DEPARTMENT OF FINANCIAL SERVICES

The Division's Perspective on How Workers' Compensation Claims are Administered and the Impact on Injured Workers

August 21, 2024

CFO JIMMY PATRONIS

The "tion" Aspects of Workers' Comp

For today's portion of the breakout, we will discuss the important and vital "tion" aspects of workers' comp.

Foundation

The Division of Workers' Compensation consists of the following bureaus:

- Compliance
- Employee Assistance & Ombudsman Office
- Monitoring & Audit
- Financial Accountability

Foundation

The Bureau of Compliance:

- Maintains multiple databases including Exemptions and Proof of Coverage for employers
- Verifies employer coverage for stakeholders and the public
- Processes Exemption applications ($5,132,650)
- Investigates employers to ensure compliance (24,703)
- Enforces civil compliance when violations occur (1,619 Stops)
  - Resulted in: 8,020 new policies; over $5.5 million in insurance premiums

(FY 2022/2023)

Foundation

The Bureau of Employee Assistance & Ombudsman Office:

- Initiates contact with injured workers (IWs) to discuss rights & responsibilities and explain available services
- Educates all stakeholders and assists with dispute resolution without undue expense or costly litigation
- Provides reemployment services to eligible IWs
- Responds to public record requests for Division data

(Ref. 440.191, F.S.)

Foundation

The Bureau of Monitoring & Audit:

- Conducts on-site and remote audits to ensure insurer performance meets standards set forth in Chapter 440, F.S.
- Establishes and implements rules, requirements and processes for electronic reporting (EDI)

(cont'd...)

Foundation

The Bureau of Monitoring & Audit:

- Analyzes medical data to make determinations on reimbursement disputes between affected parties (e.g., petitioners, insurers, health care providers) (440.13(7), F.S.)
- Develops reimbursement manuals
- Assess penalties for late reporting and payments

Foundation

The Bureau of Financial Accountability:

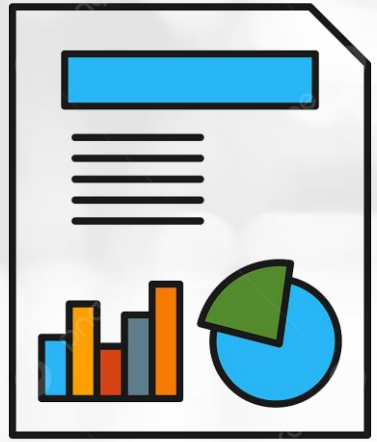
- Calculates assessment rates
- Regulates individually self-insured employers
- Collects employer compliance exemption fees and payments
- Manages the WC Trust Fund & Special Disability Trust Fund (SDTF)

(cont'd...)

Foundation

The Bureau of Financial Accountability:

- Prepares Annual Results & Accomplishments Report
- Prepares data reports each year for Florida's congressional sessions



DEPARTMENT OF FINANCIAL SERVICES

Action

CFO JIMMY PATRONIS

Action

Insurers need to be more involved with overseeing the claims handling entities responsible for reporting data to the Division on their behalf to ensure compliance with reporting standards.

Action

From the inception of a claim, the insurer (or claim administrator) should:

- Communicate with employers to verify the injured worker's work status to ensure the correct benefits are paid based on a completed wage statement.
- Monitor medical only claims for status changes (e.g., Lost Time, Denied, etc.).

(cont'd...)

Action

- 440.185 - Send the notification letter to injured workers within 3 days, as well as mail or email the informational brochure within 3 business days -- This step is very important!
- It informs them of their rights, responsibilities and benefits which will help guide injured workers through the claims process.

- Statutory requirement
- M&A Audit question

(cont'd...)

Action

- Contact injured workers to verify the correct mailing address **before** mailing the initial payment.
- Create a transition plan for communicating to injured workers when the adjuster changes on their claims.

What actions can the insurer/TPA take to reduce or prevent costly litigation? (Consider what can be controlled.)

DEPARTMENT OF FINANCIAL SERVICES

Information

CFO JIMMY PATRONIS

Information

Quiz time...

Do you know what information we can see and share with injured workers?

Information

…We can see AND share claim specific information reported to the Division!

- Timely reporting accurate claims data helps EAO educate and resolve questions from injured workers.
- Having accurate benefit data on file often resolves the injured worker's issues without having to contact the insurer.

(Ref. 440.1851, F.S.)

(cont'd…)

Information

Development of Reimbursement Manuals

- Timely reporting accurate medical bill data is crucial for reimbursement manual updates

Legislative/Governmental Inquiries

- Florida's government, and lately other jurisdictions, have asked for data and trends about workers' comp injuries (e.g., PTSD among First Responders)

(cont'd...)

Top 5 Reported PTSD Body Part Codes

Body Code	Body Description	Count
6600	NO PHYSICAL INJURY	306
1200	BRAIN	169
9100	BODY SYSTEMS	123
9000	MULTIPLE BODY PART	47
6500	INSUFFICIENT INFO	33

Top 5 Reported PTSD Nature of Injury Codes

Nature Code	Nature Description	Count
7700	MENTAL STRESS	328
6900	MENTAL DISORDER	204
100	NO PHYSICAL INJURY	62
5900	ALL OTHER SPECIFIC INJURIES NOC	38
8000	ALL OTHER CUMULATIVE INJURIES	20

Top 5 Reported PTSD Cause of Injury Codes

Cause Code	Cause Description	Count
9000	OTHER THAN PHYSICAL CAUSE OF INJURY	399
9900	OTHER	148
8200	ABSORPTION, INGESTION	59
9800	CUMULATIVE (ALL OTHER)	52
8900	INJURY BY PERSON IN ACT OF CRIME (NOT GUNSHOT)	10

Top 5 Reported PTSD Combinations

Code Combo	Desc. Combo	Count
6600-9000-7700	NO PHYSICAL INJURY-OTHER THAN PHYSICAL CAUSE OF INJURY-MENTAL STRESS	87
6600-9000-6900	NO PHYSICAL INJURY-OTHER THAN PHYSICAL CAUSE OF INJURY-MENTAL DISORDER	72
1200-9000-7700	BRAIN-OTHER THAN PHYSICAL CAUSE OF INJURY-MENTAL STRESS	64
1200-9000-6900	BRAIN-OTHER THAN PHYSICAL CAUSE OF INJURY-MENTAL DISORDER	44
1200-8200-7700	BRAIN-ABSORPTION, INGESTION-MENTAL STRESS	31

Information

Insurer Outreach

- Insurers have requested assistance to compare their performance to others in the industry
- Training requests based on referrals from audit team

Research Studies

- Opioid
- COVID-19
- PTSD
- Other Agency Data Assistance

(cont'd...)

Information

Fulfilling Statutory Guidelines

- Data is evaluated by the Centralized Performance System (CPS) to validate the timely reporting of First Reports and medical bills, timely payment to medical providers and time payment of indemnity benefits to injured workers
- Data is used to respond to reimbursement disputes
- Data is used to conduct insurer audits

(cont'd...)

Information

EAO - FROI Team stats (July 2023 - June 2024):

- Total number of IWs contacted - 36,235
- Total number of IWs reached - 26,194
- All calls followed up with a letter or email to notify IWs of EAO's services and contact information.

Information

FROI Survey (updated July 1, 2024)

1) Do you have the name and telephone number of your insurance company / adjuster?

If NO, why?

2) Has the insurance company provided you with any informational material regarding your workers' compensation claim?

If YES, Please answer the following questions:

2A) Did it include an EE brochure from the DWC and a letter from the State of Florida?

2B) Did you find the material helpful?

If NO, specify the reason

3) Was the address provided on file by the carrier, correct?

4) Have you been in contact with your employer since your date of injury?

5) As of today, do you think you have received adequate medical treatment for your injury?

If NO, what are your specific concerns?

6) Have you returned to work?

If YES,

If NO,

7) Have you received your first benefit check (If applicable/due)?

If NOT APPLICABLE,

8) Are you satisfied with how your claim is progressing?

If NO, why?

Information

Insurer/ TPA Report

INS. vs. INS.
or
TPA INS vs. INS.

- Responses
- PFBs

No. of Injured Workers Contacted: All Carriers - 5,758 Selected Carrier - 90

Avg. number of days from Date Of Accident: 19

		Contact Results		Petition for Benefit Filed	
		All Carriers	Carrier- [redacted]	All Carriers	Carrier- [redacted]
		Count (%)	Count (%)	Count (%)	Count (%)
2	Do you have the name and telephone number of your insurance company?				
	RESPONSE NOT AVAILABLE	39	0	9	0
	YES	5,625 (98.36%)	90 (100%)	425 (7.56%)	12 (13.33%)
	NO	94 (1.64%)	0 (0%)	10 (10.64%)	0 (0%)

Information

Insurer/ TPA Report

No. of Injured Workers Contacted: All Carriers - 5,758 Selected Carrier - 90

Avg. number of days from Date Of Accident: 19

		Contact Results		Petition for Benefit Filed	
		All Carriers	Carrier- [redacted]	All Carriers	Carrier- [redacted]
		Count (%)	Count (%)	Count (%)	Count (%)
3	Has the insurance company provided you with any informational material regarding your workers' compensation claim?				
	RESPONSE NOT AVAILABLE	68	0	13	0
	YES	4,229 (74.32%)	76 (84.44%)	285 (6.74%)	10 (13.16%)
	NO	771 (13.55%)	7 (7.78%)	94 (12.19%)	2 (28.57%)
	UNKNOWN	690 (12.13%)	7 (7.78%)	52 (7.54%)	0 (0%)

Information

EAO Stats (FY July 2023 - June 2024):

- 31,750 Injured Worker Helpline Calls
- Total # of Disputes Resolved: 521
- Total $ of Disputes Resolved: $361,816.25
- Top 5 Issues:
  1. Carrier Contact Info
  2. Indemnity Benefits
  3. Medical Auth/Referrals
  4. Division & Industry Forms
  5. Claim Reporting/Timely Filing

Information

Data Sharing Agreements

- State and Federal Agencies

Deep Dives into Claims Handling Performance

- The Division has begun leveraging claims data using new data analysis tools to further analyze reported data and identify training opportunities (making data “actionable”).

Information

Based on data reported, the Division can:

- Identify insurers (name and count) and their TPA(s) as well as the claim volume
- Identify specific office location
- Identify File locations that are driving EAO calls for assistance (in addition to claim volumes)
  - Reasons for the calls

(cont'd...)

Information

- Review performance down to an office location
- Use the granularity of reported data to make **informed** decisions
  - Outreach
  - Training sessions
  - Who to audit? EAO call data, CPS, EDI and past audit performance, claim volume comparisons
  - Should there be a more specific audit scope (e.g., Medical Authorization)?

DEPARTMENT OF FINANCIAL SERVICES

Communication

CFO JIMMY PATRONIS

Communication

When you think about communication and all that it entails:

- What are some ramifications of limited information being provided to injured workers post injury?
- Does upward and downward communication exist within your organization?

(cont'd...)

Communication

- What are some obstacles or hinderances that prevent adjusters from effectively communicating with injured workers?
- How can those issues be resolved to improve the claims handling process?

Communication

Effective communication at the inception of a claim sets the tone for what's to come. It should be open and free flowing (information shared between all involved parties).

- How can effective communication be measured?

Communication

A disconnect between the parties creates a domino effect resulting in noncompliance.

- Unpaid benefits
- Unreported data
- Untimely paid benefits
- Assessment of penalties
- Delay in medical treatment
- Petition for Benefits (PFB), etc.

Communication

1/1/24
to
6/30/24

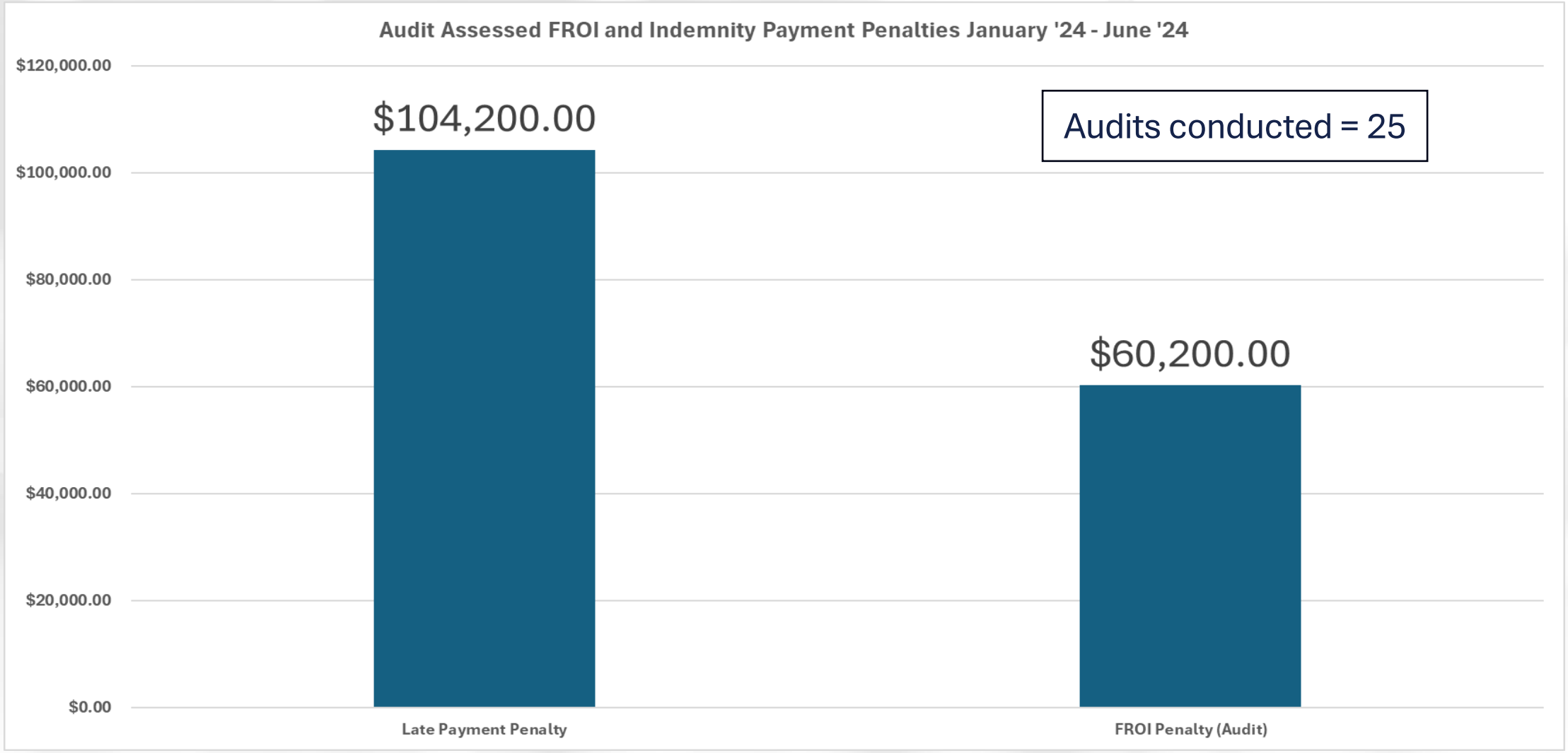
	Transaction Accepted (TA, NL)				Trans. Rejected (TR)				Accepted with Reconciliation (TA-FL)				
	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	Total Trans. Submitted
DWC-4's - Notice of Action or Change													
AB	65		65		182		182		0		0		247
AU/PY	6		6		0		0		1		1		7
CA	18,647		18,647		6,873		6,873		0		0		25,520
CB	13,440		13,440		10,089		10,089		0		0		23,529
ER	221		221		84		84		0		0		305
P7	17		17		21		21		0		0		38
PY	14,266		14,266		2,525		2,525		0		0		16,791
RB	6,425		6,425		3,198		3,198		0		0		9,623
S1	20,529		20,529		10,084		10,084		128		128		30,741
S2	451		451		203		203		0		0		654
S3	350		350		183		183		1		1		534
S4	122		122		78		78		2		2		202
S5	14		14		2		2		0		0		16
S6	37		37		37		37		0		0		74
S7	9,254		9,254		3,953		3,953		720		720		13,927
S8	18		18		38		38		0		0		56
00/PY (SROI ONLY)	31		31		0		0		0		0		31
Subtotal	**83,893**	**68.6%**	**83,893**	**68.6%**	**37,550**	**30.7%**	**37,550**	**30.7%**	**852**	**0.7%**	**852**	**0.7%**	**122,295**

Communication

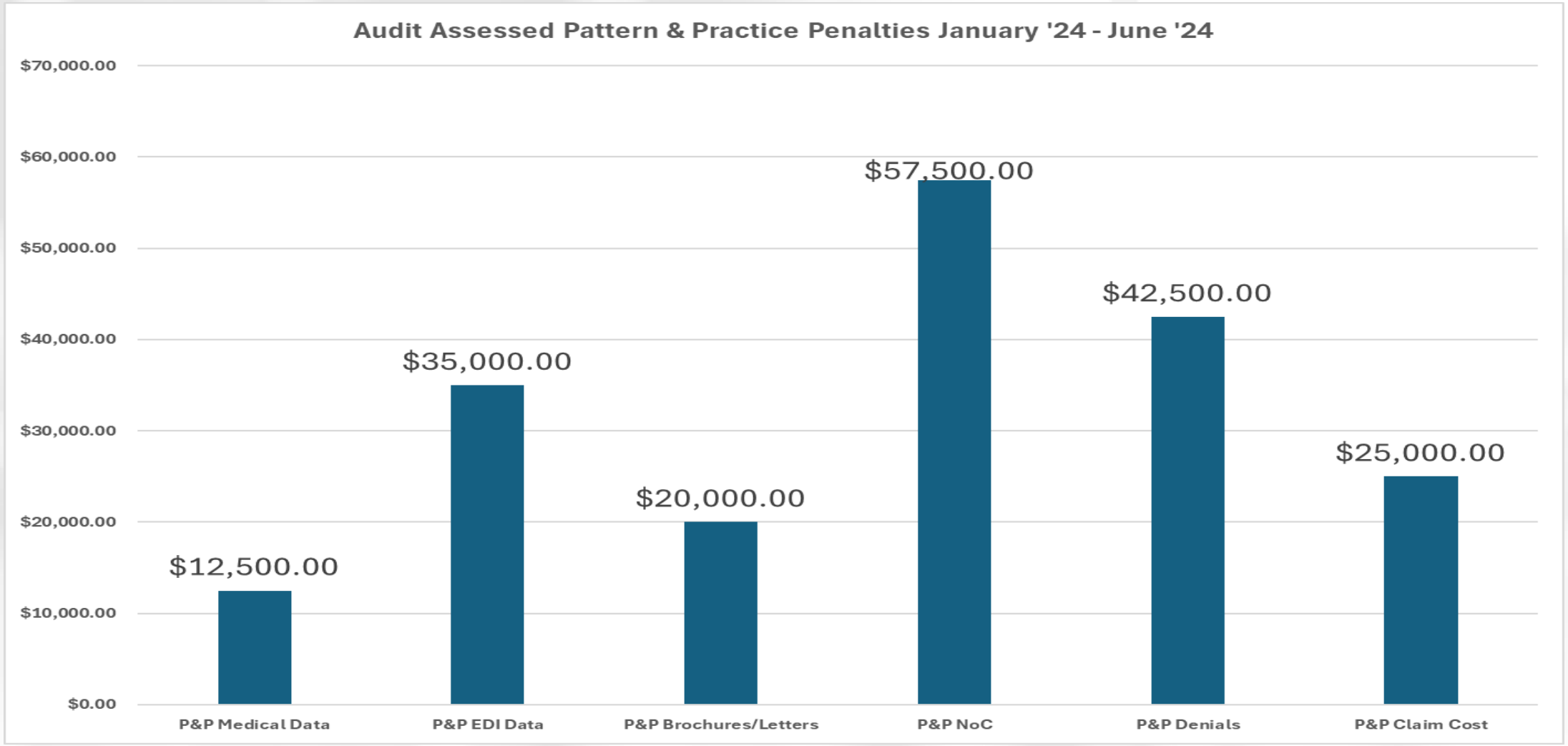
1/1/24 to 6/30/24

	Transaction Accepted (TA, NL)				Trans. Rejected (TR)				Accepted with Reconciliation (TA-FL)				
	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	# of Trans. Submitted	% of Trans. Submitted	# for All Partners	% Trans. vs. All	Total Trans. Submitted
DWC-1's - First Report of Injury													
00/IP	21,130		21,130		6,276		6,276		1		1		27,407
00/CD	40		40		12		12		0		0		52
00/VE	37		37		5		5		0		0		42
AU/AP	21		21		225		225		0		0		246
00/EP	3,311		3,311		1,319		1,319		0		0		4,630
00/PY	3,003		3,003		577		577		1		1		3,581
AU/PD	2		2		1		1		0		0		3
AU/PY	21		21		6		6		0		0		27
Subtotal	**27,565**	**76.6%**	**27,565**	**76.6%**	**8,421**	**23.4%**	**8,421**	**23.4%**	**2**	**0.0%**	**2**	**0.0%**	**35,988**
Denied First Reports													
04 (148)	13,346		13,346		1,989		1,989		0		0		15,335
00/PD	5,060		5,060		1,076		1,076		0		0		6,136
Subtotal	**18,406**	**85.7%**	**18,406**	**85.7%**	**3,065**	**14.3%**	**3,065**	**14.3%**	**0**	**0.0%**	**0**	**0.0%**	**21,471**
DWC-13's - Claim Cost Report													
SA	63,934		63,934		18,299		18,299		0		0		82,233
FN	54,892		54,892		7,244		7,244		0		0		62,136
Subtotal	**118,826**	**82.3%**	**118,826**	**82.3%**	**25,543**	**17.7%**	**25,543**	**17.7%**	**0**	**0.0%**	**0**	**0.0%**	**144,369**

Communication



Communication



Communication

If the Division of Workers' Compensation sends a request for information, the expectation is for the matter to be promptly addressed.

What reasons do you think the Division may send a request for information?

Communication

Potential reasons:

- Lost-time claim is reported without a valid phone number for the injured worker - FROI Team sends a request for information to the adjuster assigned to the claim.
- EAO receives a request for assistance from an injured worker and there is little, no or incomplete data associated with a claim.

Communication

Insurer/TPA - Noncompliance

- IW initiated contact with EAO on 10/11/23
- **Issues**: No indemnity paid (RTW - TPD/No LD available) & Neuro referral outstanding since 9/25/23
- Adjuster failed to communicate with the IW and EAO.
- Date of Accident: 9/12/23 (reported to ER & insurer same day)
- Date of Disability: 9/16/23
- Date 1st payment mailed: 10/18/23 *late
- Date of 1st EDI filing: 12/22/23 *late (filed only after EDI escalation)
- Date of 1st Medical Bill filing: not yet filed

Communication

Insurer/TPA - Noncompliance

- IW initiated contact with EAO on 2/26/24
- **Issue**: Indemnity benefits suddenly stopped (last ck paid through 1/5/24)
- Adjuster failed to communicate with the IW and EAO.
- Date of Accident: 3/17/23
- Insurer notified: 4/20/23 (same day reported to ER)
- Date of Disability: 11/4/23
- Date 1st payment mailed: 11/29/23 *late
- Date of 1st EDI filing: 3/5/2024 *late (filed only after EDI escalation)
- Date of 1st Medical Bill filing: 8/5/23 *late

Communication

Let's be proactive and expand our lines of communication!

Want to join the growing list of insurers that have provided EAO with a dedicated email address and/or inbox?

- 4 Insurers/TPAs already joined

...Are you next?

DEPARTMENT OF FINANCIAL SERVICES

Obligation, Education and Expectation

Responsibility

CFO JIMMY PATRONIS

Obligation, Education and Expectation

When a workplace injury occurs:

- What obligations must be met?
- What role does each system participant play?
- What actions should be taken to ensure claims are handled appropriately from beginning to end?

Obligation, Education and Expectation

The Division's mission is to ensure that the worker's comp system is self-executing. We accomplish this by educating our stakeholders with the expectation of them to fulfilling their obligations.

Obligation

Employers and insurers conducting business in the State of Florida must fulfill their workers' comp obligations as outlined in Chapter 440, F.S. and Rule 69L, F.A.C.

Obligation

It is the responsibility of the **employer** to:

- Obtain coverage as required
- Post the “Broken Arm Poster” and “Anti-Fraud Notice” in a visible (common) area
- Timely report workplace accidents to its insurer
- Stay in communication with the injured worker until they return to work

(cont’d…)

Obligation

- Obtain work restrictions from the injured worker's physician
- Discuss accommodations with the injured worker and determine whether work is available
- Communicate work restriction changes to adjuster

Obligation

The **employer** is also required to report a First Aid claim that later become a Medical Only or Lost Time claim to its insurer within 7 days after knowledge of the claim status change. (Division Rule 69L-56.401)

Obligation

It is the responsibility of the **insurer** to:

- Investigate and determine compensability of claims reported
- Communicate with the employer **and** injured worker
- Provide a copy of Division forms or explanatory letters, informational brochure and notification letter, etc. to IWs as required

(cont'd...)

Obligation

- Authorize medical treatment and adjust claims in accordance with Florida Statutes and Division Rules
- Issue payments to injured workers and providers timely
- Timely report claims and medical data to the Division

(cont'd...)

Obligation

- If uncertain about an injured worker's entitlement to indemnity and medical benefits, a "good faith" investigation must be conducted immediately and the insurer must admit or deny compensability within 120 days after the initial provision of benefits.

Under the 120-day rule, a First Report of Injury (whichever applicable) **must** still be submitted to the Division. Refer to Sections 440.20(4), 440.20(2) and 440.192(8), F.S.

Obligation

Insolvency - The following guaranty associations were put in place to administer claims for insolvent insurers and self-insurers to ensure injured workers continue to receive benefits:

- Florida Workers' Compensation Insurance Guaranty Association (FWCIGA) - Sections 631.901-631.932, F.S.
- Florida Self-Insurers Guaranty Association (FSIGA) - Section 440.385, F.S.

Obligation

- FWCIGA or FSIGA contract with a TPA to take possession of all open claim files of the insolvent insurer or self-insured employer.
- When claims are acquired due to an insolvency, the claim administrator must report the following:

Claim Administrator Information:

Insurer Name | FEIN

Insolvent Insurer Name | FEIN

Claim Administrator Name | FEIN

Postal Code | Alternate Postal Code

Claim Rep Name | Claim Rep Business Phone #

Claim Rep Email Address | Claim Rep Fax #

Date Claim Admin Notified of Employee Representation

Obligation

Insurers and/or TPAs halting payments on claims

- If the insurer becomes insolvent, immediately report this to the correct Guaranty Association to get the claim(s) routed properly and trigger payment mechanisms to avoid gaps in IW benefits
- If the insurer is solvent, required to keep funding claims
  - Obligation to pay for disability or death sustained by an IW during the life of such policy or contract

(Cont'd…)

Obligation

- Large deductible policies causing an issue?
  - Ensure employers are financially stable during underwriting
  - Seek reimbursement for deductible amount
  - Violation of contract/policy to withhold IW benefits
- TPAs: Do you have mechanisms in place to monitor that adequate funds are being received to pay claims?
  (both current & future liabilities)
- Communication with our office can result in a quick, sound resolution. Make that phone call sooner!

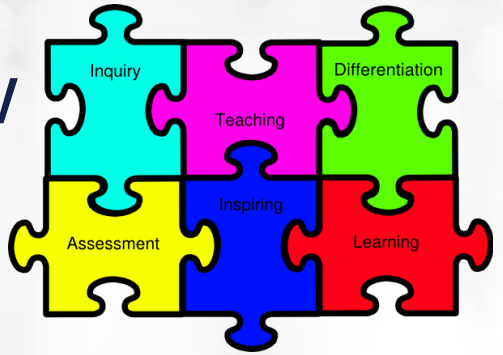
Education

When an employer secures coverage:

- As an insurer, what type of education or support is being provided to ensure they understand what's required?

When a new employee starts within your organization:

- What type of on-the-job training is provided?
- What investment are you making to grow their talents?



Education

It is the responsibility of the **insurer** to educate:

- Employers whose business they are insuring
- Adjusters and team members so they familiarize themselves with Florida laws and rules
- Injured workers about their rights and responsibilities

Expectation

Insurers should report data to the Division based on the following reporting expectations (list is **not** all inclusive):

- Accurate and valid data reported
- Report zero dollar ($0) medical bills per 69L-7.750(9)
- Timely filed claims and medical data
- Report employee reimbursement bills
- Timely corrections made to rejected transactions

(cont'd...)

Expectation

- Refrain from sending duplicate claims data
- Report medical data as billed by the provider
- Refrain from sending paper forms to the Division (if not requested)
- Timely issue payments to injured workers & providers

(cont'd...)

Expectation

- Explanation of Bill Review (EOBR) - In accordance with 69L-7.740(13), F.A.C., the insurer (or entity acting on its behalf) should send this containing the code(s) and code descriptor(s) to the provider to inform them of the reimbursement decision(e.g., payment, notice of adjustment, disallowance or denial).

(cont'd...)

Expectation

If Explanation of Bill Review (EOBR) Code 10 (Total Denial) is reported on a bill via Medical EDI, a FROI 04 (Total Denial) must be reported via Claims EDI as well.

(13) In completing an Explanation of Bill Review (EOBR), a claim administrator shall, for each line item billed, select the EOBR code(s) from the list below which identifies(y) the reason(s) for the reimbursement decision for each line item.

(a) The claim administrator may utilize up to three EOBR codes for each line item billed. When utilizing more than one EOBR code, the claim administrator shall list the EOBR codes that describe the basis for the claim administrator's reimbursement decision in descending order of importance.

(b) The EOBR code list is as follows:

06 – Payment disallowed: location of service(s) is not appropriate for the level of service(s) billed.

10 – Payment denied: total denial: total compensability denied or the injury or illness for which service was rendered is not compensable.

11 – Payment denied: partial denial: diagnosis or procedure code for the line item service is not related to the compensable condition (insurer must specify the non-compensable condition).

DEPARTMENT OF FINANCIAL SERVICES

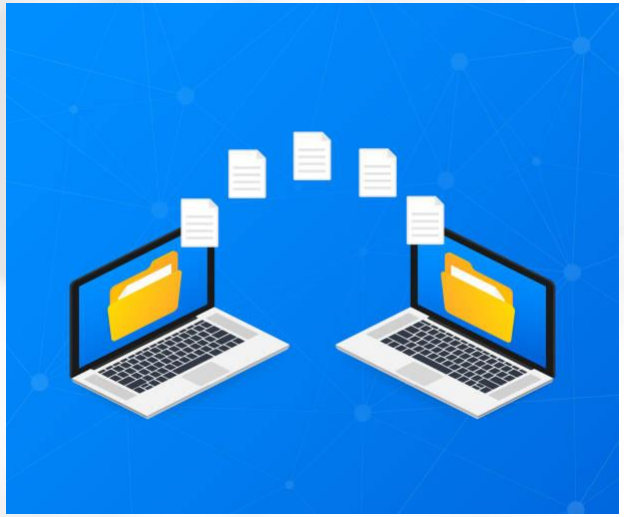
Expectation

CFO JIMMY PATRONIS

Expectation

Required Form Filings (Rule Chapter 69L-56):

- First Report of Injury or Illness (DWC-1)
- Notice of Action/Change (DWC-4)
- Notice of Denial (DWC-12)
- Claim Cost Report (DWC-13)



Expectation

The following forms are not required to be reported to the Division electronically; however, they are equally important for adjusting claims:

- Wage Statement (DWC-1a)
- Florida Workers' Compensation Uniform Medical Treatment/Status Report (DWC-25)

Expectation

The Division uses data submitted to respond to requests for aggregate data, public records requests, etc. so it is vital that the most updated information is on file.

If a transaction is submitted but rejects, it should promptly be corrected and resubmitted. Doing so will prevent or eliminate subsequent rejections.

Expectation

First Report of Injury or Illness (DWC-1)

- Timely filing of this form is critical because it establishes the claim in the Division's database.
- EAO - First Report of Injury (FROI) Team:
  - Provides outreach to IWs within approximately two (2) business days of receiving the DWC-1.
- Injured Worker Helpline (IWHL):
  - Receives inbound call from all stakeholders but primarily IWs.

Expectation

Wage Statement (DWC-1a)

Timely submission from the employer to the insurer/claim administrator is critical. Why?

- What can the adjuster do to help facilitate this process?
- Is it reasonable to expect the adjuster to proactively reach out to the IW to clarify if there is concurrent employment?

Expectation

Notice of Action/Change (DWC-4):

- Amended AWW
- Change in RTW Status
- Benefit Adjustment Codes (e.g., safety violation)
- Suspension/Reinstatement of Indemnity Benefits
- Overall MMI Date
- Permanent Impairment Rating
- PTD Acceptance/Adjudication

Expectation

Notice of Denial (DWC-12)

- Denial Date and/or Recission Date
- Denied Benefits
- Reason for Denial

EAO can explain the reported information to IWs, along with what rights they may have if they dispute the denial.

PFB - 687 calls
(FY July '23-June '24)

Expectation

Claim Cost Report (DWC-13)

- Sub-Annual (due every 6 months until claim is closed)
- Final (closed claims)

Timely filing this form provides a snapshot of benefits paid to date. It also allows EAO to provide detailed information to IWs regarding ongoing benefits and/or changes in claim status.

Expectation

Florida Workers' Compensation Uniform Medical Treatment/Status Report Form (DWC-25) - Addresses:

- MCC
- RTW Status
- Restrictions
- Referrals
- Prescriptions
- MMI
- PIR, etc.

Expectation

Authorized Treating Physicians (DWC-25):

- Is this form being completed accurately **and** submitted timely?
- Are medical notes being sent with the DWC-25?
- Is the accurate RTW status being communicated to injured workers?
- Are copies being provided to injured workers to give to employers for RTW status and restrictions?

DEPARTMENT OF FINANCIAL SERVICES

Consideration

CFO JIMMY PATRONIS

Consideration

Automation

- For claim administrators that are currently reporting the data timely (as required), what measures are in place to ensure this occurs?
- What changes can be implemented to improve the acceptance rates of Claim Cost Reports?

Consideration

Legislation and Rulemaking

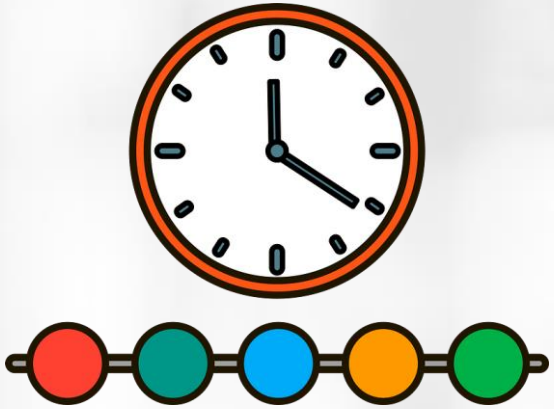
- Is it time to explore changes to the law and/or rules to hold insurers and TPAs more accountable for non-compliance?
  - Claims mishandled
  - Increase in Rule Nisi (not abiding by JCC's order)
  - Lack of cooperation with the Division's efforts to resolve issues

(cont'd...)

Consideration

Rulemaking (Rule Chapters 69L-24 and 69L-56)

- Claim Cost Report (DWC-13)
  - Missing SA List
  - Rejected not Resubmitted
  - Form evaluated for timeliness via CPS



Consideration

Listed below is the volume of missing Claim Cost Reports (as of August 1, 2024):

- Trading Partner 1 = 3,053
- Trading Partner 2 = 2,873
- Trading Partner 3 = 1,467
- Trading Partner 4 = 1,321
- Trading Partner 5 = 621

Consideration

First Report of Injury or Illness (DWC-1)

- How can PTSD (first responders) data be more accurately captured?

Notice of Action/Change (DWC-4) *723 calls to EAO

- Are adjusters aware that an explanatory letter can be sent to IWs (instead of the form) to avoid confusion?

Medical Treatment form (DWC-25)

- 18 pages of instructions
- Should this form be “more” or “less” comprehensive?

Consideration

Final Thoughts

- Be proactive - not reactive!
- Be an industry leader or a follower - it's a choice.
- Be known for acting "in good faith."

Help the Division create a path of cooperation and resolution to ensure the self-executing system that was intended with the creation of Chapter 440, F.S.

Consideration

Now that you've learned all things DWC, you can take that much-needed vacation.

Thanks for participating in today's session!

DEPARTMENT OF FINANCIAL SERVICES

Questions

CFO JIMMY PATRONIS

DEPARTMENT OF FINANCIAL SERVICES

CFO JIMMY PATRONIS