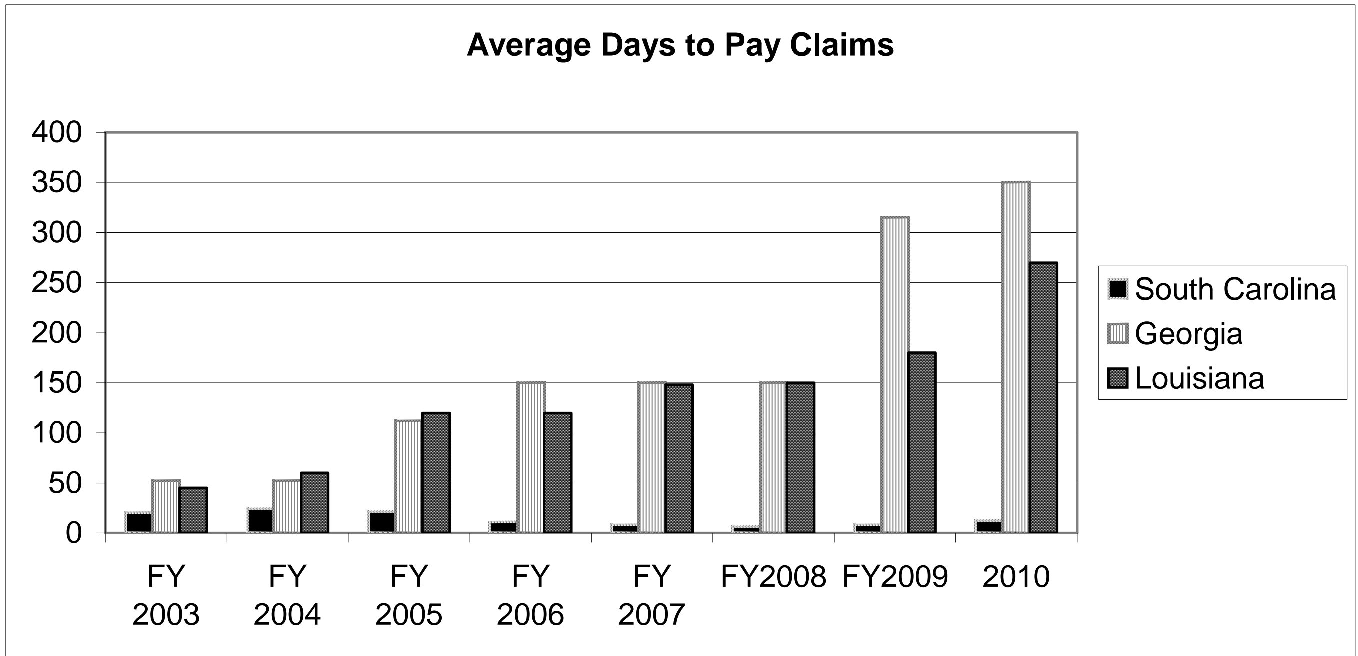


Figure 7.4-2



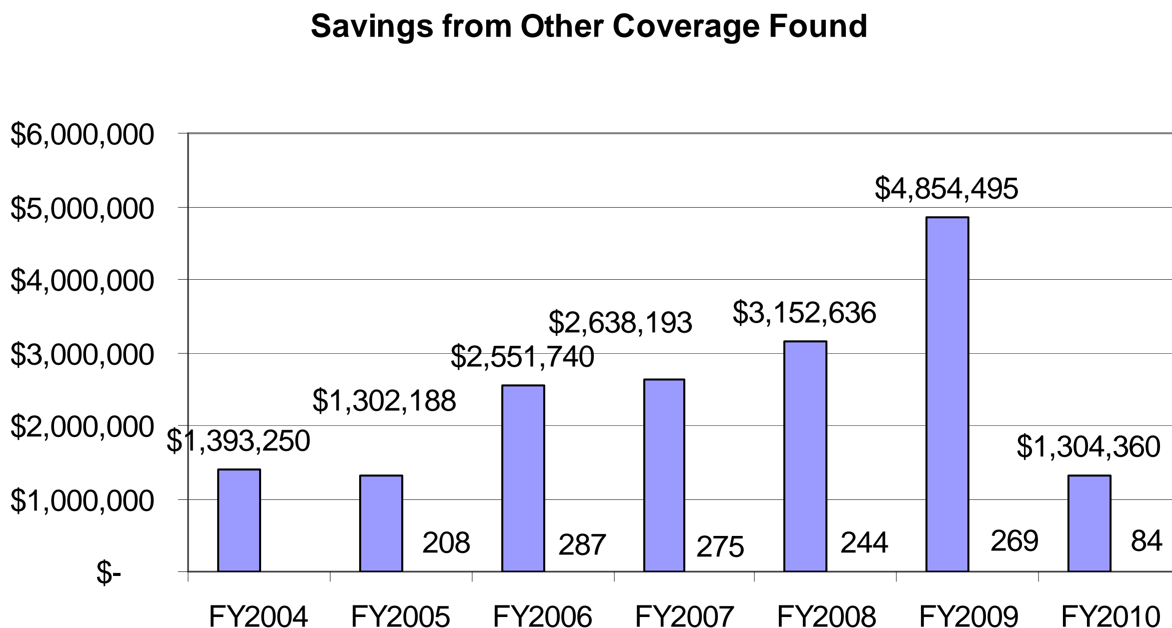

7.5 The Fund measures the number of days needed to process claim reimbursements. We compare our performance with “like” second injury funds in Georgia and Louisiana because their law is very similar to South Carolina Law. As shown in Figure 7.5.1 we have set the standard for the expeditious processing of claim payments.

Figure 7.5.1




7.6 The Fund measures two performance levels as to our regulatory requirements. We must actively investigate all Uninsured Employers' Fund claims to ensure no other coverage is available to pay benefits to the injured employee, saving the Fund from these payments. Figure 7.6-1 shows the amount of funds saved by the investigation process that found 84 claims in FY2010 with other coverage.

Figure 7.6 -1



The second regulatory requirement we measure is the amount of Uninsured Employers' Fund benefits and costs recouped on claims paid. These recoupment are from employers that were in violation of the Workers' Compensation Act. Figure 7.6-2 shows our performance over the past eight years. We believe the shortfall in total recoupment for FY 2010 is directly affected by the economy as reflective of uninsured employers that go out of business, file bankruptcy or become otherwise judgment proof.

Figure 7.6-2