

# State of South Carolina

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## Workers' Compensation Commission

### ELECTRONIC SUBMISSION OF CLAIM FORMS

July 27, 2021

Effective September 1, 2021 the South Carolina Workers' Compensation Commission's carrier-partners will be required to submit Claims Forms 15, 17, 19 and 20 to the Commission via email. The Form 18 must be submitted either by EDI or email. Below listed are the terms and conditions by which the Commission will take delivery of emailed Claims Forms (Forms). By submitting Forms via email, the submitting party accepts these terms and conditions and agrees to adhere to the same.

1. The SCWCC assumes no liability for the transmittal of information via email (as attachment or otherwise) to the Commission. Once received, the information delivered will be processed in a secure environment. The submitting entity assumes all liability for the safe and secure delivery of the information to the Commission.
2. The Commission will not process improperly submitted emails. Emails submitted to the Commission that do not adhere to the guidance direction given below will be rejected.
3. The Commission will date-stamp and return emailed Forms to the submitter if a request is sent via email to [claimsgroup@wcc.sc.gov](mailto:claimsgroup@wcc.sc.gov).
4. The submitter will receive a "delivery confirmation" email reply.
5. E-delivery of Forms is provided as a courtesy tool for our carrier-stakeholders. As technical challenges/difficulties may occur, the Commission assumes no responsibility for delayed or failed email delivery events and Form due dates will not be modified based on e-delivery issues.
6. Please note: The Commission prefers that emailed Forms **NOT** contain the Social Security Number of the Injured Worker / Claimant.

#### Format of Email

In order to process Forms correctly, the Commission requires strict adherence to the subject line format defined herein. Emails sent that do not follow this subject line format will be rejected. When submitting a Form to one of the addresses listed below, the subject line of the delivering email must be formatted as follows:

"WCC#(space)XXXXXX(space)FormYY" where X equals a numeric value and YY represents the Form number. For example: WCC# 1234567 Form15.

Please include the Carrier Code in the body of the email message.

#### Proper Addressing of Email and Paper Forms submitted by US Postal Service

Emailed Forms must be sent to the address specified for the Form (see below). Forms that are emailed to incorrect addresses will be rejected and not processed. After September 1, 2021

paper forms listed above received by the Commission via the US Postal Service will not be processed and returned to the submitter.

**Format of Form Attachment**

- a. **File Format:** The Form to be submitted to the Commission must be attached to the email in a PDF, TIFF or JPEG file format (PDF preferred). Forms transmitted to the Commission in file formats other than these will be rejected and not processed. Supporting documentation provided with a submitted Form (medicals; Denial Letters; etc) must be in the file formats specified above.
- b. **Attachment File Name:** The Commission prefers that the File Name of the attached Form include the WCC#, the Form type, and the date submitted.

**Submittal of Multiple Forms**

If an entity wishes to submit multiple Forms concerning the same claim (ie: Form 15II and Form 19), the submitter must transmit the Forms under separate emails to the correct Form email address (see below). This helps to ensure that the Forms will be routed to the correct party for processing by the Commission. Emails containing multiple Forms that are submitted for filing and are incorrectly addressed will be rejected and not processed.

**Supporting Documentation**

When a submitting party emails a Form for filing, the party may include previously filed Forms or other documents supporting the filing. For example, a submitter wishes to file a Form 19 and wishes to include a copy of a previously filed Form 15II to substantiate the information provided on the Form 19. The Form 19 is emailed as an attachment to the “Form 19” address for filing. The previously filed Form 15II is attached to the same email to substantiate the information provided on the Form 19. Required documentation such as medical statements and Denial Letters must accompany Forms when submitted for filing.

**Acceptance Verification**

If a Form is properly submitted and accepted (successfully processed) by the Commission, record of its acceptance will be posted to eCase (the Commission’s case management web portal) within five (5) business days. If the Form is rejected by the Commission, the Commission will send the submitting party an email notification of the rejection and instructions concerning re-submittal (eCase will be updated to reflect rejection of the Form). If, after five (5) business days, eCase does not reflect the status of the form being accepted or rejected, the submitting party should email the Claims department at [claimsgroup@wcc.sc.gov](mailto:claimsgroup@wcc.sc.gov) .

**Email Addresses for Form Submittal:**

To Submit a:	Use This Email Address:	Subject Line Format:
<a href="#">Form 15</a>	<a href="mailto:Form15@wcc.sc.gov">Form15@wcc.sc.gov</a>	WCC# 1234567 Form15
<a href="#">Form 17</a>	<a href="mailto:Form17@wcc.sc.gov">Form17@wcc.sc.gov</a>	WCC# 1234567 Form17
<a href="#">Form 18</a> *	<a href="mailto:Form18@wcc.sc.gov">Form18@wcc.sc.gov</a> (or EDI)	WCC# 1234567 Form18
<a href="#">Form 19</a>	<a href="mailto:Form19@wcc.sc.gov">Form19@wcc.sc.gov</a>	WCC# 1234567 Form19
<a href="#">Form 20</a>	<a href="mailto:Form20@wcc.sc.gov">Form20@wcc.sc.gov</a>	WCC# 1234567 Form20

Questions concerning emailing of forms may be addressed to: [Claims@wcc.sc.gov](mailto:Claims@wcc.sc.gov).

**\* A Form 18 is required to be filed via EDI or email with the Commission at 6 month intervals corresponding to the Employee’s “Date of Injury”. Form 18s are accepted no sooner than 10 days prior to the due date, nor later than 10 days following the due date.**

For additional information please contact

Sonji Spann  
Direct of Claims  
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