

SOUTH CAROLINA MEDICAL MALPRACTICE
PATIENTS' COMPENSATION FUND

AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2019

WITH

INDEPENDENT AUDITORS' REPORT



August 28, 2019

Members of the Board of Governors
South Carolina Medical Malpractice Patients' Compensation Fund
Columbia, South Carolina

This report on the audit of the financial statements of the South Carolina Medical Malpractice Patients' Compensation Fund for the fiscal year ended June 30, 2019, was issued by The Brittingham Group, L.L.P., Certified Public Accountants, under contract with the South Carolina Office of the State Auditor.

If you have any questions regarding this report, please let us know.

Respectfully submitted,

George L. Kennedy, III, CPA
State Auditor

GLKIII/cmw

SOUTH CAROLINA MEDICAL MALPRACTICE
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AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2019

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INDEPENDENT AUDITORS' REPORT

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INDEPENDENT AUDITORS' REPORT

Mr. George L. Kennedy, III, CPA
State Auditor
Office of the State Auditor
1401 Main Street, Suite 1200
Columbia, South Carolina 29201

Report on the Financial Statements

We have audited the accompanying financial statements of the business-type activities of the South Carolina Medical Malpractice Patients' Compensation Fund (the "Fund" or "PCF"), a non-major enterprise fund of the State of South Carolina as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Fund's basic financial statements as listed in the table of contents.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express opinions on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinions

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the business-type activities of the South Carolina Medical Malpractice Patients' Compensation Fund, as of June 30, 2019, and the respective changes in financial position, and cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Emphasis of Other Matter

As discussed in *Note 1*, the financial statements present only the South Carolina Medical Malpractice Patients' Compensation Fund and do not purport to, and do not, present fairly the financial position of the State of South Carolina, as of June 30, 2019, and the changes in its financial position, and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

As discussed in *Note 17*, Fund management had a change in accounting principle during the year as it relates to the discounting of claims liabilities.

As discussed in *Note 18*, South Carolina Medical Malpractice Patients' Compensation Fund will merge with the Joint Underwriting Association ("JUA") to form a new entity called South Carolina Medical Malpractice Association ("SCMMA") as of the close of business on December 31, 2019, with the exception of the winding down of its affairs.

Other Matters

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, Schedule of Proportionate Share of the South Carolina Retirement System Net Pension Liabilities, Schedule of South Carolina Retirement System Contributions, Schedule of Proportionate Share of the South Carolina Retiree Health Insurance Trust Fund Net Other Postemployment Benefit Liabilities, and Schedule of South Carolina Retiree Health Insurance Trust Fund Contributions on pages 3–8, 41, 42, 43, and 44 be presented to supplement the basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board, who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with auditing standards generally accepted in the United States of America, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated September 19, 2019 on our consideration of the Fund's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Fund's internal control over financial reporting and compliance.

The Brittingham Group LLP

West Columbia, South Carolina
September 19, 2019

Management's Discussion and Analysis

Overview of the Financial Statement and Financial Analysis

In accordance with Government Accounting Standards, the Fund produces three primary financial statements: (1) The Statement of Net Position, (2) The Statement of Revenues, Expenses and Changes in Net Position, and (3) The Statement of Cash Flows. This management's discussion and analysis of the South Carolina Patients' Compensation Fund's (PCF) financial statements provide an overview of its financial activities for the year.

Statement of Net Position

The Statement of Net Position presents the assets, liabilities and equity of the PCF as of the end of the fiscal year. The Statement of Net Position presents end-of-year data concerning assets as well as liabilities (current and non-current). Our current assets are those, which are reasonably expected to be, realized in one year. Current liabilities are obligations whose liquidation is expected to require the use of current assets.

Condensed Statements of Net Position

	June 30,		
	2019	2018	Variance
Assets and Deferred Outflows of Resources:			
Cash and investments	\$ 8,404,504	\$ 9,883,018	\$ (1,478,514)
Interest receivable and prepaid expenses	324,349	340,521	(16,172)
Capital assets, net	789,658	917,110	(127,452)
Deferred outflows of resources	92,360	108,107	(15,747)
	<u>\$ 9,610,871</u>	<u>\$ 11,248,756</u>	<u>\$ (1,637,885)</u>
Liabilities and Deferred Inflows of Resources:			
Current liabilities	\$ 15,766,249	\$ 9,422,402	\$ 6,343,847
Claims payable non current portion	40,690,000	43,022,447	(2,332,447)
Pension liability	548,631	611,866	(63,235)
OPEB liability	416,899	440,343	(23,444)
Deferred inflows of resources	120,981	56,017	64,964
	<u>57,542,760</u>	<u>53,553,075</u>	<u>3,989,685</u>
Net Position (Deficit):			
Net investment in capital assets	789,658	917,110	(127,452)
Unrestricted deficit	<u>(48,721,547)</u>	<u>(43,221,429)</u>	<u>(5,500,118)</u>
TOTAL NET POSITION (DEFICIT)	<u>\$ (47,931,889)</u>	<u>\$ (42,304,319)</u>	<u>\$ 5,627,570</u>

Statement of Revenues, Expenses and Changes in Net Position (Deficit)

The purpose of the statement is to present the revenues earned by the PCF, operating and non-operating, and the expenses incurred by the PCF. Non-operating revenues are those for which goods or services are not provided.

The Statement of Revenues, Expenses and Changes in Net Position is prepared on the accrual basis of accounting. Accrual accounting attempts to record the financial effects of transactions of an entity in the period in which those transactions occur, rather than in the period in which cash is received. Revenues are recognized when goods or services are provided. Expenses are recognized when resources are utilized in order to produce goods or services.

Condensed Statement of Revenues, Expenses and Changes in Net Position

	Year Ended June 30,		
	2019	2018	Variance
Operating revenues	\$ 8,893,644	\$ 9,227,711	\$ (334,067)
Operating expenses	(14,899,850)	(8,847,086)	(6,052,764)
Operating income	(6,006,206)	380,625	(6,386,831)
Non-operating revenue (expense)	378,636	(8,645)	387,281
Change in net position	(5,627,570)	371,980	\$ (5,999,550)
Net position (deficit) - beginning of year, as restated	(42,304,319)	(42,676,299)	
Net position (deficit) - end of year	<u>\$ (47,931,889)</u>	<u>\$ (42,304,319)</u>	

Statement of Cash Flows

The final statement presented by the PCF is the Statement of Cash Flows. The Statement of Cash Flows presents detailed information about the cash activity during the year. The statement is divided into four parts. The first part deals with operating cash flows and reports the net cash flows from the operating activities of the Fund. The second section reports the cash activity related to financing for capitalized items. The third section reflects cash flows from investing activities and shows the interest received from investing activities. The fourth section reconciles the net cash provided or used by operating activities to the operating income displayed on the Statement of Revenues, Expenses and Changes in Net Position.

Condensed Statement of Cash Flows

	Year Ended June 30,		
	2019	2018	Variance
Cash provided (used) by:			
Operating activities	\$ (1,858,440)	\$ 639,052	\$ (2,497,492)
Capital and related financing activities	-	(8,850)	8,850
Investing activities	454,664	(693,554)	1,148,218
Net change in cash	(1,403,776)	(63,352)	(1,340,424)
Cash and cash equivalents - beginning of year	2,337,640	2,400,992	(63,352)
Cash and cash equivalents - end of year	<u>\$ 933,864</u>	<u>\$ 2,337,640</u>	<u>\$ (1,403,776)</u>

Assessment and Rate Increases

The PCF Board of Governors determined that a membership deficit assessment was not necessary during this fiscal year. The last membership deficit assessment was in June 2000. The statute grants the Board the authority to make assessments under Section 38-79-450 of the Code of Laws of South Carolina, 1976. The PCF Board continues to maintain that no assessments will be necessary for the continued operation of the Fund.

In February 2018, an actuarial review was conducted for the purpose of determining rates for the 2019-2020 plan year. This review was done at the direction of the PCF Board of Governors. The PCF Board of Governors voted and approved an overall 2.8% increase in the rates for the 2019-20 plan year.

These rate change considerations were based on the actuary's recommendation and were approved by the PCF Board of Governors. The Board of Governors considered a number of factors in their deliberations including but not limited to a deficit reduction provision, claims experience over this fiscal year, competitive place in the commercial market, and a miscellaneous actuarial review while keeping in mind our goal of providing affordable protection for the healthcare providers in the State of South Carolina. This minimal increase in the rates supports the PCF Board's belief that the PCF's financial condition continues to improve.

The PCF Board continues to surcharge any licensed healthcare providers who have had issues with regard to their State Board licensing. This surcharge applies where there are issues such as a loss of hospital privileges, criminal activity, sanctions, substance abuse, license revocation or restrictions of the physician's license to practice medicine. The surcharge will remain with the member for a ten (10) year period and is reduced after five (5) years assuming no additional issues have arisen during this time. An inquiry is made to the State Board of Medical Examiners on each new member who applies to the PCF.

The PCF Board of Governors reviews the surcharge for experience rating. A member is surcharge based on the frequency and amounts of settled claims. The surcharge for experience rating remains with the member for 10 years. A member can be experience rated up to 250% of their base rate.

The PCF uses independent agents to assist in the underwriting of its members. The PCF pays 8% commission to approved independent agents that represent the members of the Fund. The PCF Board believes that the use of independent agents helps to better serve our members. Higher commissions are offered for new and returning members.

Finally, the PCF Board has given the underwriting staff authority to offer credits up to 40% per membership to reward members for positive membership activity such as claims free, large group size, longevity with the PCF and unusual (positive) risk characteristic in an effort to be more competitive with the medical malpractice market. Underwriting staff are also authorized to use up to 15% charge for negative membership activity. The overall impact to the PCF cannot be more than 10% of the total membership revenue.

Business Overview

The Board of Governors is composed of three physicians, two dentists, two hospital representatives, two insurance representatives, two attorneys, and two representatives of the general public, all appointed by the Governor. The appointed members serve a term of six years. Currently, we are awaiting the replacement of one hospital member.

The Board continues to amend its Plan of Operation and Manual of Rules and Rates for efficient administration of the Fund, consistent with the provisions of the Plan of Operations and Article 5 of the enabling legislation.

The Executive Director is charged with the day-to-day operations of the Fund. Newsletters and Eblasts are sent to the members/stakeholders providing updates concerning underwriting changes, PCF news, risk management initiatives and spotlights on our members.

The PCF functions with a staff of four full-time equivalent employees. Included is one Administrative Assistant, one Program Coordinator, one Program Manager and the Executive Director. One FTE position remains unfilled which is an administrative assistant position.

At the close of the fiscal year, the PCF had a membership total of 2,545. This includes 41 Clinics and Hospitals, 131 professional associations, 1,325 physicians, 684 dentists and oral surgeons, 356 Midlevel healthcare providers, 8 full time equivalent positions (shared memberships with 32 physicians). The PCF paid a total of \$9,100,798 for claims, settlements and judgments during the fiscal year. This represents 27% increase in claims payments made from the prior fiscal year. The PCF collected \$8,825,416 in membership fees which constitutes an approximate decrease of 3.59% from the prior fiscal year.

The PCF is an organization that works extensively with legal counsel for claims defense, expert witnesses, and claims investigations, all in conjunction with the primary carrier. The effective selection, coordination and management of these professionals are critical to the success of the PCF. It requires professionals with special skills and a high work ethic. For all of the PCF claims that went to trial during this fiscal year, 90% of the claims resulted in defense verdicts. This fiscal year continued to show a downward trend in the total number of claims, however, the severity of the claims reported increased minimally. This appears to be in line with the national trend, which continues to show a soft market for Medical Malpractice insurance.

The PCF has maintained our membership numbers in spite of the continuing practice of South Carolina hospitals purchasing physician practices and to competitive pricing by other carriers coming into the state as a result of a soft medical malpractice market. Retirement has played a small part in the total number of cancellation of memberships. These factors, along with the increasing number of members choosing lower PCF limits, increased shared limit options, and increased use of credits on membership account for the decrease in membership fees.

The Board has engaged in strategic planning efforts throughout the fiscal year, which included the continual review and revision of the PCF Plan of Operations, Underwriting Manual of Rules and Rates and claims handling procedures. The Plan of Operations details procedural information that provides for economic, fair and nondiscriminatory administration and for the prompt and efficient provision of excess medical malpractice insurance. The Plan contains other provisions including, but not limited to, assessment of all members for expenses, deficits, losses, reasonable underwriting standards, acceptance and cession of reinsurance, appointment of servicing carriers, and procedures for determining the amounts of insurance to be provided by the Fund. The Plan of Operations and any amendments to the Plan are subject to the approval of the Board and of the Director of the Department of Insurance or his designee. The Board continues to review and consider legislative changes that will allow for the more efficient operation and management of the Fund.

In 2008, the South Carolina Legislature has passed certain measures that have benefited the Fund (S.669). With the passage of S.669 the PCF Board is making significant strides toward stabilizing the Fund by capping its exposure. S.669 clarified the PCF Board’s authority to set limits of coverage. Prior unlimited exposure has resulted in excessively high incurred but not reported statistics. At the end of this fiscal year the PCF memberships consisted of the following limits:

\$10 Million per occurrence \$12 Million annual aggregate	40%
\$5 Million per occurrence \$7 Million annual aggregate	7.5%
\$3 Million per occurrence \$6 Million annual aggregate	23%
\$2 Million per occurrence \$4 Million annual aggregate	2.5%
\$1 Million per occurrence \$3 Million annual aggregate	25%
Excess Limits over 1M/3M Basic Coverage (Non-JUA)	2%

Active memberships with unlimited coverage ended with May 1, 2010 renewals.

The Fund provides a high level of customer services to its members through enrollment of new members, renewal of current members, collection of fees and payment of claims. It provides credentialing information to hospitals and managed care organizations. The Fund also provides free Locum Tenens coverage for up to 45 days per year for substitutions for our members.

The Board has authorized the revision of the membership agreement and the development of applications to better serve its members. The Board continues to allow its members to pay their annual membership fee on a quarterly basis, with a small administrative fee.

The PCF website now allows new members to apply on-line for a PCF membership, existing members to pay membership fees, and direct access to renewal information for hospitals and managed care organizations credentialing agents.

Physicians and dentists who attend the South Carolina Medical Association and the South Carolina Dental Association Risk Management Seminar, which is co-sponsored by the JUA, receive a discount in their annual membership fee. The new Dentists discount now includes a 40% discount for first year of practice with a 10% discount for the second year. If new dental graduates attend the Risk Management Seminar held at the MUSC Dental School, they will also receive a 25% discount on their first year’s membership fees. It is a one-time discount. The discount does not apply to a physician’s professional association.

Economic Outlook

The principal challenge facing the PCF continues to be retaining current members and at the same time, adjust membership fees appropriately to reduce the loss reserve liability. The other significant challenge the PCF faces is to manage the claims process effectively and coordinate with the primary carriers for satisfactory resolution of all claims. The PCF's ultimate goal is to provide medical professionals with effective medical malpractice liability coverage, while ensuring that the PCF is in a sound financial position to pay all of its liabilities. There are no pending judgments on appeal that adversely affect the PCF.

Based on actuarial reviews and recommendations, the PCF Board of Governors feels confident that the rates established this fiscal year are appropriate. The PCF continues to rate members by specialty and for claims experience as well as surcharge members for state licensing issues. New underwriting initiatives have been established to assist in maintaining and improving membership numbers such as discounts based on group size, number of years of continued coverage through the PCF and positive loss experience. Coverage enhancements have also been added which consists of nose coverage for converting a claims-made membership back to an occurrence membership. Step factors for claims-made memberships have been reduced to be more in line with other admitted medical malpractice insurers.

The South Carolina Medical Malpractice Patients' Compensation Fund shows an overall deficit on its books due to the fact that, since 2002, it has recorded the actuarial liability for unpaid claims as well claims that are "incurred but not reported." Prior to 2002, the Fund's accounts did not reflect such reserves operating on a cash basis. During the fiscal year, the PCF met all its financial and legal obligations in a timely manner.

In May 2019 the General Assembly passed House Bill H3760 which will merge the SC Patients' Compensation Fund with the SC Joint Underwriting Association to form the South Carolina Medical Malpractice Association. The PCF will cease to exist effective December 31, 2019 with the exception of winding down of its affairs. This will be coordinated between the PCF Board of Governors and the Department of Insurance.

Contact Information

Questions related to the Management Discussion and Analysis and the accompanying financial statements should be directed to Terry Coston, Executive Director, at (803) 896-5291.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

STATEMENT OF NET POSITION

YEAR ENDED JUNE 30, 2019

Assets and Deferred Outflows of Resources:

Current assets:	
Cash and cash equivalents	\$ 933,864
Investments	7,470,640
Prepaid expenses	275,176
Interest receivable	49,173
Total current assets	8,728,853
Non-current assets:	
Capital assets, net of accumulated amortization	789,658
Total non-current assets	789,658
Deferred outflows:	
Deferred outflows of resources - pension	70,561
Deferred outflows of resources - OPEB	21,799
Total deferred outflows	92,360
Total assets and deferred outflows of resources	9,610,871

Liabilities and Deferred Inflows of Resources:

Current liabilities:	
Accrued liabilities	169,951
Unearned member fees	3,254,298
Current portion of claims payable	12,342,000
Total current liabilities	15,766,249
Other liabilities:	
Claims payable	40,690,000
OPEB liability	416,899
Pension liability	548,631
Total long-term liabilities	41,655,530
Deferred inflows:	
Deferred inflows of resources - pension	47,509
Deferred inflows of resources - OPEB	73,472
Total deferred inflows	120,981
Total liabilities and deferred inflows of resources	57,542,760

Net Position (Deficit):

Net investment in capital assets	789,658
Unrestricted deficit	(48,721,547)
Total net position (deficit)	\$ (47,931,889)

See accompanying notes.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

STATEMENT OF REVENUE, EXPENSES,
AND CHANGES IN NET POSITION

YEAR ENDED JUNE 30, 2019

Operating Revenues:

Membership fees, net of refunds (\$254,884)	\$ 8,825,416
Administrative fees	65,225
Miscellaneous income	3,003
Total operating revenues	8,893,644

Operating Expenses:

Claims paid	9,100,798
Change in claims reserves	4,208,553
Commissions	709,118
Personnel services	348,509
Operating and contractual services	392,535
Supplies and materials	12,885
Amortization	127,452
Total operating expenses	14,899,850

Operating income	(6,006,206)
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Non-Operating Revenue (Expenses):

Interest income	173,717
Investment account fees	(24,444)
Realized loss on investment	(1)
Unrealized gain on investment	229,364
Net non-operating revenue (expense)	378,636

Change in net position	(5,627,570)
Net position (deficit), beginning of year, as restated	(42,304,319)
Net position (deficit), end of year	\$ (47,931,889)

See accompanying notes.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2019

Cash Flows From Operating Activities

Cash received from members	\$ 8,705,242
Cash payments for claims	(9,100,798)
Cash payments for personnel services	(354,622)
Cash payments for commissions	(717,724)
Cash payments for operating and contractual services	(377,653)
Cash payments for suppliers	(12,885)
Net cash flows from operating activities	<u>(1,858,440)</u>

Cash Flows From Investing Activities

Purchase of investments	(2,824,601)
Proceeds from sale of investments	2,899,339
Interest and investment income	379,926
Net cash flows from investing activities	<u>454,664</u>

Net change in cash and cash equivalents	(1,403,776)
Cash and cash equivalents, beginning of year	<u>2,337,640</u>
Cash and cash equivalents, end of year	<u>\$ 933,864</u>

(CONTINUED)

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

STATEMENT OF CASH FLOWS

-CONTINUED-

Reconciliation of Operating Income to Net Cash Flows

From Operating Activities

Operating income	\$ (6,006,206)
Adjustments to reconcile operating income to net cash flows from operating activities:	
Amortization	127,452
Changes in assets and liabilities	
Prepaid expenses	14,882
Deferred outflows	15,747
Deferred inflows	64,964
Pension liability	(63,235)
OPEB liability	(23,444)
Accrued expenses	(8,751)
Unearned member fees	(188,402)
Claims payable	4,208,553
Net cash flows from operating activities	<u>\$ (1,858,440)</u>
Non-cash investing activities:	
Net increase in fair value of investments (unrealized gains)	<u>\$ 229,364</u>

See accompanying notes.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2019

1. Basis of Presentation and Summary of Significant Accounting Policies

The financial statements of the South Carolina Medical Malpractice Patients' Compensation Fund (the "*Fund*") have been prepared in conformity with accounting principles generally accepted in the United States of America as applied to enterprise funds of governmental units. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The significant accounting principles and policies utilized by the Fund are described below:

Reporting Entity: The South Carolina Medical Malpractice Patients' Compensation Fund was established by Section 38-79-420 of the Code of Laws of South Carolina on July 1, 1976. The Fund is part of the primary government of the State of South Carolina and is included in the Comprehensive Annual Financial Report of the State of South Carolina.

The Board of Governors, whose members are appointed by the Governor of the State of South Carolina, is the governing body of the Fund. The Board was created to manage and operate the Fund. The Board has the authority to set annual membership fees and to make deficit assessments when insufficient money is available to pay the Fund's liabilities. The Board also has the authority to approve and pay claims liabilities and to actively defend the Fund against claims.

The coverage is available to any public or private health care provider in the State. The Fund is responsible for payment of that portion of any covered medical malpractice claim, settlement, or judgment, which is in excess of \$100,000 per incident or in excess of \$300,000 in the aggregate for one year. Effective November 26, 2000, excess coverage thresholds increased to \$200,000 and \$600,000. Beginning in 2009, the Fund began eliminating unlimited coverage from its offered limits. Although the reporting entity operates somewhat autonomously, it lacks full corporate powers. The accompanying financial statements present the financial position, results of operations, and cash flows solely of the Fund and do not include any component units or other agencies or funds of the State of South Carolina.

Measurement Focus, Basis of Accounting and Basis of Presentation: The Fund is presented as an enterprise fund of the State of South Carolina. The financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Under the accrual basis of accounting, revenues are recognized when earned and expenses are recognized when the liability is incurred or economic asset used. Revenues, expenses, gains, losses, assets and liabilities resulting from exchange and exchange-like transactions are recognized when the exchange takes place.

- CONTINUED -

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Fund was created by act of the General Assembly for the purpose of providing funds for payment of that portion of any medical malpractice claim, settlement or judgment against a health care provider in accordance with the limits previously defined. The Fund is liable only for payment of claims against "licensed health care providers", which includes physicians and surgeons, directors, officers, and trustees of hospitals; nurses; oral surgeons; dentists; pharmacists; chiropractors; hospitals; nursing homes; or any similar category of licensed health care providers. All providers licensed in South Carolina are eligible to participate in the Fund upon remitting the annual assessment fees in amounts as determined by the governing board of the Fund.

Budget Policy: The Fund is granted an annual appropriation for administrative operating purposes by the General Assembly. The appropriation as enacted becomes the legal operating budget for the Fund for its budgeted activities. The Appropriation Act authorizes expenditures from funds appropriated from the General Fund of the State and expenditures of total funds. None of the funding of the Fund is provided from State General Fund appropriations. The General Assembly enacts the budget through passage of line-item appropriations by program within budgetary unit. Budgetary control is maintained at the line-item level of the budgetary entity. Agencies may process disbursement vouchers in the State's budgetary accounting system only if enough cash and appropriation authorization exist.

Transfers of funds may be approved by the State Fiscal Accountability Authority, (the "Authority") under its authority or by the Fund as set forth in the Appropriation Act for fiscal year 2018-2019 as follows: Agencies are authorized to transfer appropriations within programs and within the agency with notification to the Revenue and Fiscal Affairs Office and the State Comptroller General. No such transfer may exceed twenty percent of the program budget. Transfers from personal services accounts or from other operating accounts may be restricted to any level set by the Authority.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

During the fiscal year-end closeout period in July, agencies may continue to charge vendor, interagency, and inter-fund payments for the fiscal year to that fiscal year's appropriation. For the Fund, any unexpended funds as of June 30, automatically carry over to the ensuing fiscal year. State law does not require the use of encumbrance accounting.

State law does not precisely define the budgetary basis of accounting. The current Appropriation Act states that the General Assembly intends to appropriate all State funds and to authorize and/or appropriate the use of all other monies to operate State government for the current fiscal year. The State's annual budget is prepared primarily on the modified accrual basis of accounting with several exceptions, principally the cash disbursements basis for payroll expenditures.

Cash and Cash Equivalents: The amounts shown in the financial statements as "cash and cash equivalents" represent cash on hand, cash on deposit with the State Treasurer and local financial institutions, and cash invested in various investments by the State Treasurer as part of the State's internal cash management pool.

Because the State's internal cash management pool operates as a demand deposit account, amounts invested in the pool are classified as cash and cash equivalents. The pool includes some long-term investments such as obligations of the United States and certain agencies of the United States, obligations of the State of South Carolina and certain agencies of its political subdivisions, certificates of deposit, collateralized repurchase agreements, and certain corporate bonds. Most State agencies participate in the State's internal cash management pool; however, some agency accounts are not included in the pool because of restrictions on the use of funds. For those accounts, cash equivalents included investments in short-term, highly liquid securities having a maturity at the time of purchase of three months or less.

The State's internal cash management pool consists of a general deposit account and several special deposit accounts. The State records each agency's equity interest in the general deposit account; however, all earnings on that account are credited to the General Fund of the State. Agencies record and report their deposits in the general deposit account at cost. However, agencies report their deposits in the special deposit accounts at fair value. Investments in the pool are recorded at fair value. Interest earned by the agency's special deposit accounts is posted to the agency's account at the end of each month and is retained by the agency.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Interest earnings are allocated based on the percentage of an agency's accumulated daily interest receivable to the total undistributed interest received by the pool. Reported interest income includes interest earnings, realized gains/losses and unrealized gains/losses on investments in the pool arising from changes in fair value. The Fund only has special deposit accounts.

Realized gains and losses are allocated daily and are included in the accumulated income receivable. Unrealized gains and losses are allocated at year-end based on the agency's percentage of ownership in the pool.

Although the State's internal cash management pool includes some long-term investments, it operates as a demand deposit account; therefore, for credit risk information pertaining to the internal cash management pool, see the deposits disclosures in *Note 2*.

Investments: In accordance with State Law, the Fund may invest in a variety of instruments including obligations of the United States and its agencies and securities fully guaranteed by the United States, certain corporate obligations, certain shares of Federal savings and loan associations and State chartered savings and loan associations, and collateralized repurchase agreements. Within these parameters, the Board of Governors authorizes the investment manager to invest up to 100% in U.S. Treasuries or Agencies, but no more than 40% in Corporate Bonds. No more than 5% of the assets of the Fund may be invested in the securities of any one issuer except securities issued or guaranteed by the U.S. Government or its agencies.

Prepaid Expenses: Prepaid expenses consist of commissions paid to agents in advance upon policy inception and are expensed as policy coverage expires.

Accrued Compensated Absences: Generally, all permanent full-time State employees and certain part-time employees scheduled to work at least one-half of the agency's month are entitled to accrue and carry forward at calendar year-end a maximum of 180 days sick leave and 45 days annual vacation leave. The Fund calculates the gross compensated absences liability based on recorded balances of unused leave. The entire unpaid liability for which the employer expects to compensate employees through paid time off or cash payments, inventoried at fiscal year-end current salary costs and the cost of the salary-related benefit payments, is recorded as a current liability. The net change in the liability is recorded in the current year in the applicable administrative expense categories.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Unpaid Claims Liabilities: The Fund is considered an insurance enterprise which follows the guidance of *Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 944, Financial Services - Insurance*.

The Fund actuarially establishes claims liabilities based on estimates of the ultimate cost of claims that have been reported but not settled, and of claims that have been incurred but not reported. The Fund, because it carries only excess liability coverage, does not incur claim adjustment expenses. The length of time for which claims costs must be estimated varies depending on the coverage involved. Because actual claims costs depend on such complex factors as medical technology, changes in doctrines of legal liability, and damage awards, the process used in computing claims liabilities does not necessarily result in an exact amount. Claims liabilities are recomputed annually using a variety of actuarial and statistical techniques to produce current estimates that reflect recent settlements, claim frequency, and other economic and social factors.

A provision for inflation in the calculation of estimated future claims costs is implicit in the calculation because reliance is placed both on actual historical data that reflects past inflation and on other factors that are considered to be appropriate modifiers of past experience. An independent actuary performs an actuarial study annually with the latest completed in August 2019 for the current year. Adjustments to claims liabilities are charged or credited to expense in the periods in which they are made.

Capital Assets

The Fund follows capitalization guidelines established by the State of South Carolina. All land is capitalized, regardless of cost. Qualifying improvements that rest in or on the land itself are recorded as depreciable land improvements. Major additions and renovations and other improvements that add to the usable space, prepare existing buildings for new uses, or extend the useful life of an existing building are capitalized. The Fund capitalizes movable personal property with a unit value in excess of \$5,000 and a useful life in excess of two years and depreciable land improvements, buildings and improvements, and intangible assets costing in excess of \$100,000. Routine repairs and maintenance and library materials, except individual items costing in excess of \$5,000, are charged to operating expenses in the year in which the expense was incurred.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Depreciation is computed using the straight-line method over the estimated useful lives of the assets, generally fifteen to fifty years for buildings and improvements and land improvements, two to twenty-five years for machinery, equipment and vehicles and five years for intangible assets.

Deferred Outflows/Inflows of Resources:

In addition to assets, the statement of net position will report a separate section for deferred outflows of resources. This separate financial statement element, *deferred outflows of resources*, represents a consumption of net position that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. The Fund currently reports deferred outflows of resources in the amount of \$92,360 as of June 30, 2019.

In addition to liabilities, the statement of net position will report a separate section for deferred inflows of resources. This separate financial statement element, *deferred inflows of resources*, represents an acquisition of net position that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The Fund currently reports deferred inflows of resources in the amount of \$120,981 as of June 30, 2019.

Revenue Recognition: The Fund receives fees from members; the fee pays for coverage for a year. Due to the various effective anniversary dates, a provision for unearned fees at the end of every year is estimated. The fees may be paid annually or quarterly. The computation of unearned fees is based upon the amount of the fees, period of payment, and the effective membership dates for participants. This is done to recognize revenue during the coverage period.

When warranted, the Fund may make deficit assessments, which are recognized as revenue on the date of the assessment. Due to the nature of the coverage of the members, refunds are often warranted. These occur because of policyholder change of personnel and/or change of information provided by the policyholders relating to employees and their ratings. Refunds are recognized in the year of the refund. These adjustments are taken into consideration in computation of the unearned fees liability.

Operating Revenues and Expenses: Operating revenues and expenses for proprietary funds are those that result from providing services and producing and delivering goods and/or services. It also includes all revenue and expenses not related to capital and related financing, non-capital financing, or investing activities.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

1. Basis of Presentation and Summary of Significant Accounting Policies (Continued)

Estimates: The preparation of the Fund's basic financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates by management. Actual results could differ from those estimates.

Fair Value: The Fund categorizes its fair value measurements within the fair value hierarchy established by generally accepted accounting principles. The hierarchy is based on the valuation inputs used to measure the fair value of the asset. Level 1 inputs are quoted prices in active markets for identical assets; Level 2 inputs are significant other observable inputs; Level 3 inputs are significant unobservable inputs.

The Fund has the following recurring fair value measurements as of June 30, 2019:

- Investments are valued using quoted market prices (Level 1 inputs).

2. Investments and Deposits

Deposits: State law requires that a bank or savings and loan association receiving State funds must secure the deposits by deposit insurance, surety bonds, collateral securities, or letters of credit to protect the State against loss.

Custodial Credit Risk: Custodial credit risk for deposits is that, in the event of the failure of a depository financial institution, the Fund will not be able to recover collateral securities that are in possession of an outside party. The Fund's Deposit and Investment policy states that for bank obligations and obligations of savings institutions, deposits shall not exceed the limits of the Federal Deposit Insurance Corporation unless collateralized as stated in Title 38, Chapter 12 of the South Carolina Code of Laws.

The carrying amounts of the deposits for the Fund at June 30, 2019 at local financial institutions were \$811,596. Bank balances were \$817,460 at June 30, 2019 and insured as follows:

Amount insured by FDIC	\$ 113,340
Amount collateralized by United States Government or Agency Securities	<u>704,120</u>
Total	<u>\$ 817,460</u>

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

2. Investments and Deposits (Continued)

The remaining deposits of the Fund in the amount of \$122,268 at June 30, 2019 consist of deposits held by the State Treasurer, all of which are collateralized by FDIC coverage and/or United States government securities. Please refer to the Comprehensive Annual Financial Report of the State of South Carolina for the deposits held by the State Treasurer.

Foreign Currency Risk: Foreign currency risk is the risk that changes in exchange rates will adversely affect the fair value of an investment. The Fund does not maintain deposits that are denominated in a currency other than the United States dollar; therefore, the Fund is not exposed to this risk.

Investments: The Fund's investments that are in the State's internal cash management pool and operate as a demand deposit are classified as deposits. The deposits are held by the State Treasurer. Please refer to the Comprehensive Annual Financial Report of the State of South Carolina.

As of June 30, 2019, the Fund had the following investments (and maturities) at local financial institutions:

	<u>Investment Maturities (in Years)</u>				Weighted Average Interest Rate
	Fair Value	Less Than 1 Year	1-5 Years	6-10 Years	
Corporate Bonds	\$ 2,866,377	\$ 580,008	\$ 1,573,352	\$ 713,017	2.92%
Federal Agencies	292,083	-	-	292,083	5.25%
U.S. Treasuries	4,312,180	597,424	3,392,353	322,403	1.98%
Total	<u>\$ 7,470,640</u>	<u>\$ 1,177,432</u>	<u>\$ 4,965,705</u>	<u>\$ 1,327,503</u>	

The Fund invests in various fixed income debt securities such as U.S. treasuries, U.S. government backed mortgage securities, state and municipal bonds, and corporate bonds. These fixed income debt securities are reported at fair value (quoted prices in active markets – level 1 inputs), as required by generally accepted accounting principles.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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2. Investments and Deposits (Continued)

Credit risks for total investments by S & P rating are as follows at June 30, 2019:

Treasury/Agency	\$ 4,604,263
AAA	404,708
AA	1,218,987
A	1,041,563
BBB	201,119
	<u>\$ 7,470,640</u>

Reconciliation of Cash, Cash Equivalents and Investments: The following schedule reconciles cash, cash equivalents and investments as reported on the Statements of Net Position to footnote disclosures provided for deposits and investments.

Per Notes to Financial Statements:

Carrying value of deposits:	
Held by State Treasurer	\$ 122,268
Other	107,476
Money Funds	704,120
Carrying value of investments:	
Corporate Bonds	2,866,377
Federal Agencies	292,083
U.S. Treasuries	<u>4,312,180</u>
Total disclosure, deposits and investments, plus reconciling items	<u>\$ 8,404,504</u>

Per Statements of Net Position:

Cash and Cash Equivalents	\$ 933,864
Investments	<u>7,470,640</u>
	<u>\$ 8,404,504</u>

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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3. Capital Assets

The following is a schedule of capital asset activity for the year ended June 30, 2019:

	<u>July 1, 2018</u>	<u>Increase</u>	<u>Decrease</u>	<u>June 30, 2019</u>
Software	\$ 1,274,525	\$ -	\$ -	\$ 1,274,525
Less: accumulated amortization software	<u>(357,415)</u>	<u>(127,452)</u>	<u>-</u>	<u>(484,867)</u>
	<u>\$ 917,110</u>	<u>\$ (127,452)</u>	<u>\$ -</u>	<u>\$ 789,658</u>

4. Claims Liabilities

Because medical malpractice liability insurance covers claims occurring during the coverage period and claims emerging over a long period of time and because the Fund has limited claims experience history, provisions for estimated losses incurred but not reported and claims reported but not settled are based on an actuarial formula which is used to estimate the ultimate incurred losses.

An independent actuary does an actuarial study each year to determine these liabilities. As a result of the actuarial study as of June 30, 2019, liabilities for claims were \$6,312,353 more than those at June 30, 2018.

The actuarial study establishes a low, medium and high range for the estimated claims liability. Management's best judgment is that the high range is the best representation of the Fund's claims liability. The high, medium and low ranges of the actuary's estimate of claims liabilities are as follows at June 30, 2019:

	<u>Undiscounted</u>
High	\$ 53,032,000
Medium	50,582,000
Low	48,132,000

Due to recent adverse development in claim reserves, loss of memberships, and the statutory merger with JUA, management has decided to take a conservative approach in changing from a low range to high range actuarial valuation. This change in judgement caused an increase of expenses in the amount of \$4,636,000 for the year-ended June 30, 2019. Additionally, due to circumstances outlined above, management has decided to no longer discount claims. This caused a restatement of the prior year claims liabilities in the amount of \$2,004,000 (see *Note 17*).

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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4. Claims Liabilities (Continued)

As discussed in *Note 1*, the Fund establishes a liability for both reported and unreported insured events, which includes estimates of future payment of losses. The following represents changes in those aggregate liabilities for the year ended June 30, 2019.

	Reconciliation of Claims Liabilities
Unpaid claims at beginning of the fiscal year	\$ 48,823,447
Incurred claims:	
Provision for insured events of the current fiscal year	5,901,000
Increase (Decreases) in provision for insured events of prior fiscal years	7,408,351
Total incurred claims	13,309,351
Payment of claims:	
Attributable to events of prior fiscal years	(9,100,798)
Unpaid claims at end of the fiscal year	\$ 53,032,000

5. Long Term Liabilities

The following is a summary of changes in long-term liabilities of the Fund:

	July 1, 2018	Increase	Decrease	June 30, 2019	Due Within One Year
Claims	\$ 48,823,447	\$ 13,309,351	\$ (9,100,798)	\$ 53,032,000	\$ 12,342,000

6. Accrued Compensated Absences

The following is a summary of the net changes in accrued compensated absences of the Fund:

	July 1, 2018	Increase	Decrease	June 30, 2019	Due Within One Year
Compensated absences	\$ 12,972	\$ 14,398	\$ (12,972)	\$ 14,398	\$ 14,398

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

7. Accrued Liabilities

Accrued liabilities consist of the following at June 30, 2019:

Accrued salaries and benefits	\$	28,187
Accrued compensated absences		14,398
Commissions payable to agents		127,366
	\$	<u>169,951</u>

8. Pension Plans

The majority of employees of the Fund are covered by a retirement plan through the South Carolina Retirement System (SCRS), a cost-sharing multiple-employer defined benefit pension plan administered by the Retirement Benefits Division of the South Carolina Public Employee Benefit Authority (PEBA), a public employee retirement system. Generally, all full-time or part-time equivalent State employees in a permanent position are required to participate in and contribute to the SCRS as a condition of employment unless exempted by law as provided in Section 9-1-480 of the South Carolina Code of Laws, as amended, or are eligible and elect to participate in the State Optional Retirement Program (ORP). The SCRS plan provides a life-time monthly retirement annuity benefits to eligible members as well as disability, survivor options, annual benefit adjustments, death benefits, and incidental death benefits to eligible employees and retired members.

The Retirement Division maintains five independent defined benefit plans and issues its own publicly available Comprehensive Annual Financial Report (CAFR) which includes financial statements and required supplementary information. A copy of the separately issued CAFR may be obtained by writing to the South Carolina Public Employee Benefit Authority, P.O. Box 11960, Columbia, South Carolina 29211-1960. Furthermore, the Division and the five pension plans are included in the State of South Carolina's CAFR.

Under the SCRS, Class II members are eligible for a full service retirement annuity upon reaching age 65 or completion of 28 years of credited service regardless of age. Employees who first became members of the System after June 30, 2012 are considered Class III members and are eligible for a full service retirement annuity upon reaching age 65 or upon meeting the rule of 90 requirement (i.e., the members age plus the years of service add up to a total of at least 90). The benefit formula for full benefits effective since July 1, 1989 for the SCRS is 1.82 percent of an employee's average final compensation (AFC) multiplied by the number of years of credited service. For Class II members, AFC is the average annual earnable compensation during 12 consecutive quarters and includes an amount for up to 45 days termination pay at retirement for unused annual leave.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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8. Pension Plans (Continued)

For Class III members, AFC is the average annual earnable compensation during 20 consecutive quarters and termination pay for unused annual leave at retirement is not included. Early retirement options with reduced benefits are available as early as age 55 for Class II members and age 60 for Class III members. Class II members are vested for a deferred annuity after five years of earned service. Class III members are vested for a deferred annuity after eight years of earned service. Members qualify for a survivor's benefit upon completion of 15 years of credited service (five years effective January 1, 2002).

Disability annuity benefits are payable to Class II members if they have permanent incapacity to perform regular duties of the member's job and they have at least 5 years of earned service (this requirement does not apply if the disability is a result of a job-related injury). Class III members qualify for disability annuity benefits provided they have a minimum of eight years of credited service. An incidental death benefit equal to an employee's annual rate of compensation is payable upon the death of an active employee with a minimum of one year of credited service or to a working retired contributing member. There is no service requirement for death resulting from actual performance of duties for an active member.

For eligible retired members, a lump-sum payment is made to the retiree's beneficiary of up to \$6,000 based on years of service at retirement. TERI participants and retired contributing members are eligible for the increased death benefit equal to their annual salary in lieu of the standard retired member benefit.

Effective July 1, 2017, employees participating in the SCRS were required to contribute 9.00% of all earnable compensation. The employer contribution rate for SCRS was 14.41%. Included in the total SCRS employer contribution rate is a base retirement contribution of 14.26%, .15% for the incidental death benefit program. The Fund's actual contributions to the SCRS for the years ended June 30, 2019, 2018, and 2017 were \$36,563, \$34,025 and \$31,285, respectively, and equaled the base required retirement contribution rate, excluding surcharge of 14.41% for 2019, 13.41% for 2018 and 11.41% for 2017.

The amounts paid by the fund for pension, incidental death benefit program, and accidental death program contributions are reported as employer contribution expenditures within the applicable functional expenditure categories to which the related salaries are charged.

As an alternative to membership in the SCRS, newly hired employees of the Fund may elect to participate in the State Optional Retirement Program (ORP), a defined contribution retirement plan. The Fund did not have any employees participating in the ORP during the 2019, 2018 or 2017 fiscal years.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

8. Pension Plans (Continued)

Article X, Section 16, of the South Carolina Constitution requires that all State-operated retirement systems be funded on a sound actuarial basis. Title 9 of the South Carolina Code of Laws of 1976, as amended, prescribes requirements relating to membership, benefit, and employee/employer contributions for each retirement system. Employee and employer contribution rates to SCRS are actuarially determined.

At June 30, 2019 the Fund reported \$548,631 for its proportionate share of the net pension liabilities of SCRS. The net pension liability defined of the SCRS defined benefit pension plan was determined based on the July 1, 2017 actuarial valuations, using membership data as of July 1, 2017, projected forward to June 30, 2018, and financial information of the pension trust funds as of June 30, 2018, using generally accepted actuarial procedures. The Fund's portion of the net pension liability was based on the Fund's share of contributions to the pension plan relative to the contributions of all participating entities. At June 30, 2018, the Fund's SCRS proportion was 0.002448%. For the year ended June 30, 2019 the fund recognized a reduction of \$7,279 for SCRS pension expenses.

At June 30, 2019 the state reported deferred outflows of resources and deferred inflows of resources to pensions from the following sources:

	Deferred Outflows	Deferred Inflows	Net
Differences between expected and actual experience	\$ 990	\$ (3,229)	\$ (2,239)
Assumption changes	21,767	-	21,767
Changes in proportionate share and differences between employer Contributions and proportion share of total plan employer contributions	2,526	(44,280)	(41,754)
Net difference between projected and actual earnings on investments	8,715	-	8,715
Current year employer contributions	36,563	-	36,563
Total	\$ 70,561	\$ (47,509)	\$ 23,052

\$36,563 for SCRS was reported as deferred outflows of resources related to pensions resulting from Fund contributions subsequent to the measurement date will be recognized as a reduction of the net pension liability in the year ended June 30, 2019.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

8. Pension Plans (Continued)

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to pensions will be recognized in pension expenses as follows:

<u>Year ended June 30,</u>	<u>Net</u>
2020	\$ 6,623
2021	1,414
2022	(19,558)
2023	<u>(1,990)</u>
	<u><u>\$(13,511)</u></u>

The total pension liabilities in the July 1, 2018 actuarial valuation was determined using the following actuarial assumptions applied to all periods included in the measurement:

	<u>SCRS</u>
Actuarial Cost Method	Entry Age
Actuarial Assumptions:	
Investment Rate or Return	7.25%
Projected Salary Increases	3.0% to 12.5%
Inflation Rate	2.25%
Benefit Adjustments	Lesser of 1% or \$500

The post-retiree mortality assumption is dependent upon the member's job category and gender. The base mortality assumptions, the 2016 Public Retirees of South Carolina Mortality table (2016 PRSC), was developed using the Systems' mortality experience. These base rates are adjusted for future improvement in mortality using published Scale AA projected from the year 2016. Assumption used in the determination of the June 30, 2018, SCRS valuation is as follows:

<u>Former Job Class</u>	<u>Males</u>	<u>Females</u>
Educators and Judges	2016 PRSC Males Multiplied by 92%	2016 PRSC Females Multiplied by 98%
General Employees and Members of the General Assembly	2016 PRSC Males Multiplied by 100%	2016 PRSC Females Multiplied by 111%
Public Safety and Firefighters	2016 PRSC Males Multiplied by 125%	2016 PRSC Females Multiplied by 111%

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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8. Pension Plans (Continued)

The long-term expected rate of return on pension plan investments for actuarial purposes is based upon the 30-year capital market assumptions. The long-term expected rate of returns represented assumptions developed using an arithmetic building block approach primarily based on consensus expectations and market-based inputs. Expected returns are net of investment fees.

The expected returns, along with the expected inflation rate, form the basis for the target asset allocation adopted at the beginning of the 2018 fiscal year. The long-term expected rate of return is produced by weighting the expected future real rates of return by the target allocation percentage and adding expected inflation and is summarized in the table on the following page. For actuarial purposes, the 7.25 percent assumed annual investment rate of return used in the calculation of the TPL includes a 5.00 percent real rate of return and a 2.25 percent inflation component.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

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8. Pension Plans (Continued)

The target allocation and best estimates of arithmetic real rates of return for each major asset class are summarized in the following table:

Asset Class	Target Asset Allocation	Expected Arithmetic Real Rate of Return	Lont Term Expected Portfolio Real Rate of Return
Global Equity	47.0%		
Global Public Equity	33.0%	6.99%	2.31%
Private Equity	9.0%	8.73%	0.79%
Equity Options Strategies	5.0%	5.52%	0.28%
Real Assets	10.0%		
Real Estate (Private)	6.0%	3.54%	0.21%
Real Estate (REITs)	2.0%	5.46%	0.11%
Infrastructure	2.0%	5.09%	0.10%
Opportunistic	13.0%		
GTAA/Risk Parity	8.0%	3.75%	0.30%
Hedge Funds (non-PA)	2.0%	3.45%	0.07%
Other Opportunistic Strategies	3.0%	3.75%	0.11%
Diversified Credit	18.0%		
Mixed Credit	6.0%	3.05%	0.18%
Emerging Markets Debt	5.0%	3.94%	0.20%
Private Debt	7.0%	3.89%	0.27%
Conservative Fixed Income	12.0%		
Core Fixed Income	10.0%	0.94%	0.09%
Cash and Short Duration (Net)	2.0%	0.34%	0.01%
Total Expected Return	100%		5.03%
Inflation for Actuarial Purposes			2.25%
Total Expected Nominal Rate			7.28%

The discount rate used to measure the total pension liability (TPL) was 7.25 percent. The projection of cash flows used to determine the discount rate assumed that contributions from participating employers in SCRS will be made based on the actuarially determined rates based on provisions in the South Carolina Code of Laws. Based on those assumptions, the Systems' fiduciary net position was projected to be available to make all the projected future benefit payments of current plan members. Therefore, the long-term expected rate of return on pension plan investments was applied to all periods of projected benefit payments to determine the TPL.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

8. Pension Plans (Continued)

The following table represents the Fund's proportionate share of the net SCRS pension liability calculated using the discount rate of 7.25 percent, as well as what the Authority's respective net pension liabilities would be if it were calculated using a discount rate of 1.00 percent lower (6.25 percent) or 1.00 percent higher (8.25 percent) than the current rate.

<u>Plan</u>	<u>1% Decrease 6.25%</u>	<u>Current Rate 7.25%</u>	<u>1% Increase 8.25%</u>
SCRS	\$ 701,048	\$ 548,631	\$ 439,667

9. Other Post-Employment Benefits

The majority of employees of the Fund are covered by the South Carolina Retiree Health Insurance Trust Fund (SCRHITF), which was established by the State of South Carolina as Act 195, which became effective on May 2008. The SCRHITF was created to fund and account for the employer costs of the State's retiree health and dental plans. In accordance with Act 195, the SCRHITF is administered by the PEBA, Insurance Benefits and the State Treasurer is the custodian of the funds held in trust. The Board of Directors of PEBA has been designated as the Trustee. The SCRHITF is a cost-sharing multiple-employer defined benefit plans. Article 5 of the State Code of Laws defines the plan and authorizes the Trustee to at any time adjust the plans, including its benefits and contributions, as necessary to insure the fiscal stability of the plans. In accordance with the South Carolina Code of Laws and the annual Appropriations Act, the State provides post-employment health and dental benefits to retired State and school district employees and their covered dependents.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

The SCRHITF is a healthcare plan that covers retired employees of the State of South Carolina, including all agencies, and public-school districts. The SCRHITF provides health and dental insurance benefits to eligible retirees. Generally, retirees are eligible for the health and dental benefits if they have established at least ten years of retirement service credit. For new hires beginning employment May 2, 2008 and after, retirees are eligible for benefits if they have established 25 years of service for 100% employer funding and 15-24 years of service for 50% employer funding.

PEBA, Insurance Benefits issues audited financial statements and required supplementary information for the SCRHITF. This information is publicly available through the Insurance Benefits' link on PEBA's website at www.peba.sc.gov or a copy may be obtained by submitting a request to PEBA – Insurance Benefits, 202 Arbor Lake Drive, Columbia, SC 29223. PEBA is considered a division of the primary government of the state of South Carolina and therefore, SCRHITF fund financial information is also included in the comprehensive annual financial report of the state. Detailed information about the SCRHITF's plan fiduciary net position is available in the separately issued SCRHITF audit report.

Section 1-11-710 of the South Carolina Code of Laws of 1976, as amended, requires these postemployment to be funded through annual appropriations by the General Assembly for active employees to the PEBA, Insurance Benefits and participating retirees to PEBA, except for the portion funded through the pension surcharge and provided from the other applicable sources of the PEBA, Insurance Benefits. For active employees who are not funded by State General Fund appropriations, participating employers are mandated by State statute to contribute at a rate assessed each year by the Department of Administration Executive Budget Office. The covered payroll surcharge for the year ended June 30, 2019 was 5.50 percent. PEBA collects the monthly surcharge for all participating employers and remits it directly to the SCRHITF. Other sources of funding for the SCRHITF include mandatory transfers of accumulated PEBA, Insurance Benefits' reserves and income generated from investments. Contributions to the OPEB plan from the Fund were \$13,955 for the year ended June 30, 2019. Employees are not required to contribute to the OPEB plan.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

At June 30, 2019, the Fund reported a liability of \$416,899 for its proportionate share of the net OPEB liability. The net OPEB liability was measured as of June 30, 2018, and the total OPEB liability used to calculate the net OPEB liability was determined by an actuarial valuation as of that date. The Fund's proportion of the net OPEB liability was based on a projection of the Fund's long-term share of contributions to the OPEB plan relative to the projected contributions of all participating employers, actuarially determined. At June 30, 2018, the Fund's proportion was .002942%.

At June 30, 2019, the Fund reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources:

	Deferred Outflows	Deferred Inflows	Net
Assumption changes	\$ -	\$ (33,948)	\$ (33,948)
Net difference between projected and actual earnings	6,245	(145)	6,100
Net difference between projected and actual investment earnings	1,599	-	1,599
Deferred amounts from changes in proportionate share and differences between employer contributions & proportionate share of total plan employer contributions	-	(39,379)	(39,379)
Current year employer contributions	13,955	-	13,955
Total	\$ 21,799	\$ (73,472)	\$ (51,673)

\$13,955 reported as deferred outflows of resources related to OPEB resulting from Fund contributions subsequent to the measurement date will be recognized as a reduction of the net OPEB liability in the year ended June 30, 2020.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

<u>Year Ended June 30,</u>	<u>Net</u>
2020	\$ (11,326)
2021	(11,326)
2022	(11,326)
2023	(11,498)
2024	(11,769)
Thereafter	<u>(8,383)</u>
	<u>\$ (65,628)</u>

Actuarial valuations of an ongoing plan involve estimates of the value of reported amounts and assumptions about the probability of occurrence of events far into the future. Examples include assumptions about future employment, mortality, and the healthcare cost trend. Actuarially determined amounts are subject to continual revision as actual results are compared with past expectations and new estimates are made about the future. The schedules of funding progress, presented as required supplementary information following the notes to the financial statements, present multi-year trend information about whether the actuarial values of plan assets are increasing or decreasing over time relative to the actuarial accrued liabilities for benefits.

Projections of benefits for financial reporting purposes are based on the substantive plans (as understood by the employer and plan participants) and include the types of benefits provided at the time the valuation and the historical pattern of sharing of benefit costs between the employer and plan members to that point. The actuarial methods and assumptions used include techniques that are designed to reduce the effects of short-term volatility in actuarial accrued liabilities and the actuarial value of assets, consistent with the long-term perspective of the calculations.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

The total OPEB liability in the June 30, 2018 actuarial valuation was determined using the following actuarial assumptions, applied to all periods included in the measurement, unless otherwise specified:

Valuation date:	June 30, 2018
Actuarial cost method:	Entry Age Normal
Normal Inflation:	2.25%
Investment Rate of Return:	4.00%, net of OPEB Plan investment expense including inflation
Single Discount Rate:	3.62% as of June 30, 2018
Demographic Assumptions:	Based on the experience study performed for the South Carolina Retirement Systems for the 5-year period ending June 30, 2015
Mortality:	For healthy retirees, the 2016 Public Retirees of South Carolina Mortality Table for Males and the 2016 Public Retirees of South Carolina Mortality Table for Females are used with fully generational mortality projections based on Scale AA from the year 2016. Multipliers are applied to the base tables based on gender and employment type.
Health Care Trend Rate:	Initial trend starting at 6.75% and gradually decreasing to an ultimate trend rate of 4.15% over a period of 14 years.
Aging Factors:	Based on plan specific experience.
Participation Assumptions:	79% for retirees who are eligible for funded premiums. 59% for retirees who are eligible for partial funded premiums. 20% for retirees who are eligible for partial non-funded premiums.
Notes:	The discount rate changed from 3.59% to 3.62% as of June 30, 2018.

The actuarial valuation was performed as of June 30, 2018. Update procedures were used to roll forward the total OPEB liability to June 30, 2019.

The long-term expected rate of return represents assumptions developed using an arithmetic building block approach primarily based on consensus expectations and market-based inputs. The expected return, along with the expected inflation rate, form the basis for the target asset allocation adopted at the beginning of the 2018 fiscal year. The long-term expected rate of return is produced by weighting the expected future real rate of return by the target allocation percentage and adding expected inflation.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

This information is summarized in the following table:

Asset Class	Target Asset Allocation	Expected Arithmetic Real Rate of Return	Allocation-Weighted Long-Term Expected Real Rate of Return
U.S. Domestic Fixed Income	80.00%	2.09%	1.67%
Cash	20.00%	0.84%	0.17%
Total	100.00%		1.84%
Expected Inflation			2.25%
Total Return			4.09%
Investment Return Assumption			4.00%

The Single Discount Rate of 3.62% was used to measure the total OPEB liability for the SCRHITF. The accounting policy for this plan is to set the Single Discount Rate equal to the prevailing municipal bond rate. Due to the plan's investment and funding policies, the difference between a blended discount rate and the municipal bond rate would be less than several basis points (several hundredths of one percent).

The following table presents the Fund's proportionate share of net OPEB liability calculated using a Single Discount Rate of 3.62%, as well as what the Fund's proportionate share of net OPEB liability would be if it were calculated using a Single Discount Rate that is one percent lower or one percent higher:

	1% Decrease 2.62%	Current Discount Rate 3.62%	1% Increase 4.62%
Net OPEB Liability	\$ 491,147	\$ 416,899	\$ 357,049

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

9. Other Post-Employment Benefits (Continued)

Detailed information about the OPEB plan's fiduciary net position is available in the separately issued SCRHITF financial report.

10. Related Party

The South Carolina Medical Malpractice Patients' Compensation Fund has significant transactions with the State of South Carolina and various other State agencies.

Services received at no cost from State agencies include maintenance of certain accounting records and payroll and disbursement processing from the Comptroller General; check preparation, banking functions from the State Treasurer, and legal services from the Attorney General.

Other services received at no cost from the various divisions of the State Fiscal Accountability Authority include retirement and health plan administration, audit services, personnel management, assistance in the preparation of the State Budget, procurement services, property management and record keeping, review and approval of certain budget amendments and other centralized functions.

The Fund also had financial transactions with various State agencies during the fiscal year for technical support, office supplies, telephone, interagency mail, and data processing services. The totals paid for these supplies and services were immaterial, individually and in the aggregate, for the years ended June 30, 2019. The Fund provided no services free of charge to other State agencies during the fiscal year.

The Fund is related to the South Carolina Medical Malpractice Liability Joint Underwriting Association as both were created by South Carolina Statute and substantially all members of the JUA are also Fund members. The JUA is responsible for payment of that portion of any covered medical malpractice claim, settlement, or judgment up to \$200,000 per incident or up to \$600,000 in the aggregate for one year.

The Fund is responsible for payments exceeding those thresholds up to the limits established by the Board. JUA by state law is responsible for defense costs of all claims, however the Fund has the right to review and approve all awards that are ultimately made on cases. The Fund reimburses JUA for marketing and annual meetings per an annual agreement which ended June 30, 2018. JUA is considered a discrete component unit of the State of South Carolina and is included in the State's CAFR.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

11. Restriction on Payment of Claims

In the event the Fund incurs a liability exceeding \$200,000 to any person under a single occurrence, the Fund may elect not to pay more than \$200,000 per year until the claim has been paid in full. However, the Board of Governors of the Fund may authorize payments in excess of \$200,000 per year so as to avoid payment of interest.

12. Operating Lease

The Fund leases office space from a party outside of State government and this lease is accounted for as an operating lease. Rental expense under this lease for the year ended June 30, 2019 was \$31,796.

The Fund agreed to a new lease for office space from a party outside of State government during the year ended June 30, 2018. This lease is accounted for as an operating lease. The obligations under this lease will require payments for the year ending June 30, 2020 in the amount of \$32,822.

13. Unearned Member Fees

Unearned fees liability at June 30, 2019 was \$3,254,298, on advance payment of membership fees and open credits. The Fund allows members to pay their fees quarterly, with a 3% administrative charge on the unpaid balance. The administrative fee is due up front and is non-refundable.

14. Risk Management

The Fund is exposed to various risks of loss and maintains State or commercial insurance coverage for certain risks. Management believes such coverage is sufficient to preclude any significant uninsured losses to the Fund. The Fund has not had any claims in recent years. There were no significant reductions in insurance coverage from coverage in the prior year. The Fund pays insurance premiums to certain other State agencies and commercial insurers to cover risk that may occur in normal operations. The insurers promise to pay to or on behalf of the insured for covered premium losses sustained during the policy period in accord with the insurance policy and benefit program limits.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

14. Risk Management (Continued)

Several State funds accumulate assets and the State itself assumes substantially all risks for the following:

1. Claims of covered employees for health and dental insurance benefits (PEBA – Insurance Benefits).
2. Claims of covered public employees for long-term disability and group-life insurance benefits (PEBA – Insurance Benefits).
3. Claims of covered public employees for workers' compensation insurance benefits (State Accident Fund).
4. Claims of covered public employees for unemployment compensation insurance benefits (Department of Employment and Workforce).

The Fund and other entities pay premiums to the State's Insurance Reserve Fund ("the IRF") which issues policies, accumulates assets to cover the risks of loss and pays claims incurred for covered losses related to the following Fund assets, activities, and/or events:

1. Personal property and equipment - Eighty percent of each loss is covered by the IRF. Losses are subject to a \$250 deductible.
2. Data processing equipment- Coverage is up to \$100,000 per loss with a \$250 deductible.
3. Torts

The IRF is a self-insurer and purchases reinsurance to obtain certain services and specialized coverage and to limit losses in the areas of property, boiler and machinery, and automobile liability. The IRF's rates are determined actuarially. State agencies are the primary participants in the State's Health and Disability Insurance Fund and in the IRF.

The Fund also purchases insurance coverage for employee fidelity bond insurance coverage arising from theft or misappropriations.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

15. Net Deficit

The Fund has experienced operating losses in prior years, which has resulted in a net deficit of \$47,931,889. The operating losses were attributable to large amounts of paid and reported claims, which have substantially affected the actuarial determination of claims liabilities. Also, other contributing factors are that: (1) until recently, the Fund's coverage was unlimited, (2) prior to 2001, the Fund did not maintain reserves for unreported claims, and (3) the Fund does not purchase reinsurance to help defray the effect of large individual claims.

There are certain factors that help to mitigate the effects of the large deficit. The first is that the Fund can assess members' additional fees if needed. This authority to assess has been exercised in the past such as an April 1998 special assessment which approximated \$7,450,000. Also in September 2000, the Fund exercised a special assessment, which amounted to approximately \$16,000,000. Additionally, to conserve cash, if necessary, the Fund can restrict payment of claims as discussed in *Note 10*. Also as noted in *Note 1*, the threshold for covered losses has increased to \$200,000 and \$600,000. Also, in 2003 the fund began allowing members to purchase, at lower rates, policies with reduced coverage limits of up to \$10,000,000 instead of unlimited coverage. Finally, during 2009, the Board voted to discontinue offering unlimited coverage.

Due to the actions above, the Fund has successfully reduced the deficit by over \$175,191,000 over the last 15 years.

16. Enterprise Fund Information

Charges for services	\$ 8,893,644
Non-operating revenue (expenditures), net	378,636
Less: expenses	<u>(14,899,850)</u>
Change in net position (deficit)	(5,627,570)
Net position (deficit) - beginning , restated	<u>(42,304,319)</u>
Net position (deficit) - ending	<u><u>\$ (47,931,889)</u></u>

This information is included only for the State of South Carolina GAAP reporting purposes and includes terminology and classifications which are not consistent with the financial statements.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO FINANCIAL STATEMENTS

-CONTINUED-

17. Restatement

During the year ended June 30, 2019, management decided to no longer discount claims. The reason for this is due to the future change of this entity as outlined in *Note 18*. This change caused a change in accounting principle.

	Net Position	Long-Term Claims Liabilities
Per prior year		
audited financial statements	\$ (40,300,319)	\$ 41,018,447
Claims discounts removal	(2,004,000)	2,004,000
Restated balances	\$ (42,304,319)	\$ 43,022,447

18. Subsequent Events

On May 13, 2019 Governor McMaster signed into law House Bill H3760. The purpose of the bill is to merge South Carolina Medical Malpractice Patients' Compensation Fund with the Joint Underwriting Association ("JUA") to form a new entity called South Carolina Medical Malpractice Association ("SCMMA") as of the close of business on December 31, 2019, with the exception of the winding down of the Fund's affairs. All assets and liabilities of the Fund will be transferred to the newly created entity SCMMA as of the open of business January 1, 2020.

Subsequent events were evaluated through September 19, 2019, which is the date the financial statements were available for issue. Events occurring after that date have not been evaluated to determine whether a change in the financial statements would be required.

REQUIRED SUPPLEMENTARY INFORMATION

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND
 SCHEDULE OF PROPORTIONATE SHARE OF
 THE SOUTH CAROLINA RETIREMENT SYSTEM
 NET PENSION LIABILITIES

LAST TEN FISCAL YEARS*

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Fund's proportion of the net pension liability	0.002448%	0.002718%	0.002692%	0.002709%	0.002953%	0.002953%
Fund's proportionate share of the net pension liability	\$ 548,631	\$ 611,866	\$ 575,007	\$ 513,775	\$ 508,409	\$ 529,663
Fund's covered payroll	\$ 253,729	\$ 274,191	\$ 254,243	\$ 259,958	\$ 263,131	\$ 260,722
Fund's proportionate share of the net pension liability as a percentage of its covered payroll	216.23%	223.15%	226.16%	197.64%	193.22%	203.15%
Plan fiduciary net position as a percentage of the total pension liability	54.10%	53.30%	52.90%	56.99%	59.92%	56.39%

* - The amounts presented for each fiscal year were determined as of July 1 of two years prior, using membership data as of the day, projected forward to June 30 of the previous year. Additionally, the Fund implemented GASB 68 during fiscal year 2015. As such, only years subsequent to fiscal year 2013 have information available.

**SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND
SCHEDULE OF SOUTH CAROLINA RETIREMENT SYSTEM CONTRIBUTIONS**

LAST TEN FISCAL YEARS*

	<u>2019</u>	<u>2018</u>	<u>2017</u>	<u>2016</u>	<u>2015</u>	<u>2014</u>
Contractually required contributions	\$ 36,563	\$ 34,025	\$ 31,285	\$ 27,738	\$ 27,945	\$ 27,497
Contributions in relation to the contractually required contribution	(36,563)	(34,025)	(31,285)	(27,738)	(27,945)	(27,497)
Contribution deficiency/(excess)	<u>\$ -</u>					
Fund covered payroll	\$ 253,734	\$ 253,729	\$ 274,191	\$ 254,243	\$ 259,958	\$ 263,131
Contributions as a percentage of covered payroll	14.41%	13.41%	11.41%	10.91%	10.75%	10.45%

* - The amounts presented for each fiscal year were determined as of July 1 of two years prior, using membership data as of the day, projected forward to June 30 of the previous year. Additionally, the Fund implemented GASB 68 during fiscal year 2015. As such, only years subsequent to fiscal year 2013 have information available.

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND
 SCHEDULE OF PROPORTIONATE SHARE OF SOUTH CAROLINA RETIREE HEALTH INSURANCE TRUST FUND NET
 OTHER POSTEMPLOYMENT BENEFIT LIABILITIES

LAST TEN FISCAL YEARS*

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Fund's proportion of the OPEB liability	0.002942%	0.003251%	0.003251%
Fund's proportionate share of the net OPEB liability	\$ 416,899	\$ 440,343	\$ 470,375
Fund's covered payroll	\$ 253,729	\$ 274,191	\$ 254,243
Fund's proportionate share of the net OPEB liability as a percentage of its covered payroll	164.31%	160.60%	185.01%
Plan fiduciary net position as a percentage of the total OPEB liability	7.91%	7.60%	7.60%

* - The amounts presented for each fiscal year were determined as of July 1 of two years prior, using membership data as of the day, projected forward to June 30 of the previous year. Additionally, the Fund implemented GASB 75 during fiscal year 2018. As such, only years subsequent to fiscal year 2016 have information available

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND
 SCHEDULE OF SOUTH CAROLINA RETIREE HEALTH INSURANCE TRUST FUND
 CONTRIBUTIONS

LAST TEN FISCAL YEARS*

	<u>2019</u>	<u>2018</u>	<u>2017</u>
Contractually required contributions	\$ 13,955	\$ 13,955	\$ 14,614
Contributions in relation to the contractually required contribution	(13,955)	(13,955)	(14,614)
Contribution deficiency/(excess)	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
Fund covered payroll	\$ 253,734	\$ 253,729	\$ 274,191
Contributions as a percentage of covered payroll	5.50%	5.50%	5.33%

* - The amounts presented for each fiscal year were determined as of July 1 of two years prior, using membership data as of the day, projected forward to June 30 of the previous year. Additionally, the Fund implemented GASB 75 during fiscal year 2018. As such, only years subsequent to fiscal year 2016 have information available

SOUTH CAROLINA MEDICAL MALPRACTICE PATIENTS' COMPENSATION FUND

NOTES TO REQUIRED SUPPLEMENTARY INFORMATION

JUNE 30, 2019

1. Changes of Assumptions

Amounts reported for the year ended June 30, 2019 reflect actuarial assumption changes effective July 1, 2017 based on the results of an actuarial experience study completed in 2018.

THE BRITTINGHAM GROUP, L.L.P.

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INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Mr. George L. Kennedy, III, CPA
State Auditor
Office of the State Auditor
1401 Main Street, Suite 1200
Columbia, South Carolina 29201

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of the business-type activities, of South Carolina Medical Malpractice Patients' Compensation Fund (the "Fund"), a non-major enterprise fund of the State of South Carolina as of and for the year ended June 30, 2019, and the related notes to the financial statements, which collectively comprise the Fund's basic financial statements, and have issued our report thereon dated September 19, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Fund's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinions on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Fund's internal control. Accordingly, we do not express an opinion on the effectiveness of Fund's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or, significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Fund's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

The Brittingham Group LLP

West Columbia, South Carolina
September 19, 2019