

Division of Workers' Compensation

Wednesday, December 15, 2021

Regulatory and Legislative Update

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2022 Legislative Session

- Will there be any workers' compensation?
- And the answer is....YES!



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Key Workers' Compensation Provisions

- Requires an exemption applicant's driver's license number or identification card number to be valid for the department to process the application.
- Eliminates the social security number requirement for a workers' compensation exemption applicant.
- Requires a workers' compensation exemption applicant to certify he or she has completed an online workers' compensation coverage and compliance tutorial developed by the department.
- Replaces the department's mandatory exemption and revocation of exemption notification requirement to carriers with a carrier opt-in electronic notification process.
- Adds language to the Certificate of Election to Be Exempt stating the exemption is not a license issued by the Department of Business and Professional Regulation (DBPR) and to go to DBPR's website to verify an exemption holder's licensure status.
- Eliminates the scope of business or trade to be listed on the notice of election to be exempt.

Key Workers' Compensation Provisions

- Revises the timeframe to allow more days for an employer to submit business records to the department before the department can take an administrative action.
- Modifies the timeframe for an employer to enter into a payment agreement schedule with the department or pay the penalty in full.
- The timeframe to calculate a penalty for employer non-compliance penalty formula is reduced from a 24-month period to a 12-month period for first-time offenders. The 24-month period will remain for employers who were previously issued a stop-work order or materially understated payroll.
- Provides an employer who has not been issued a Stop-Work Order or an enforcement action an opportunity to reduce their penalty by 15% by correctly answering 80% of the questions from a Division of Workers' Compensation on-line workers' compensation coverage and compliance tutorial.
- Revises the timeframe for an employer to provide business records and documentation of the initial payment of premium, which permits the employer to receive credits on its penalty.

Key Workers' Compensation Provisions

- Allows a carrier to reimburse a health care provider the lesser of the provider's billed charge or the maximum reimbursement allowance, if an agreed-upon contract price is not in effect.
- Adds email as a means for a carrier to provide informational brochures to an injured worker and employer, respectively.
- Modifies the timeframe to three business days rather than calendar days for a carrier to provide the informational brochure to an injured worker.
- Schedules of maximum reimbursement allowances adopted by the Three-Member Panel will not be subject to legislative ratification.

Other Bills Impacting W.C.

- SB 6-B: Requires the Governor's Office to develop a proposal to create a state agency to regulate occupational safety and health issues for government and private employers.
- SB 200 and HB 49: Adds correctional officers and 911 dispatchers to the definition of first responder, which expands their eligibility for certain workers' compensation benefits, including PTSD.
- SB 664 and HB 425: Adds part-time and auxiliary law enforcement officer, correctional and part-time correctional officer, and correctional probational and part-time correctional probational officer to the definition of first responder, which expands their eligibility for certain workers' compensation benefits, including PTSD. Expands the list of qualifying events that can trigger PTSD.

Other Bills Impacting W.C.

- HB 295:
 - The provisions in this bill will shift the uninsured liability of client company's non-leased (unreported) workers from a contractor's insurer to the insurer of the employee leasing company. However, the bill permits the employee leasing company to recover from the client company the workers' compensation benefits paid to a non-leased or unreported employee and a reasonable attorney fee.
 - The bill requires the employee leasing company to notify leased and non-leased employees of a client company's termination and must continue to provide workers' compensation coverage 20 days after termination.
 - The bill also requires the client company to submit documentation to the employee leasing company to verify the accuracy of its payroll and permits the employee leasing company to penalize the client company for not providing documentation and for evading the paying the proper premium.

Regulatory Activities

- 2020 edition of the Health Care Provider Reimbursement Manual
 - Has been submitted for legislative ratification
- 2020 edition of the Hospital Reimbursement Manual
 - Outpatient reimbursement based upon 60% or 75% of usual and customary charges; updated methodology resulting in MRAs for every outpatient procedure
 - Inpatient per diem schedule is still in development
- 2020 edition of the Ambulatory Surgical Center
 - Completed, however, it still requires Three-Member Panel approval and implementation through rulemaking
- [DWC Monthly COVID-19 Reports](#)

What's on My Radar for 2022

- Network arrangements/contracts
- Explanation of Bill Reviews
- Carrier response to Petitions for Reimbursement Disputes
- Medical authorization procedures
- Communicating with injured workers and the Division
- Future audit components

Questions?

Thank you!

Most Common Regulatory Issues Encountered by the Division

Moderated by

Brittany O'Neil

Sr. Policy Coordinator

Panel Members

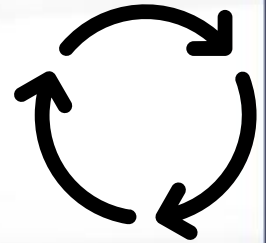
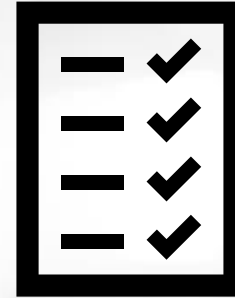
Greg Jenkins, Bureau Chief, Financial Accountability

Charlene Miller, Bureau Chief, Monitoring & Audit (M&A)

Derrick Richardson, Operations & Mgmt Consultant (M&A)

Michelle Carter, Operations & Mgmt Consultant (M&A)

Robert Abrego, Sr. Mgmt Analyst Supv



Themes

- **Communication**
- **Responsibility**
- **Connectivity**
- **Completeness**

Contact Us for Training or Questions

For Claims Training contact:

WorkComp-AuditTraining@myfloridacfo.com

For Claims EDI contact:

TriageClaims.edi@myfloridacfo.com

For Medical Submitter training contact:

MedicalDataManagementTeam@myfloridacfo.com

Employer Coverage and Medical Requests for Assistance Questions:

Workers.Compservice@myfloridacfo.com

Injured Worker Email Questions:

wceao@myfloridacfo.com

Reemployment Services Questions:

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Educational Videos

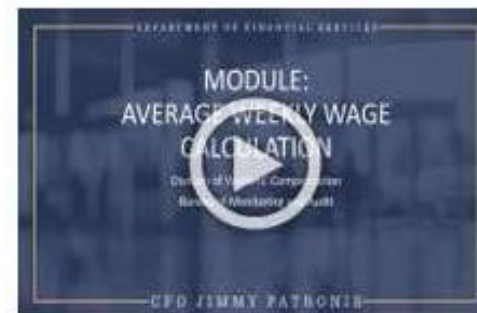
The purpose of presenting this expanding collection of short videos is to help educate our stakeholders on an assortment of topics.

Click an icon below to view educational videos about various aspects of Florida's workers' compensation system.



Informational Brochures & System Guide

[Download Presentation \(pdf\)](#)



Average Weekly Wage Calculation

[Download Presentation \(pdf\)](#)

Coming Soon:

- Impairment Income Benefits (IIB)
- Petition for Benefits (PFB)

As our library grows, the Division will continue to publish more videos.

Medical Services Section Update

Theresa Pugh

Program Administrator

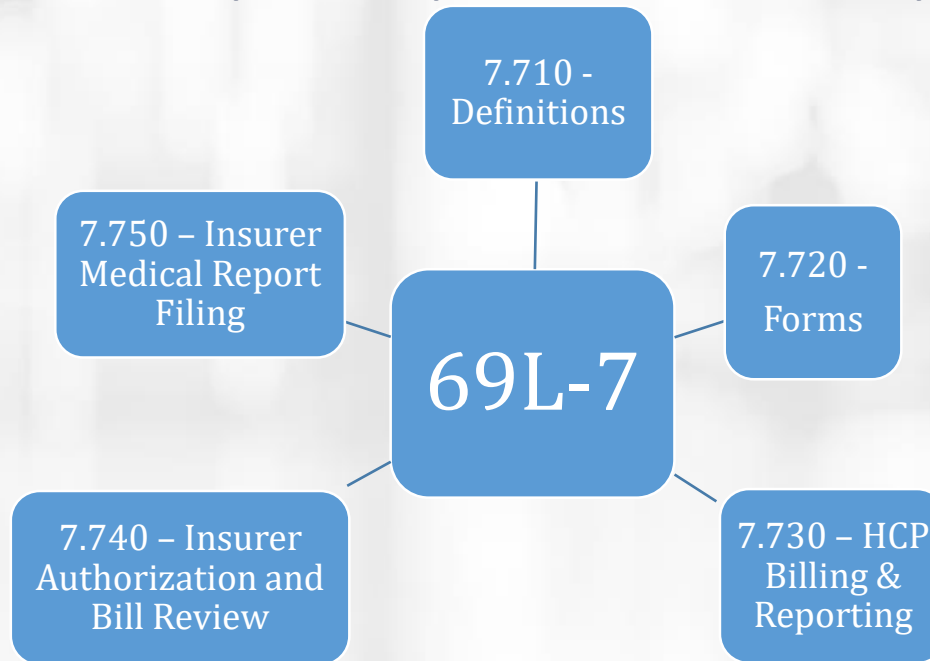
Medical Services Section

Discussion Topics

- 69L-7 Rule Series: Workers' Compensation Medical Reimbursement and Utilization Review
- 69L-8 Rule Series: Selected Materials Incorporated by Reference
- 69L-7.100: Reimbursement Manual for Ambulatory Surgical Centers
- 69L-7.020: Healthcare Provider Reimbursement Manual
- 69L-7.501: Reimbursement Manual for Hospitals
- 69L-30: Expert Medical Advisors
- 69L-31: Utilization and Reimbursement Dispute Rule
- 69L-34: Carrier Report of Health Care Provider Violations

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Effective as of February 18, 2016
- Rule Development process underway



Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.710: Definitions
 - Initial workshop held July 22, 2020

- 69L-7.720: Forms Incorporated by Reference for Medical Billing, Filing, and Reporting
 - Initial workshop held July 22, 2020

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.730: Health Care Provider Medical Billing,
Filing and Reporting
 - Initial workshop held July 22, 2020
 - Second workshop held June 30, 2021

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.740: Insurer Authorization and Medical Bill Reporting Responsibilities
 - Initial workshop held July 22, 2020
 - Second workshop held January 13, 2021
 - Third workshop held June 30, 2021

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

7.740

- Florida specific EOBR codes and descriptors
 - Use the appropriate FL EOBR Code for each line item
 - Internal reason codes may be appended in addition to Florida specific EOBR codes
 - Four types of EOBR Codes
 - Denied; disallowed; adjusted and paid; and paid
 - Medical Necessity EOBR Codes
 - 21, 22, 23, 24, and 25
 - EOBR Code 30 is for lack of authorization
- Do not set a default EOBR

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

7.740

- Insurer information
 - Networks and other third-party bill review
 - TPAs
 - Clearly indicate the name and address of the entity to receive service on behalf of carrier
 - Please make sure to update addresses shown on the EOBR
 - Conflicting information sometimes contained on same EOBR
- An EOBR is required to be sent to the provider except:
 - When using the “send-back” option contained under 69L-7.740(11)
 - When adjudicating bills for pharmaceutical services provided by a pharmacist or pharmacy and a binding contract exists between the insurer and the provider (69L-7.740(14))

Selected Materials Incorporated by Reference, 69L-8 Rule Series

- Rule Chapter 69L-8 currently contains the following:
 - 69L-8.071: Materials for use with the Florida Workers' Compensation Health Care Provider Reimbursement Manual
 - 69L-8.072: Materials for use with the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers
 - 69L-8.073: Materials for use with the Florida Workers' Compensation Hospital Reimbursement Manual
 - 69L-8.074: Materials for use throughout Rule Chapter 69L-7, F.A.C.

Selected Materials Incorporated by Reference, 69L-8 Rule Series

- 69L-8.071 and 69L-8.074
 - Effective January 18, 2018

- 69L-8.072 and 69L-8.073
 - Effective February 18, 2016

- The contents of these rules have been moved to the individual reimbursement manual rule texts

- When manuals are adopted, the 8 rule series will be withdrawn

Reimbursement Manuals

JIMMY PATRONIS



FLORIDA'S CHIEF FINANCIAL OFFICER

A photograph showing two construction workers on a steel structure. One worker is sitting on a horizontal beam, and the other is standing on a vertical beam. They are both wearing yellow hard hats and safety harnesses. The background is a clear blue sky.

FLORIDA WORKERS' COMPENSATION
Reimbursement Manual

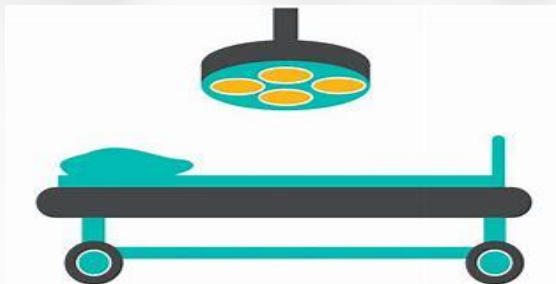
Healthcare Provider Reimbursement Manual, Rule 69L-7.020, 2020 Edition, F.A.C.

- Public meeting was held on December 9, 2020
- Three-Member Panel meeting on December 17, 2020
- Hearing held March 4, 2021
- Second hearing held May 6, 2021
- Final hearing August 26, 2021
- The 2020 edition was adopted October 22, 2021
- The 2016 edition remains in effect until the 2020 edition is ratified (est. over \$8M)
- Incorporates the 2020 Medicare Relative Value Units (RVUs)



Reimbursement Manual for Ambulatory Surgical Centers, Rule 69L-7.100, 2020 Edition, F.A.C.

- Public meeting held December 9, 2020
- Three-Member Panel meeting on December 17, 2020
- Second Three-Member Panel meeting held on January 27, 2021
- The 2015 edition remains in effect as rule development continues



Hospital Reimbursement Manual Rule 69L-7.501, 2020 Edition, F.A.C.

- Public meeting held December 9, 2020
- Three-Member Panel meeting on December 17, 2020
- Second Three-Member Panel meeting held on January 27, 2021
- The 2014 edition remains in effect as rule development continues



Expert Medical Advisors, Rule 69L-30, F.A.C.

- Effective May 18, 2017
- Updated 69L-31.005 states that the Department will use an Expert Medical Advisor when resolving disputes that involve medical necessity
- Reimbursement shall not exceed \$300.00 per hour, per case, not including reasonable expenses associated with travel and the review shall not exceed 8 hours per case unless specifically approved in writing by the Department or JCC
- Potential for future rule development



Expert Medical Advisors

- About 128 Expert Medical Advisors
- We need EMAs in the following specialties:
 - Orthopedics
 - Internal Medicine
 - Neurology and Psychiatry
 - Pain Management
 - Anesthesiology
- Florida DWC EMA Website:
 - Apply for EMA certification:
 - <https://msuwebportal.fldfs.com/>
 - Search EMA database:
 - <https://apps.fldfs.com/provider/>

Utilization and Reimbursement Dispute Rule, Rule 69L-31, F.A.C.

- 69L-31.002 Definitions
- 69L-31.003 Petition for Resolution of Reimbursement Dispute Form and Requirements
- 69L-31.004 Carrier Response to Petition for Resolution of Reimbursement Dispute Form and Requirements
- 69L-31.005 Written Determinations
- 69L-31.007 Service of Petition on Carrier and All Affected Parties
- 69L-31.008 Computation of Time
- 69L-31.013 Petition Withdrawal

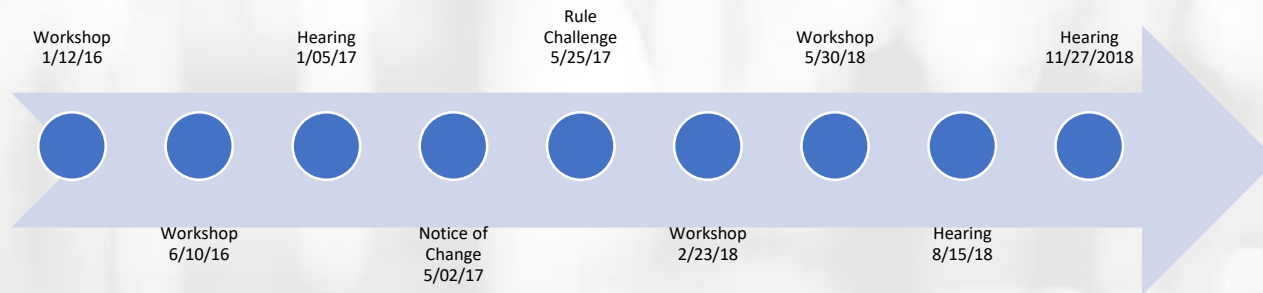
Utilization and Reimbursement Dispute Rule, Rule 69L-31, F.A.C.

■ Repealed Rules:

- 69L-31.006 Consolidation of Petitions
- 69L-31.009 Carrier Response Requirements
- 69L-31.010 Effect of Non-Response by Carrier
- 69L-31.011 Complete Record
- 69L-31.012 Joint Stipulation of the Parties
- 69L-31.014 Overutilization Issues Raised in Reimbursement Dispute Resolution
- 69L-31.015 Managed Care Arrangements

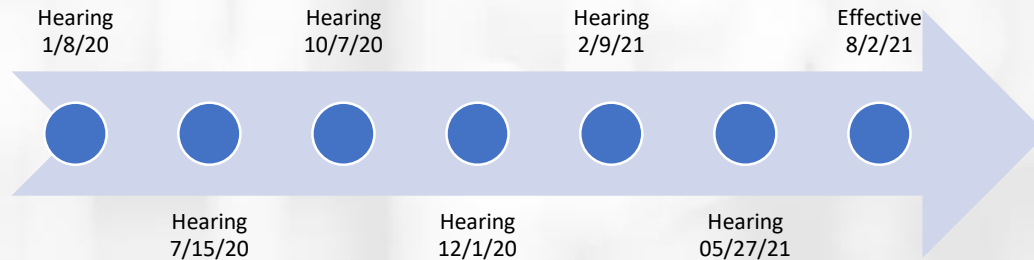
Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

- Early rule development process 2016 -2018



Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

- Rule development process 2019 - 2021

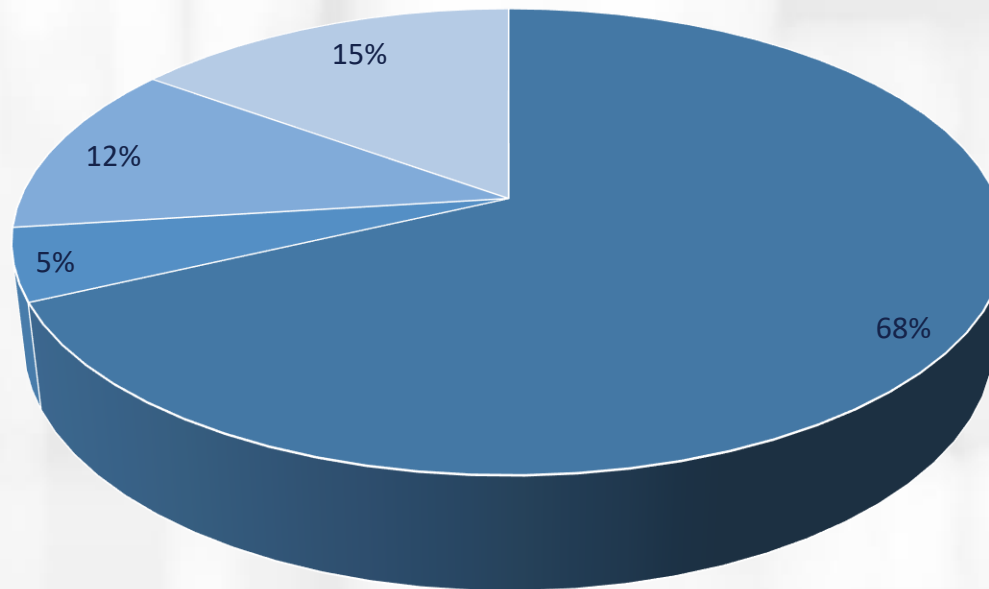


Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

- New petition and carrier response forms
- Both the petitioner and the carrier have twenty days to respond and cure an NOD
- Expert Medical Advisor will be used by the Department to process medical necessity cases
- Carrier responses should include the Notice of Denial in the supporting documentation, if one was issued
- Petitions can now be withdrawn by the petitioner at any time prior to the issuance of a final order or the conclusion of a final hearing

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

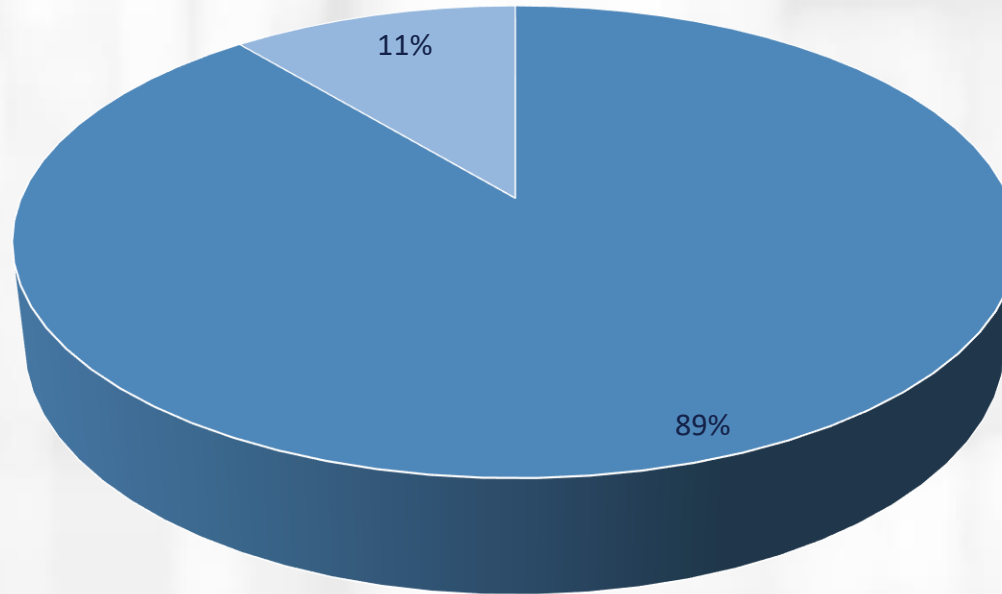
Petitions Received FY 2020 - 2021
(Over 6,500 total)



■ HCP ■ ASC ■ Hospital IP ■ Hospital OP

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

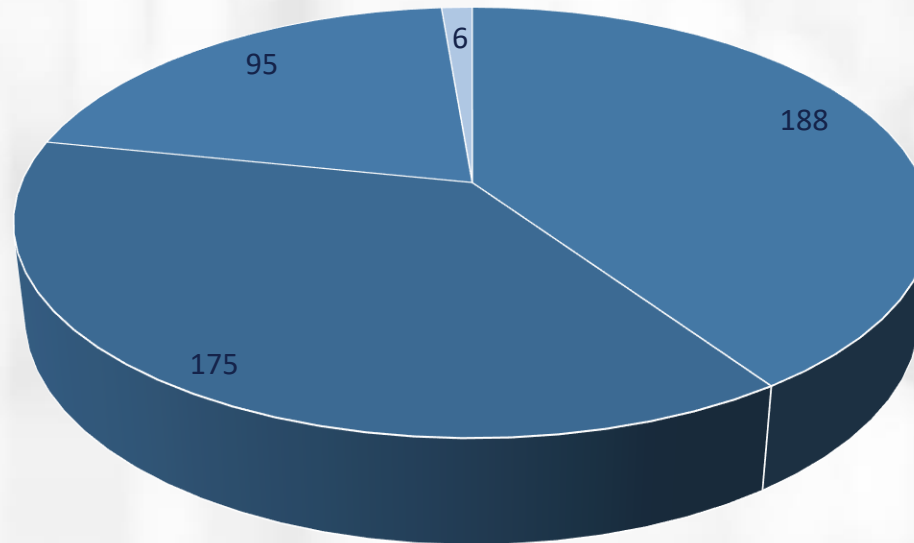
HCP Petitions FY 2020 - 2021



■ Dispensing Physician ■ Other

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

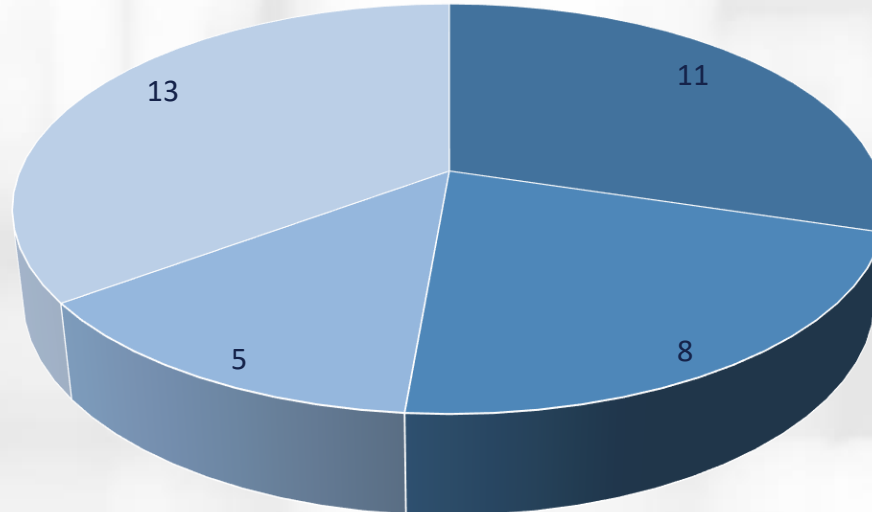
Petitioner NOD Reasons
FY 2020 - 2021



■ Proof of service ■ Submission of ALL EOBs ■ Submit all pages of EOBR ■ HCP name & address

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

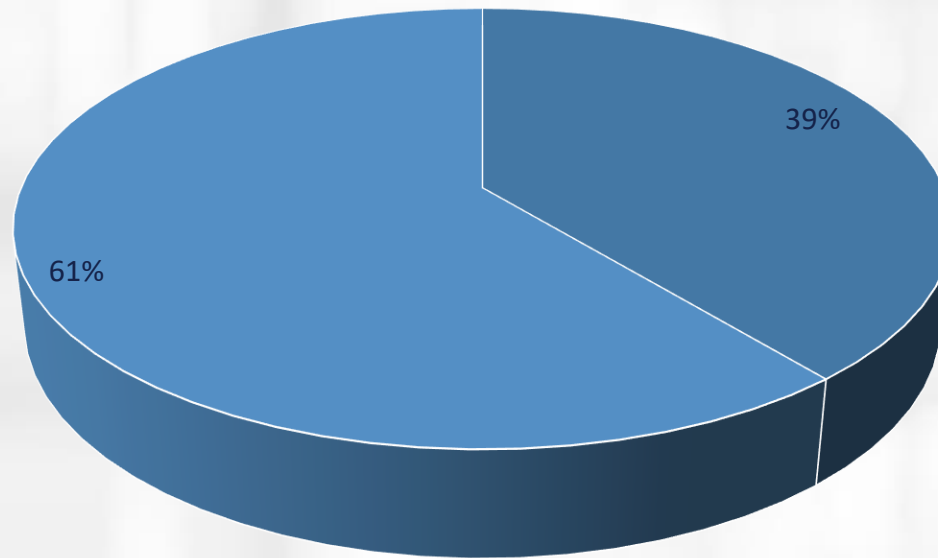
Carrier NOD Reasons
FY 2020 - 2021



- Contract Information incomplete
- Proof response form served on petitioner
- Carrier response form missing
- Other

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

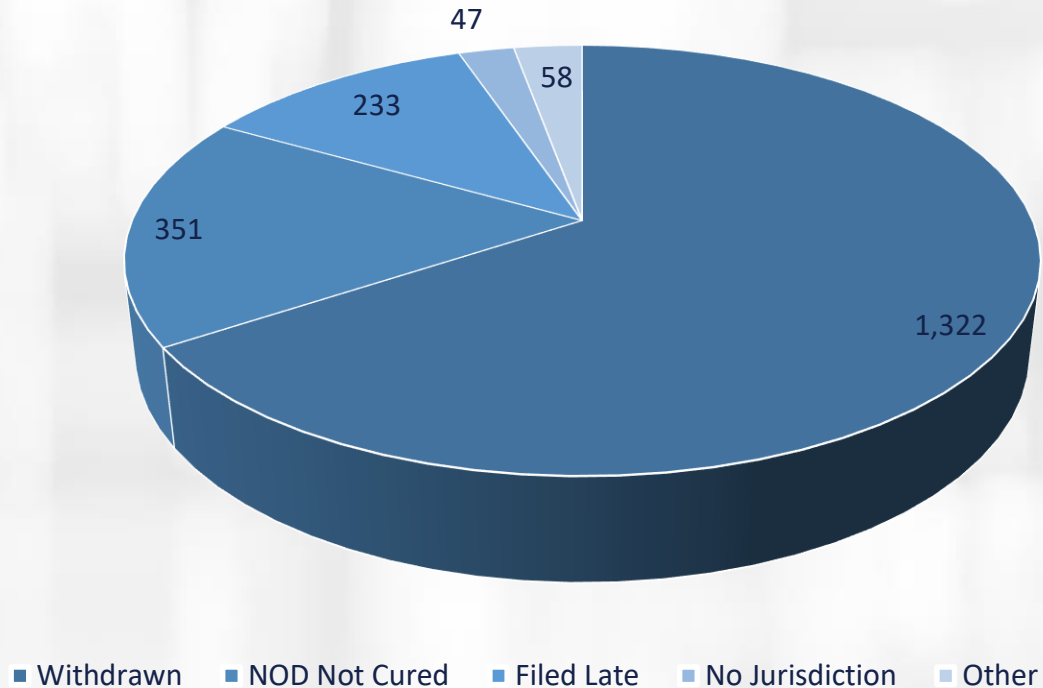
Carrier Responses Received FY 2020 - 2021



■ Carrier Response Received ■ No Response

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

Petition Dismissal Reasons FY 2020 - 2021



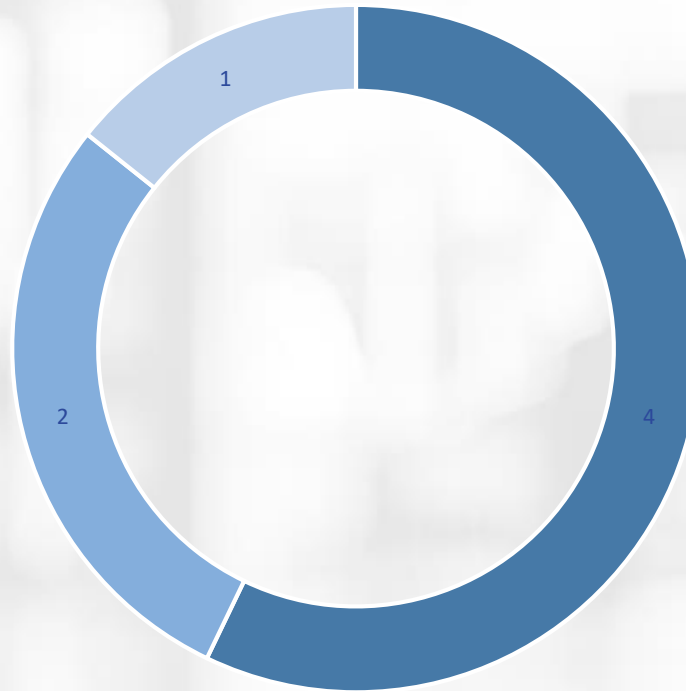
Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

- General Violation types:
 - Improper Billing of Services
 - Improper Reporting of Services
 - Standards of Care Violation, including overutilization
- Referral Submission Types:
 - Manual: Form DFS-F6-DWC-2000, Health Care Provider Violation Referral
 - Health Care Provider Violations Website:
<https://apps8.fldfs.com/hcprov/default.aspx>

Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

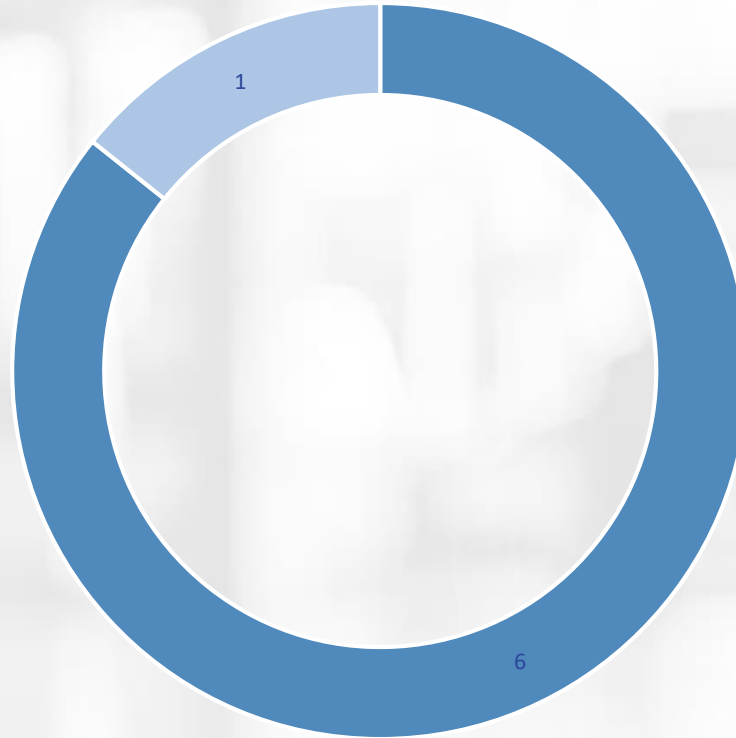
- Must be submitted to the Division no later than 180 days after the issuance of an EOBR or other notice of alleged violation
- Include all supportive documentation of the specific violation:
 - Correspondence and written requests between carrier and provider regarding the issue
 - Copies of medical bills and DWC-25 forms
 - Copies of notices of disallowance or adjustment
 - Peer review reports
 - Copies of collection letters
 - Determinations issued by the Division

HCP Violation Breakdown: Referral by Violation Type Received in FY 2020 - 2021



■ Collecting payment from injured worker ■ Failing to submit medical records ■ Standards of care/overutilization

HCP Violation Breakdown: By Referral Type Received in FY 2020 - 2021



■ Carrier ■ Attorney

DWC E-Alerts

- <https://www.myfloridacfo.com/Division/wc/>
- Email notifications from the FL Division of Workers' Compensation regarding regulatory activities impacting the workers' compensation system

The screenshot shows the Florida Workers' Compensation website interface. At the top, there are navigation tabs for 'Employers', 'Employees', 'Carriers', 'Providers', and 'EDI'. Below these is a 'Popular Links' section with four columns: 'Exemption Info', 'Coverage', 'Top Documents', and 'Popular Databases'. Each column contains several links, some with document icons. At the bottom of the screenshot, there is a 'DWC E-alerts' section with the text 'To receive important Division notices, register for our email list:' followed by a red 'Register' button.

Exemption Info	Coverage	Top Documents	Popular Databases
Apply Or Renew Exemption	Requirements	WC System Guide	Proof of Coverage
Frequently Asked Questions	Coverage Brochure	Reimbursement Manual	Claims EDI Warehouse
Exemption Brochure	Coverage Assistance	Drug-Free Workplace	Exemption Search
Exemption Educational Video	Election of Coverage	Employee Brochure: English Spanish	Employer Loss Run
	Out-of-State Contractor Information		Stop-Work Orders

DWC E-alerts
To receive important Division notices, register for our email list: [Register](#)

Medical Services Section
Bureau of Monitoring and Audit
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Customer Assistance

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Questions



