AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2009

WITH

REPORT OF INDEPENDENT AUDITORS

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## AUDITED FINANCIAL STATEMENTS

YEAR ENDED JUNE 30, 2009

WITH

REPORT OF INDEPENDENT AUDITORS

## State of South Carolina



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RICHARD H. GILBERT, JR., CPA DEPUTY STATE AUDITOR

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October 8, 2009

The Honorable Mark Sanford, Governor Members of the South Carolina State Budget and Control Board Columbia, South Carolina

This report on the audit of the financial statements of the South Carolina State Budget and Control Board Office – Employee Insurance Program for the fiscal year ended June 30, 2009, was issued by DeLoach & Williamson, 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,

Richard H. Gilbert, Jr., CPA

**Deputy State Auditor** 

RHGjr/cwc

AUDITED FINANCIAL STATEMENTS

#### YEAR ENDED JUNE 30, 2009

#### WITH

#### REPORT OF INDEPENDENT AUDITORS

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## Deloach & Williamson, L.L.P.

#### **CERTIFIED PUBLIC ACCOUNTANTS**

1401 MAIN STREET, SUITE 660 COLUMBIA, SOUTH CAROLINA 29201

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#### REPORT OF INDEPENDENT AUDITORS

Mr. Richard H. Gilbert, Jr., CPA Deputy State Auditor Office of the State Auditor Columbia, South Carolina

We have audited the accompanying basic financial statements of the governmental activities of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") as of and for the year ended June 30, 2009, as listed in the table of contents. These financial statements are the responsibility of the management of the South Carolina State Budget and Control Board, Employee Insurance Program. Our responsibility is to express an opinion 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 *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 of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

As discussed in *Note 1*, the accompanying financial statements of the South Carolina State Budget and Control Board, Employee Insurance Program are intended to present the financial position and results of operations of its proprietary fund type and cash flows of its proprietary fund type of only that portion of the funds of the State of South Carolina that is attributable to the transactions of the funds of the South Carolina State Budget and Control Board, Employee Insurance Program. They do not purport to, and do not, present fairly the financial position of the State of South Carolina as of June 30, 2009 and the changes in its financial position and its cash flows, where applicable, for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the governmental activities of the South Carolina State Budget and Control Board, Employee Insurance Program, as of June 30, 2009, and the results of operations and cash flows of its proprietary fund type for the year then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated October 1, 2009, on our consideration of the Fund's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grants. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

The Management's discussion and analysis is not a part of the basic financial statements, but is supplementary information required by the *Governmental Accounting Standards Board (GASB)*. We have applied certain limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

beloach & Williamson, L.C.P.

October 1, 2009

### **Management's Discussion and Analysis**

The financial statement presentation required under governmental accounting standards provides a comprehensive perspective of EIP's assets, liabilities, net assets, revenues, expenses, changes in net assets and cash flows. This section of the South Carolina State Budget and Control Board, Employee Insurance Program (EIP) Audited Financial Statements and Other Financial Information presents management's discussion and analysis of EIP's financial performance during the fiscal year ended June 30, 2009. This discussion should be read in conjunction with the financial statements and the notes, which follow this section.

#### **Financial Highlights:**

Business Type activities reported a decrease in net assets of \$67,042,002 and total net assets of \$98,556,026 for the year ended June 30, 2009. In comparison, a decrease in net assets of \$118,160,639 was reported for the year ended June 30, 2008 with total net assets of \$165,598,029 at the 2008 year-end.

#### **Overview of Financial Statements:**

The Employee Insurance Program is an internal service fund proprietary type engaged in Governmental Activities. Following is a condensed Statement of Net Assets, a condensed Statement of Activities and a condensed Statement of Cash Flows.

The Statement of Net Assets presents the financial position of EIP at the end of the fiscal year and requires classification of assets and liabilities into current and noncurrent categories. The difference between total assets and total liabilities is reflected in the net assets section, which displays unrestricted net assets. Net assets are generally an indicator of the current financial condition of EIP, while the change in net assets is generally an indicator of the overall financial condition for the year. The negative change in net assets is the result of transferring \$101,584,443 in Plan reserves to the South Carolina Retiree Health Insurance Trust Fund (Trust), which was established effective May 1, 2008. In accordance with the provisions of the Trust, excess Plan reserves above 140% of incurred but not reported claims as of December 31 each year will be transferred to the Trust the following January. Taking this transfer into account, operating income for the Plan was positive and can be attributed to reduced trend resulting from continued management actions identifying and implementing opportunities to positively impact claims costs.

The Statement of Revenue, Expenses, and Changes in Net Assets present revenues and expenses as operating and are detailed by classification.

The Statement of Cash Flows will aid readers in identifying the sources and uses of cash by the categories of operating, non-capital financing, and investing activities.

### **Financial Analysis of EIP:**

This schedule is a condensed version of EIP's assets, liabilities, and net assets and is prepared from the Statement of Net Assets.

## Condensed Statement of Net Assets (in millions)

	<i>)</i>					
	June	June 30, 2009		June 30, 2009 June 30,		30, 2008
Assets						
Current assets	\$	290.1	\$	362.5		
Noncurrent assets:		0.1		0.1		
Total assets		290.2		362.6		
Liabilities						
Current liabilities		191.3		196.7		
Noncurrent liabilities		0.4		0.3		
Total liabilities		191.7		197.0		
Net assets						
Investment in capital assets		0.1		0.1		
Unrestricted		98.5		165.5		
Total net assets	\$	98.6	\$	165.6		

The following schedule is a summary of the EIP's operating results for the fiscal year.

### Condensed Statement of Activities Year Ended June 30, (in millions)

	2009	2008
Governmental activities:	 	
Program revenue	\$ 1,678.4	\$ 1,676.5
Expenses	(1,657.9)	(1,567.7)
Total governmental activities	 20.5	108.8
General revenue and transfers:		
Earnings on investments	14.0	24.0
Transfer to other agencies and trusts	(101.5)	(276.5)
Total general revenue and transfers	 (87.5)	(252.5)
Special items	 	 25.6
Change in net assets	 (67.0)	 (118.1)
Net assets, beginning of the year	165.6	283.7
Net assets, end of the year	\$ 98.6	\$ 165.6

A condensed version of Statement of Cash Flows is presented as follows:

### Condensed Statement of Cash Flows Year Ended June 30, (in millions)

 2009		2008
\$ (17.5)	\$	168.0
(101.5)		(276.5)
14.0		35.2
(105.0)		(73.3)
344.9		418.2
\$ 239.9	\$	344.9
\$	\$ (17.5) (101.5) 14.0 (105.0) 344.9	\$ (17.5) \$ (101.5) 14.0 (105.0) 344.9

#### **Overview of the Employee Insurance Program:**

The Employee Insurance Program (EIP) manages group health, dental, life, accidental death and dismemberment, and disability programs as authorized in § 1-11-710 and § 1-11-720 of the South Carolina Code of Laws, as well as the long-term care program authorized in § 1-11-740, the flexible benefits program (MoneyPlus) as authorized in § 9-1-60, the unemployment compensation management program as authorized in § 1-11-480, and the employee adoption assistance program, pursuant to Proviso 80A.20 of the 2009-2010 General Appropriations Act.

Following is a list of benefits offered by EIP differentiated according to self-insured versus insured status.

#### **Self-Insured Programs**

- State Health Plan: Standard Plan (PPO) Medicare Supplement
  - Savings Plan (HDHP)
- BlueChoice (HMO)
- CIGNA (HMO)
- State Dental Plan
- Basic Long Term Disability
- Adoption Assistance Program

#### **Insured Programs**

- Dental Plus
- State Life
- Optional Life
- Dependent Life
- Long Term Care
- Supplemental Long Term Disability

Benefits are offered to eligible employees and retirees of all state agencies and public school districts, and many local governments. Around 596 employers currently participate in the Employee Insurance Program. The State Health Plan is EIP's "flagship" product, a "Preferred Provider Organization" model plan which encompasses medical, prescription drug, and behavioral health coverage. The State Health Plan is the most significant driver of EIP's financial activity, accounting for approximately 84% of all medical revenue.

#### **Overview of the State Health Plan:**

The State Health Plan (Plan) consists of the Standard Plan, the Medicare Supplement Plan, and the Savings Plan. The majority of Plan subscribers (80%) are enrolled in the Standard Plan, a PPO option available to non-Medicare and Medicare enrollees. Of the remaining subscribers, 17% are enrolled in the Medicare Supplement, a retiree option for those enrolled in Medicare, and 3% are enrolled in the Savings Plan. The Savings Plan is a qualified high deductible health plan (HDHP) available to non-Medicare enrollees.

The State Health Plan remains competitive with other southern state health plans in terms of plan deductibles, coinsurance, and prescription drug coverage. In aggregate, the employer contributes around 71% of the total contribution for State Health Plan coverage. The Plan self-contracts provider networks for hospitals and physicians. These networks continue to maintain extremely high participation rates. Following is a look at total enrollment in the State's medical insurance programs and enrollment in the State Health Plan (as of June 2009).

	<b>Program</b>	State Health Plan
<b>Total Insured Persons:</b>	426,424	372,120
Subscribers:	248,467	211,185
Spouses:	68,624	64,045
Children:	109,333	96,890
Total Subscribers:	248,467	211,185
Employees:	179,321	144,969
Retirees:	65,221	62,518
Survivors:	2,673	2,632
COBRA:	1,252	1,066
Active Employees:	179,321	144,969
State Agencies:	61,608	48,799
School Districts:	83,480	69,756
Local Government	34,233	26,414

#### **State Health Plan Premiums:**

The State Health Plan operates under a 4-tier premium structure, varying contribution levels according to level of coverage. The coverage levels include Employee Only, Employee/Spouse, Employee/Child, and Full Family. As of June 30, 2009, 56% of subscribers had Employee Only coverage, and the remaining 44% covered at least one dependent.

Premiums range from \$4,252.32 annually for Employee Only coverage to \$10,765.68 annually for Full Family coverage. Following are the monthly 2009 State Health Plan employee and employer rates.

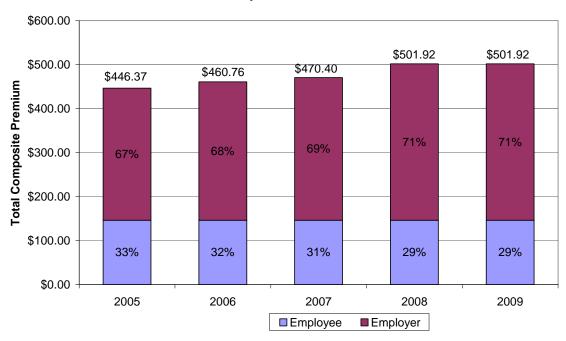
### 2009 State Health Plan (Standard Plan) Monthly Premiums

	En	nployee	Eı	nployer	 Total
Employee Only	\$	93.46	\$	260.90	\$ 354.36
Employee/Spouse		237.50		514.70	752.20
Employee/Child		142.46		369.14	511.60
Full Family		294.58	-	602.56	 897.14
Composite Rate	\$	146.30	\$	355.62	\$ 501.92

Premium revenue is shared between the employer and the employee (or retiree).

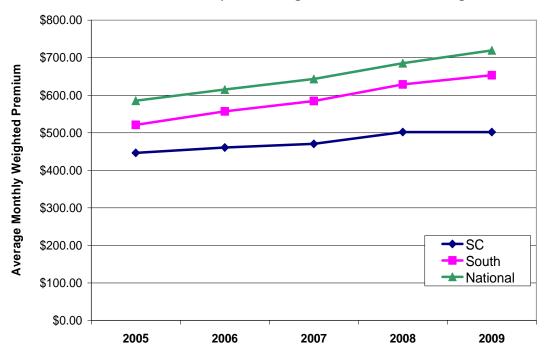
For 2009, there was no rate increase. For 2009, the employee share remains at 29% of the total premium.

# South Carolina Employee/Employer Share of Total Composite: 2005 - 2009

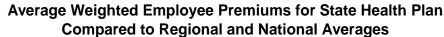


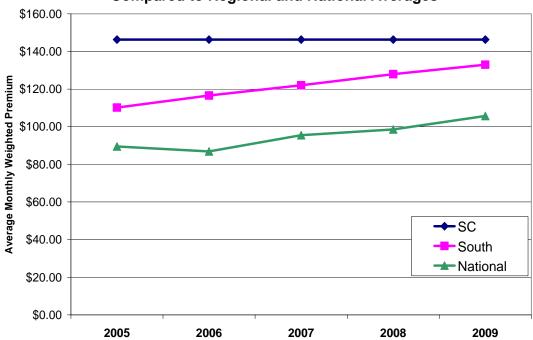
With no State Health Plan premium increase for 2009, the composite total premium remains below both the southern and national levels. For 2009, the State Health Plan composite total premium was approximately 77% of the southern premium and 70% of the national premium.

# Combined Employee and Employer Average Weighted Premiums for State Health Plan Compared to Regional and National Averages



After five years of double-digit premium increases, employees saw no increase for the fourth year in 2009. Even so, the SHP employee composite remains above both the regional and national composite, due to prior years of employer contribution levels remaining either stagnant or increasing at levels insufficient to sustain claims expense.





### **State Health Plan Contribution Increases:**

For the first time in over 10 years, there were no rate increases for 2009. Since 1999, the State Health Plan had implemented annual rate increases in an effort to meet its current financial obligations. Contribution increases since 1999 are outlined below.

# **State Health Plan Contribution Increases**

	<b>Employer Rate</b>	<b>Employee Rate</b>	
	Increase	Increase	Total
1999	18.0%	0.0%	14.0%
2000	10.0%	0.0%	8.0%
2001	20.0%	10.4%	18.3%
2002	9.5%	22.6%	11.7%
2003	0.0%	36.9%	6.9%
2004	0.0%	27.6%	6.6%
2005	6.1%	29.7%	13.0%
2006	4.8%	0.0%	3.2%
2007	3.1%	0.0%	2.1%
2008	9.7%	0.0%	6.7%
2009	0.0%	0.0%	0.0%

#### **Status of the Plan:**

The State Health Plan continues to see improvement in its financial condition from the first part of this decade. For four consecutive years from 2000 through 2003, the Plan ended the year with either a deficit or a near zero cash balance. As a result of Budget & Control Board actions taken in August 2003 for a January 2004 effective date, as well as continuing management actions initiated by EIP, the Plan has moved into a strong current financial position. This circumstance is attributable to the Plan's positive claims experience of recent years. Claims expenditure growth in each year since 2004 has been less than that commonly cited in the health insurance market.

While the current positive experience could change quickly, the present situation provides optimism for the State's ability to sustain the program in the years ahead. Following are the changes in growth rate in payments per subscriber since 2001.

Plan Year	Change in Payout/Subscriber
2001	+11.0%
2002	+8.3%
2003	+12.9%
2004	-0.7%
2005	+4.7%
2006	+7.0%
2007	+6.3%
2008	+3.9%

While some of the reduction in Plan trend can be attributed to additional patient cost sharing, the majority of the positive impact is tied to overall healthcare spending reductions observed nationally, and more significantly, decreased utilization trends stemming from Plan design changes implemented in 2004. Positive outcomes from management actions taken in recent years to address Plan spending are also contributing to the reduction seen in Plan trend.

Following are the medical utilization rates (and growth rates) per 1000 insured persons (SHP primary) from 2000 through 2008 for office visits, ER visits, inpatient cases, and outpatient surgery.

	Office Visits		<b>ER Visits</b>		I/P Cases		O/P Surgery	
2000	5,492.54		253.76		67.76		105.54	
2001	5,856.76	+6.6%	254.99	+0.5%	69.27	+2.2%	101.11	-4.2%
2002	5,936.99	+1.4%	251.34	-1.4%	68.99	-0.4%	102.66	+1.5%
2003	6,230.36	+4.9%	253.66	+0.9%	69.03	+0.1%	114.39	+11.4%
2004	6,119.04	-1.8%	235.97	-7.0%	68.88	-0.2%	115.19	+0.7%
2005	6,287.92	+2.8%	240.27	+1.8%	63.93	-7.2%	106.87	-7.2%
2006	6,391.54	+1.6%	239.22	-0.4%	62.82	-1.7%	99.57	-6.8%
2007	6,472.05	+1.3%	248.19	+3.7%	60.56	-3.6%	106.27	+6.2%
2008	6,442.40	-0.5%	243.19	-2.0%	59.26	-2.1%	106.92	+0.6%

Prescription drug utilization has also moderated, as well as shifted to more cost effective delivery channels, as indicated below.

	Rx/Insured		Generic Share	Mail Service Share
2000	13.12		34.9%	n/a
2001	14.75	+12.5%	34.8%	n/a
2002	15.75	+6.9%	37.1%	3.8%
2003	17.10	+8.5%	39.1%	4.7%
2004	16.81	-1.7%	43.3%	9.6%
2005	17.46	+3.9%	47.1%	9.5%
2006	17.99	+3.0%	50.5%	9.8%
2007	18.41	+2.3%	55.2%	9.9%
2008	18.22	-1.0%	61.3%	9.9%

Cost containment initiatives continue to influence the Plan's positive trend and include:

- Provider reimbursement pricing policy with provider networks (inpatient and outpatient hospital settings, professional fee schedules and pharmacy pricing)
- Utilization review and management (precertification of inpatient cases and certain outpatient procedures, disease management of specified conditions, complex care management and chronic kidney disease management)
- "Evidence-based medicine" initiative involving analysis of claims data and communications with doctors regarding best practices
- Mail service pharmacy through Pharmacy Benefits Manager
- Prior authorization/step therapy requirements for specified medications, including "preferred step therapy" program to steer business to "front-line" generics
- Preferred drug list
- "Pay-the-difference" policy for brand drugs with generic equivalents
- Managed care approach for behavioral health services
- "Gold standard" smoking cessation program
- Health education, disease management workshops, and preventive screenings provided through office wellness staff
- Voluntary Data Sharing Agreement with Medicare (maintain current Medicare eligibility on all subscribers)
- Coordination of benefits (COB) for all medical totaled \$1.197 B. for 2008 of which \$1.167 B. or 97% was attributed to Medicare COB (efforts to maintain accurate Medicare eligibility for retirees continue to produce significant savings)
- Self-funding of all HMO business
- Significant patient cost sharing for all service types
- Pharmaceutical manufacturer rebates (for all health plans); the Plan received about \$44 M. in rebates during 2008
- Medicare Part D prescription drug subsidies; the Plan received about \$28 M. in subsidies during 2008

#### **Challenges Ahead**

The Plan will go forward into 2010 with no increase in the employer or enrollee contribution rates presently in-force. Although a 3.1% increase was deemed necessary, this year's legislative process did not include additional employer appropriations for benefits and the decision was made not to increase employee premiums. There were, however, several benefit changes (generally cost containment measures), which were approved and go into effect January 1. They are as follows:

- A \$25/contract tobacco surcharge on all health contracts of members who use tobacco or who cover a family member who does.
- Prescription drug co-payments change from \$10/\$25/\$40 to \$9/\$30/\$50 and pharmacy pricing change from AWP 15% + \$2.50/\$2.00 to AWP 16% + \$1.50.
- Chiropractic limit established at \$2000/person/year and limit of one "Manual Therapy" unit per visit.
- Implementation of a pre-authorization process for high-end radiology procedures, such as MRI, MRA, CT and PET scans.
- Increase of lifetime maximum from \$1M/person to \$2M/person.

EIP is also offering a separate Vision Plan to its employees and retirees January 1; total cost to be paid by the enrollee.

Always a significant challenge is the anticipation of re-acceleration of health care trend. Although we are now in somewhat of a stable period of growth, the dynamics that drive health care expenditure growth to a level typically more than double that of general inflation, an aging population, advances in medical technology, and third-party payment, remain present. It can be anticipated that trend will climb again.

#### **Contact Information:**

Please direct questions related to the Management Discussion & Analysis and the accompanying financial statements to Phyllis Buie, Chief Financial Officer, at (803) 734-0326.

#### STATEMENT OF NET ASSETS

## JUNE 30, 2009

**Assets** 

Assets	
Current assets:	
Cash and cash equivalents	\$ 239,864,639
Premiums receivable	1,940,732
Prescription Drug Rebate receivable	12,363,015
Medicare Part D subsidy receivable	7,160,841
Claims refund receivable	14,866,888
Accrued interest	32,489
Other receivables	19,374
Due from South Carolina Retiree Health Insurance Trust Fund	13,914,546
Total current assets	290,162,524
Non-current assets:	
Capital assets, net of accumulated depreciation	63,669
Total non-current assets	63,669
Total assets	290,226,193
Liabilities	
Current liabilities:	
Accounts payable	842,395
Accrued payroll	405,639
Claims payable	53,649,899
Deferred premium revenue	3,973,169
Claims incurred but not reported	132,186,987
Accrued compensated absences - current portion	223,471
Total current liabilities	191,281,560
Long-term liabilities:	
Contingencies (Note 10)	
Accrued compensated absences - long term	388,607
Total long-term liabilities	388,607
Total liabilities	191,670,167
Net Assets	
Investment in capital assets	63,669
Unrestricted	98,492,357
Total net assets	\$ 98,556,026
See accompanying notes.	17
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# STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

#### YEAR ENDED JUNE 30, 2009

Operating Revenue	
Insurance premiums:	
Active employees:	
Medical - PPO	\$ 866,684,583
Dental	64,509,836
Life	735,317
Long-term disability	7,610,664
Long-term care	1,212,461
Dependent/optional life	40,196,183
Medical - HMO	236,431,524
Retirees:	
Medical - PPO	118,572,718
Dental	8,758,973
Retiree long-term care	1,762,287
Retiree surcharge	255,071,774
Medical - HMO	7,384,419
Other premium revenues	1,144,554
Prescription drug rebates	35,940,448
Medicare Part D subsidy	32,309,975
Other	32,891
Total operating revenue	1,678,358,607
Operating Expenses:	
Premiums	79,610,251
Claims:	
Medical - PPO	811,977,794
Dental	47,237,614
Life	377,967
Medical - HMO	249,529,122
Prescription drug	397,909,812

(CONTINUED)

# STATEMENT OF REVENUE, EXPENSES, AND CHANGES IN NET ASSETS

### YEAR ENDED JUNE 30, 2009

### (CONTINUED)

Salaries and benefits         5,821,090           Professional services         578,117           Telephone and utilities         107,023           Supplies         196,133           Other services         2,628,287           Printing and publication         95,988           Postage and shipping         169,870           Depreciation         42,253           Total operating expenses         1,657,907,110           Operating income         20,451,497           Non-operating revenue:         1           Income from deposits         13,967,831           Transfers:         1           Interfund transfers         6,537           Transfers to/from other state agencies and OPEB trusts         (101,467,868)           Total transfers         (67,042,003)           Change in net assets         (67,042,003)           Net assets, beginning of year         165,598,029           Net assets, end of year         \$ 98,556,026	Third party administrative fees	61,625,789
Professional services         578,117           Telephone and utilities         107,023           Supplies         196,133           Other services         2,628,287           Printing and publication         95,988           Postage and shipping         169,870           Depreciation         42,253           Total operating expenses         1,657,907,110           Operating income         20,451,497           Non-operating revenue:         1           Income from deposits         13,967,831           Transfers:         (101,467,868)           Total transfers         (101,467,868)           Total transfers         (101,467,868)           Total transfers         (101,461,331)           Change in net assets         (67,042,003)           Net assets, beginning of year         165,598,029	• •	
Telephone and utilities         107,023           Supplies         196,133           Other services         2,628,287           Printing and publication         95,988           Postage and shipping         169,870           Depreciation         42,253           Total operating expenses         1,657,907,110           Operating income         20,451,497           Non-operating revenue:         Income from deposits         13,967,831           Transfers:         Interfund transfers         6,537           Transfers to/from other state agencies and OPEB trusts         (101,467,868)           Total transfers         (101,467,868)           Total transfers         (67,042,003)           Net assets, beginning of year         165,598,029		, ,
Supplies       196,133         Other services       2,628,287         Printing and publication       95,988         Postage and shipping       169,870         Depreciation       42,253         Total operating expenses       1,657,907,110         Operating income       20,451,497         Non-operating revenue: Income from deposits       13,967,831         Transfers: Interfund transfers       6,537         Transfers to/from other state agencies and OPEB trusts       (101,467,868)         Total transfers       (101,461,331)         Change in net assets       (67,042,003)         Net assets, beginning of year       165,598,029		*
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Depreciation         42,253           Total operating expenses         1,657,907,110           Operating income         20,451,497           Non-operating revenue:		,
Total operating expenses         1,657,907,110           Operating income         20,451,497           Non-operating revenue:		,
Operating income         20,451,497           Non-operating revenue:         13,967,831           Transfers:         11,967,831           Interfund transfers         6,537           Transfers to/from other state agencies and OPEB trusts         (101,467,868)           Total transfers         (101,461,331)           Change in net assets         (67,042,003)           Net assets, beginning of year         165,598,029	•	
Non-operating revenue: Income from deposits  Transfers: Interfund transfers Interfund transfers Transfers to/from other state agencies and OPEB trusts  Total transfers  Change in net assets  Net assets, beginning of year  Interfund transfers  (101,467,868) (101,461,331) (101,461,331)	Total operating enpenses	1,007,707,110
Income from deposits  Transfers: Interfund transfers Transfers to/from other state agencies and OPEB trusts  Total transfers  Change in net assets  13,967,831  6,537  101,467,868)  (101,467,868)  (101,461,331)  Change in net assets  (67,042,003)  Net assets, beginning of year	Operating income	20,451,497
Transfers: Interfund transfers  Fransfers to/from other state agencies and OPEB trusts  Total transfers  Change in net assets  (67,042,003)  Net assets, beginning of year  Transfers:  (101,467,868)  (101,461,331)  (67,042,003)	Non-operating revenue:	
Interfund transfers 6,537 Transfers to/from other state agencies and OPEB trusts (101,467,868) Total transfers (101,461,331) Change in net assets (67,042,003)  Net assets, beginning of year 165,598,029	Income from deposits	13,967,831
Transfers to/from other state agencies and OPEB trusts  Total transfers  (101,467,868)  (101,461,331)  Change in net assets  (67,042,003)  Net assets, beginning of year  165,598,029	Transfers:	
Total transfers         (101,461,331)           Change in net assets         (67,042,003)           Net assets, beginning of year         165,598,029	Interfund transfers	6,537
Change in net assets (67,042,003)  Net assets, beginning of year 165,598,029	Transfers to/from other state agencies and OPEB trusts	(101,467,868)
Net assets, beginning of year 165,598,029	Total transfers	(101,461,331)
	Change in net assets	(67,042,003)
Net assets, end of year \$ 98,556,026	Net assets, beginning of year	165,598,029
	Net assets, end of year	\$ 98,556,026

See accompanying notes.

### STATEMENT OF CASH FLOWS

### YEAR ENDED JUNE 30, 2009

Cash Flows from Operating Activities		
Insurance premiums from customers	\$	1,574,208,048
Other receipts		64,483,677
Payments to employees		(5,769,073)
Payments to providers, suppliers and others		(1,650,479,987)
Net cash used in operating activities		(17,557,335)
Cash Flows from Noncapital Financing Activities		
Transfers to other state agencies and interfund transfers		(101,467,868)
Net cash used in noncapital financing activities	(101,467,868)	
Cash Flows from Investing Activities		
Interest received-deposits and investments		13,988,086
Net cash provided by investing activities		13,988,086
Net decrease in cash and cash equivalents		(105,037,117)
Cash and cash equivalents, beginning of year		344,901,756
Cash and cash equivalents, end of year	\$	239,864,639

(CONTINUED)

### STATEMENT OF CASH FLOWS

### YEAR ENDED JUNE 30, 2009

## (CONTINUED)

Reconciliation of operating income to net cash provided by operating activities	
Operating income	\$ 20,451,497
Adjustments to reconcile operating income to net cash used in	
operating activities:	
Depreciation expense	42,253
Change in assets:	
Premiums receivable	(996,066)
Claims refund receivable	(14,022,930)
Prescription drug rebate receivable	(3,096,331)
Medicare Part-D subsidy receivable	(703,307)
Other receivable	(19,374)
Due from South Carolina Retiree Health Trust	(13,914,546)
Change in liabilities-increase (decrease):	
Accounts payable, accrued payroll and compensated absences	372,354
Deferred premium revenue	(6,914,328)
Claims payable and incurred but not reported	 1,243,443
Net cash used in operating activities	\$ (17,557,335)
Supplemental Information	
Non-cash transfer of capital assets	\$ 6,537

See accompanying notes.

#### NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2009

#### 1. Basis of Presentation and Summary of Significant Accounting Policies

The financial statements of all funds of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") were prepared in conformity with accounting principles generally accepted in the United States of America (GAAP) as applied to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles. The more significant of the Fund's accounting policies are described below.

#### Reporting Entity

The core of the financial reporting entity is the primary government, which has a separately elected governing body. As required by accounting principles generally accepted in the United States of America, the financial reporting entity includes both the primary government and all of its component units. Component units are legally separate organizations for which the elected officials of the primary government are financially accountable. In turn component units may have component units.

An organization other than a primary government may serve as a nucleus for a reporting entity when it issues separate financial statements. That organization is identified herein as a primary entity.

The primary government or entity is financially accountable if it appoints a voting majority of the organization's governing body including situations in which the voting majority consists of the primary entity's officials serving as required by law (e.g., employees who serve in an ex officio capacity on the component unit's board are considered appointments by the primary entity) and (1) it is able to impose its will on that organization or (2) there is a potential for the organization to provide specific financial benefits to, or impose specific financial burdens on, the primary entity. The primary entity also may be financially accountable if an organization is fiscally dependent on it even if it does not appoint a voting majority of the board. An organization is fiscally dependent on the primary entity that holds one or more of the following powers:

- (1) Determine its budget without another government's having the authority to approve and modify that budget.
- (2) Levy taxes or set rates or charges without approval by another government.
- (3) Issue bond debt without approval by another government.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

#### Reporting Entity (Continued)

Based on these criteria, the Fund has determined that it has no component units. This financial reporting entity includes only the Fund, a primary entity.

The South Carolina State Budget and Control Board (the "Board"), Employee Insurance Program is a fund of the South Carolina State Budget and Control Board, which is a part of the State of South Carolina primary government. This report contains only the Fund and no other offices or funds of the South Carolina State Budget and Control Board or any other part of the State of South Carolina primary government are included.

All of the divisions of the Board reporting entity are under the control of the Executive Director of the State Budget and Control Board. The Board is composed of the Governor; the State Treasurer; the Comptroller General; the Chairman of the Senate Finance Committee; and the Chairman of the House Ways and Means Committee; all of whom serve in an ex-officio capacity.

The South Carolina State Budget and Control Board, formerly the Budget Commission, was established and created by Reorganization Plan No. 2 adopted by the General Assembly in 1950 pursuant to the terms and provisions of Act 621, Acts of 1948. Under the Act, ten state agencies were abolished as separate entities and their functions and duties were brought under the supervision of the Budget and Control Board. The funds of the Budget and Control Board are included in the Comprehensive Annual Financial Report of the State of South Carolina.

The Fund operates as a unit under the Board and its Executive Director. The laws of the State and the policies and procedures specified by the State for State agencies are applicable to the Fund's activities. The accompanying financial statements present the financial position and results of operations solely of the Fund and do not include any other agencies or any component units of the State of South Carolina.

The group health, dental, life, accidental death and dismemberment and disability programs managed by the Fund are authorized in Sections 1-11-710 and 1-11-720 of the South Carolina Code of Laws of 1976, as amended. The long-term care program managed by the Fund is authorized in Section 1-11-740 of the South Carolina Code of Laws of 1976, as amended.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

The Employee Insurance Program provides health insurance to eligible employees and retirees of State agencies and its political subdivisions who elect coverage. Coverage elections include four self-insured health plans. The State Health Plan offers a High Deductible Health Plan (SHP Savings Plan), a Preferred Provider Organization (SHP Standard Plan) and Medicare Supplement. The Traditional HMOs offered are the BlueChoice HMO and CIGNA HMO. The HMO with the Point of Service Option was MUSC Options, which ended December 31, 2008. All dental coverage is through the State's self-insured plan, which is available to eligible employees and retirees. An additional dental option is offered to subscribers, Dental Plus, which is a fully insured product. The Basic Long-Term Disability Plan is a self-insured group long-term disability plan available to eligible active employees enrolled in a State health plan. Supplemental long-term disability, a fully insured product, is also offered to subscribers. Optional Life and Dependent Life are fully insured products offered to eligible employees. Long-term care insurance, a fully insured program, is also available to eligible employees. For active employees, the employee share of premiums is paid through payroll deductions. The respective employer pays the employer's premium portion for active employees. For retirees of the State and School Districts, the employee portion of the premiums is withheld from the individual retirement check. The employer premium share for retirees of the State and School Districts is paid through retiree insurance surcharge. For Local Subdivisions, the employer is responsible for collecting the retiree premium and remitting the entire premium to the Employee Insurance Program. Effective May 2008, Basic Long Term Disability premiums were transferred to the Long Term Disability Insurance Trust Fund in accordance with Act 195. Basic Long Term Disability Claims are transferred each month out of this Trust. The outstanding liability (claims payable) for Basic Long-Term Disability has been eliminated from the Fund's financial reporting.

The South Carolina Retirement System began transferring the surcharge for state agencies and school districts effective with the May 2008 surcharge in accordance with Act 195. Effective May 2008, the Fund began transferring the employer portion of retiree premiums from the South Carolina Retiree Health Insurance Trust Fund for claims payment.

Details on eligibility requirements and coverage for all plans are contained in the *Insurance Benefits Guide*. Premium rates for all plans are reviewed on a calendar year basis and adjusted as considered necessary after actuarial calculation.

The State as the predominant participant retains the risk of loss for the self-insured health, dental and basic long-term disability coverages.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

#### **Basis of Presentation**

The financial statements present all proprietary funds of the South Carolina State Budget and Control Board, Employee Insurance Program.

The financial statement presentation for the Fund meets the requirements of Governmental Accounting Standards Board ("GASB") Statement No. 34, *Basic Financial Statements and Management's Discussion and Analysis for State and Local Governments*.

As an internal service fund, the Fund in its stand-alone financial statements is considered a proprietary fund under the guidance of GASB Statement No. 34. However, the guidance requires internal service funds included in the basic financial statements of the primary government to be reported as part of the governmental activity. Therefore, presentation in the Comprehensive Annual Financial Report of the State of South Carolina will include this fund as a governmental activity. The financial statement presentation provides a comprehensive, entity-wide perspective of the Fund's net assets, revenue, expenses and changes in net assets and cash flows that replaces the fund-group perspective previously required.

#### **Financial Statements**

Employee Insurance Program is an internal service fund within the South Carolina Budget and Control Board as the State's managers have determined that the State is the predominant participant in the Fund.

#### Basis of Accounting

The Fund's financial statements have been presented using the economic resources measurement focus, which is based upon a determination of net income, financial position, and cash flows. Under this method, all assets and all liabilities associated with the operation of the Fund are included on the statement of net assets. Net assets are segregated into investment in capital assets, net of related debt, restricted net assets and unrestricted net assets components.

The Fund uses the accrual basis of accounting. Revenues are recognized in the accounting period in which they are earned and become measurable; expenses are recognized in the period incurred, if measurable. The Fund reports claims liabilities when it is probable that a loss has occurred and the amount of the loss can be reasonably estimated.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

The accounting policies of the Fund conform to accounting principles generally accepted in the United States of America applicable to governmental and proprietary activities as prescribed by GASB. Accordingly, the Fund applies all applicable GASB pronouncements and its predecessors those applicable standards issued by the Financial Accounting Standards Board on or before November 30, 1989, unless those pronouncements conflict with or contradict GASB pronouncements.

#### Cash and Cash Equivalents

For purposes of the statement of cash flows, the Fund considers all highly liquid securities with a maturity of three months or less at the time of purchase to be cash equivalents. Most State agencies including the Fund participate in the internal cash management pool; however, some agency accounts are not included in the pool because of restrictions on the use of funds. 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 State Treasurer administers the cash management pool. For credit risk information pertaining to the internal cash management pool, see the deposits disclosures in *Note* 2.

The State's internal cash management pool consists of a general deposit account and several special deposit accounts. The State records each fund's equity interest in the general deposit account; however, all earnings on that account are credited to the General Fund of the State. Deposits in the general deposit account are recorded and reported at cost. However, the Fund reports its deposits in the special deposit accounts 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. Interest earnings are allocated based on the percentage of an agency's accumulated daily interest receivable to the total income receivable of the pool.

The amounts shown in the financial statements as "cash and cash equivalents" represent cash on deposit with the State Treasurer as a part of the State's internal cash management pool, and cash invested in various short-term instruments by the State Treasurer and held in separate agency accounts.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

#### Premium Revenue

Premiums billed to employers, employees and retirees (premiums receivable) for insurance coverage are recorded as revenue when earned on a monthly basis. The retiree surcharge on employees is recognized as the liability is incurred by the various State agencies and school districts.

#### Deferred Premium Revenue

Premiums billed in advance of coverage, payments received in advance of coverage, or in excess of amounts billed and premiums collected but unearned are recorded as deferred premium revenue.

#### Capital Assets

Capital assets are capitalized at cost if purchased. Capital assets contributed by other State agencies or funds are recorded at the State's original acquisition cost less accumulated depreciation from the purchase date. Assets donated by other parties are valued at fair market value at the date of gift. The Fund has one class of capital assets, equipment, which is depreciated on a straight-line basis over the estimated useful lives of 3-10 years. The capitalization dollar threshold limit for capital assets is \$5,000.

#### Claims Liabilities Including Claims Incurred But Not Reported (IBNR)

Losses are recorded at estimated amounts at the time they are reported and include a provision for expenses associated with claim settlements. Insurance claims are expensed as incurred over the period of coverage. The Fund establishes an unpaid claim liability for claims in the process of review, and for IBNR claims. The liability for IBNR claims is actuarially estimated based on the most current historical claims experience of previous payments, changes in number of members and participants, inflation, award trends, and estimates of health care trend (cost, utilization and intensity of services) changes. Estimates of liabilities for incurred claims are continually reviewed and revised as changes in these factors occur and revisions are reflected in the current year's operating statement in the applicable claims expense. Amounts for allocated and unallocated claims adjustment expenses have been included in the calculation of IBNR.

#### Claims Payable

Claims payable represents claims related to health claims, dental claims and long-term disability claims payable at June 30, 2009. The claims payable balance is based on claims that have been paid by the third party administrators on behalf of the Fund.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

#### Compensated Absences

Generally all permanent full-time State employees and certain part-time employees scheduled to work at least twenty hours per workweek are entitled to accrue and carry forward at calendar year-end maximums of 180 days sick leave and of 45 days annual vacation leave. Upon termination of State employment, employees are entitled to be paid for accumulated unused annual vacation leave up to the maximum, but are not entitled to any payment for unused sick leave. The compensated absences liability includes accrued annual leave earned for which the employees are entitled to paid time off or payment at termination. 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 in the Fund.

#### Net Assets

Net assets are recorded in three categories:

<u>Investment in capital assets, net of related debt</u> consists of capital assets net of accumulated depreciation and reduced by outstanding balances for bonds, notes, and other debt that are attributed to the acquisition, construction or improvement of those assets.

<u>Restricted net assets</u> result when constraints placed on net asset use are either imposed by creditors, grantors, contributors, and the like or imposed by law through constitutional provisions or enabling legislation.

<u>Unrestricted net assets</u> consist of net assets which do not meet the definition of restricted net assets or investment in capital assets, net of related debt.

The Fund applies expenses that can use both restricted and unrestricted resources against restricted resources then unrestricted resources.

#### Use of Estimates

The 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 certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

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

#### Classification of Revenue

The Fund has established the following criteria for reporting operating revenue or nonoperating revenue:

Operating revenue generally results from exchange transactions to provide the services authorized by State Statute. These revenue include (1) premiums for insurance coverage, (2) administrative fees, and (3) other receipts arising from services provided.

Nonoperating revenue includes activities that have the characteristics of nonexchange transactions. These revenue include appropriations, investment income, and contract revenue not classified as operating revenue or restricted by the provider to be used exclusively for capital purposes.

#### 2. Deposits

As prescribed by Statute, the State Treasurer is the custodian and investment manager of all deposits of the Fund.

#### **Deposits**

All deposits with financial institutions are required to be insured or collateralized with securities held by the State or its agent in the State Treasurer's name as custodian. At June 30, 2009, the Fund had no deposits with financial institutions. The Fund had cash of \$239,864,639 held by the State Treasurer as of June 30, 2009.

Fair market value for cash and cash equivalents reported approximate the carrying value.

During the year, the following amounts were included in income from deposits:

Interest earned \$ 13,967,831

Total income from deposits \$ 13,967,831

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

### 2. Deposits (Continued)

The following schedule reconciles investments and deposits as reported in the statement of net assets to disclosures included in this note.

	Statements	Note Disclosure
Held by State Treasurer:		
Cash and cash equivalents	\$ 239,864,639	\$ -
Deposits	<u> </u>	239,864,639
Total	\$ 239,864,639	\$ 239,864,639

#### 3. Premiums Receivable

Premiums receivable at June 30, 2009, consist of the following:

Local government	\$ 599,917
State government (Note 9)	517,678
Individuals	393,959
School districts	147,894
Other	281,284
	\$ 1,940,732

As of June 30, 2009, all of the receivables are considered by management to be collectible. Therefore, no allowance for doubtful accounts has been recognized. In addition, the Fund has applied no discounts to its receivables as of June 30, 2009.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### 4. Capital Assets

The following are summaries of changes in capital assets for the year.

	Balance July 1,			Balance June 30,
	2008	Additions	<b>Deletions</b>	2009
Furniture and equipment Accumulated depreciation	\$ 250,458 (151,073)	\$ 6,537 (42,253)	\$ - -	\$ 256,995 (193,326)
Capital assets, net	\$ 99,385	\$ (35,716)	\$ -	\$ 63,669

Depreciation expense for the year ended June 30, 2009 was \$42,253.

#### 5. Lease Obligations

The Fund leases office space from a party outside of State government and is accounted for as an operating lease. The office space lease was amended effective July 1, 2005, with a monthly charge of \$26,934. This lease expires on June 30, 2010. Rental expense under this lease for the year ended June 30, 2009 was \$323,208.

The Fund has also entered into an operating lease from a party outside of State government for office equipment which contains a cancellation provision and is subject to annual appropriation. In the normal course of business, operating leases are generally renewed or replaced by other leases. Operating leases are generally payable on a monthly basis. For the year ended June 30, 2009, expenses under these leases were approximately \$28,348.

The following schedule summarizes the Fund's obligations under noncancelable operating leases as of June 30, 2009:

Ending June 30,	Total
2010	\$ 323,208
	\$ 323,208

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### 6. Pension Plans

The Retirement Division (the "Division") maintains four 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 is publicly available on the South Carolina Retirement Systems website at <a href="www.retirement.sc.gov">www.retirement.sc.gov</a>. Furthermore, the Division and the four pension plans are included in the CAFR of the State of South Carolina. The South Carolina Retirement System also administers the State Optional Retirement Program (ORP) which is a defined contribution plan.

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 Division of the State Budget and Control Board, a public employee retirement system. Generally State employees 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. This plan provides retirement annuity benefits as well as disability, cost of living adjustment, death, and group-life insurance benefits to eligible employees and retirees. The State Optional Retirement Program (ORP) is a defined contribution plan that is offered as an alternative to certain state, public school, and higher education employees. State ORP participants direct the investment of their funds into a plan administered by one of four investment providers. The SCRS assumes no liability for State ORP benefits, as they are the liability of the investment providers. New employees have the option of choosing the State Optional Retirement Program.

Under the SCRS, employees are eligible for a full service retirement annuity upon reaching age 65 or completion of 28 years credited service regardless of age. 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 multiplied by the number of years of credited service. Early retirement options with reduced benefits are available as early as age 55. Employees are vested for a deferred annuity after five years earned service and qualify for a survivor's benefit upon completion of 15 years credited service (five years effective January 1, 2001). Disability annuity benefits are payable to employees totally and permanently disabled provided they have a minimum of five years credited service (this requirement does not apply if the disability is the result of a job-related injury). A group-life insurance 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.

### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### **6.** Pension Plans (Continued)

Effective January 1, 2001, Section 9-1-2210 of the South Carolina Code of Laws allows employees eligible for service retirement to participate in the Teacher and Employee Retention Incentive (TERI) Program. TERI participants may retire and begin accumulating retirement benefits on a deferred basis without terminating employment for up to five years. Upon termination of employment or at the end of the TERI period, whichever is earlier, participants will begin receiving monthly service retirement benefits which will include any cost of living adjustments granted during the TERI period. TERI participants with an effective TERI date prior to July 1, 2005 do not make employee contributions to SCRS. TERI participants with an effective TERI date on or after July 1, 2005 make employee contributions to SCRS. All TERI participants do not earn service credit and are eligible to receive group life insurance benefits and are not eligible for disability retirement benefits.

Beginning July 1, 2006, employees participating in the SCRS have been required to contribute 6.50 percent of all compensation. For the year ended June 30, 2009, the employer contribution rate was 9.24 percent (before a surcharge to fund retiree health and dental insurance coverage). For the year ended June 30, 2008, this rate was 9.06 percent and for the year ended June 30, 2007, this rate was 8.06 percent. The Fund's actual contributions to the SCRS for the years ended June 30, 2009, 2008 and 2007 were approximately \$524,120, \$503,126 and \$463,018 respectively and equaled the required contributions (excluding the surcharge) in the percentages outlined above. Also, the Fund paid employer group-life insurance contributions at the rate of .15 percent of compensation for each of the years ended June 30, 2009, 2008 and 2007.

The amounts paid by the Fund for pension and group-life benefits are reported as employer contribution expenditures within the applicable administrative expenditure categories to which the related salaries are charged.

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. The surcharges to fund retiree health and dental insurance are not part of the actuarially established rates. Annual benefits, payable monthly for life, are based on length of service and on average final compensation (an annualized average of the employee's highest 12 consecutive quarters of compensation).

## NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### **6.** Pension Plans (Continued)

The Systems do not make separate measurements of assets and pension benefit obligations for individual employers. Under Title 9 of the South Carolina Code of Laws, the Fund's liability under the plans is limited to the amount of contributions (stated as a percentage of covered payroll) established by the State Budget and Control Board. Therefore, the Fund's liability under the pension plans is limited to the amounts in which appropriations were included in the South Carolina Appropriation Act and amounts from other applicable revenue sources. Accordingly, the Fund recognizes no contingent liability for unfunded costs associated with participation in the plans.

At retirement, employees participating in the SCRS receive additional service credit (at a rate of 20 days equals one month of services) for up to 90 days for accumulated unused sick leave.

In addition, the State General Assembly periodically directs the Retirement Systems to pay supplemental (cost of living) increases to retirees. Such increases are primarily funded from Systems' earnings; however, a portion of the required amount is appropriated from the State General Fund annually for the SCRS benefits.

### 7. Post Employment and Other Employee Benefits

Post Employment Benefits

The State provides post employment health and dental benefits to retired employees and their covered dependents through a plan which has been determined to be a cost-sharing multiple-employer defined benefit post employment healthcare plan by the Comptroller General's Office of the State of South Carolina. The State Budget and Control Board (SBCB) is the Trustee and the plan is administered by the Employee Insurance Program (EIP), a part of the State Budget and Control Board. A retiree's eligibility for the health and dental benefits is based on his hire date and years of earned retirement service credit. Generally, ten years of service credit with the SC Retirement System is required for full funding of employees enrolled in the system prior to May 2, 2008. For all others who may become enrolled, eligibility requires fifteen years of service for partial funding and twenty-five years for full funding.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

## 7. Post Employment and Other Employee Benefits (Continued)

In addition the State provides long-term disability benefits to active employees through the Long-Term Disability Plan which has been determined to be a cost sharing multiple-employer plan by the Comptroller General's Office of the State of South Carolina. The State Budget and Control Board is the Trustee and the plan is administered by the Employee Insurance Program (EIP), a part of the State Budget and Control Board (SBCB). Benefits under this plan are provided to the employee upon approval of the disability by the South Carolina Retirement System.

Section 1-11-710 and 1-11-720 of the South Carolina Code of Laws of 1976, as amended, requires the post-employment benefits be funded through annually established employer's contribution rates, also known as the pension surcharge. Funding for the employer's payment of the surcharge is provided through General Appropriations from the State and other sources. Effective May 1, 2008 through Act 195, the State established the South Carolina Retiree Health Insurance Trust Fund and the Long-Term Disability Insurance Trust Fund for the purpose of funding and accounting for the employer costs of retiree health and dental insurance benefits and employee long-term disability benefits. The Retiree Health Insurance Trust Fund is primarily funded through the payroll surcharge. Other sources of funding may include additional State appropriated dollars, accumulated EIP reserves, and income generated from investments. The Fund's contribution to this trust fund for the fiscal year ended June 30, 2009 and 2008 were approximately \$144,410 and \$134,711, which equaled the required contribution rates of 3.50% and 3.42%, respectively. The Long-Term Disability Insurance Trust Fund is funded through a per person premium charged to State agencies, public school districts, and other participating local governments. The monthly premium per active employee contributed to the trust was \$3.23 for the fiscal years ended June 30, 2009 and 2008.

By state law, the State is liable for the employer share of retiree premiums. Accordingly, an annual required contribution and related liability for the Fund, as employer, is not included in the accompanying financial statements.

Audited financial statements of the trust funds may be obtained by written request to Employee Insurance Program, SC Budget and Control Board, 1201 Main Street, Suite 360, Columbia, South Carolina 29201.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

### 7. Post Employment and Other Employee Benefits (Continued)

Other Employee Benefits

In accordance with the South Carolina Code of Laws and the annual Appropriation Act, the State of South Carolina provides certain health care, dental, and life insurance benefits to all permanent full-time and certain permanent part-time employees of the Fund. These benefits are provided on a reimbursement basis by the employer agency based on rates established at the beginning of the service period by the Employee Insurance Program within the SC Budget and Control Board.

The Fund recorded benefit expenses for these insurance benefits for active employees in the amount of \$294,332 and \$308,813 for the years ended June 30, 2009 and 2008, respectively.

### 8. Deferred Compensation Plans

Several optional deferred compensation plans are available to State employees and employers of its political subdivisions. Certain employees of the Fund have elected to participate. The multiple-employer plans, created under Internal Revenue Code Sections 457, 401(k), and 403(b), are administered by third parties and are not included in the Comprehensive Annual Financial Report of the State of South Carolina. Compensation deferred under the plans is placed in trust for the contributing employee. The State has no liability for losses under the plans. Employees may withdraw the current value of their contributions when they terminate State employment. Employees may also withdraw contributions prior to termination if they meet requirements specified by the applicable plan.

This Fund made no contributions for the fiscal year ending June 30, 2009.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### 9. Transactions with State Entities

The Fund has significant transactions with the State of South Carolina and various State agencies.

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

The following services are provided for a fee to various State agencies and within the South Carolina State Budget and Control Board. The fees are recorded as revenues in the financial statements for the Fund.

Insurance coverage for state agencies and local governments:

Health
Dental
Basic group-life and disability
State Life and Long-Term Disability

## NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

## 9. Transactions with State Entities (Continued)

The following details the insurance premiums charged by the Fund to other state agencies and divisions of the South Carolina State Budget and Control Board during the year ended June 30, 2009:

Senate	\$ 716,808
House of Representatives	841,879
Legislative Council	136,231
Legislative Printing and Information	93,873
Legislative Audit Council	82,659
South Carolina Education Oversight Committee	33,569
South Carolina Judicial Department	2,329,920
Administrative Law Judge Division	139,315
Governor's Office - Executive Control of State	120,039
State Law Enforcement Division	2,176,000
Governor's Office - Executive Policy and Programs	1,004,819
Governor's Office - Mansion and Grounds	28,914
Lieutenant Governor's Office	168,815
Secretary of State	128,148
Comptroller General's Office	197,110
State Treasurer	269,085
Retirement System Investment Commission	60,106
Attorney General	668,989
Commission on Prosecution Coordination	187,673
Commission on Indigent Defense	220,406
Adjutant General's Office	922,773
State Election Commission	63,437
Budget and Control Board	4,441,974
Budget and Control Board - State Auditor	191,447
Commission on Higher Education	205,569
Higher Education Tuition Grants Commission	16,952

## NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

## 9. Transactions with State Entities (Continued)

Citadel University	2,510,722
Clemson University	18,996,220
College of Charleston	5,485,870
Coastal Carolina University	3,724,768
Francis Marion University	2,110,888
Lander University	1,514,499
South Carolina State University	3,187,406
University of South Carolina	27,215,913
Winthrop University	3,440,091
Medical University of South Carolina	17,770,405
State Board for Technical and Comprehensive Education	362,906
Trident Technical College	2,479,565
Northeastern Technical College	393,260
Florence-Darlington Technical College	1,074,449
Greenville Technical College	2,837,051
Horry-Georgetown Technical College	1,268,805
Midlands Technical College	2,396,010
Orangeburg-Calhoun Technical College	804,787
Piedmont Technical College	1,157,887
Spartanburg Technical College	1,279,100
Central Carolina Technical College	768,282
Tri-County Technical College	1,337,189
York Technical College	1,295,432
Aiken Technical College	512,319
Technical College of Low Country	601,594
Denmark Technical College	410,035
Williamsburg Technical College	261,571
Department of Education	4,677,838
Educational Television Commission	878,877
Wil Lou Gray Opportunity School	201,404
Vocational Rehabilitation	4,424,264
School for the Deaf and Blind	1,715,497
Department of Archives and History	290,628
State Library	153,269
Arts Commission	119,938
Museum Commission	167,669

## NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

## 9. Transactions with State Entities (Continued)

Health and Human Services	4,974,468
Department of Health and Environmental Control	16,993,404
Department of Mental Health	17,378,240
Department of Disabilities and Special Needs	7,907,103
Department of Alcohol and Other Drug Abuse Services	143,171
Department of Public Safety	6,570,074
Department of Scoial Services	15,536,264
John De La Howe School	399,118
Commission of the Blind	402,270
State Housing Finance and Development Authority	474,835
Human Affairs Commission	147,373
Commission for Minority Affairs	32,012
Department of Corrections	21,997,355
Department of Probations, Parole and Pardon Services	2,942,313
Department of Juvenile Justice	5,643,094
Criminal Justice Academy	427,455
Forestry Commission	1,720,430
Department of Agriculture	567,793
Department of Natural Resources	3,510,730
Sea Grant Consortium	83,412
Department of Parks, Recreation and Tourism	1,947,359
Department of Commerce	478,511
InvestSC, Inc.	4,613
Jobs - Economic Development Authority	6,957
Business Carolina, Inc.	53,526
Patriots Point Development Authority	283,119
South Carolina Conservation Bank	3,314
Public Service Commission	181,462
Office of Regulatory Staff	271,136
Workers' Compensation Commission	233,153
State Accident Fund	281,718
Patients Compensation Fund	24,183
Second Injury Fund	89,898
Department of Insurance	324,964
State Board of Financial Institutions	140,844
Department of Consumer Affairs	213,092
Department of Labor, Licensing, and Regulations	1,546,915

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### 9. Transactions with State Entities (Continued)

Department of Motor Vehicles	4,599,679
Department of Revenue and Taxation	2,614,341
State Ethics Commission	31,873
Employment Security Commission	4,178,046
Procurement Review Panel	3,314
Department of Transporation	20,973,738
Aid to Subdivisions	249,429
South Carolina Education Lottery	581,332

\$ 280,440,348

The Trust was established by the State of South Carolina through Act 195 on May 1, 2008. In accordance with Act 195, the Trust was created to provide for the employer costs of retiree post-employment health and dental insurance benefits for retired state employees and retired employees of public school districts. The Employee Insurance Program administers the Trust and the State Budget and Control Board is the Trustee. The State Treasurer is the custodian of the funds held in the Trust and invests those funds in accordance with the statutes of the State. The primary sources which finance the health and dental benefits the Trust provides are the collection of Employer Contributions, additional State appropriations, accumulated Employee Insurance Program reserve balances, and income generated from investments. In accordance with the Act, an annual transfer is based on an actuarial calculation of the amount of cash reserves available over 140% of the incurred but not reported claims. The amount of this transfer was \$101,584,443 in 2009.

The Trust was established by the State of South Carolina through Act 195 on May 1, 2008. In accordance with Act 195, the Trust was created to fund and account for the employer costs of the State's Basic Long-Term Disability Income Benefit Plan. The Employee Insurance Program administers the Trust and the State Budget and Control Board is the Trustee. The State Treasurer is the custodian of the funds held in the Trust and invests those funds in accordance with the statutes of the State. The primary sources which finance the long-term disability benefits the Trust provides are investment income and the collection of employer contributions.

#### NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

### 9. Transactions with State Entities (Continued)

The Fund had financial transactions with various State agencies during the fiscal year. Significant payments were made to Divisions (Funds) of the State Budget and Control Board for retirement and insurance plans contributions, vehicle rental, printing, and telephone, interagency mail, data processing services, purchasing, record maintenance, internal audit, personnel services, unemployment, and workers' compensation coverage for employees. The identifiable amounts of 2009 expenses applicable to related party transactions are as follows:

South Carolina Retirement Division	\$ 524,120
South Carolina Budget and Control Board - General Services	200,032
State Accident Fund	15,300
South Carolina Employment Security Commission	6,912
	\$ 746,364
In addition, transfers include the following:	
Transfer of funds to the South Carolina Petirea Health Insurance	

Transfer of funds to the South Carolina Retiree Health Insurance	
Trust Fund	\$ (101,584,443)
Transfer of funds from the South Carolina Retiree Health	
Insurance Trust Fund	99,311
Transfer of funds from the South Carolina Long-Term Disability	
Insurance Trust Fund	17,264
Transfer of capital assets from the South Carolina Budget	
and Control Board - Insurance Reserve Fund	6,537
Total transfers	\$ (101,461,331)

### NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

## 9. Transactions with State Entities (Continued)

A significant portion of the Fund's total insurance premium revenue is for insurance premiums charged to other state agencies and divisions of the South Carolina State Budget and Control Board. Premiums owed from these entities at June 30, 2009 were:

Senate	\$	10
Judicial Department	т	117
Administrative Law Court		19
State Law Enforcement Division		80
Lieutenant Governor's Office		7
Secretary of State		10,797
Comptroller Generals Office		30
Treasurer's Office		3
Attorney General		102
Commission on Indigent Defense		97,386
Adjutant General's Office		64
State Election Commission		412
Budget and Control		14
Commission on Higher Education		11,473
State Board for Technical and Comprehensive Education		69
Educational Television		947
Vocational Rehabilitation		25
State Library		7
Museum Commission		260
Health and Human Services Finance		4,716
Department of Health and Environmental Control		4,384
Department of Mental Health		3,779
Department of Disabilities and Special Needs		9,160
Greenville Technical College		6,430
Midlands Technical College		2,247
Piedmont Technical College		561
Department of Education		4
Department of Public Safety		2,613
Department of Social Services		5,332
John De La Howe School		24,730
Commission for the Blind		2,660
South Carolina State Housing Finance and Development Authority		140
Human Affairs Commission		387
Department of Corrections		9,286
Department of Probation Parole and Pardon Services		734

### NOTES TO FINANCIAL STATEMENTS

## (CONTINUED)

### 9. Transactions with State Entities (Continued)

Department of Juvenile Justice	1,819
Criminal Justice Academy	73
Forestry Commission	1,425
Department of Agriculture	44
Department of Natural Resources	251,870
Sea Grant Consortium	372
Department of Parks, Recreation and Tourism	367
Department of Commerce	23
Patriot's Point Development Authority	1,574
Public Service Commission	11
Office of Regulatory Staff	968
Workers' Compensation Commission	720
State Accident Fund	62
Patients Compensation Fund	5,693
Department of Insurance	64
Department of Consumer Affairs	4,684
Department of Labor, Licensing and Regulation	12
Department of Motor Vehicles	42,687
Department of Revenue and Taxation	2,994
State Ethics Commission	12
Department of Transportation	2,726
South Carolina Education Lottery	493
Total	\$ 517,678

Fund acted as fiduciary for premiums collected from state agencies for State Life and Long-Term Disability. During the year ended June 30, 2009, \$7,560,719 was collected from state agencies and disbursed to the State Life and Long-Term Disability carrier.

The Fund offered a managed care program to subscribers living in Charleston, Dorchester, Colleton or Berkeley counties, which ended December 31, 2008. Refer to *Note 1* for a complete description.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

### 10. Contingencies

By the nature of its operations and responsibilities as an insurer, the Fund has been named in a number of lawsuits, many of which are pending. A provision has been made in the financial statements for the payment of routine claims. Management is not aware of any other claims that, in their opinion, would have a material effect on the financial statements and, therefore, no liability has been recorded.

### 11. Risk Management/Reinsurance

The Fund is exposed to various risks of loss and maintains State or commercial insurance coverage for each of those risks except for certain types of risks for which it is self-insured (these risks are further described herein). Management believes such coverage is sufficient to preclude any significant uninsured losses for the covered risks. There were no significant reductions in insurance coverage from coverage in the prior year. Settled claims have not exceeded this coverage in any of the past three years.

The Fund pays insurance premiums to itself and certain other State agencies and commercial insurers to cover risks that may occur in normal operations. The insurers promise to pay to or on behalf of the insured for covered economic losses sustained during the policy period in accord with insurance policy and benefit program limits.

State management believes it is more economical to manage certain risks internally and set aside assets for claim settlement. Several State funds accumulate assets and the State itself assumes substantially all risks for the following:

- 1. Claims of State employees for unemployment compensation benefits (Employment Security Commission);
- 2. Claims of covered employees for workers' compensation benefits for job-related illnesses or injuries (State Accident Fund);
- 3. Claims of covered public employees for health and dental insurance benefits (Employee Insurance Program); and
- 4. Claims of covered public employees for long-term disability (Employee Insurance Program).
- 5. Claims of covered property damage, theft, collision (automobile), liability, and general tort (Insurance Reserve Fund).

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

#### 11. Risk Management/Reinsurance (Continued)

Employees elect health coverage through the State Health Plan or a health maintenance organization. All health plans offered through the Fund are self-insured products.

State agencies and other entities are the primary participants in the Fund.

The Fund obtains coverage of up to \$750,000 per loss through a commercial carrier for employee fidelity bond insurance for all employees for losses arising from theft or misappropriation.

The Fund has recorded insurance premium expense regarding its internal operations in the applicable administrative expense categories.

The Fund has not transferred the portion of the risk of loss related to insurance policy deductibles and limits. The Fund has not reported an estimated claims loss expense and the related liability at June 30, 2009, based on the requirements of GASB 10 because information at June 30 did not indicate that an asset had been impaired or a liability had been incurred. GASB 10 states that a liability for claims must be reported only if information prior to issuance of the financial statements indicates that it is probable that an asset has been impaired or a liability has been incurred on or before June 30 and the amount of loss is reasonably estimable.

The Fund self-insures health and dental insurance for all participating governmental employees, including those of the Fund. Additionally, effective January 1, 1999, the Fund began offering a self-insured HMO point of service plan to certain employees in the service area of MUSC. This plan was discontinued as of December 31, 2008. The Fund also offers HMO products through BlueChoice and Cigna, which are self-insured. The basic long-term disability product is a self-insured product. The Fund also offers Dental Plus and State Life products, which are fully insured. The Fund purchases coverage for basic life, optional life, dependent life, supplemental long-term disability, and long-term care from commercial carriers.

### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

## 12. Reconciliation of Claims Liabilities by Fund

The schedule below presents the changes in claims liabilities for the past two years for the Fund.

	(in thousands)			
		2009	2008	
Unpaid claims and claim adjustment expenses at beginning				
of the fiscal year	\$	184,593	\$	198,778
Incurred claims and claim adjustment expenses:				
Provision for insured events of the current fiscal year		1,010,827		957,659
Increases in provision for insured events				
of prior fiscal years		496,205		462,994
Total incurred claims and claim adjustment expenses		1,507,032		1,420,653
Payments:				
Claims and claim adjustment expenses attributable to				
insured events of the current fiscal year		900,353		840,713
Claims and claim adjustment expenses attributable to				
insured events of prior fiscal years		605,435		594,125
Total payments		1,505,788		1,434,838
Total unpaid claims and claim adjustment expenses at end				
of the fiscal year	\$	185,837	\$	184,593
The above totals are comprised of the following:				
Claims payable	\$	53,650	\$	49,941
Claims incurred but not reported		132,187		134,652
Total	\$	185,837	\$	184,593

The HMO self-insured managed care plan liability at June 30, 2009 and 2008 was \$10,066,717 and \$8,645,528, respectively, and is included in the claims liability listed above.

#### NOTES TO FINANCIAL STATEMENTS

(CONTINUED)

## 13. Changes in Long-Term Liabilities

Changes in long-term obligations for the year ended June 30, 2009, were as follows:

	Beginning Balance July 1, 2008 Increases Decreases		]	Ending Balance e 30, 2009	Due Within One Year			
Compensated absences payable	\$	558,628	\$	345,406	\$ 291,956	\$	612,078	\$223,471

### 14. Medicare Part D Subsidy

The new Medicare Part D prescription drug benefit became effective in January 2006. The Plan elected to maintain primary coverage for pharmaceuticals for its Medicare eligible retirees. By providing drug coverage at least as valuable as that in the standard Medicare Part D program, the Plan qualifies for the Retiree Drug Subsidy (RDS), an incentive provided in the federal Part D law to encourage employers to retain good prescription benefits for retirees. The Plan earned and recorded \$32,309,975 in RDS funding for the year ended June 30, 2009. As of June 30, 2009, the Plan had a receivable of \$14,866,888.

## Deloach & Williamson, L.L.P.

### CERTIFIED PUBLIC ACCOUNTANTS

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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. Richard H. Gilbert, Jr., CPA Deputy State Auditor Office of the State Auditor Columbia, South Carolina

Dear Mr. Gilbert:

We have audited the financial statements of the South Carolina State Budget and Control Board, Employee Insurance Program (the "Fund") as of and for the year ended June 30, 2009, and have issued our report thereon dated October 1, 2009. 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.

#### Internal Control Over Financial Reporting

In planning and performing our audit, we considered the Fund's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Fund's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and would not necessarily identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A control deficiency 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 misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the Fund's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the Fund's financial statements that is more than inconsequential will not be prevented or detected by the Fund's internal control.

We consider the deficiency described in the accompanying schedule of findings and responses to be a significant deficiency in internal control over financial reporting. This finding is labeled as 2009-01.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more than a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the Fund's internal control.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be significant deficiencies and, accordingly, would not necessarily disclose all significant deficiencies that are also considered to be material weaknesses. However, we believe that none of the significant deficiencies described above are a material weakness.

### Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Fund's financial statements are free of 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*.

\* \* \* \* \*

This report is intended solely for the information and use of the audit committee, management and the State Auditor and is not intended to be and should not be used by anyone other than these specified parties.

Toloach & Williamson L.C.P.

October 1, 2009

#### SCHEDULE OF FINDINGS AND RESPONSES

### **Summary of Auditors' Results:**

#### Financial Statements:

1. One significant deficiency relating to the financial statements is reported in the 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*. See items **2009-01** below.

### **Financial Statement Findings:**

#### 2009-01

#### Cash Reconciliation

During the audit of cash and cash equivalents, we noted that as of September 17, 2009, the reconciliation of cash between the South Carolina Budget and Control Board and the Comptroller General's Office had not been completed for the month of June 2009 for both fiscal periods 12 and 13. We received the completed reconciliations on September 23, 2009. We were informed these reconciliations had not been performed due to changes in personnel.

We recommend that management improve enforcement of policies and procedures to ensure that accounts are reconciled within a reasonable amount of time subsequent to year-end.

### Management's Response

Board policies state all reconciliations will be completed within 45 days of receipt of final reports from the Comptroller General's Office. Due to personnel changes and staffing shortages the cash reconciliation for period 12 was not completed within the 45 day internal standard; however the period 13 reconciliation was completed within the 45 day time frame. The State is transitioning to a new statewide enterprise financial system effective November 2, 2009. This reconciliation will not be required with the new system. Staffing shortages are due, in part, to budget reductions and our efforts to transition staffing levels to the new, lower requirements of the new financial system.