

# South Carolina State Accident Fund

# STATE ACCIDENT FUND

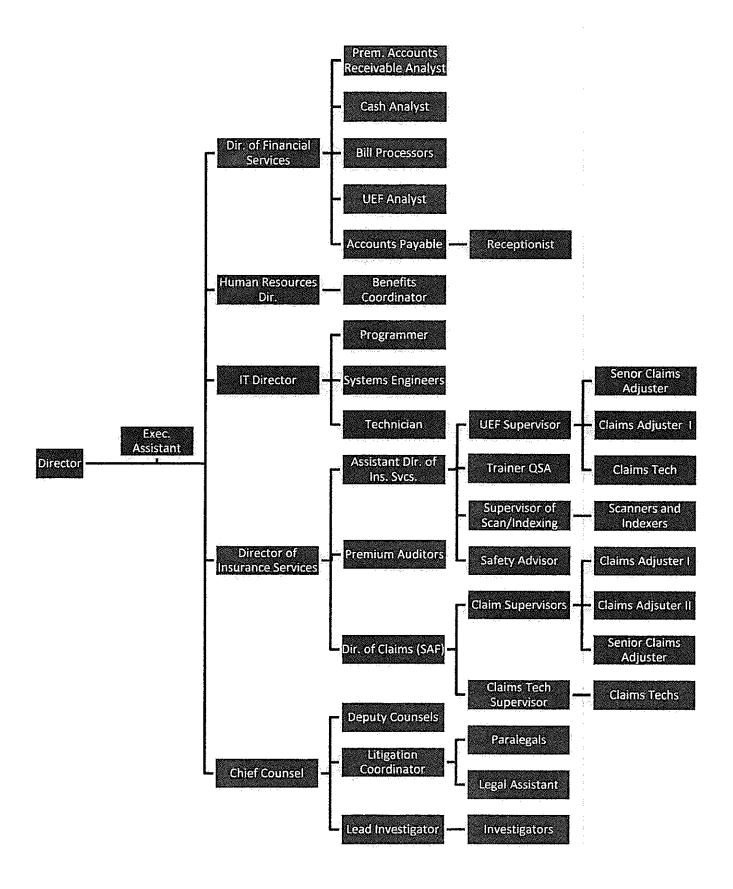
Acting Director:
Erin Farthing

(803) 896-5892 efarthing@saf.sc.gov

Abigail Sellers Director of Financial Services (803) 896-5872 asellers@saf.sc.gov

# **Agency Overview**

- The State Accident Fund (SAF) is the provider of workers' compensation insurance for all state agencies and other governmental entities. SAF also includes the SC Uninsured Employers' Fund (UEF).
- SAF does not receive funds from the General Fund. It is funded solely from premiums collected from policyholders.
- UEF is also other funded. It receives funding from Department Of Insurance and the Workers Compensation Commission.



| AGENCY NAME: | State Accident Fund |          |     |  |
|--------------|---------------------|----------|-----|--|
| AGENCY CODE: | R120                | SECTION: | 075 |  |

# **AGENCY'S DISCUSSION AND ANALYSIS**

The South Carolina State Accident Fund ("SAF") was established in 1943 for the purpose of providing workers' compensation coverage and administration for all state agencies and other local governmental entities at reasonable prices. By creating a state agency for the sole purpose of "self-insuring," the state of South Carolina provides a stable source of guaranteed insurance coverage so that state workers are not placed at undue risk.

The mission of SAF is to provide cost effective, guaranteed workers' compensation insurance for state agencies and optional coverage for other governmental entities, and to provide superior servicing for policyholders and injured workers.

As set forth by statue, SAF determines rates and premiums in the same manner as a private insurance company. It is funded entirely by the premium it collects and receives no general funds from the state of South Carolina.

On July 1, 2013, the administration of the South Carolina Workers' Compensation Uninsured Employers' Fund ("UEF") was transferred to SAF. The UEF was created to ensure payment of workers' compensation benefits to injured employees whose employers failed to acquire coverage for their employees as required. The UEF is funded from the collections of tax on insurance carriers and self-insureds.

By self-insuring, SAF provides the state a more stable and economic source of insurance coverage and avoids many underwriting risks associated with varied governmental functions. This stability ensures that injured state employees are provided necessary medical care and income while out of work, thereby limiting any burden on SC employees and, ultimately, the state of South Carolina.

SAF measures its success and establishes goals based on the expectations of our policyholders and stakeholders. Surveys and interviews have established these continued goals:

- Quality and customized services (timely processing of claims and providing appropriate services);
- Low claim costs;
- Competitive rates; and
- Personal and interactive service and communication.

The key strategic goals facing SAF are related to the implementation of a new case management system, and retention and recruitment of staff.

The agency's major applicable achievements for FY 2021-2022 include:

- Agency remained financially sound and self-sustaining;
- Maintained level premium rates for SAF policyholders;
- Continued costs savings through vendor partnerships;
- Established a Claims Department career progression path for claim adjusters;
- Maintained a high success rate for workers' compensation claim mediations;
- Implementation of off-site backup and upgraded firewalls for enhanced security and monitoring.

| AGENCY NAME: | State Accident Fund |          |     | : |
|--------------|---------------------|----------|-----|---|
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The agency continued its costs saving and recovery efforts through vendor partnerships, which provided a net recovery and/or fee schedule savings of \$13,448,242.00.

| 0 | Medical services/ Charge Review | \$3,828,430.00 |
|---|---------------------------------|----------------|
| 0 | Pharmacy Services               | \$5,100,156.00 |
| 0 | Subrogation Services*           | \$1,229,115.00 |
| o | Physical Therapy Services       | \$265,356.00   |
| 0 | Second Injury Fund Recoveries*  | \$2,572,597.00 |
| o | Collection Services (UEF)       | \$452,588.00   |

Primary goals for Fiscal Year 2022-2023 include:

- Begin integration of new case management system;
- Begin implementation of recommendations received from Legislative Oversight Committee;
- Continue to work with Division of Procurement Services to bring all existing vendor contracts current.

<sup>\*</sup> Starting in FY 2021-2022 recoveries are shown as net.

# State Accident Fund Fiscal Year July 1, 2022 - December 31, 2022 Budget vs Actual Expenditures

| Description                              | Budget        | Actual         | Remaining    | Percentage Expended |
|--|---------------|----------------|--------------|---------------------|
| Director                                 | 109,596.00    | -              | 109,596.00   | 0.00%               |
| Classified Positions & Personal Services | 4,658,123.00  | 1,966,994.29   | 2,691,128.71 | 42.23%              |
| Other Operating                          | 3,900,950.00  | 539,261.34     | 3,361,688.66 | 13.82%              |
| Administration Total                     | 8,668,669.00  | 2,506,255.63   | 6,162,413.37 | 28.91%              |
| Miscellaneous Operations                 | 5,000.00      | <del>-</del> . | 5,000.00     | 0.00%               |
| Educational Training                     | 5,000.00      | -              | 5,000.00     | 0.00%               |
| Employer Contributions                   | 2,137,394.00  | 818,163.66     | 1,319,230.34 | 38.28%              |
| Employer Contributions Total             | 2,137,394.00  | 818,163.66     | 1,319,230.34 | 38.28%              |
| Total                                    | 10,811,063.00 | 3,324,419.29   | 7,486,643.71 | 30.75%              |

# State Accident Fund Fiscal Year July 1, 2021 - June 30, 2022 Budget vs Actual Expenditures

| Description                              | Budget        | Actual       | Remaining    | Percentage Expended |
|--|---------------|--------------|--------------|---------------------|
| Director                                 | 135,280.00    | -            | 135,280.00   | 0.00%               |
| Classified Positions & Personal Services | 4,632,439.00  | 3,599,975.75 | 1,032,463.25 | 77.71%              |
| Öther Operating                          | 3,900,950.00  | 1,199,143.78 | 2,701,806.22 | 30.74%              |
| Administration Total                     | 8,668,669.00  | 4,799,119.53 | 3,869,549.47 | 55.36%              |
| Miscellaneous Operations                 | 5,000.00      | -            | 5,000.00     | 0.00%               |
| Educational Training                     | 5,000.00      | -            | 5,000.00     | 0.00%               |
| Employer Contributions                   | 2,137,394.00  | 1,536,074.71 | 601,319.29   | 71.87%              |
| Employer Contributions Total             | 2,137,394.00  | 1,536,074.71 | 601,319.29   | 71.87%              |
| Total                                    | 10,811,063.00 | 6,335,194.24 | 4,475,868.76 | 58.60%              |

# **State Accident Fund Carry Forward Funds**

| Fund     | Title                  | Comments                                      |
|----------|------------------------|---|
| 32339000 | AFS - WORKS' COMP FD   | The funds carried forward do not increase the |
|          |                        | agency's budget authorization                 |
| 32339001 | AFS - UNINSURED EMPLRS | The funds carried forward do not increase the |
|          |                        | agency's budget authorization                 |

|                              |  |  | FY 23-24 Pri   | ioritized Budget       | FY 23-24 Prioritized Budget Request Summary | ary               |         |              |       |       |         |                                 |
|------------------------------|--|--|--|------------------------|---|-------------------|---------|--------------|-------|-------|---------|---------------------------------|
|                              |  |  |  | *Agency Name*          | me*   |                   |         |              |       |       |         |                                 |
|                              |  | BUDGET REQUESTS  | STS  |                        |   | FUNDING           |         |              |       | FTES  |         | 100<br>100<br>100<br>100<br>100 |
| Request T                    | Request Type (recurring, Priority non-recurring, apried)   | Request Title  | Brief Description  | General •<br>Recurring | General -<br>Nonrecurring                   | Other             | Federal | Fotal        | State | Other | Federal | Total                           |
| ,                            |  |  | Majority of funds will be used to update the State Accident Fund's case  |                        |   |                   |         |              |       |       |         |                                 |
|                              |  |  | management system. Approximately \$315K of the request is an increase to |                        |   |                   |         |              | . "   |       |         |                                 |
| Recurring                    | :  | Other Fund<br>Authorization  | personnel services and employer contributions.                           | :                      |   | 2,215,000.00      |         | 2,215,000.00 |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | Q            |       |       |         | 00.0                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        | ,   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0.           |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | Q            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 00.0                            |
|                              |  |  |  |                        |   |                   |         | 0.           |       |       |         | 00'0                            |
|                              |  |  |  |                        |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         | 0.           |       |       |         | 0.00                            |
| out not not be a contraction | The second secon | Section of the sectio |  | W(V) 194               |   |                   |         | 0            |       |       |         | 0.00                            |
|                              |  |  |  |                        |   |                   |         |              |       |       |         |                                 |
|                              | ĭ  | TOTAL BUDGET REQUESTS  |  | \$                     | - 5   | \$ 2,215,000   \$ |         | \$ 2,215,000 | 0.00  | 0.00  | 00.0    | 0.00                            |

| Agency Name: | State Accident Fund |          |    | CORRESPONDENCE CONTROL OF THE PROPERTY OF THE |
|--------------|---------------------|----------|----|---|
| Agency Code: | R120                | Section: | 75 | i i i i i i i i i i i i i i i i i i i   |



# Fiscal Year FY 2023-2024 Aganey Rudget Plan

|  | FORM A - BUD  | GET PLAN SU          | MMARY            |                                       |
|--|---|----------------------|------------------|---------------------------------------|
| OPERATING  | For FY 2023-2024, my agency is (mar   |                      |                  |                                       |
| REQUESTS (FORM B1)   | Requesting General Fund Appropriate Requesting Federal/Other Author Not requesting any changes. |                      |                  | :                                     |
| (1 OAM DI)   |   |                      |                  | <del>- :</del>                        |
| NON-RECURRING  | For FY 2023-2024, my agency is (mar   |                      |                  | :                                     |
| REQUESTS   | Requesting Non-Recurring Appr   |                      |                  | ;<br>;                                |
| (FORM B2)  | Requesting Non-Recurring Feder  Not requesting any changes.                                     | a/Oner Aumorization, |                  |                                       |
| CAPITAL  | For FY 2023-2024, my agency is (mar   | k "X"):              |                  | ;<br>;                                |
| REQUESTS   | Requesting funding for Capital Po   | rojects.             |                  |                                       |
| (FORM C)   |   |                      |                  |                                       |
| PROVISOS   | For FY 2023-2024, my agency is (mar<br>X Requesting a new proviso and/or                        |                      | ting provises    | · · · · · · · · · · · · · · · · · · · |
|  | Only requesting technical proviso   | _                    |                  | <b>.</b>                              |
| (FORM D)   | Not requesting any proviso change   | ·<br>•               |                  |                                       |
| lease identify your agen   | cy's preferred contacts for this ye   | ar's budget process. |                  |                                       |
|  | <u>Name</u>   | <u>Phone</u>         |                  | <u>Email</u>                          |
| PRIMARY<br>CONTACT:  | Erin Farthing   | (803) 896-5892       | EFarthing@saf    | Sc.gov                                |
| SECONDARY<br>CONTACT:  | Abigail Sellers   | (803) 896-5872       | ASellers@saf.s   | c.gov                                 |
|  | roved the enclosed FY 2023-202  | 4 Agency Budget Pla  | n, which is comp | lete and accurate to                  |
| f my knowledge.  |   |                      |                  |                                       |
| lengi 17.255 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 (17.555 ( | Agency Director   |                      | Board or Com     | unission Chair                        |
| SIGN/DATE:   |   |                      |                  |                                       |
| TYPE/PRINT   |   |                      |                  |                                       |

|                     | Agency Director | <b>Board or Commission Chair</b> |
|---------------------|-----------------|----------------------------------|
| SIGN/DATE:          |                 | 7                                |
|                     |                 | :                                |
| TYPE/PRINT<br>NAME: |                 |                                  |
| INAIME:             |                 |                                  |

This form must be signed by the agency head – not a delegate.

| Agency Code: |  |
|--------------|--|
|              |  |
| Section: 75  |  |

| BUDGET   | REQUESTS          |  | FUNDING | ţ       |           |            |           | FTES  |         |           |            |       |
|----------|-------------------|--|---------|---------|-----------|------------|-----------|-------|---------|-----------|------------|-------|
| Priority | Request<br>Type   | Request Title                          | State   | Federal | Earmarked | Restricted | Total     | State | Federal | Earmarked | Restricted | Total |
| 1        | B1 -<br>Recurring | Requesting Other<br>Fund Authorization | а       | 0       | 2,215,000 | 0          | 2,215,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |
| TOTALS   |                   |  | o       | 0.      | 2,215,000 | 0          | 2,215,000 | 0.00  | 0.00    | 0.00      | 0.00       | 0.00  |

| Agency Name: | State Accident Fund |          | Complete Com |
|--------------|---------------------|----------|--|
| Agency Code: | R120                | Section: | 75   |

# FORM B1 – RECURRING OPERATING REQUEST

| AGENCY<br>PRIORITY   | 1   |  |
|--|---|--|
| archiverse de de seus de la companya de la company | Provide the Agency Priority Ranking from the Executive Summary. |  |
|  |   |  |

TITLE

Requesting Other Fund Authorization

Provide a brief, descriptive title for this request.

AMOUNT

General: \$0 Federal: \$0

Other: \$2,215,000

Total: \$2,215,000

What is the net change in requested appropriations for FY 2023-2024? This amount should correspond to the total for all funding sources on the Executive Summary.

## NEW POSITIONS

0.00

Please provide the total number of new positions needed for this request.

|            | Marl    | k "X" for all that apply:   |   |
|------------|---------|---|---|
|            | X       | Change in cost of providing current services to existing program audience | ÷ |
|            |         | Change in case load/enrollment under existing program guidelines          | · |
| FACTORS    | 變壓      | Non-mandated change in eligibility/enrollment for existing program        |   |
| ASSOCIATED |         | Non-mandated program change in service levels or areas                    | : |
| WITH THE   | Thinks. | Proposed establishment of a new program or initiative                     |   |
|            |         | Loss of federal or other external financial support for existing program  | · |
| REQUEST    |         | Exhaustion of fund balances previously used to support program            |   |
|            | X       | IT Technology/Security related  | · |
|            | ãX∰     | Consulted DTO during development  | 1 |
|            | 極端      | Related to a Non-Recurring request - If so, Priority #                    |   |

| SON YES  | to selling the   | Sugar      | 1,777,77      | Chousts sin | 1, 1,166     |
|----------|------------------|------------|---------------|-------------|--------------|
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|          | 5,450,500        | 201014545  |               | 968694b8    | N. Sec       |
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|          | STF              |            | l la l        |             | 40.000       |
| iga ilig |                  | •          |               |             | - 67         |
|          |                  | 200        |               | 400         |              |
| de d.    | )B.I             | T. 6       | TITLE !       | <b>¥7E</b>  | 109          |
|          | JDJ              | L          | 131           | ¥ P         |              |
|          |                  |            |               |             |              |

| Mark             | "X" for primary applicable Statewide Enterprise Strategic Objective: | \$<br>\$ |
|------------------|--|----------|
|                  | Education, Training, and Human Development                           |          |
|                  | Healthy and Safe Families  |          |
| 10071100         | Maintaining Safety, Integrity, and Security                          |          |
| $\mathbf{X}_{i}$ | Public Infrastructure and Economic Development                       |          |
|                  | Government and Citizens  |          |

ACCOUNTABILITY
OF FUNDS

In order to continue to operate a cost effective government agency, State Accident Fund requires an updated case management system. Our current system is close to 25 years old and serves the claims, legal, premium, and financial departments of the agency. While the agency is on course to complete the RFP process and enter into a contract for the new system in FY23, the implementation of the system will be a lengthy process. We will require continued funds to complete the payment process during implementation, as well as to provide continued support for the system once implementation is complete. The new system will help the agency become more efficient, which will allow us to provide the highest level of customer satisfaction and service in all areas of business. The system will further provide additional security to the information maintained by the agency. The system update will also afford the agency with additional capabilities that will improve premium billing, claim organization, and provider payments. These all relate back to agency strategies including collecting premium due, improving of claim handling processes, improving mediation practices, and improving subrogation practices. These capabilities will further help the agency to develop more quality and efficient procedures to improve productivity and reduce costs. The increase to personnel services and employer contributions relates to our strategy of maintaining a high level of service and support to policy holders. The agency strives to keep a knowledgeable staff on board in order to fulfill the mission of the agency. This requires adequate funding for compensation as well as employer contributions for employees.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template

of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

## RECIPIENTS OF FUNDS

Claims management system provider selected by RFP will receive funds as payment for new system implementation and support.

Agency employees would receive funds requested in personnel services and employer contributions.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

## JUSTIFICATION OF REQUEST

The agency is striving to improve processes across all departments in order to continue to provide excellent customer service to policy holders and their injured workers. This includes necessary upgrades to the case management system and maintaining a knowledgeable staff to perform all necessary functions throughout the agency. The agency is projecting that out of the \$2,215,000 request \$1,895,000 will be going towards the system update, and \$320,000 is projected for an increase to employer contributions and personnel services.

In order to continue to operate a cost effective government agency, State Accident Fund requires an updated case management system. Our current system is close to 25 years old and serves the claims, legal, premium, and financial departments of the agency. While the agency is on course to complete the RFP process and enter into a contract for the new system in FY23, the implementation of the system will be a lengthy process. We will require continued funds to complete the payment process during implementation, as well as to provide continued support for the system once implementation is complete. The new system will help the agency become more efficient, which will allow us to provide the highest level of customer satisfaction and service in all areas of business. The system will further provide additional security to the information maintained by the agency. The system update will also afford the agency with additional capabilities that will improve premium billing, claim organization, and provider payments. These all relate back to agency strategies including collecting premium due, improving of claim handling processes, improving mediation practices, and improving subrogation practices. These capabilities will further help the agency to develop more quality and efficient procedures to improve productivity and reduce costs. The increase to personnel services and employer contributions relates to our strategy of maintaining a high level of service and support to policy holders. The agency strives to keep a knowledgeable staff on board in order to fulfill the mission of the agency. This requires adequate funding for compensation as well as employer contributions for employees.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

| Agency Name:   | State Accident F             | und   | NON-COLUMN (MINISTER) |
|--|------------------------------|---|---|
| Agency Code:   | R120                         | Section:                                    | 75  |
|  | EODAED DE                    | ATTICA DELTICION D                          | PEOLIBOR.   |
|  | FURM D-PR                    | ROVISO REVISION R                           | REQUEST   |
| NUMBER   | NEW                          | W-1400                                      |   |
|  | Cite the proviso according   | to the renumbered list (or mark "NEW",      | ).  |
| TUILE  | Adjuster License Fees        |   |   |
|  |                              | enumbered list or suggest a short title for | any new request.  |
|  |                              |   |   |
| BUDGET<br>PROGRAM  | Section 75 State Accident    | Fund: I. Administration and II. Uninsure    | d Employers Fund  |
| PROGRAM  | Identify the associated bud  | get program(s) by name and budget section   | on.   |
|  |                              |   |   |
| RELATED  |                              |   |   |
| BUDGET<br>REQUEST  |                              |   |   |
|  | Is this request associated w | ith a budget request you have submitted j   | for FY 2023-2024? If so, cite it here.  |
| SALATSAN SANTAN TAKAN SANTAN SANT | 354                          |   |   |
| REQUESTED ACTION   | Add                          |   |   |
| ACTION   | Choose from: Add, Delete,    | Amend, or Codify.                           |   |
| ahir obaacii a accum dawaa ca afarro dalonii iloo accumentee dawaala aa acci                                   | 10000                        |   |   |
| OTHER AGENCIES   | S None                       |   |   |
| AFFECTED   | Which other agencies would   | d be affected by the recommended action?    | How?  |
|  | Which other agencies would   | л ве изреслей бу те тесоптенией испоп       | 11016:  |
|  | The agency is reque          | sting a new proviso to be added             | d to allow the State Accident Fund to Carolina Department of Insurance.   |
| n de Marie de Caración (1986)<br>O Spaint a She has la Spaint (1986)   | These license fees a         | re due every other year in order            | r to maintain a claims adjuster<br>s responsible for adjusting workers'   |
|  | compensation claims          |   | s responsible for adjusting workers   |
| Shine Could Stand Could  |                              |   |   |
|  |                              |   |   |
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|  |                              |   | ·   |
|  |                              |   | :   |
|  |                              |   |   |
|  |                              |   |   |
| SUMMARY & EXPLANATION  |                              |   |   |
| EXCEPTION  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   |   |
|  |                              |   | ;   |
|  | NEE 1                        |   |   |

Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it. Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

The fiscal impact would be \$80.00 blennially/per position where an adjuster license is required. Currently, State Accident Fund employ between 30 and 35 employees who are required to maintain an adjuster license.

FISCAL IMPACT

Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

The State Accident Fund is authorized to use other appropriated funds to pay the costs of adjuster license fee dues owed to the South Carolina Department of Insurance for any licensed adjusters employed as working adjusters with the State Accident Fund, where such license is an agency requirement for their position.

PROPOSED
PROVISO TEXT

Paste existing text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.