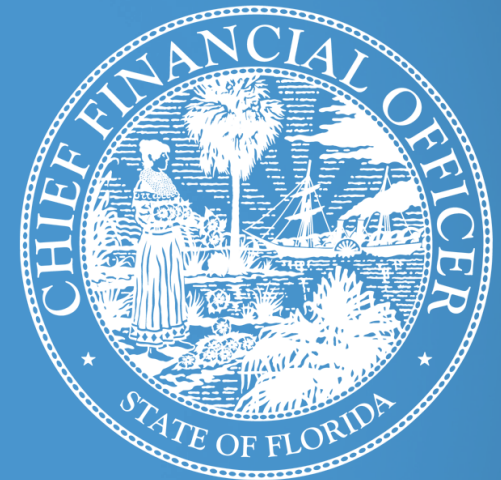




2017



RESULTS & ACCOMPLISHMENTS REPORT

JIMMY PATRONIS | CHIEF FINANCIAL OFFICER | DEPARTMENT OF FINANCIAL SERVICES





DEPARTMENT OF FINANCIAL SERVICES MISSION STATEMENT

To safeguard the integrity of the transactions entrusted to the Department of Financial Services and to ensure that every program within the Department delivers value to the citizens of Florida by continually improving the efficiency and cost effectiveness of internal management processes and regularly validating the value equation with our customers.

DIVISION OF WORKERS' COMPENSATION MISSION STATEMENT

To actively ensure the self-execution of the workers' compensation system through educating and informing all stakeholders of their rights and responsibilities, leveraging data to deliver exceptional value to our customers and stakeholders, and holding parties accountable for meeting their obligations.

DIRECTOR'S MESSAGE

To Stakeholders and other Interested Parties of Florida's Workers' Compensation System:

The Division of Workers' Compensation is very pleased to submit its "2017 Results and Accomplishments Report", which includes numerous measures and outcomes reflecting Florida's workers' compensation system and our mission.

The Division's mission continues to lay the foundation of our regulatory activities: educate and inform all system participants of their rights and responsibilities, leverage workers' compensation data to deliver exceptional value, and hold parties accountable for meeting their obligations under the law. Each of these three core principles promotes the self-execution of the system.

A few notable highlights from this year's report are listed below.

- Approximately 365,000 customer interactions or touch-points with injured workers, employers, carriers, and health care providers provided the Division the opportunity to disseminate important workers' compensation system information.
- Although the number of carrier audits conducted by the Bureau of Monitoring and Audit increased, the amount of non-willful penalties assessed decreased; and over the past five years, the Medical Services Section has observed an approximate 48% decrease in Petitions for Reimbursement Dispute by all health care provider types.
- As a result of hard work by Division staff, the Bureau of Employee Assistance and Ombudsman Office secured over \$270,000 of additional benefit payments to injured workers; and, over 80% of injured workers who have lost more than seven days of work due to a workplace injury were successfully contacted in an effort to assist them with any claim disputes and limit unnecessary litigation. The Bureau also began collecting data on the reasons injured workers hire attorneys.

- We are very proud of the continued improvements in workers' compensation data reporting. As a result of the training and triage efforts of the Bureau of Data Quality and Collection and the commitment by reporting entities, data acceptance rates increased 10%.
- The Bureau of Monitoring and Audit developed and began providing Insurer Regulatory Reports to all carriers audited during the year enabling those carriers to compare their current and past claims-handling results with the industry averages, thus allowing them to identify areas of performance excellence and opportunities for improvement.
- The Bureau of Financial Accountability has created a web-based system that permits carriers and self-insured employers to more accurately and timely pay their assessments and systematically account for revenues received by the Division.
- The Bureau of Compliance developed the Coverage Assistance Program, which is a web-based search tool allowing employers and insurance agents to identify which carriers are currently writing workers' compensation insurance for specific business operations. The Bureau continues to emphasize that all Florida employers work on a level playing field by ensuring to the greatest extent possible that all employers secure coverage for their employees; and, a record number of exemption applications were processed and approved, many on the same day received by the Division.

We are very humbled by the trust given to us by you, the workers' compensation stakeholders, to administer the system in an equitable and efficient manner. In our opinion, 2017 was a remarkable year, and we have begun to prepare for an ambitious 2018. As always, we welcome any ideas and thoughts that stakeholders or other interested parties may have as we continuously strive for excellence in Florida's workers' compensation system.

Sincerely,



Tanner Holloman, Director
Division of Workers' Compensation

DIVISION OF WORKERS' COMPENSATION

2017 RESULTS & ACCOMPLISHMENTS REPORT

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Note: All data contained herein were extracted from the Division of Workers' Compensation resources as of 6/30/17, unless otherwise noted.

BUREAU OF EMPLOYEE ASSISTANCE AND OMBUDSMAN OFFICE

The Bureau of Employee Assistance and Ombudsman Office (EAO), established pursuant to Section 440.191, Florida Statutes, assists injured workers, employers, carriers, and the health care providers in fulfilling their responsibilities under the Workers' Compensation Law. A resource for all stakeholders in the Workers' Compensation System, EAO combines the use of print and electronic media, one-on-one interaction with individual stakeholders, and group presentations to promote the self-execution of the system.

EAO relies on a team structure to successfully accomplish its mission. Each team focuses on a specific area of statutory responsibility in order to effectively assist injured workers. EAO distributes workers' compensation information, proactively contacts injured workers to inform them of their rights and responsibilities and educates them about its services, and works to resolve disputes between injured workers and carriers to avoid unnecessary expenses, costly litigation or delay in the provision of benefits.

CUSTOMER SERVICE TEAM

The Customer Service Team focuses on assisting and educating employers about the requirements

of workers' compensation coverage, exemptions from coverage, and drug free workplace and safety programs. This Team answers over 82,000 calls per year.

The Customer Service Team also responds to email inquiries from employers sent to the Division at: Workers.CompService@myfloridacfo.com.

FIRST REPORT OF INJURY TEAM

The First Report of Injury Team initiates contact with injured workers who have lost more than seven days of work due to an on the job injury. This contact takes place early in the claim typically within 18-20 days after the date of injury. The First Report of Injury Team provides educational resources regarding the Workers' Compensation System, surveys injured workers, advises workers of their statutory responsibilities, documents attorney involvement and informs workers of EAO's various services.

CUSTOMER SERVICE CALL VOLUME FY 2016-2017

1st Qtr	23,094
2nd Qtr	18,541
3rd Qtr	22,850
4th Qtr	17,814
TOTAL	82,299

During Fiscal Year 2016-2017, the First Report of Injury Team began asking injured workers who had obtained an attorney their reason for doing so. The top three reasons injured workers gave were:

- They felt they did not receive timely authorization or provision of medical treatment. It is important to note patient expectations of medical treatment can sometimes be significantly different than the actual requirements under the workers' compensation law.
- They felt their employer engaged in behavior that was detrimental to their post injury interests.
- They felt they experienced a general lack of communication from the claims adjuster or the employer.

Each of these reasons presents an opportunity for insurance companies and employers to review and implement injured worker engagement practices to reduce unnecessary litigation.

NUMBER OF INJURED WORKER CONTACTS

Fiscal Year	Number Contacted	Percentage Contacted
12-13	31,303	81%
13-14	29,732	82%
14-15	29,116	81%
15-16	30,236	80%
16-17	33,269	77%

INJURED WORKER HELPLINE TEAM

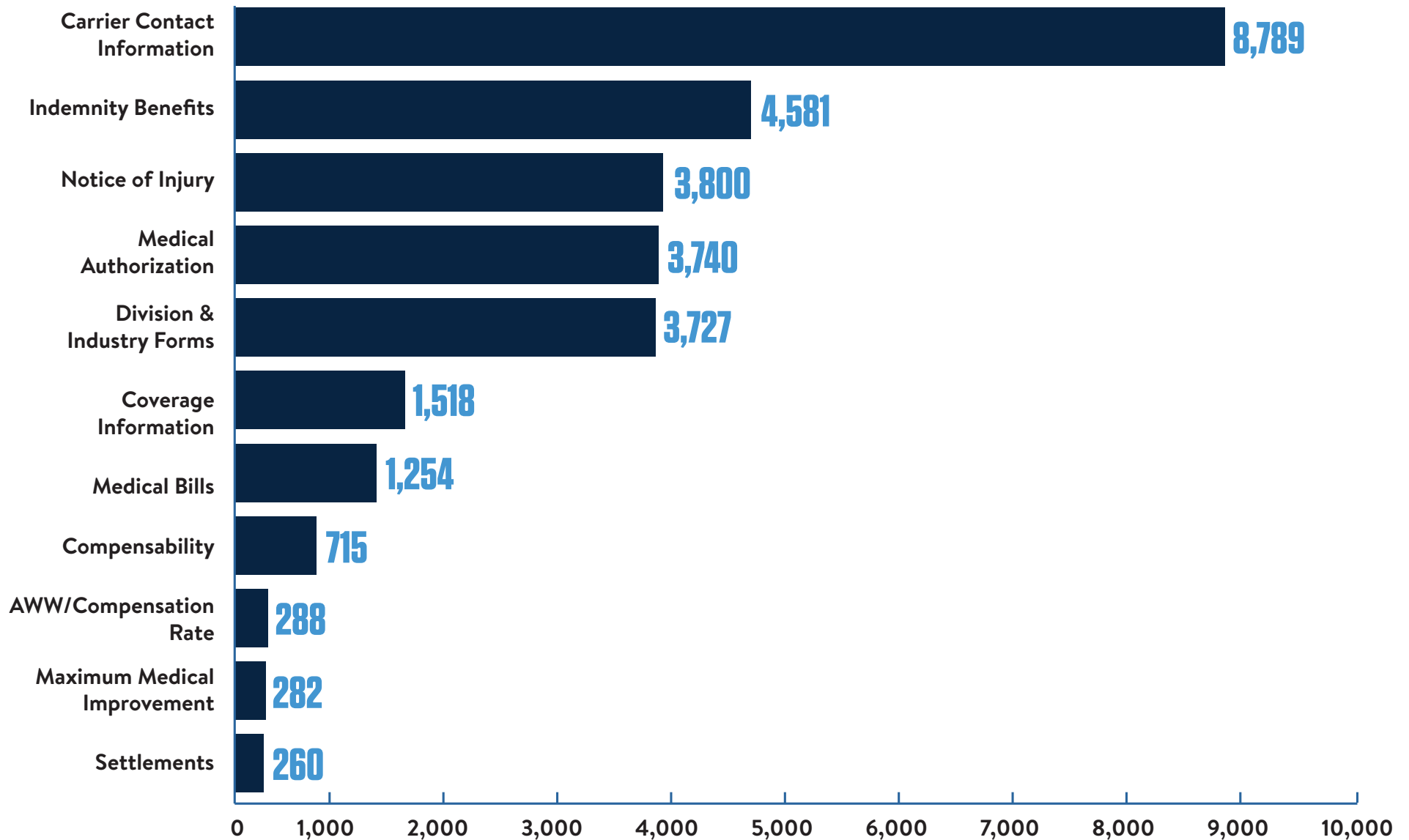
The Injured Worker Helpline Team's responsibility is to educate callers from all system stakeholders: injured workers, employers, carriers, medical providers, attorneys, and the public. Through the Division's toll-free telephone line, the team answers questions about the requirements of Florida's Workers' Compensation Law and provides assistance to injured workers who are experiencing problems obtaining medical or indemnity benefits.

Team fulfills its mission by identifying disputed issues, researching injured workers' concerns and contacting employers, carriers, medical providers, attorneys, or other appropriate parties to aid in resolution. All disputes requiring extensive investigation are referred to the Ombudsman Team.

During Fiscal Year 2016-2017 the Injured Worker Helpline Team handled 45,291 calls, including 7,559 Spanish speaking callers.



INJURED WORKER HELPLINE TEAM – TYPE OF ASSISTANCE FOR EDUCATION CALLS FY 2016-2017



OMBUDSMAN TEAM

The Ombudsman team is responsible for assisting injured workers to resolve complex disputes. In order to fulfill its role, the team conducts fact-finding reviews, analyzes claim files, researches case law, promotes open communication between parties, and generally helps parties to understand their statutory responsibilities. The team also assists walk-in customers in eight offices throughout Florida; assists in resolving disputes and providing workers' compensation information applicable to each injured worker's claim, including guidance on the Petition for Benefits process; and assists injured workers referred from the Governor's and CFO's Offices, legislators, and other elected officials.

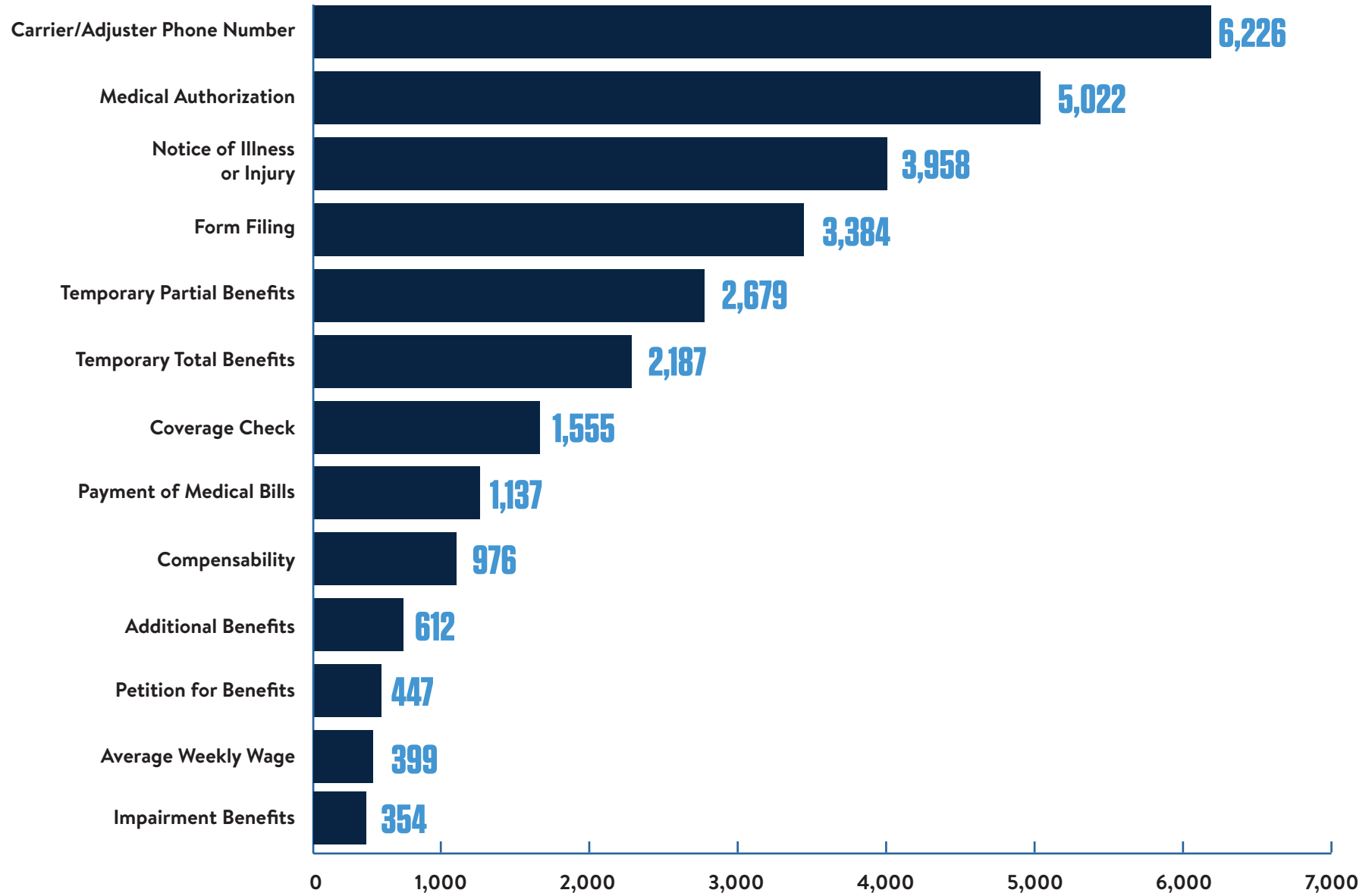
During Fiscal Year 2016-2017, the Ombudsman team resolved 94% of the 355 disputes received. The medical bill disputes totaled \$13,676 in previously unpaid medical bills. Additionally, the Ombudsman team prevented 3,665 potential disputes by educating injured workers with in-depth, case specific information.

Contact the Ombudsman Team at wceao@myfloridacfo.com with questions.

TOP TEN INTERVENTION ISSUES FISCAL YEAR 2016-2017

Issues	Received	Resolved	% Resolved
Average Weekly Wage	8	8	100%
Medical Authorization	163	157	96%
First Report of Injury	2	1	50%
Indemnity - TPD	49	41	84%
Indemnity - TTD	37	33	89%
Compensability	4	3	75%
Penalties & Interest	18	17	94%
Medical Mileage	37	37	100%
Medical Bills	31	30	97%
Impairment Income Benefits	6	6	100%
Total	355	333	94%

ISSUES ADDRESSED BY OMBUDSMAN AND HELPLINE TEAMS FISCAL YEAR 2016-2017



REEMPLOYMENT SERVICES TEAM

The Reemployment Services team educates injured workers about the availability of and coordinates the provision of services designed to assist them with returning to suitable gainful employment following an on-the-job injury. The team ensures that required documentation is received, interviews the injured employee and assesses their eligibility for services. The team provides services that include: vocational counseling, transferable skill analysis, resume writing/development, job search assistance, job seeking skills, vocational evaluations, and training and education (including GED). Injured employees submit screening requests for services through the Division's injured employee web portal. The team educates carriers about reemployment services requirements under Florida's Workers' Compensation Law.

During Fiscal Year 2016-2017, the Reemployment Services team received 258 requests for screenings through the Division's Injured Worker Web Portal. The team screened 253 injured workers for services and provided assistance to 94 injured workers who were eligible to return to suitable productive employment.

SUCCESS STORIES FROM FY 2016-2017

CASE 1

Following an injury to her knee, a 43-year-old injured employee requested assistance with returning to work. She had worked as a direct care worker for mentally disabled individuals and was injured when attempting to restrain a patient. She expressed interest in the medical field where she had previously initiated training to become an RN. She explained that she

had not been able to find employment and was concerned that she would not be able to continue her education without additional income. She was referred for placement assistance services where she was described as a highly motivated individual who secured two employment interviews almost immediately. She continued her efforts and accepted a job offer with the North East Florida Endocrine and Diabetes Association as a phlebotomist/clerk earning \$13 per hour. This position is considered a light duty job within her capabilities and interests. Her re-entry into the work force is an example of how the Reemployment Services program can help an injured worker, who has a positive attitude, a desire to learn and a commitment to succeed and achieve their goals.

CASE 2

While working as a forklift operator, the employee sustained injuries involving fractures to his right wrist and hand (he is right hand dominant) which required the implantation and removal of internal fixators. He also sustained a herniated disc with radiculopathy in his cervical spine. He worked light duty with the employer of injury for a short time, but was laid off when the position was dissolved. The injured employee applied for reemployment services prior to attaining maximum medical improvement (MMI), and maintained constant contact with the vocational rehabilitation consultant assigned to his case and provided regular updates about his progress.

Upon reaching MMI, it was determined his employer did not have work available. He was provided contracted placement services. With the vocational and adjustment counseling afforded him and his own diligence, perseverance and determination the injured worker was able to return to work in July 2017 as a warehouse manager earning \$69,000 a year.

Contact the Reemployment Services Team via email at WCRES@myfloridacfo.com. Injured workers may apply for reemployment services by completing the online application at: <https://wcres.fldfs.com/resportal/iweb/ielogin.aspx>.



BUREAU OF MONITORING & AUDIT

The Bureau of Monitoring and Audit (M&A) reviews claims handling practices to ensure the timely and accurate payment of benefits to injured workers, timely filing and payment of medical bills, and timely and accurate filing of required claims forms and other electronic data. M&A is responsible for ensuring that the practices of insurers and claims-handling entities meet the requirements of Chapter 440, Florida Statutes, and the Florida Administrative Code.

Insurer Regulatory Reports were issued to insurers selected for audits. The reports detail past performance of the insurer and compare it to the industry performance. Additionally, these reports contain data from other bureaus within the Division of Workers' Compensation. Fifty-seven Insurer Regulatory Reports were issued for Fiscal Year 2016-2017.

M&A's key areas are:

- Audit Section
- Permanent Total Disability Section
- Centralized Performance System Section (CPS)
- Medical Services Section



AUDIT SECTION

The Audit Section examines claims-handling practices pursuant to Sections 440.20, 440.185, and 440.525, Florida Statutes, and other rules of the Florida Administrative Code.

The examinations:

- Identify patterns and practices of unreasonable delays in claims-handling
- Ensure timely and accurate payment of benefits to injured workers
- Ensure timely and accurate filing of required forms and reports
- Enforce compliance with compensation orders of Judges of Compensation Claims

In Fiscal Year 2016-2017, The Audit Section:

- Conducted 57 on-site insurer audits
- Examined 6,350 insurer claim files
- Discovered 709 indemnity claim files with underpayments
- Secured \$270,124 of additional injured worker payments for late indemnity benefits, penalties, and interest

During Fiscal Year 2016-2017, the Audit Section reviewed 160 claim files for compliance with 440.13(3), Florida Statutes. Depending on the type and cost of treatment requested by an authorized treating physician, a carrier has three or ten days to respond to the request. Of all the requests, 95% were found to have timely responses and 98% of the requests that required a three-day response time were authorized. In addition, 98% of the requests that required a ten-day response time were authorized and 98% of all reviewed requests were authorized.

* Only First Reports of Injury or Illness on denied claims that were not processed through CPS were issued a penalty on audit.

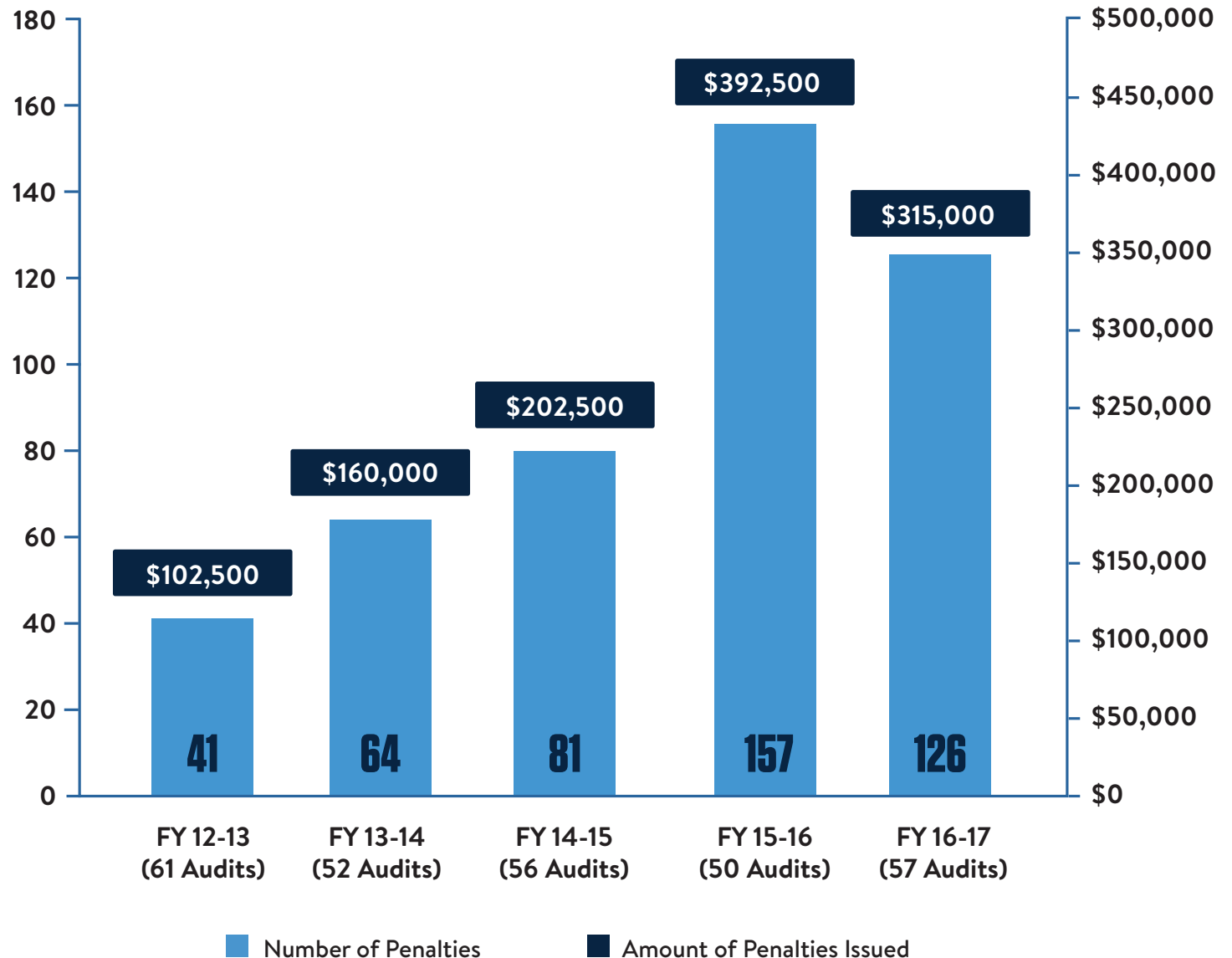
Fiscal Year	Number of Audits	Total Amount of Penalties Issued for Untimely Indemnity Payments	Total Amount of Penalties Issued for Untimely First Reports of Injury or Illness*	Total Amount of Benefits Recovered for Injured Workers Due to Discovered Underpayments
12-13	61	\$64,200	\$27,500	\$163,421
13-14	52	\$70,850	\$25,800	\$262,612
14-15	56	\$83,300	\$60,300	\$310,845
15-16	50	\$99,400	\$78,900	\$337,728
16-17	57	\$62,500	\$48,600	\$270,124

NON-WILLFUL PATTERN AND PRACTICE PENALTIES BY FISCAL YEAR*

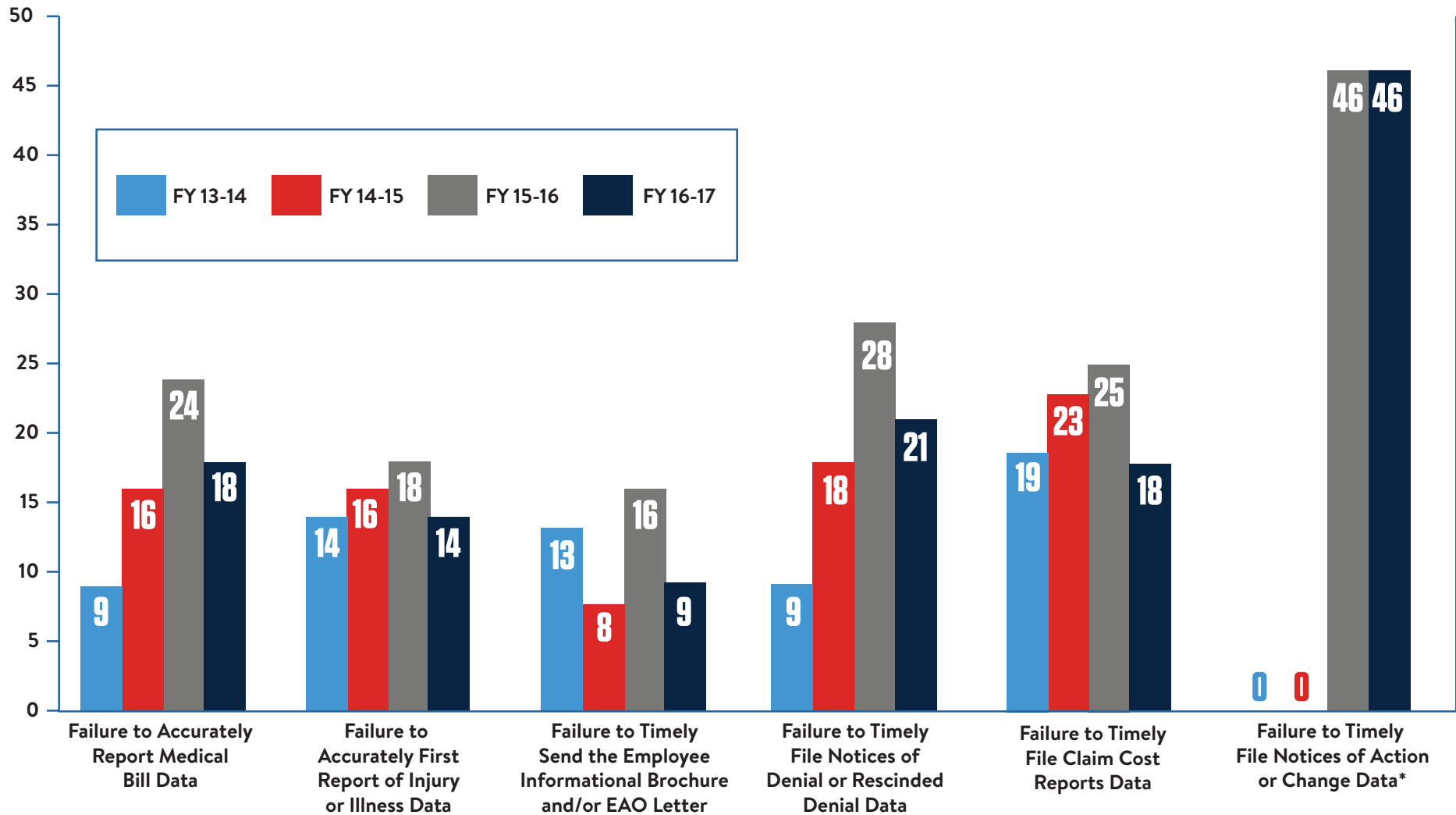
The table below illustrates non-willful pattern and practice penalties assessed during audits for various claim-handling violations. Each pattern and practice penalty is assessed at \$2,500.

Though there were more audits conducted, Fiscal Year 2016-2017 saw a decrease in assessed non-willful pattern and practice penalties over Fiscal Year 2015-2016. The five-year average of the number of non-willful pattern and practice penalties is 94, while the total five-year average of monetary penalties is \$234,500.

*Please note that Fiscal Year 2015-2016 was the first year M&A began assessing Pattern and Practice Penalties for Untimely Notices of Action or Change.

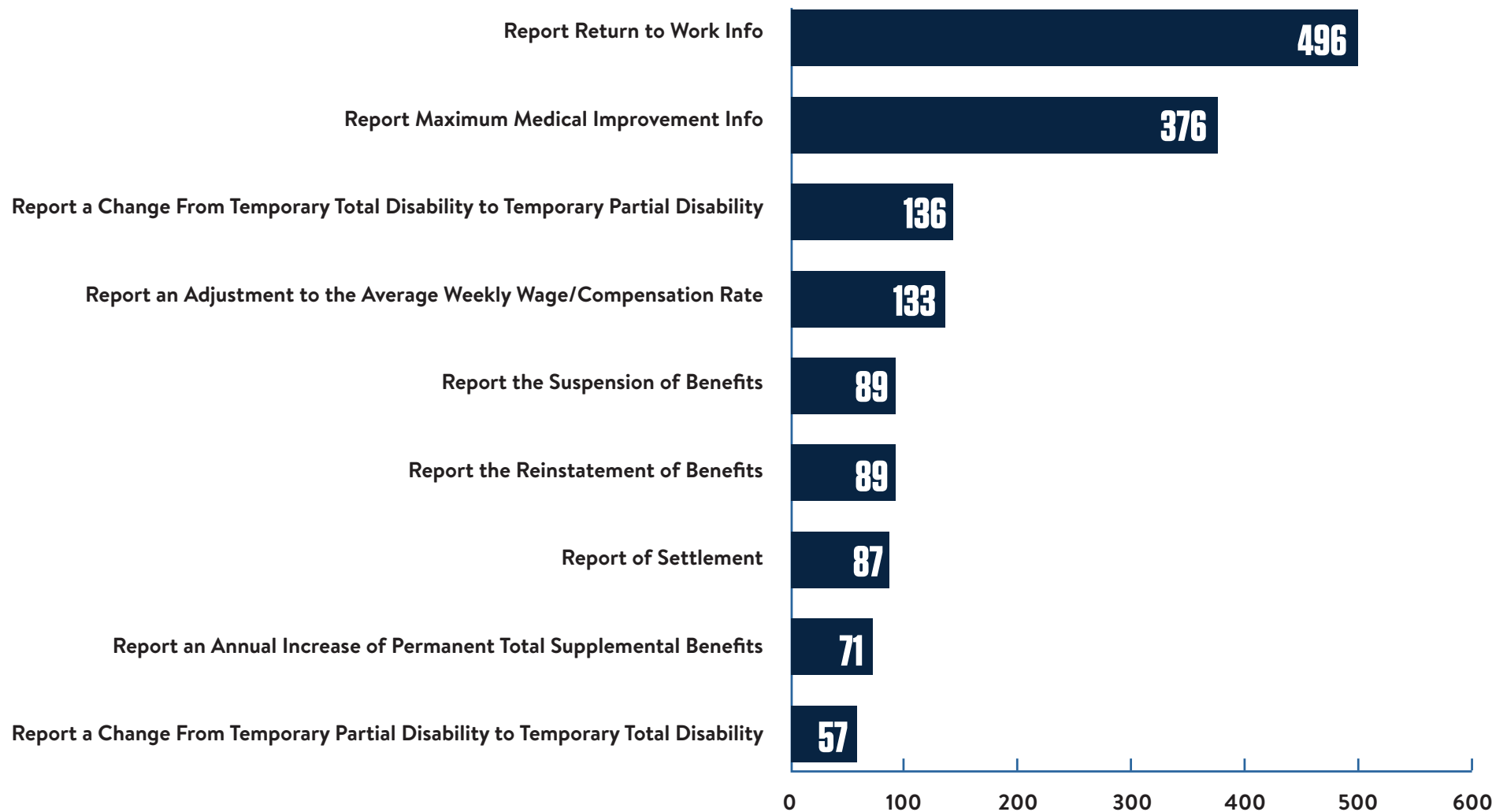


NON-WILLFUL PATTERN & PRACTICE PENALTIES BY CATEGORY AND FISCAL YEAR*



* Please note that penalty for Untimely Notices of Action or Change was not assessed until Fiscal Year 2015-2016.

MOST COMMON SITUATIONS RESULTING IN UNTIMELY NOTICE OF ACTION OR CHANGE



PERMANENT TOTAL DISABILITY SECTION

The Permanent Total Disability (PT) Section is responsible for paying permanent total supplemental benefits to eligible permanently and totally disabled workers who were injured prior to July 1, 1984.

The PT Section collaborates with other Division units to verify the accuracy of benefits owed to injured workers. These other units include the Special Disability Trust Fund, the Bureau of Employee Assistance and Ombudsman Office, and the Audit Section.

PT Section's Fiscal Year 2016-2017 at-a-glance:

- Reviewed 33,497 electronic claims transactions.
- Calculated, approved, and processed supplemental benefits for 899 claims totaling \$14,220,509.
- Recovered an additional \$172,518 in carrier underpaid claims for 291 claimants.



CENTRALIZED PERFORMANCE SYSTEM SECTION

The Centralized Performance System (CPS) provides essential insurer performance information and trends. CPS also enables the Division and its stakeholders to monitor performance and respond to penalty assessments for untimely filing and untimely payment in real-time.

Each month, this Section reviews insurer performance of timely payments of initial indemnity benefits and medical bills and monitors the timely filing of First Reports of Injury or Illness and medical bills.

Fiscal Year	# of First Reports Received and Reviewed by CPS	Fiscal Year	Timely Initial Benefit Payments	Timely Filing of First Reports
12-13	51,690	12-13	95%	95%
13-14	52,344	13-14	95%	95%
14-15	53,929	14-15	95%	93%
15-16	54,731	15-16	95%	93%
16-17	55,260	16-17	94%	94%

Fiscal Year	Number of Medical Bills Reviewed Through CPS	Timely Medical Bill Payments	Timely Medical Bill Filings
12-13	3,860,998	98%	96%
13-14	3,838,076	99%	98%
14-15	3,900,066	99%	99%
15-16	3,841,437	98%	98%
16-17	3,792,633	98%	98%

MEDICAL SERVICES SECTION

The Medical Services Section resolves medical reimbursement disputes between providers and payers, implements the Three Member Panel's uniform schedules for Maximum Reimbursement Allowances (MRAs), and establishes reimbursement rules and policy. In addition, the Medical Services Section investigates reports of provider violations and certifies Expert Medical Advisors (EMAs).

Medical Services is available for educational assistance and consultation on issues related to medical bill filing and reimbursements, and administrative support to the Three-Member Panel. The Three-Member Panel adopts

uniform schedules of maximum reimbursement allowances for physicians, hospitals, ambulatory surgical centers (ASCs), and other service providers.

Medical Services Section's Fiscal Year 2016-2017 at-a-glance:

- Received 5,298 Petitions for Resolution of Reimbursement Disputes (Petitions)
- Issued 2,155 determinations (46%) and 2,571 dismissals (54%)
- Processed 17 reports of provider violations
- Maintained the certification of 150 EMAs

PETITIONS SUBMITTED BY PROVIDER TYPE

Fiscal Year	12-13	13-14	14-15	15-16	16-17
Practitioner	7,805	8,412	7,323	3,601	4,072
ASC	737	665	331	400	348
Hospital Inpatient	350	266	453	341	238
Hospital Outpatient	1,303	1,069	1,550	1,184	640
Total	10,195	10,412	9,657	5,526	5,298

The Medical Services Section issues Dismissals or Determinations for all petitions received. In Fiscal Year 2016-2017, the Section issued 2,155 determinations (46%) and 2,571 dismissals (54%).

The Medical Services Section is responsible for certifying Expert Medical Advisors (EMAs). As of June 30, 2017, there are 150 certified EMAs.

PETITIONS CLOSED BY

Fiscal Year	12-13	13-14	14-15	15-16*	16-17
Dismissal	3,408	4,971	3,093	8,546	2,571
Determination	4,339	5,454	5,761	9,570	2,155
Total	7,747	10,425	8,854	18,116	4,726

PETITIONS DISMISSED BY PROVIDER TYPE

Fiscal Year	12-13	13-14	14-15	15-16*	16-17
Practitioner	2,605	4,432	2,374	7,636	2,067
ASC	216	173	104	175	123
Hospital Inpatient	140	96	181	174	110
Hospital Outpatient	448	270	432	548	270
Total	3,409	4,971	3,091	8,533	2,570

EMA CERTIFICATIONS

Fiscal Year	Number of EMAs
12-13	114
13-14	126
14-15	137
15-16	141
16-17	150

* In Fiscal Year 2015-2016, the Medical Service Section processed backlog petitions from previous years along with newly received Petitions. In Fiscal Year 2016-2017, the number of petitions received decreased significantly.

PETITION DETERMINATIONS BY PROVIDER TYPE

Fiscal Year	12-13	13-14	14-15	15-16	16-17
Practitioner	2,573	3,992	4,326	8,221	1,425
ASC	584	512	213	240	248
Hospital Inpatient	217	183	226	215	112
Hospital Outpatient	966	767	996	894	370
Total	4,340	5,454	5,761	9,570	2,155

DETERMINATIONS RESULTS

Fiscal Year	12-13	13-14	14-15	15-16	16-17
Under-Payment	3,871	4,699	5,279	8,189	1,706
Correct Payment	118	127	41	324	35
Over-Payment	96	97	44	72	11
Other Finding	10	16	10	28	10
No Additional Payment Due	244	515	387	957	393
Total	4,339	5,454	5,761	9,570	2,155

For the first time in seven years, the number of underpayments decreased during Fiscal Year 2016-2017. However, underpayments remain the top finding in determinations. An analysis of Fiscal Year 2016-2017 Determination data shows that the petitioner had been underpaid in 79% of all determinations issued for Fiscal Year 2016-2017.

DISMISSALS ISSUED BY REASON

Fiscal Year	12-13	13-14	14-15	15-16	16-17
Failure to Cure Deficiency	617	998	624	2,633	478
ASC	1,283	951	515	4,330	183
Petition Withdrawn	1,167	2,448	1,469	1,043	688
Other Reason	41	88	231	235	129
Lack of Jurisdiction	191	202	228	254	117
Total	3,299	4,687	3,067	8,495	1,595



STATUSES OF REPORTS OF PROVIDER VIOLATIONS

Status	FY 15-16	FY 16-17
Open	2	14
Closed	17	17

The Section also has the responsibility of investigating reports of provider violations. In Fiscal Year 2016-2017, the Medical Services Section processed 17 reports. Out of the 17 reports processed, one was an insurer referral, two were Third Party Administrator referrals, eight were referrals from injured workers, and six were from other entities. The table below illustrates the end of year case status for reports of provider violations processed during Fiscal Year 2016-2017. Open cases are carried over into the next fiscal year for further processing.

BUREAU OF FINANCIAL ACCOUNTABILITY

The Bureau of Financial Accountability contains the Division's largest monetary transaction programs and safeguards its assets by developing and implementing a broad range of financial accountability measures. The Bureau's programs work to implement and build upon their internal checks and balances while maintaining effective financial controls that focus on managing the daily functions of cash receipts, revenue, and warrant payments. Included in these controls are a series of comprehensive reconciliation processes that balance each cash receipt and cash payment process.

The Bureau of Financial Accountability has the following monetary programs:

- Assessments Section
- Financial Accountability Section
- Self-Insurance Section
- Special Disability Trust Fund Section



ASSESSMENTS SECTION

The Assessments Unit (AU) calculates, collects, reconciles, and audits the quarterly workers' compensation assessment payments made by insurance companies, assessable mutual insurance companies, self-insurance funds, and individual self-insurers. These assessments support the Workers' Compensation Administration Trust Fund (WCATF) and the Special Disability Trust Fund (SDTF), which in turn, funds Florida's workers' compensation system as can be seen [here](#). The AU also provides data used to determine the annual assessment rate for each of the WCATF and the SDTF. These assessment rates have decreased over the last six and eight years, respectively as shown in the assessment rate history seen [here](#).

The AU collected a total of \$122,735,006 in assessments for Fiscal Year 2016-2017. A Florida workers' compensation premium basis of over \$5.6 billion generated WCATF assessments of \$77,162,235, and the SDTF premium basis of more than \$4 billion resulted in assessments of \$45,572,771. Florida Statutes determine the premium basis for each trust fund. The WCATF assessment is based on collected premium, whereas the SDTF basis uses written premium. Also, the WCATF premium basis includes the deductible premium credits of insurers' policies.

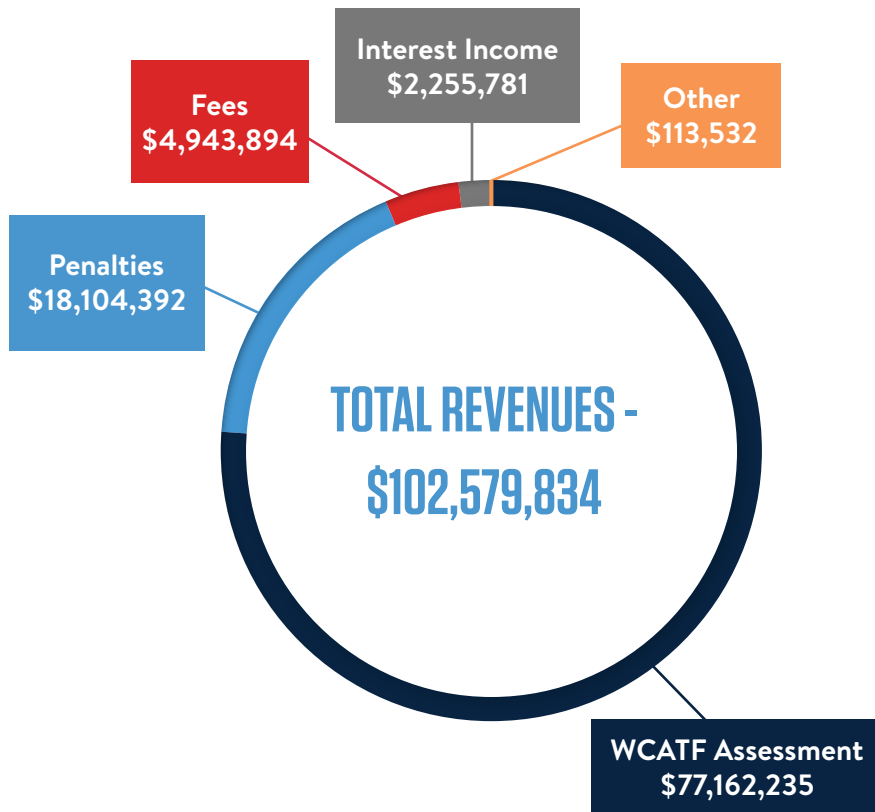
In Fiscal Year 2016-2017, the AU collected, audited, and reconciled the quarterly assessments of 364 insurance companies and self-insurance funds. Also, the AU calculated the imputed premium of 396 individual self-insured entities. The imputed premium is based on the self-insured's job classifications, payrolls, volume discounts, statutorily allowed credits, and experience modification factors. This imputed premium is then used to determine the self-insurance assessments for each trust fund.

The AU added an enhancement to the System for Tracking Assessments, Reconciliations, and Transactions (START) for individual self-insurers (ISIs). Self-insurers' can now access START to view past assessments and payments, current invoicing, and key dates for the current reporting period.

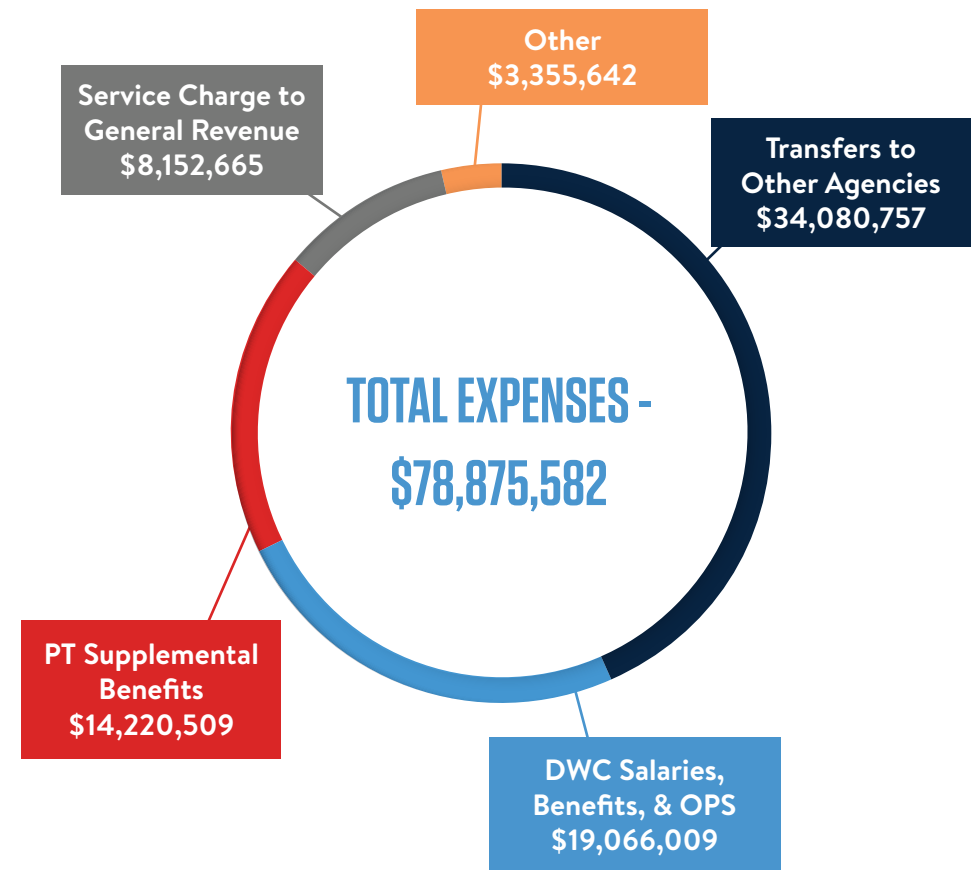


WORKERS' COMPENSATION ADMINISTRATION TRUST FUND (WCATF) FOR FISCAL YEAR 2016-2017

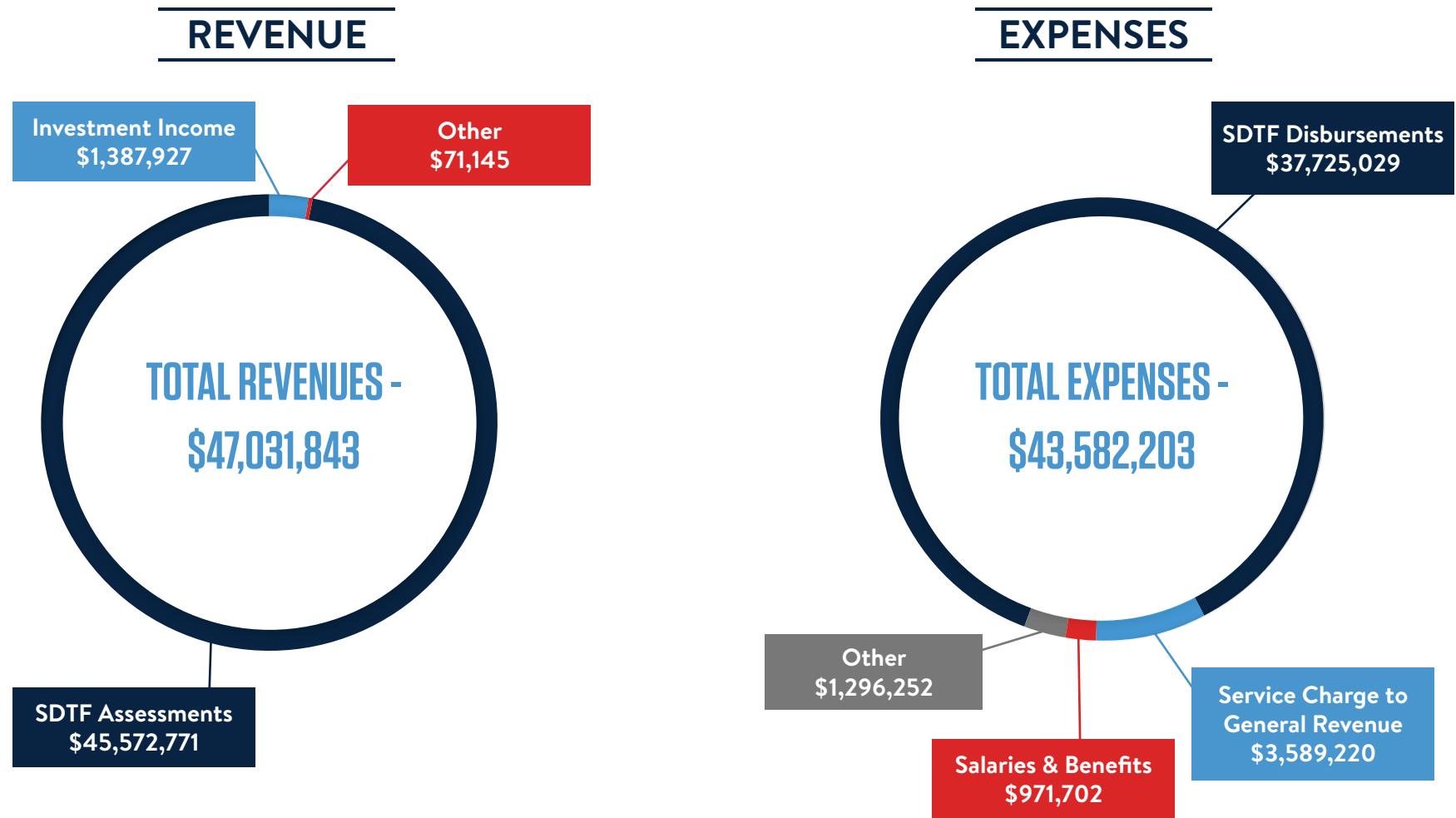
REVENUE



EXPENSES



SPECIAL DISABILITY TRUST FUND (SDTF) FISCAL YEAR 2016-2017



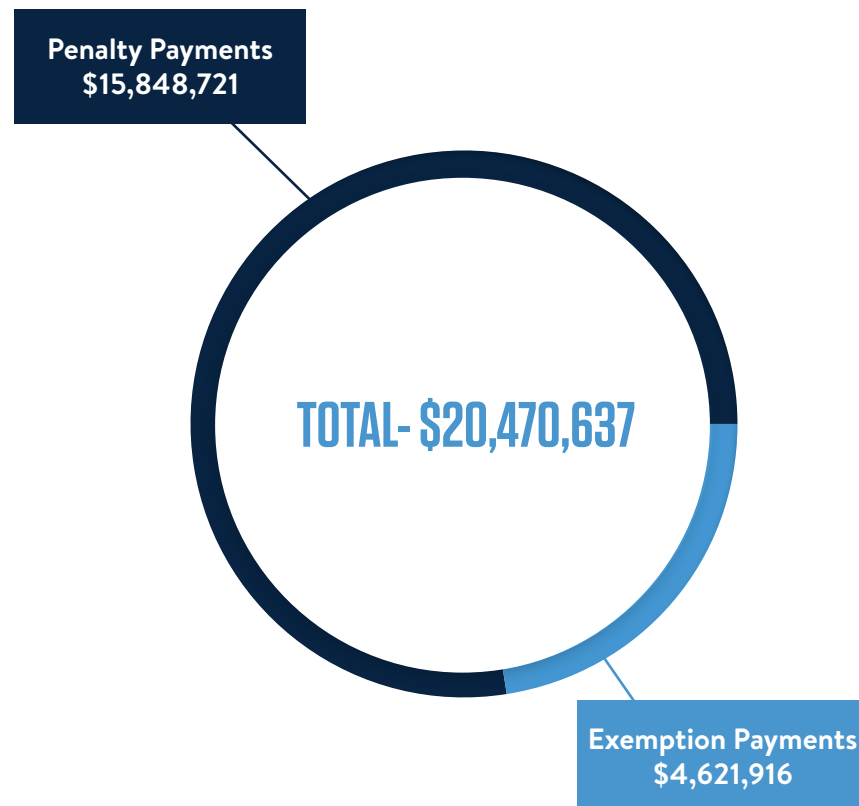
FINANCIAL ACCOUNTABILITY SECTION

The Financial Accountability Section (FAS) monitors the receipt of all payments related to Notices of Election to be Exempt and employer penalty payments. The Section oversees the process of reinstating Stop-Work Orders to employers who default on payments, refers delinquent accounts to the collection agency, and files liens against those employers.

If an employer violates the workers' compensation law and is assessed a penalty, the employer has the option of paying the penalty over a five year period. The employer must enter into a Penalty Payment Agreement (PPA) with FAS and agree to pay penalties monthly.

As of June 30, 2017, the FAS managed 3,928 PPA agreements. These PPA agreements have an outstanding balance owed totaling \$49,660,212.

FINANCIAL ACCOUNTABILITY SECTION REVENUES FISCAL YEAR 2016-2017



SELF-INSURANCE SECTION

The Self-Insurance Section is responsible for regulating employers who elect to individually self-insure for workers' compensation benefits. Self-insureds can be categorized as either governmental or private self-insured employers. The Section actively regulates governmental self-insured employers and contracts with the Florida Self-Insurers Guaranty Association (FSIGA) to co-regulate private self-insured employers. The laws, rules, and requirements are unique for each type of self-insured employer. As of June 30, 2017, there were 271 governmental self-insured employers and 125 private self-insured employers.

The Section monitors the essential flow of timely and accurate information from both governmental and private self-insureds. Depending on whether a self-insured is private or governmental, the entity reports information such as their NCCI classification codes, payrolls, loss data, outstanding liabilities reports, financial statements, and other documents. The Self-Insurance Section is directly involved in receiving and processing information from governmental self-insureds and FSIGA manages the private self-insured reporting process including new self-insurance applications. As required by law, FSIGA reviews information submitted by private self-insureds and makes recommendations to the Division with regards to new applicants, adjustments to security deposits, actuarial reports, revocation of self-insurance privileges, and timely reporting of various forms required by administrative rule.

The Section reviews information submitted by self-insurers for accuracy. If the Section's auditors determine errors or significant variances in the data reported, the section initiates an audit of the reported information and underlying support data. Calculating experience modifications and imputing premiums accurately are fundamental to collecting assessments for the Workers' Compensation Administration Trust Fund and the Special Disability Trust Fund.

Seventeen payroll/premium audits were conducted. Our audits showed errors in the classification of employees and incorrect reporting of payroll for overtime and executive officers. Of the 17 audits conducted, ten resulted in a decrease in premium totaling \$247,660 and seven resulted in an increase in premium totaling over \$2.9 million. During Fiscal Year 2016-2017, the Self-Insurance Section approved five applications for self-insurance and processed three notices of self-insurance terminations.

Qualified Servicing Entities (QSE) who provide workers' compensation claims services to either insurers or self-insurers must submit their application for review and approval. Once approved, QSEs must annually submit the QSE Annual Report (Form DFS-F2-SI-23) for re-certification by March 1st. During Fiscal Year 2016-2017, the Self-Insurance Section monitored 102 QSEs that provide claims services on behalf of self-insurers and insurers. There were two new QSEs approved during the fiscal year.

SELF-INSURERS

Fiscal Year	Self-Insurers
12-13	404
13-14	399
14-15	395
15-16	394
16-17	396

QUALIFIED SERVICING ENTITIES

Fiscal Year	Qualified Servicing Entities
12-13	97
13-14	95
14-15	97
15-16	100
16-17	102

SPECIAL DISABILITY TRUST FUND SECTION



The Special Disability Trust Fund (SDTF) was created by the Florida Legislature in 1955 to encourage employers to hire and reemploy individuals with a pre-existing permanent physical disability. If the employee experienced a new work related injury, subsequent to being hired, that resulted in a greater permanent impairment, the SDTF would reimburse the employer for excess costs. Legislative changes in 1997 resulted in the SDTF being prospectively abolished and statutorily prohibited from accepting any new claims for dates of accident after December 31, 1997. However, in accordance with Florida law, insurers and individual self-insured employers continue to be assessed to fund the run-off claims.

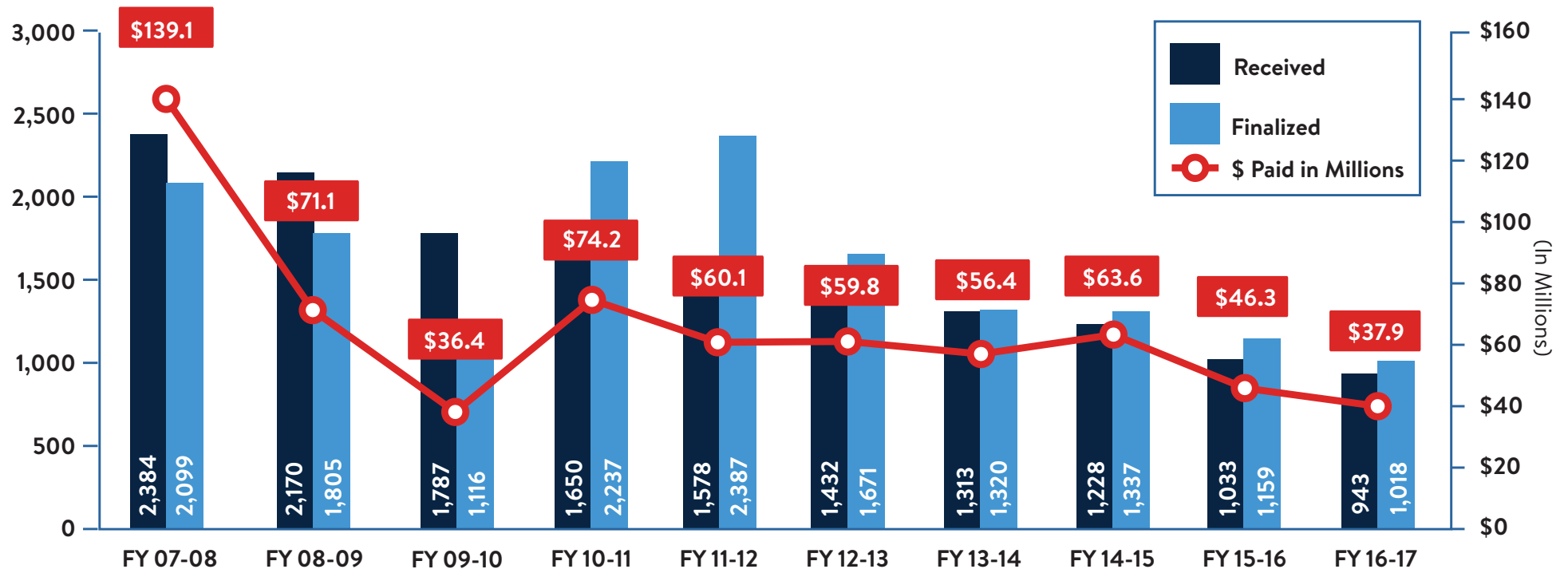
Presently, the SDTF has three primary business processes: (1) review all filed Proofs of Claim to determine if the claim meets eligibility requirements for reimbursement of benefits paid by the carrier and subsequently notify the carrier whether the claim has been accepted or denied; (2) determine eligibility for reimbursement by the Fund through auditing Reimbursement Requests and supporting documentation submitted by the carrier on claims that have been accepted; and (3) issue accurate reimbursements.

During Fiscal Year 2016-2017, the SDTF issued \$37.7 million in reimbursements to carriers and self-insured employers. Through the audit process, the SDTF identified and disallowed \$2.3 million in non-reimbursable benefits. This equates to six percent of the total dollars reimbursed. The SDTF averages 45 days to issue payment for approved reimbursement requests.

The SDTF Section is also responsible for the payment of Permanent Total Supplemental benefits, which the Division of Workers' Compensation is required to pay, on dates of accident prior to July 1, 1984. During Fiscal Year 2016-2017, the SDTF issued biweekly payments totaling \$14.2 million in Permanent Total Supplemental Disability payments.

Effective October 1st, 2016, employers/carriers are no longer required to submit a fee when filing a Notice or Proof of Claim. HB 613 removed the \$500 fee for filing a Proof of Claim and the \$250 fee for submitting a Notice of Claim. The inactive Preferred Worker Program was also discontinued.

REIMBURSEMENT REQUESTS



ESTIMATED LIABILITIES SPECIAL DISABILITY TRUST FUND

The Division is required to report annually on the status of the Special Disability Trust Fund's (SDTF) estimated liabilities. Subsection 440.49(8)(d), F.S., requires that the estimated liabilities must be determined by an independent actuary and must include both the undiscounted and discounted estimated liabilities. In the past five years, the SDTF's estimated undiscounted liabilities decreased by 56.5%.

FLORIDA SPECIAL DISABILITY TRUST FUND

Evaluation Date	Total Outstanding Unfunded Claim Liability	Discounted Unfunded Outstanding Claim Liability	(In Millions)
June 30, 2013	\$1,178	\$773	
June 30, 2014	\$973	\$654	
June 30, 2015	\$796	\$535	
June 30, 2016	\$675	\$454	
June 30, 2017	\$554	\$366	

MANAGING WCATF AND SDTF ASESSMENT RATE

The Division is responsible for calculating the annual assessment rates for both the Workers' Compensation Administration Trust Fund (WCATF) and the Special Disability Trust Fund (SDTF). By July 1st of each year, the Division notifies stakeholders of the next calendar year's assessment rate for each trust fund as can be seen by clicking the [Department Bulletin and Rate Order](#).

The SDTF assessment rate decreased for the eighth consecutive year in

2018 and the WCATF assessment rate decreased in each of the last six years.

The WCATF and SDTF's assessment rates are effective on January 1st of each calendar year for workers' compensation insurance companies and self-insurance funds writing business in this state; and commencing with the Anniversary Rating Dates after January 1st for each individually self-insured employer.

WCATF

Fiscal Year	Rate
2012	1.75%
2013	1.68%
2014	1.61%
2015	1.50%
2016	1.43%
2017	1.25%
2018	0.97%

SDTF

Fiscal Year	Rate
2012	1.44%
2013	1.43%
2014	1.17%
2015	1.17%
2016	1.16%
2017	1.09%
2018	0.91%

BUREAU OF COMPLIANCE

The Bureau of Compliance (BOC) is tasked with the responsibility of ensuring employers comply with statutory obligations in obtaining workers' compensation insurance coverage for employees. To accomplish this mission, BOC conducts investigations and issues enforcement actions in accordance with Section 440.107, Florida Statutes; processes workers' compensation exemptions to qualified applicants in accordance with Section 440.05, Florida Statutes; and provides educational outreach and training to employers and insurance industry representatives on workers' compensation coverage laws.

During Fiscal Year 2016-2017, BOC processed 98% of online exemption applications within five days of receipt, utilized data from various agencies to identify and successfully find non-compliant employers, investigated 1,708 public referrals alleging non-compliance and conducted 15 seminars and 24 webinars on workers' compensation and workplace safety for over 286 employers statewide.

INVESTIGATIONS CONDUCTED

FY 12-13

34,150

FY 13-14

35,294

FY 14-15

34,282

FY 15-16

33,681

FY 16-17

31,764

Investigators conduct physical, on-site inspections of an employer's job-site or business location to determine compliance with workers' compensation coverage requirements. The total number of investigations conducted annually generally held steady during the last five fiscal years.

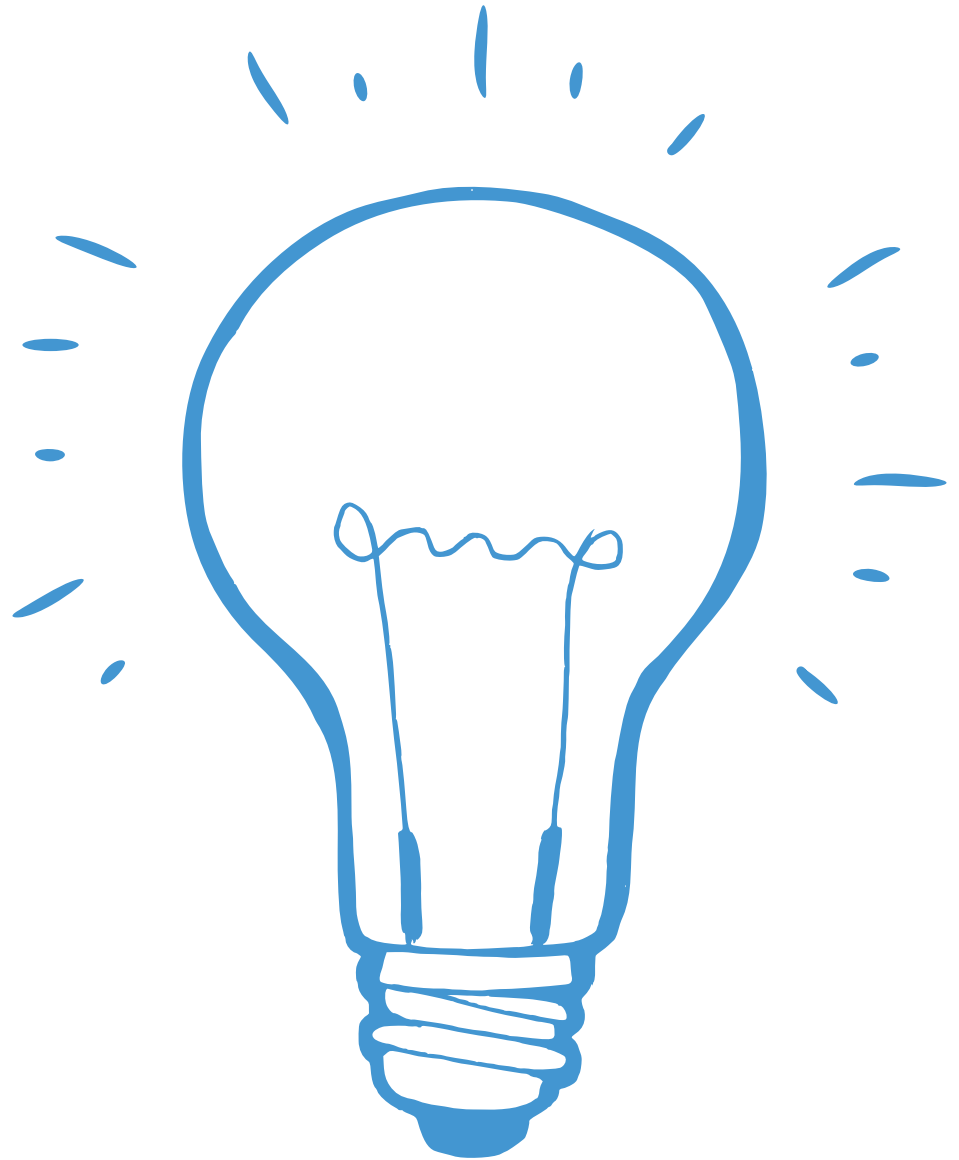
INITIATIVES

Several key initiatives are allowing the Division to focus its investigative efforts on identifying non-compliant employers to maximize its resources for the benefit of the citizens of this state.

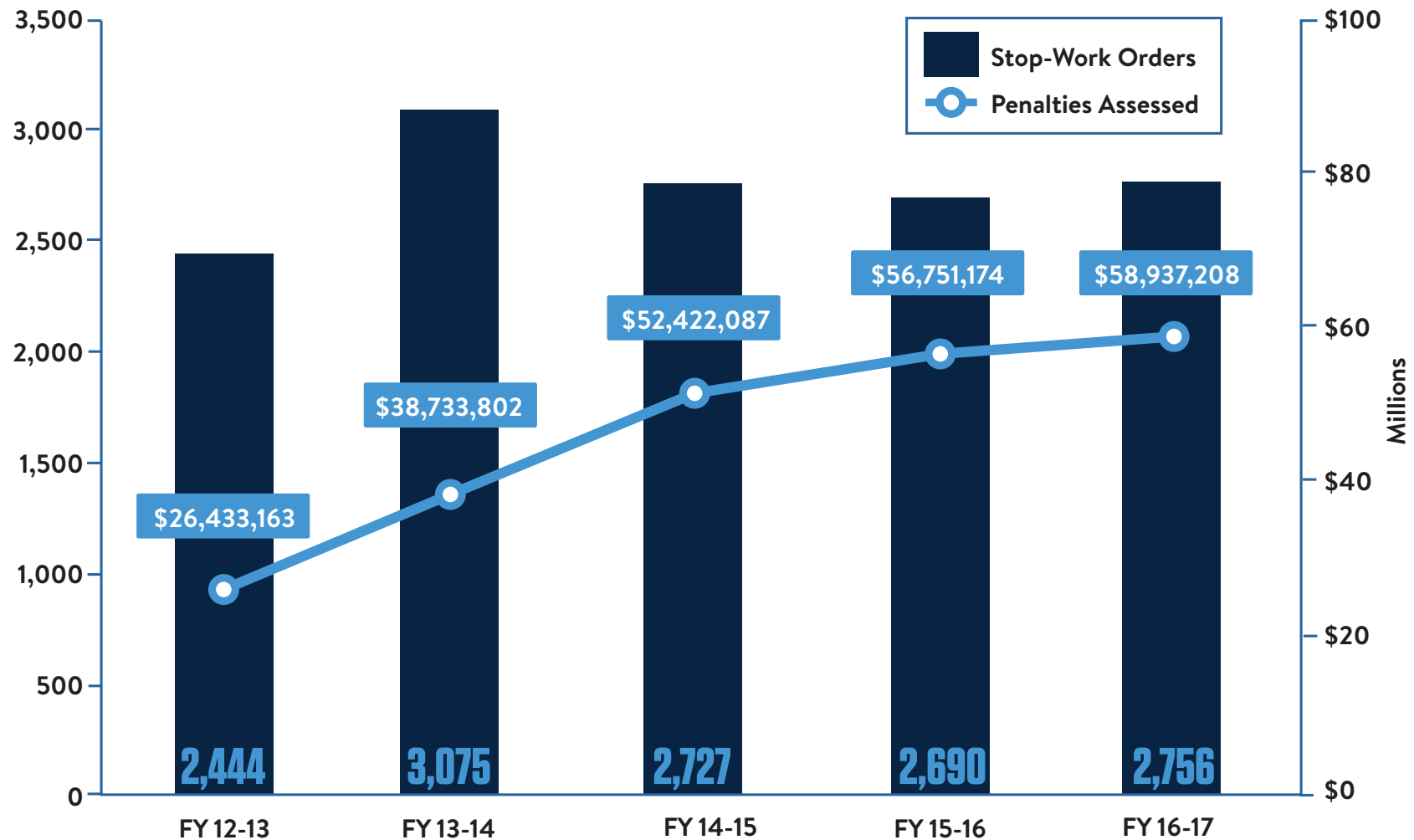
The Division utilizes several available data sources to identify non-compliant employers. This effort includes the use of information and data from other state agencies. For example, by utilizing payroll and employee information provided from the Department of Revenue to cross match with the Division's policy data, the Division is able to create lists of possibly non-compliant employers. The Division also reviews policy cancellation information to identify employers whose policies have been cancelled and no subsequent coverage has been obtained. Lastly, the Division acquires county and city permitting information to identify jobsites where construction activity may be occurring.

Employers identified as potentially non-compliant, are notified of the workers' compensation requirements and the penalties for failure to secure workers' compensation. Those employers that do not secure coverage following the notification are referred for investigation. The Division conducted three state-wide construction sweeps, which resulted in 1,886 construction site visits, 2,868 employer investigations, and 216 enforcement actions.

Additionally, the Division developed an on-line tool which allows employers to enter their primary class code or business description to find insurance companies that are currently providing workers' compensation coverage. However, the results do not guarantee an insurance company will provide coverage to the employer since each insurance company has its own underwriting criteria.

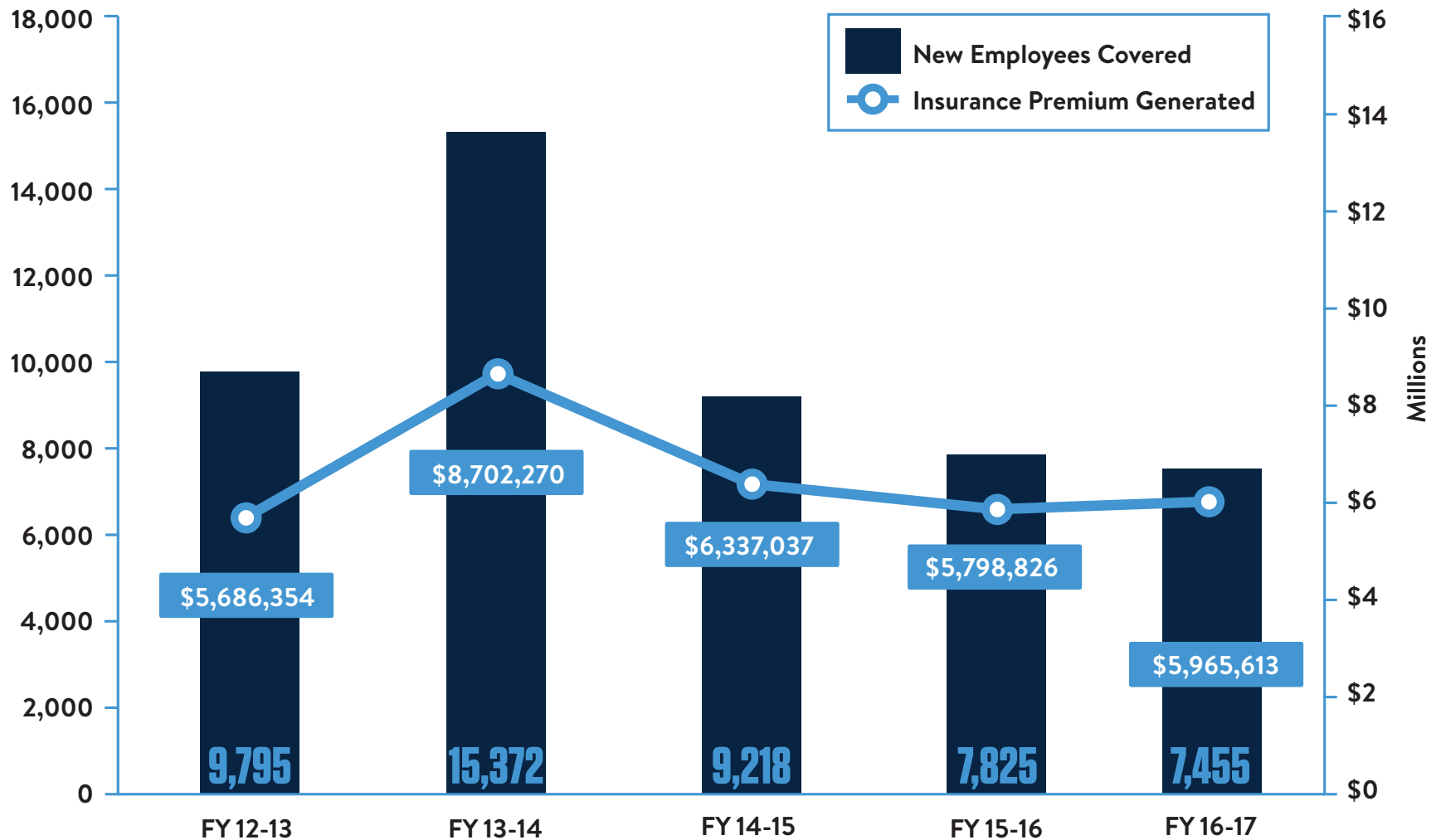


STOP-WORK ORDERS ISSUED & PENALTIES ASSESSED

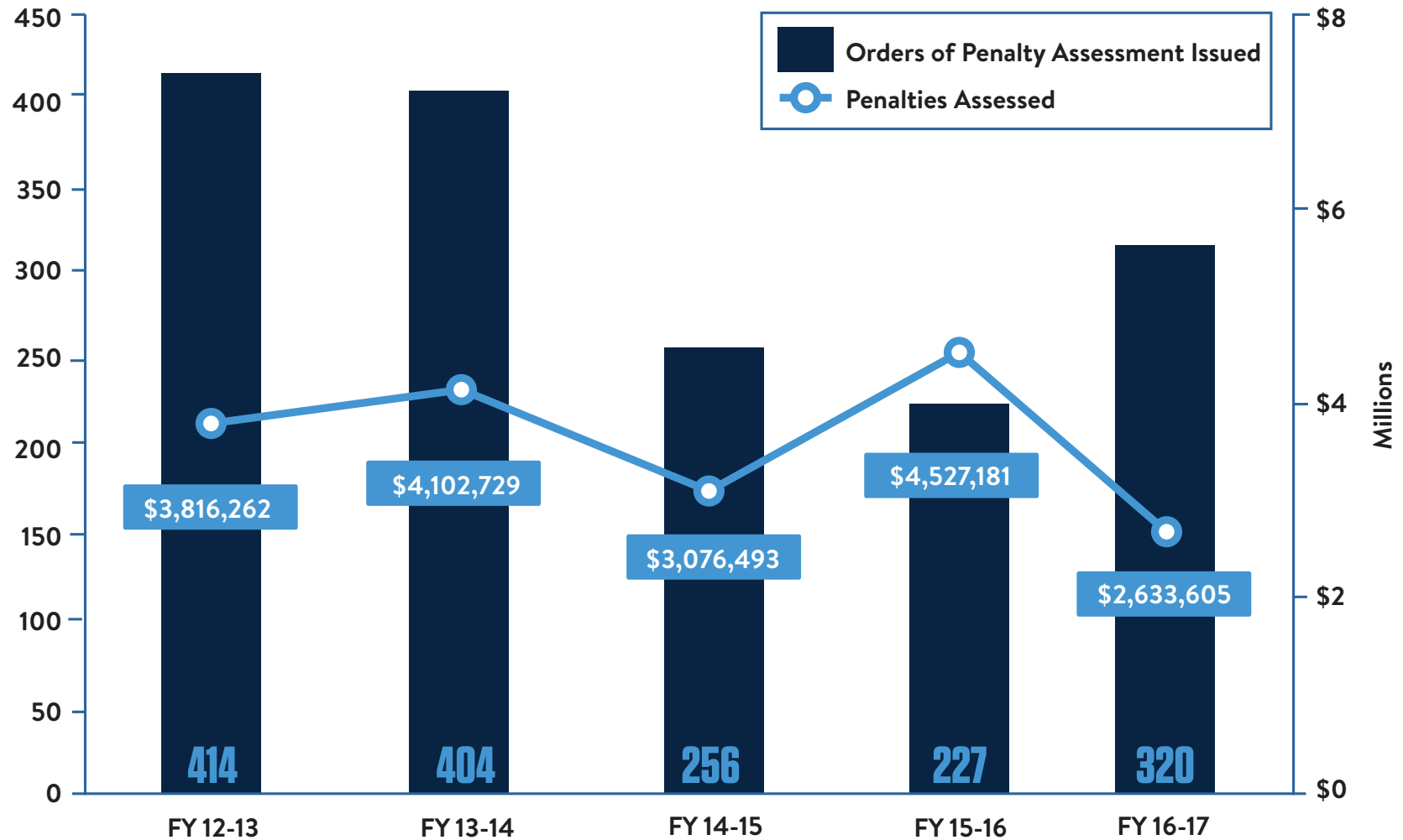


The assessed penalties have increased due to employers lacking payroll records, or making undocumented cash payments to employees which results in the Division imputing employers' payrolls pursuant to section 440.107(7)(a), F.S.

NEW EMPLOYEES COVERED AND INSURANCE PREMIUM GENERATED BASED UPON STOP-WORK ORDERS ISSUED

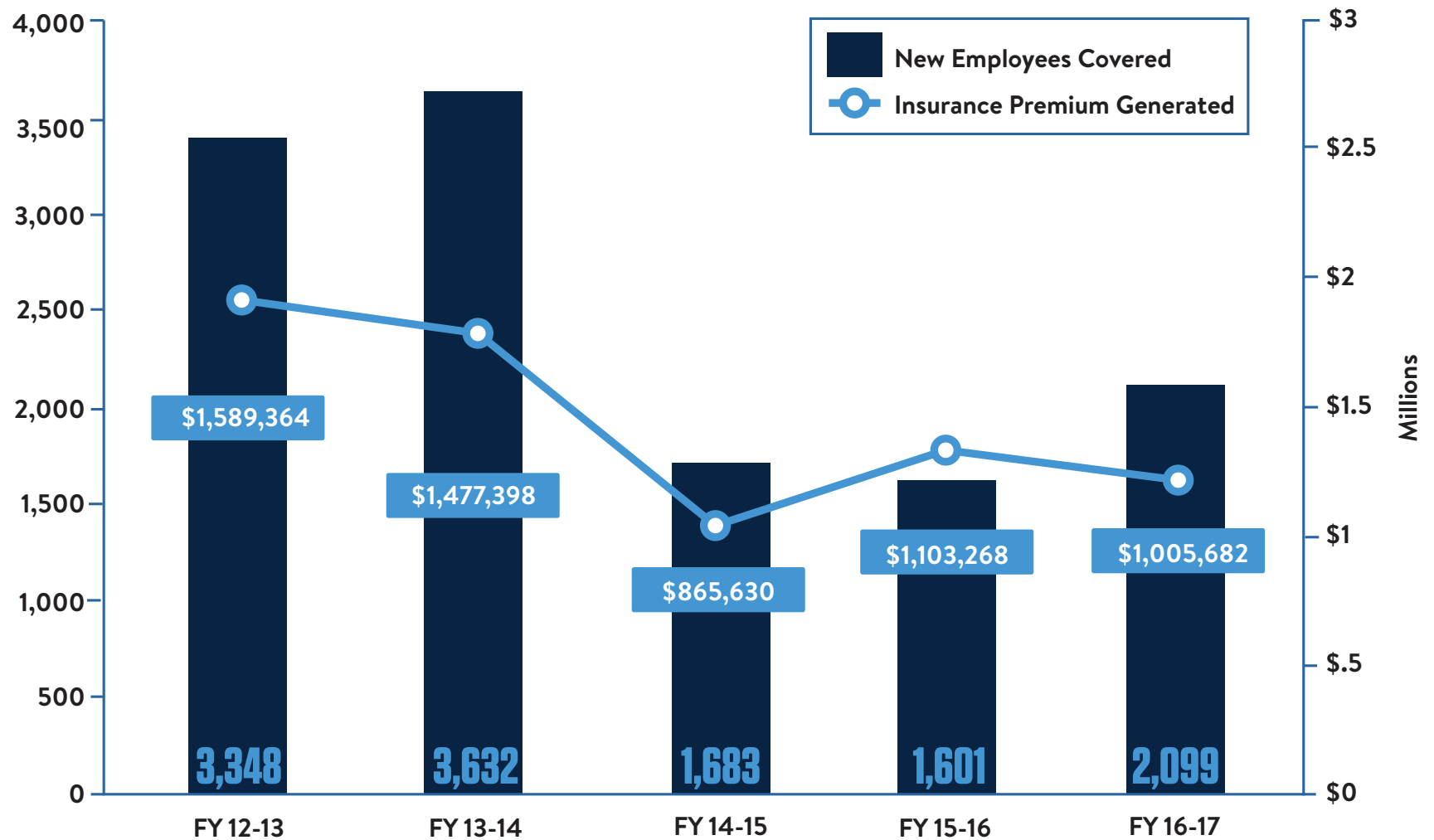


ORDERS OF PENALTY ASSESSMENT & PENALTIES ASSESSED



Orders of Penalty Assessment are issued when the employer obtains coverage as a result of the initiation of an investigation which negates the issuance of a Stop-Work Order.

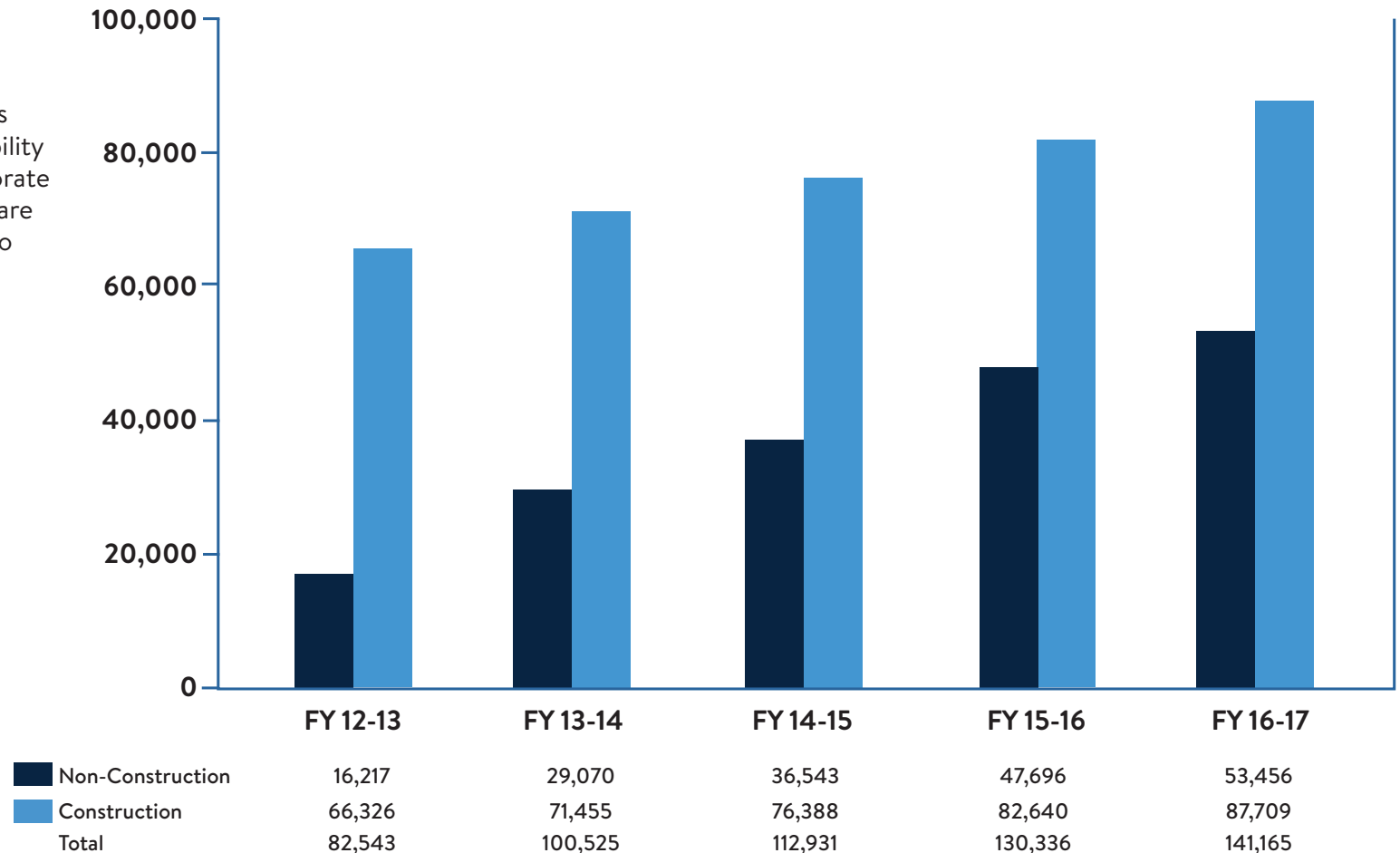
NEW EMPLOYEES COVERED AND INSURANCE PREMIUM GENERATED BASED UPON ORDERS OF PENALTY ASSESSMENT



EXEMPTION APPLICATIONS PROCESSED

The increase in construction industry exemptions is reflective of the general improvement in Florida's economy and in the construction industry in particular.

The rise in non-construction exemptions is due to the statutory change that defines non-construction limited liability company members as "corporate officers". Corporate officers are employees, but are allowed to exempt themselves.



BUREAU OF DATA QUALITY & COLLECTION

The Bureau of Data Quality and Collection's (DQC) mission is to efficiently and effectively collect and store data in order to provide accurate, meaningful, timely, and readily accessible information to all stakeholders within the workers' compensation system. DQC is responsible for facilitating data distribution to other Division bureaus and managing high volumes of data from claims-handling entities and vendors for Claims, Medical, and Proof of Coverage data as required by Chapter 440, F.S., and various corresponding Florida administrative rules.

Each electronic transaction received by DQC undergoes extensive program edits to ensure data quality, reliability, and high degree of accuracy before being loaded to the appropriate Division databases. DQC is responsible for developing, improving, and maintaining business processes that come in line with other Division systems to facilitate the monitoring of injured worker benefits, employer coverage and compliance, and health care provider payments.

PROOF OF COVERAGE EDI DATA COLLECTION

With the exception of self-insurers, every insurer is required by Rule 69L-56, Florida Administrative Code, to file policy information with the Division for Certificates of Insurance, Notices of Reinstatement, Endorsements, and Cancellations. Proof of Coverage (POC) data is collected and inspected 100% via Electronic Data Interchange (EDI). EDI is the structured transmission of data between organizations by electronic means. It is used to transfer electronic documents or business data between two computer systems, i.e. from one trading partner to another trading partner, without human intervention.

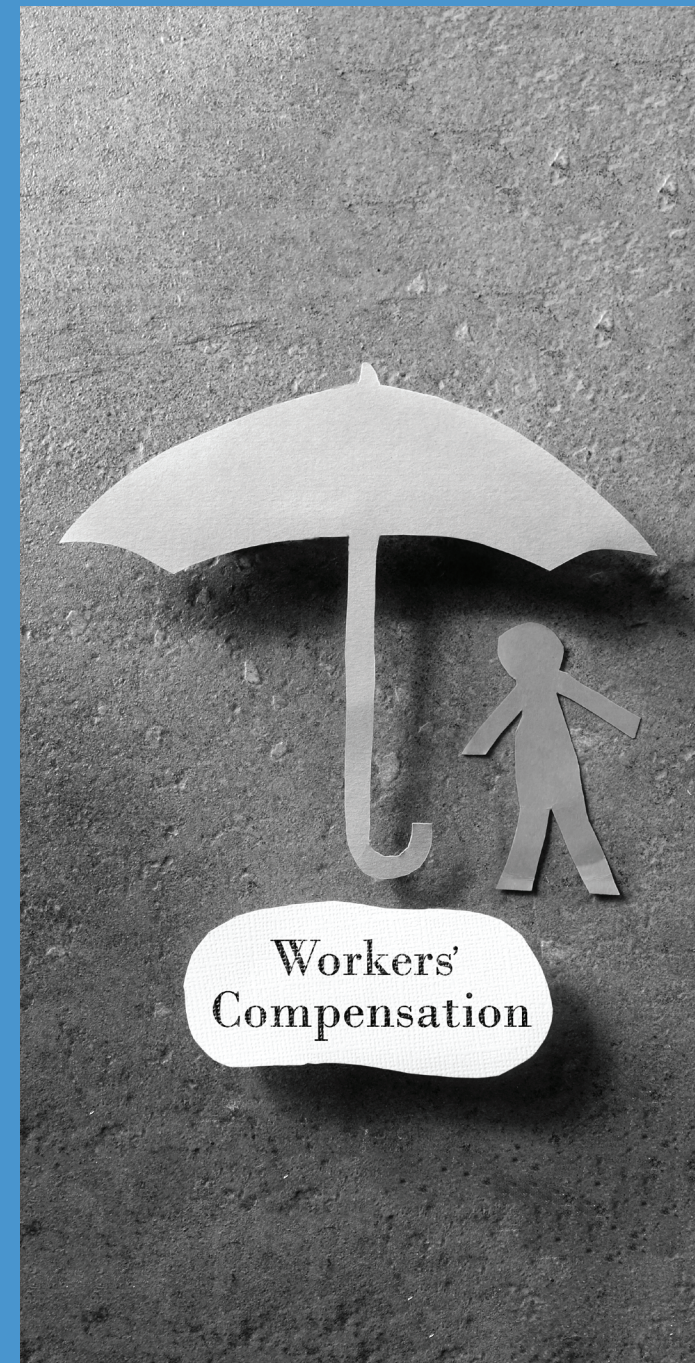
POC EDI data is used to populate several online Division databases including: "Proof of Coverage" database, which provides information that can be used to verify if an employer currently has workers' compensation coverage

in force; to view a prior policy period; or to validate if a person has a workers' compensation exemption. The "Construction Policy Tracking" database provides the policy status of every subcontractor a contractor has chosen to track. Features include the electronic notification of any changes to a subcontractor's coverage status. In Fiscal Year 2016-2017, 369 registrants signed up to use the Construction Policy Tracking database bringing the total registrants to 10,406. As of June 30, 2017, the number of policies being tracked is 46,976. POC data is also used for the newly developed Coverage Assistance Program. Employers and agents can use this on-line tool to see what carriers are currently writing insurance coverage for certain types of businesses.

Questions or assistance regarding the electronic reporting of Proof of Coverage information can be sent to poc.edi@myfloridacfo.com.

PROOF OF COVERAGE ACCEPTED FILINGS

Fiscal Year	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17
New Policies	267,264	271,617	281,190	305,712	314,613
Binders	1,475	1,769	2,118	3,489	3,251
Reinstatements	78,089	83,449	84,765	86,558	87,348
Endorsements	246,040	389,596	415,389	363,471	320,326
Cancellations	150,321	156,300	160,193	158,659	158,547
Totals	743,189	902,731	943,655	917,889	884,085



MEDICAL EDI DATA COLLECTION

Pursuant to Rule 69L-7.710, F.A.C., all required medical billing (hospital, healthcare provider, ambulatory surgical center, dental, and pharmacy) forms must be submitted to the Division in accordance with the date-appropriate Florida Medical EDI Implementation Guide (MEIG). Some of the reasons for which the Division collects this information is to identify over-utilization, adoption of fee schedules, and to evaluate carrier performance.

To assist with the electronic filing of medical bills, the Medical Data Management System (MDMS) website was developed. Small insurers with a low volume of workers' compensation medical bills may utilize the

MDMS website to comply with the mandate for electronic submission of the DFS-F5-DWC-9, DFS-F5-DWC-10, DFS-F5-DWC-11, and DFS-F5-DWC-90 medical bills (no more than 200 per month including all four form types). Monthly report cards are generated that identify the primary reasons for initial medical bill rejection. The report cards also allow Medical EDI submitters to track their rejection rates and compare their rates with that of the industry. For information on setting up an MDMS web account or assistance regarding Medical EDI reporting, email the Medical Data Management Team at MedicalDataManagementTeam@myfloridacfo.com.

ELECTRONIC MEDICAL BILLS ACCEPTED

Fiscal Year	Bills Accepted
FY 12-13	3,929,214
FY 13-14	3,969,831
FY 14-15	4,332,002
FY 15-16	4,111,714
FY 16-17	4,169,569

CLAIMS EDI DATA COLLECTION

Claims EDI data is collected pursuant to Rule 69L-56, F.A.C., and is used to populate the Division's primary accident databases. As of Fiscal Year 2016-2017, claims data is submitted 99.99% via EDI. Some reasons the Division collects this data are to make sure that injured employees are being paid accurately, to inform and educate employers, for informal dispute resolution, as well as for cost analysis.

In an effort to reduce the overall error rejection percentages of claims EDI filings, the Claims EDI Team took a more active approach by providing Triage Assistance. Triage Assistance consists of action plans with timelines, teleconferences, on-site visits, and webinars. Personalized sessions are available upon request. During Fiscal Year 2016-2017, the Team conducted over 100 Training/Triage Sessions resulting in a 10% increase to the acceptance rate of the industry. Sessions consist of EDI Webinars and/or Triage sessions for individual trading partners covering:

- Claims EDI Warehouse Demonstration Insurer Access View
- Reporting Return to Work Information MTC S1 (Suspension-RTW) vs. FROI or SROI 02 (Change)
- Reinstatement of Benefits (MTC RB and MTC ER)
- Top Errors Affecting Claim Administrators and How to Correct Them
- Proper Reporting of Claim Type 'L' (Medical Only to Lost-Time)

For questions or assistance regarding Claims EDI data, contact the Claims EDI Team by email at claims.edi@myfloridacfo.com.

ACCEPTED CLAIMS FORMS

Fiscal Year	EDI	Paper	Total
12-13	474,666	422	475,088
13-14	469,556	74	469,630
14-15	474,942	140	475,082
15-16	482,815	106	482,921
16-17	489,318	87	489,405

RECORDS MANAGEMENT SECTION

Chapter 119, F.S., Florida's Public Records Law and Civil Rules of Procedure require the release of certain information for public inspection upon request. Upon receipt of a request, documents must be identified, located, printed, assembled from multiple mediums, inspected for confidentiality, and redacted. Each request undergoes multiple quality reviews prior to the release of records.

During Fiscal Year 2016-2017, DQC processed 4,720 subpoenas and 2,473 public records requests. Subpoenas were invoiced in less than two business days of receipt on average. Public records requests were invoiced, or documents provided if no charge, on average in less than two business days of receipt. Documents are redacted and released upon receipt of payment as authorized by Section 119.07, Florida Statutes, if applicable. Public Record requests may be submitted via email to the Division at DWCPublicRecordsRequest@myfloridacfo.com.

RECORDS PRIVACY REQUESTS

Some workers' compensation accident information is releasable upon request under Florida's public records law. Section 119.071(4)(d), Florida Statutes provides exemption of personal information for certain occupational classes (e.g., law enforcement personnel, correctional officers, firefighters, judges, etc.). The employee or employer may request an agency exempt personal information (i.e., home address, telephone number, and date of birth) from public records release if a person's occupation qualifies. In Fiscal Year 2016-2017, the Records Management Section processed 1,324 requests for workers' compensation profiles to be exempt from public records inspection under Section 119.071(4)(d), Florida Statutes. House Bill 1107, effective July 1, 2017, made the personal identifying information of an injured or deceased employee which is contained in reports, notices, records, or supporting documentation held by the Department of Financial Services pursuant to chapter 440, Florida Statutes, confidential or exempt. For a list of qualifying occupations and educational information, visit <http://www.myfloridacfo.com/division/WC/employee/records.htm>. Records privacy requests are processed in two or less business days on average and a follow-up email process allows notification to the requestor of the status of the exemption request. Questions regarding records privacy can be emailed to DWCRrecordsPrivacy@myfloridacfo.com.

MEDICAL DATA

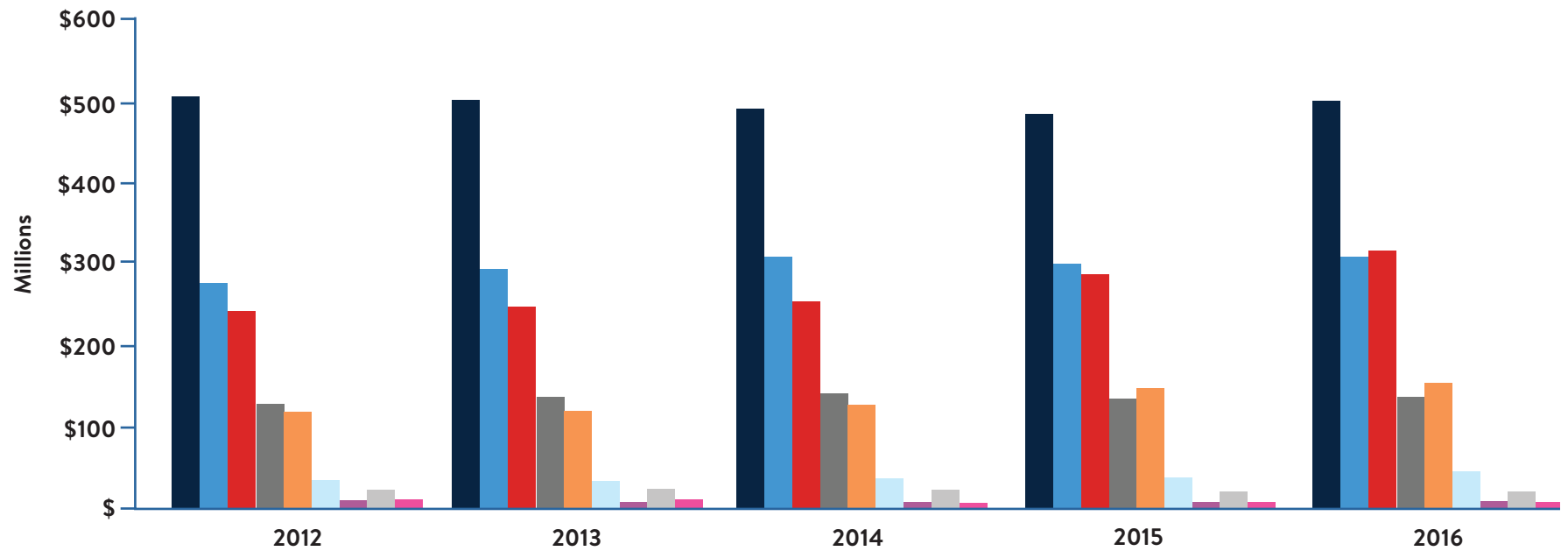
The Bureau of Data Quality and Collection receives over four million medical bill records each year via electronic submission, which is the largest volume of data electronically received by the Division. Reporting of medical data begins with a workplace injury that required medical care from a physician, hospital, ambulatory surgical center (ASC), pharmacy, or other health care provider. The providers then submit medical bills to the applicable claim administrator for services rendered using the applicable medical claim forms (or electronic equivalents). The claim administrator or contracted medical bill review vendor adjudicates the medical bill. Medical bill reimbursement amounts may be based on prices negotiated by the claim administrator or the maximum reimbursement allowance approved by the Three-Member Panel and contained in reimbursement manuals adopted by the Division of Workers' Compensation. Prescription reimbursement amounts are based upon the agreed-upon contract price between a provider and the claims administrator or the statutory formula contained in section 440.13(12) (c), Florida Statutes.

Adjudication results and information about the medical services provided are transmitted via proprietary electronic formats to the Division, as required by administrative rule. When medical bills are received, the Division screens them by applying hundreds of edits which reject bills that do not meet Division requirements. The submitter is notified immediately if the submitted bill failed the edits and was subsequently rejected. Rejected medical bills are not considered timely filed until corrected, re-submitted, and accepted by the Division.

The following charts pertain to both lost-time and medical only claims. Data aggregation is by calendar year of the date of service, rather than injury year. The data for each year is restricted to medical bills received and accepted by the Division no later than six months after the end of that year. Payment totals may differ in comparison to previous Division yearly reports due to payment disputes being resolved or adjustments to previously submitted medical bill data.

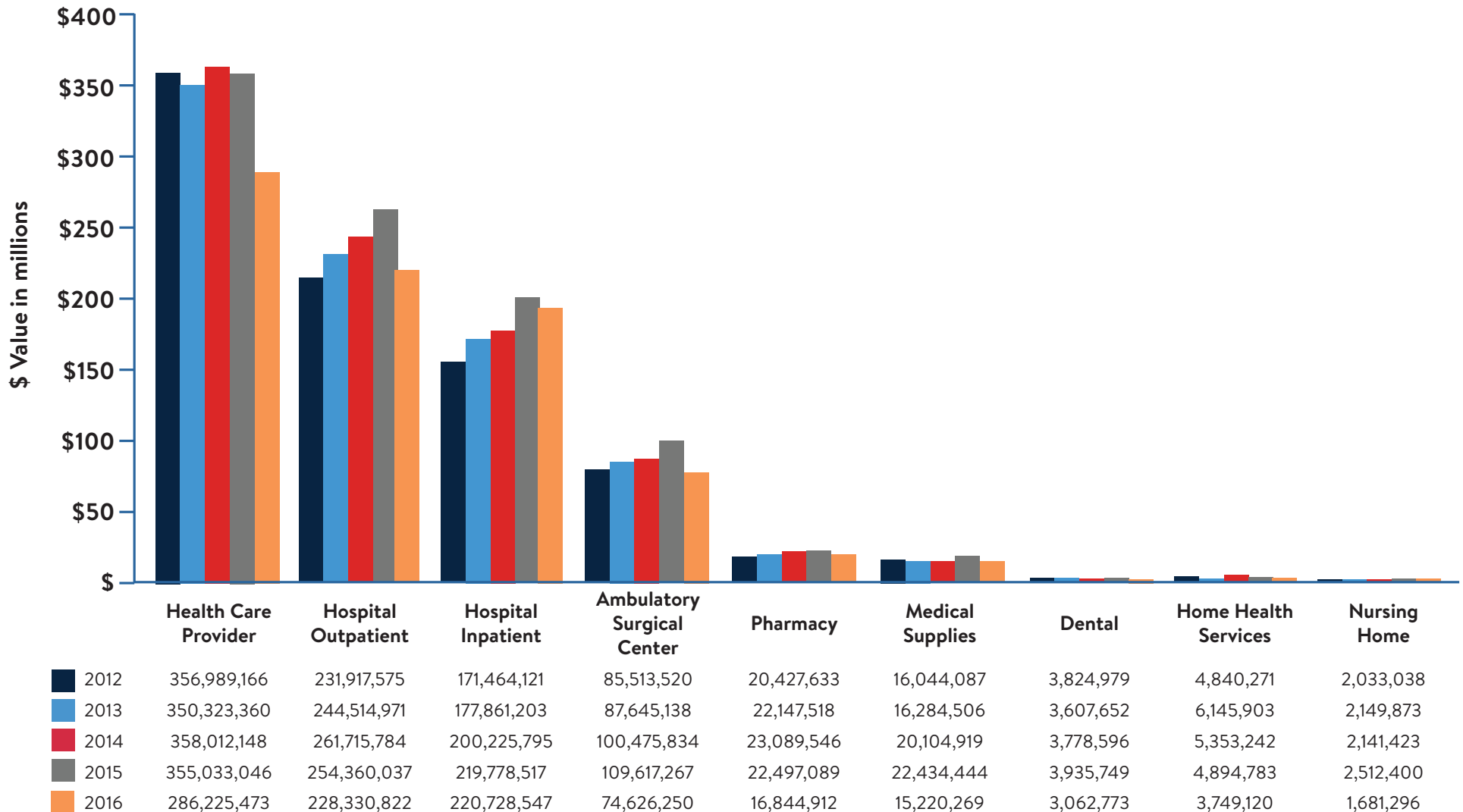


MEDICAL PAYMENT DISTRIBUTION & AMOUNT



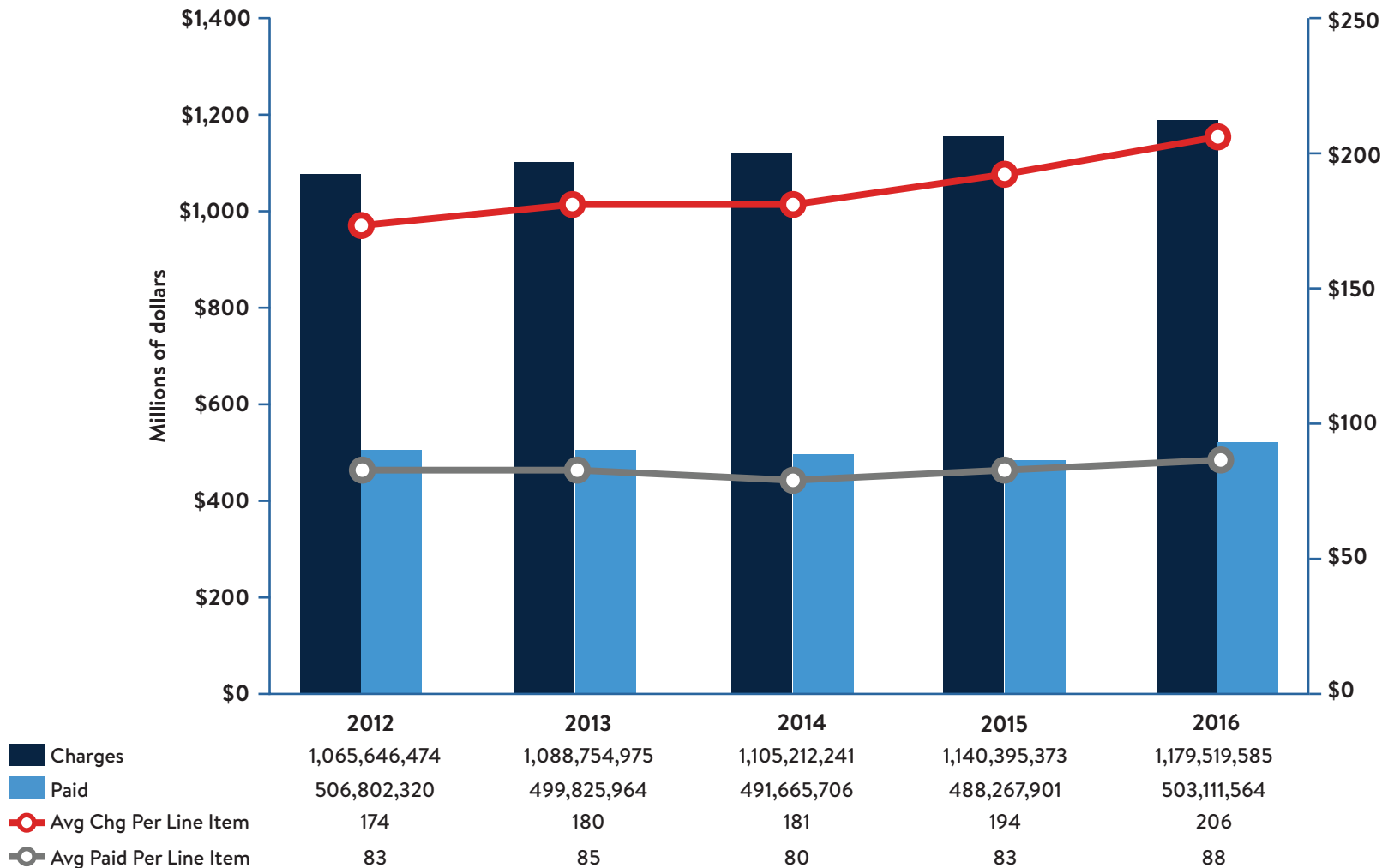
Health Care Provider	507	500	492	488	503
Hospital Outpatient	277	296	309	302	312
Hospital Inpatient	243	247	252	284	315
Pharmacy	129	135	140	134	133
Ambulatory Surgical Center	118	118	126	144	153
Medical Supplies	32	30	34	37	40
Dental	5	5	5	5	5
Home Health Services	22	22	23	22	20
Nursing Home	7	8	6	4	4

TOTAL MEDICAL PAID* FOR SERVICES PROVIDED WITHIN 12 MONTHS OF INJURY



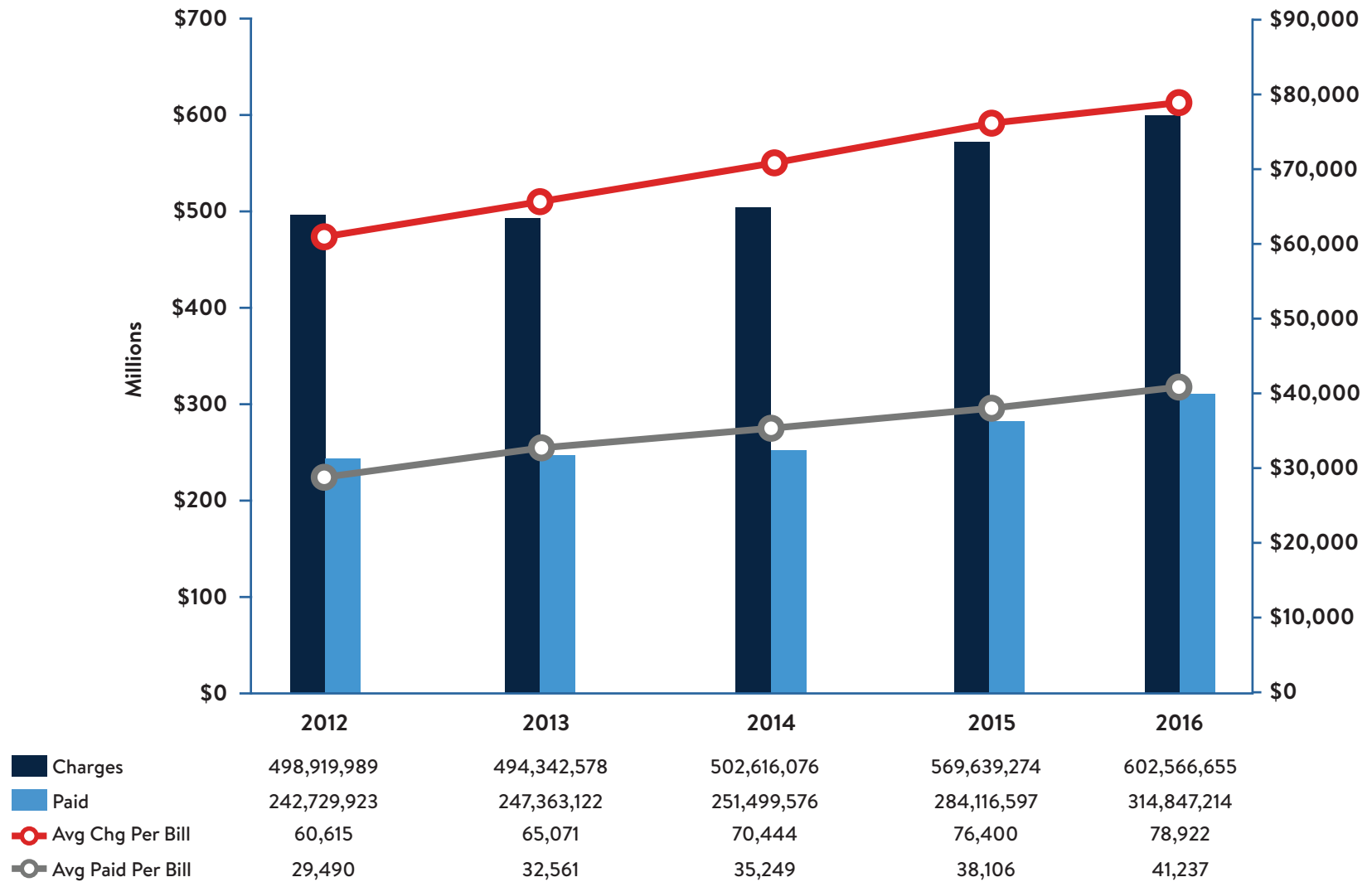
* Excludes bills received beyond six months of the end of the calendar year of service.

TOTAL CHARGES AND TOTAL PAID FOR HEALTH CARE PROVIDER SERVICES



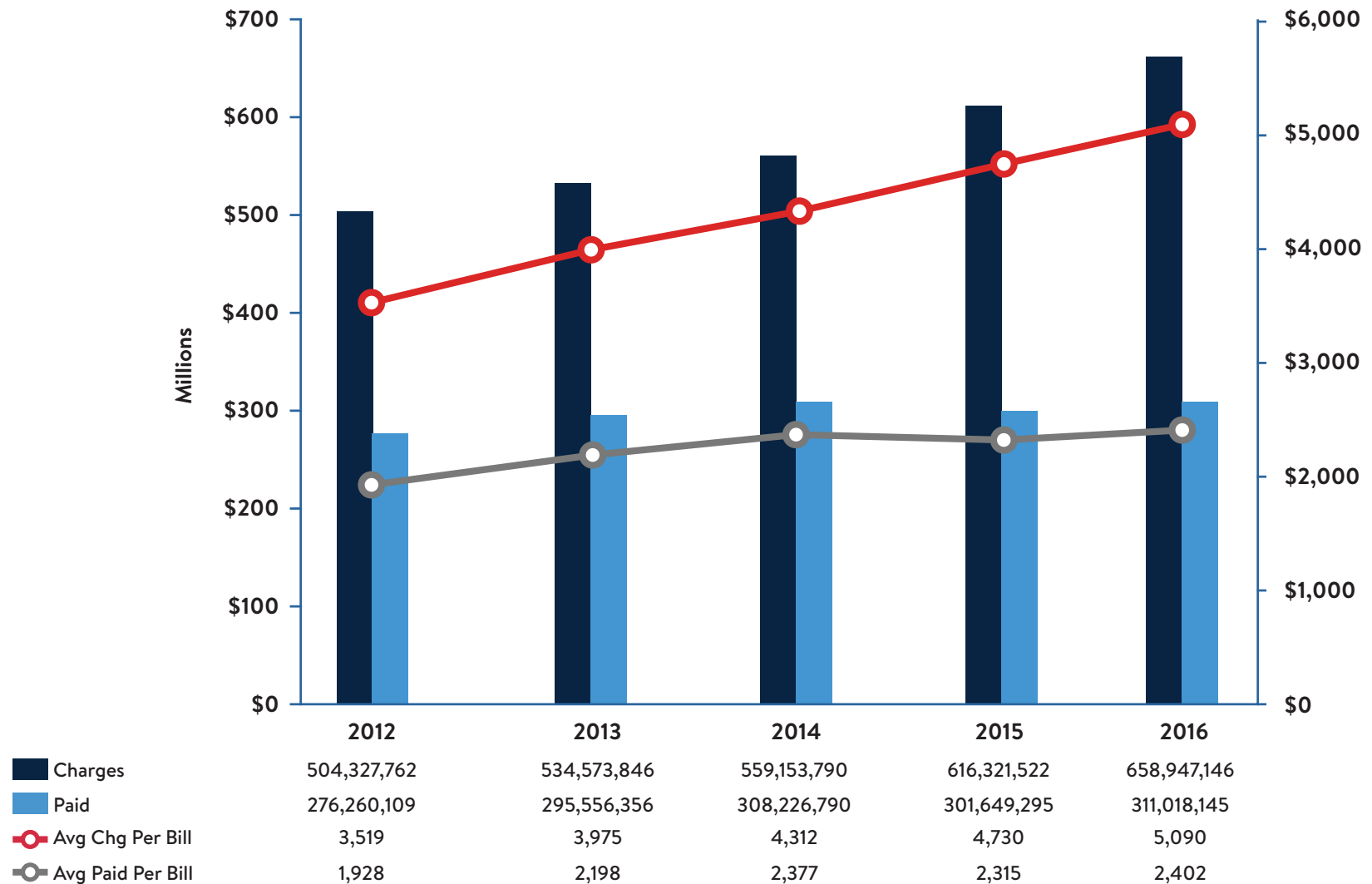
Note: Only bills with payment amount >\$0 are included. Prescription drugs & supplies are included when dispensed by a health care provider.

TOTAL CHARGES & TOTAL PAID FOR HOSPITAL INPATIENT SERVICES



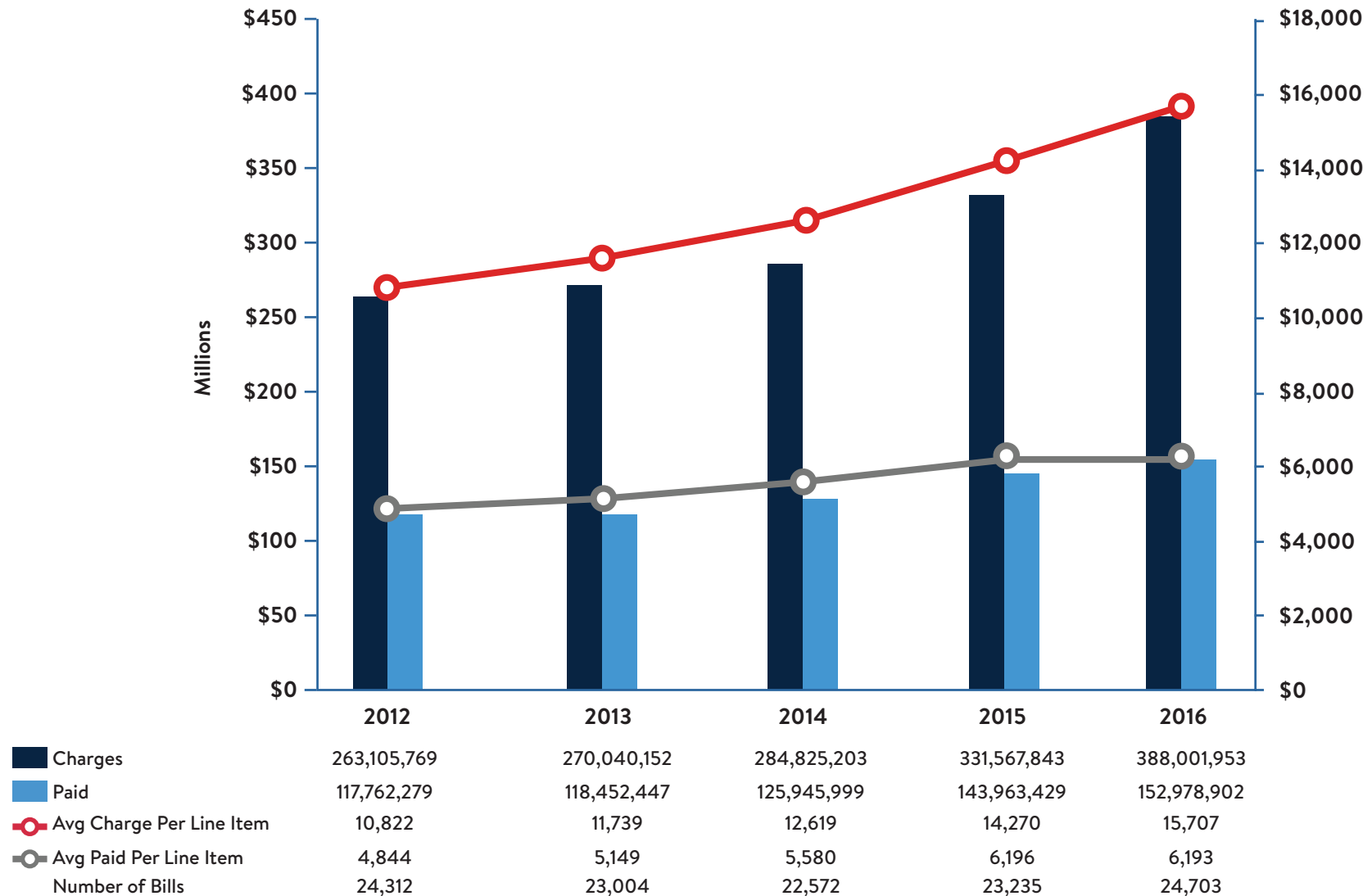
Note: Only bills with payment amount >\$0 are included.

TOTAL CHARGES & TOTAL PAID BY HOSPITAL OUTPATIENT



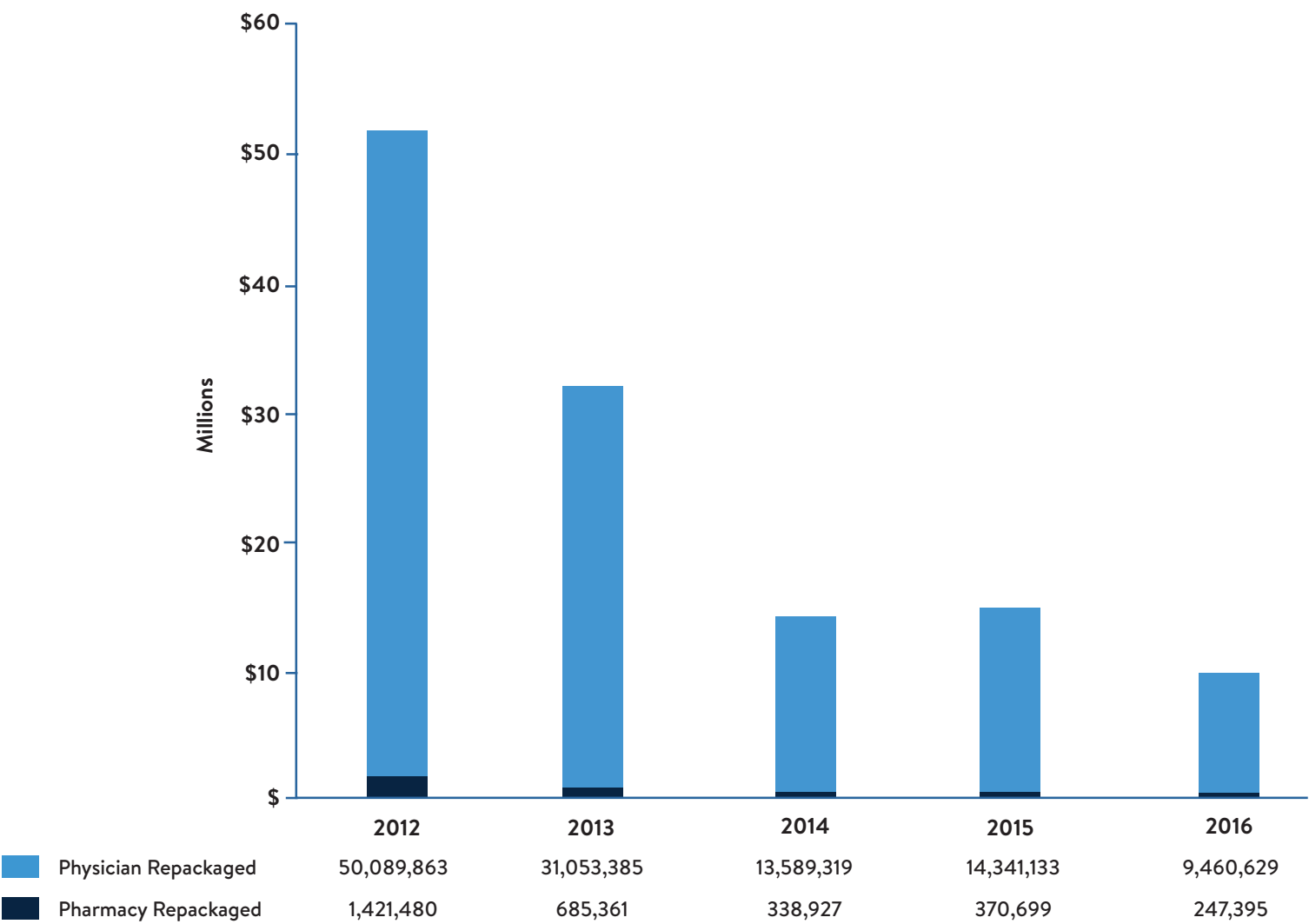
Note: Only bills with payment amount >\$0 are included

TOTAL CHARGES & TOTAL PAID FOR AMBULATORY SURGICAL CENTER SERVICES



Ambulatory Surgical Center billed charges include; outpatient surgeries, radiology and imaging, post-operative pain management, and spinal injections for pain management.

PHARMACY VS. PHYSICIAN REPACKAGED DRUG PAYMENTS



TOP TEN PHYSICIAN REPACKAGED DRUGS EXCLUDING COMPOUNDS

Drug Name	2012
Tramadol HCL (50 Mg)	36,500
Meloxicam (15 Mg)	20,413
Naproxen (500 Mg)	16,323
Omeprazole (20 Mg)	15,223
Cyclobenzaprine HCL (10 Mg)	14,508
Meloxicam (7.5 Mg)	13,844
Carisoprodol (350 Mg)	13,428
Ibuprofen (800 Mg)	12,230
Ibuprofen (600 Mg)	10,489
Tramadol HCL/Acetaminophen (325 Mg - 37.5 Mg)	8,593

Drug Name	2013
Tramadol HCL (50 Mg)	21,036
Meloxicam (15 Mg)	12,265
Meloxicam (7.5 Mg)	10,377
Naproxen (500 Mg)	8,800
Omeprazole (20 Mg)	8,424
Ibuprofen (800 Mg)	7,870
Cyclobenzaprine HCL (10 Mg)	7,143
Carisoprodol (350 Mg)	5,720
Ibuprofen (600 Mg)	5,696
Tramadol HCL/Acetaminophen (325 Mg - 37.5 Mg)	4,076

Drug Name	2014
Tramadol HCL (50 Mg)	7,676
Meloxicam (15 Mg)	6,501
Meloxicam (7.5 Mg)	5,343
Naproxen (500 Mg)	4,595
Ibuprofen (800 Mg)	3,580
Cyclobenzaprine HCL (10 Mg)	3,400
Tramadol HCL (150 Mg)	2,996
Cyclobenzaprine HCL (7.5 Mg)	2,820
Omeprazole (20 Mg)	2,643
Ibuprofen (600 Mg)	2,614

Drug Name	2015
Meloxicam (15 Mg)	7,334
Tramadol HCL (50 Mg)	5,039
Meloxicam (7.5 Mg)	4,722
Naproxen (500 Mg)	4,185
Ibuprofen (800 Mg)	3,598
Cyclobenzaprine HCL (7.5 Mg)	3,533
Cyclobenzaprine HCL (10 Mg)	3,312
Tramadol HCL (150 Mg)	3,022
Ibuprofen (600 Mg)	2,596
Omeprazole (20 Mg)	2,543

Drug Name	2016
Meloxicam (15 Mg)	4,622
Meloxicam (7.5 Mg)	3,734
Tramadol HCL (50 Mg)	3,089
Naproxen (500 Mg)	2,995
Cyclobenzaprine HCL (10 Mg)	2,596
Ibuprofen (800 Mg)	2,484
Cyclobenzaprine HCL (7.5 Mg)	2,031
Tramadol HCL (150 Mg)	1,826
Ibuprofen (600 Mg)	1,776
Omeprazole (20 Mg)	1,450

TOP TEN PHARMACY REPACKAGED DRUGS EXCLUDING COMPOUNDS

Drug Name	2012
Ibuprofen (800 Mg)	1,655
Ibuprofen (600 Mg)	912
Tramadol HCL (50Mg)	819
Meloxicam (7.5 Mg)	556
Meloxicam (15 Mg)	454
Naproxen (500 Mg)	383
Carisoprodol (350 Mg)	306
Omeprazole (20 Mg)	296
Cyclobenzaprine HCL (10 Mg)	291
Speedgel RX	215

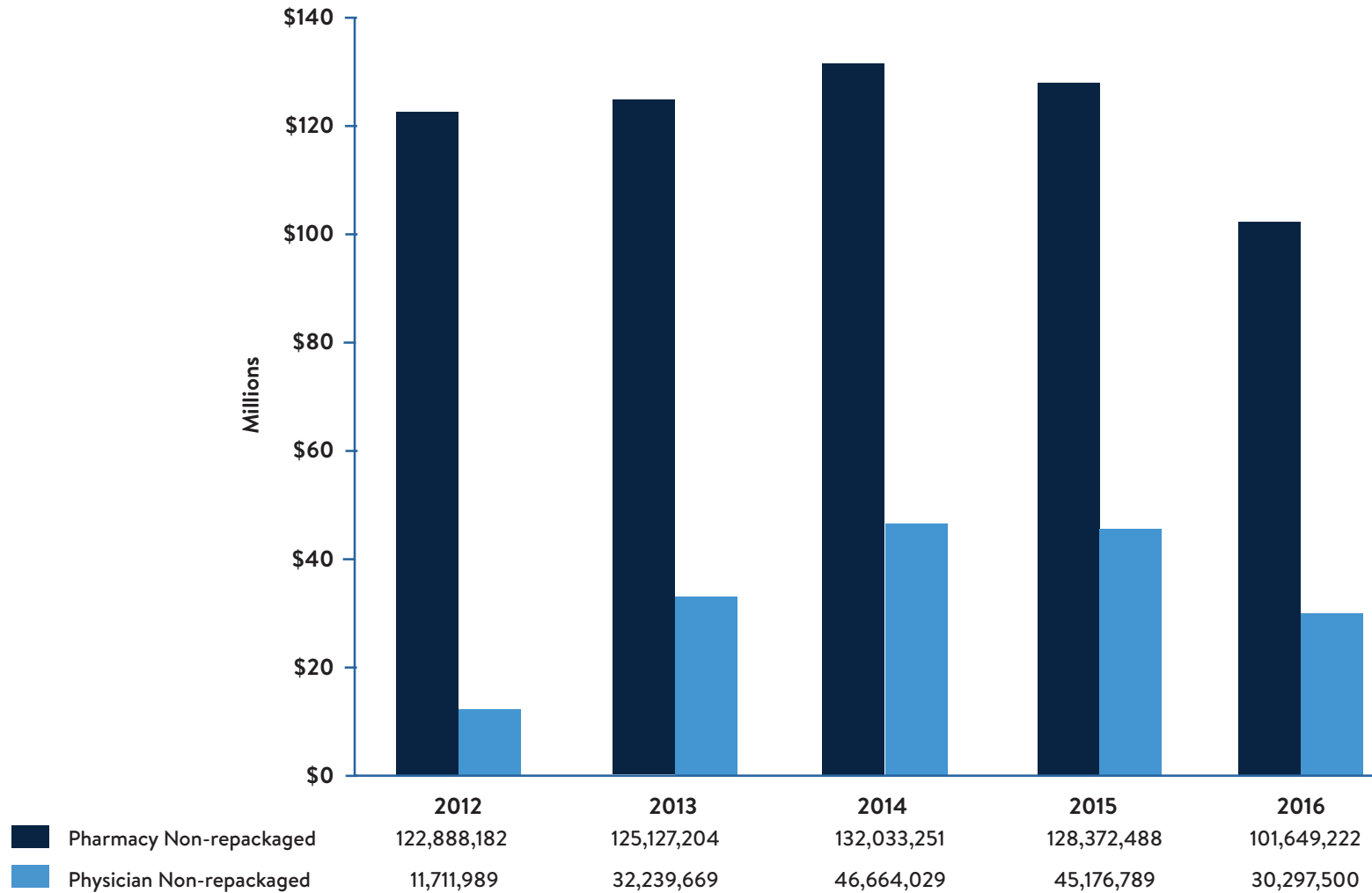
Drug Name	2013
Ibuprofen (800 Mg)	1,396
Ibuprofen (600 Mg)	807
Tramadol HCL (50 Mg)	307
Meloxicam (7.5 Mg)	301
Meloxicam (15 Mg)	194
Clopidogrel (75 Mg)	174
Naproxen (500 Mg)	131
Carisoprodol (350 Mg)	111
Tizanidine HCL (4 Mg)	109
Cyclobenzaprine HCL (10 Mg)	102

Drug Name	2014
Ibuprofen (800 Mg)	1,284
Cyclobenzaprine HCL (10 Mg)	1,102
Ibuprofen (600 Mg)	568
Cyclobenzaprine HCL (5 Mg)	319
Amlodipine Besylate (10 Mg)	84
Pantoprazole Sodium (40 Mg)	78
Tramadol HCL (50 Mg)	78
Meloxicam (15 Mg)	68
Escitalopram (20 Mg)	67
Naproxen (500 Mg)	60

Drug Name	2015
Cyclobenzaprine HCL (10 Mg)	2,012
Ibuprofen (800 Mg)	1,613
Cyclobenzaprine HCL (5 Mg)	615
Ibuprofen (600 Mg)	590
Amlodipine Besylate (10 Mg)	116
Fluoxetine HCL (20 Mg)	98
Meloxicam (15 Mg)	87
Escitalopram (20 Mg)	82
Sertraline HCL (100 Mg)	80
Losartan Potassium (100 Mg)	58

Drug Name	2016
Cyclobenzaprine HCL (10 Mg)	1,345
Ibuprofen (800 Mg)	1,072
Cyclobenzaprine HCL (5 Mg)	406
Ibuprofen (600 Mg)	340
Amlodipine Besylate (10 Mg)	103
Fluoxetine HCL (20 Mg)	99
Escitalopram (20 Mg)	72
Atorvastatin Calcium (40 Mg)	56
Meloxicam (15 Mg)	46
Atorvastatin Calcium (10 Mg)	44

PHARMACY VS. PHYSICIAN NON-REPACKAGED DRUG PAYMENTS



TOP TEN PHYSICIAN NON-REPACKAGED EXCLUDING COMPOUNDS

Drug Name	2012
Medrox (0.0375% - 5% - 20%)	9,852
Theramine	2,725
Terocin (025%-2.5%-10%-25%)	2,584
Tramadol HCL (50 Mg)	2,177
Sentra PM	1,943
Naproxen (500 Mg)	1,701
Dendracin Neurodendracin (.025%-10%-30%)	1,568
Cyclobenzaprine HCL (10 Mg)	1,494
Trepadone	1,352
Medrox (0.0375% - 5%)	1,341

Drug Name	2013
Tramadol HCL (50 Mg)	13,294
Meloxicam (15 Mg)	9,153
Meloxicam (7.5 Mg)	9,041
Naproxen (500 Mg)	6,364
Omeprazole (20 Mg)	6,180
Cyclobenzaprine HCL (10 Mg)	4,840
Tramadol HCL/Acetaminophen (325 MG-37.5 MG)	4,432
Cyclobenzaprine HCL (7.5 Mg)	3,996
Tramadol HCL (150 Mg)	3,952
Ibuprofen (800 Mg)	3,766

Drug Name	2014
Tramadol HCL (50 Mg)	17,668
Meloxicam (7.5 Mg)	16,900
Meloxicam (15 Mg)	15,757
Omeprazole (20 Mg)	9,224
Naproxen (500 Mg)	8,427
Tramadol HCL (150 Mg)	8,424
Cyclobenzaprine HCL (10 Mg)	8,211
Cyclobenzaprine HCL (7.5 Mg)	6,973
Ibuprofen (800 Mg)	6,811
Ibuprofen (600 Mg)	6,418

Drug Name	2015
Meloxicam (7.5 Mg)	15,134
Meloxicam (15 Mg)	14,982
Tramadol HCL (50 Mg)	10,547
Omeprazole (20 Mg)	7,941
Cyclobenzaprine HCL (7.5 Mg)	7,936
Tramadol HCL (150 Mg)	7,291
Naproxen (500 Mg)	7,169
Cyclobenzaprine HCL (10 Mg)	7,153
Ibuprofen (800 Mg)	6,082
Lidorx (3%)	6,061

Drug Name	2016
Meloxicam (7.5 Mg)	10,002
Meloxicam (15 Mg)	9,388
Tramadol HCL (50 Mg)	7,164
Naproxen (500 Mg)	6,454
Cyclobenzaprine HCL (10 Mg)	5,554
Cyclobenzaprine HCL (7.5 Mg)	4,874
Omeprazole (20 Mg)	4,732
Tramadol HCL (150 Mg)	4,121
Ibuprofen (600 Mg)	3,695
Ibuprofen (800 Mg)	3,370

TOP TEN PHARMACY NON-REPACKAGED EXCLUDING COMPOUNDS

Drug Name	2012
Tramadol HCL (50 Mg)	45,327
Cyclobenzaprine HCL (10 Mg)	29,024
Hydrocodone Bitartrate-Acetaminophe (500 Mg - 5 Mg)	28,915
Celebrex (200 Mg)	20,116
Naproxen (500 Mg)	18,813
Ibuprofen (800 Mg)	16,549
Oxycodone HCL-Acetaminophen (325 MG-5 MG)	16,428
Lipoderm (5%)	15,640
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 10 Mg)	15,561
Meloxicam (15 Mg)	15,490

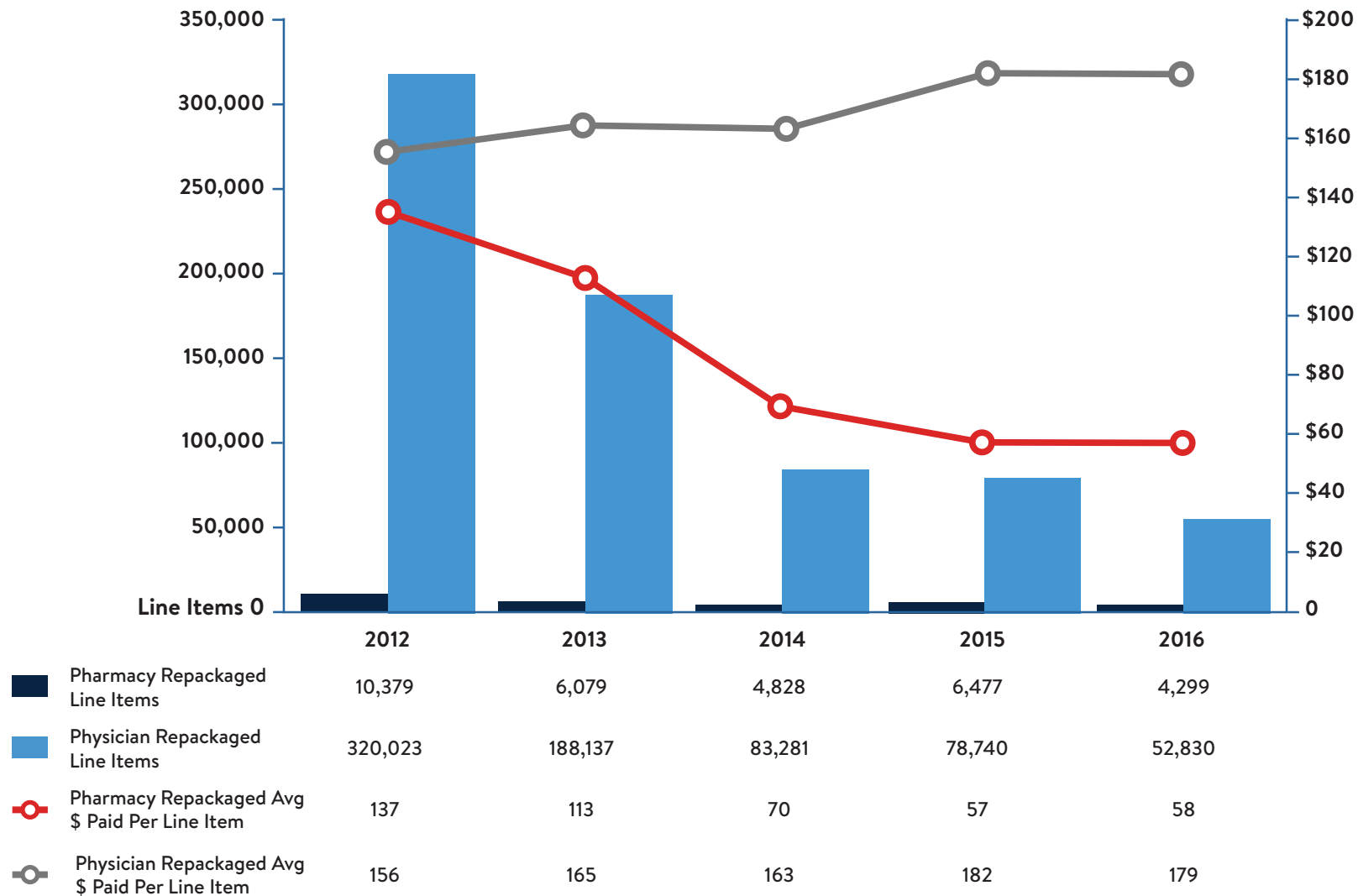
Drug Name	2013
Tramadol HCL (50 Mg)	48,152
Cyclobenzaprine HCL (10 Mg)	27,879
Hydrocodone Bitartrate-Acetaminophe (500 Mg - 5 Mg)	20,895
Naproxen (500 Mg)	18,827
Celebrex (200 Mg)	18,420
Ibuprofen (800 Mg)	17,541
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 5 Mg)	17,528
Meloxicam (15 Mg)	16,475
Oxycodone HCL-Acetaminophen (325 MG-5 MG)	15,402
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 5 Mg)	15,380

Drug Name	2014
Tramadol HCL (50 Mg)	45,101
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 10 Mg)	30,155
Cyclobenzaprine HCL (325 Mg - 5 Mg)	26,852
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 10 Mg)	26,215
Naproxen (500 Mg)	18,729
Oxycodone HCL-Acetaminophen (325 MG-5 MG)	17,095
Meloxicam (15 Mg)	16,985
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 7.5 Mg)	16,701
Celebrex (200 Mg)	15,697
Ibuprofen (800 Mg)	14,485

Drug Name	2015
Tramadol HCL (50 Mg)	36,799
Cyclobenzaprine HCL (10 Mg)	25,706
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 5 Mg)	25,448
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 10 Mg)	21,180
Oxycodone HCL-Acetaminophen (325 Mg - 5 Mg)	18,540
Naproxen (500 Mg)	17,192
Meloxicam (15 Mg)	16,547
Oxycodone HCL-Acetaminophen (325 Mg - 10 Mg)	15,216
Ibuprofen (800 Mg)	14,368
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 7.5 Mg)	13,053

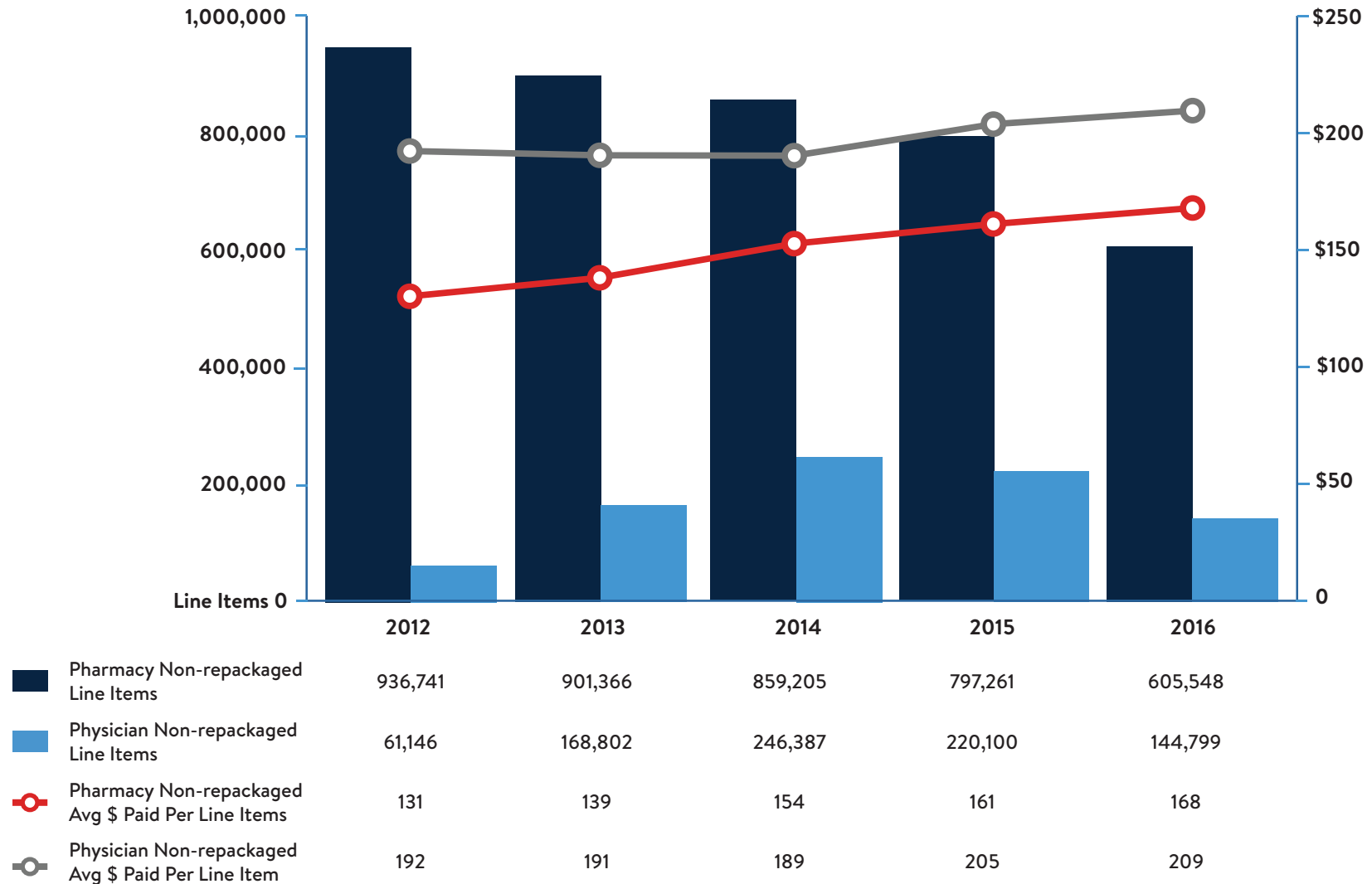
Drug Name	2016
Tramadol HCL (50 Mg)	26,507
Cyclobenzaprine HCL (10 Mg)	19,081
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 5 Mg)	18,355
Hydrocodone Bitartrate-Acetaminophe (325 Mg - 10 Mg)	15,660
Oxycodone HCL-Acetaminophen (325 Mg - 5 Mg)	14,707
Naproxen (500 Mg)	12,471
Meloxicam (15 Mg)	12,416
Oxycodone HCL-Acetaminophen (325 Mg - 10 Mg)	11,766
Ibuprofen (800 Mg)	10,969
Gabapentin (300 Mg)	10,433

PHARMACY VS. PHYSICIAN REPACKAGED DRUGS



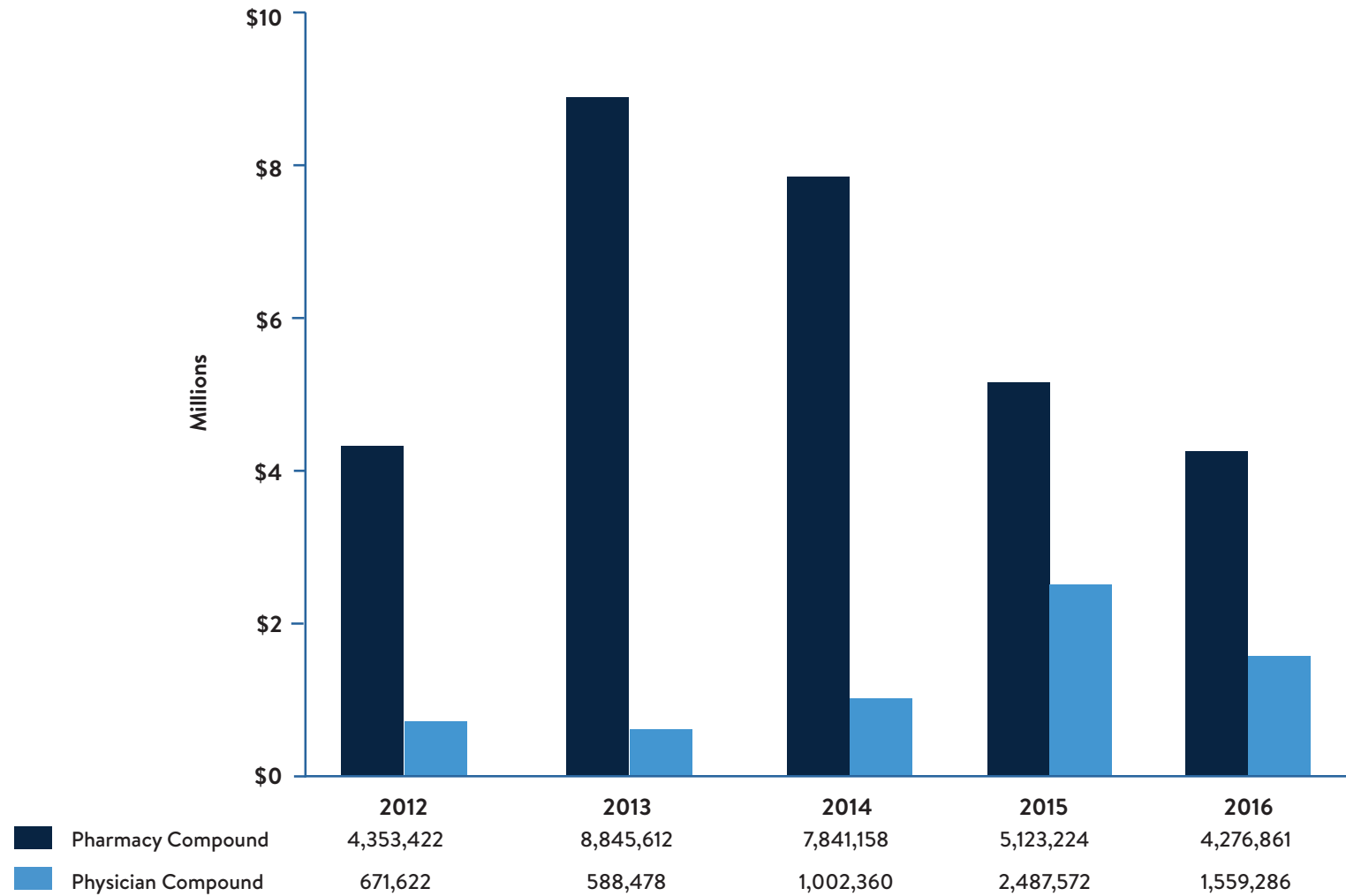
Graph compares drugs billed on DWC-10 forms (dispensed by pharmacies) to drugs billed on DWC-9 forms (dispensed by physicians). Reference to line items also means per prescription.

PHARMACY VS. PHYSICIAN NON-REPACKAGED DRUGS



Graph compares drugs billed on DWC-10 forms (dispensed by pharmacies) to drugs billed on DWC-9 forms (dispensed by physicians). Reference to line items also means per prescription.

PHARMACY VS. PHYSICIAN COMPOUND DRUG PAYMENTS



LOST-TIME CLAIMS DATA

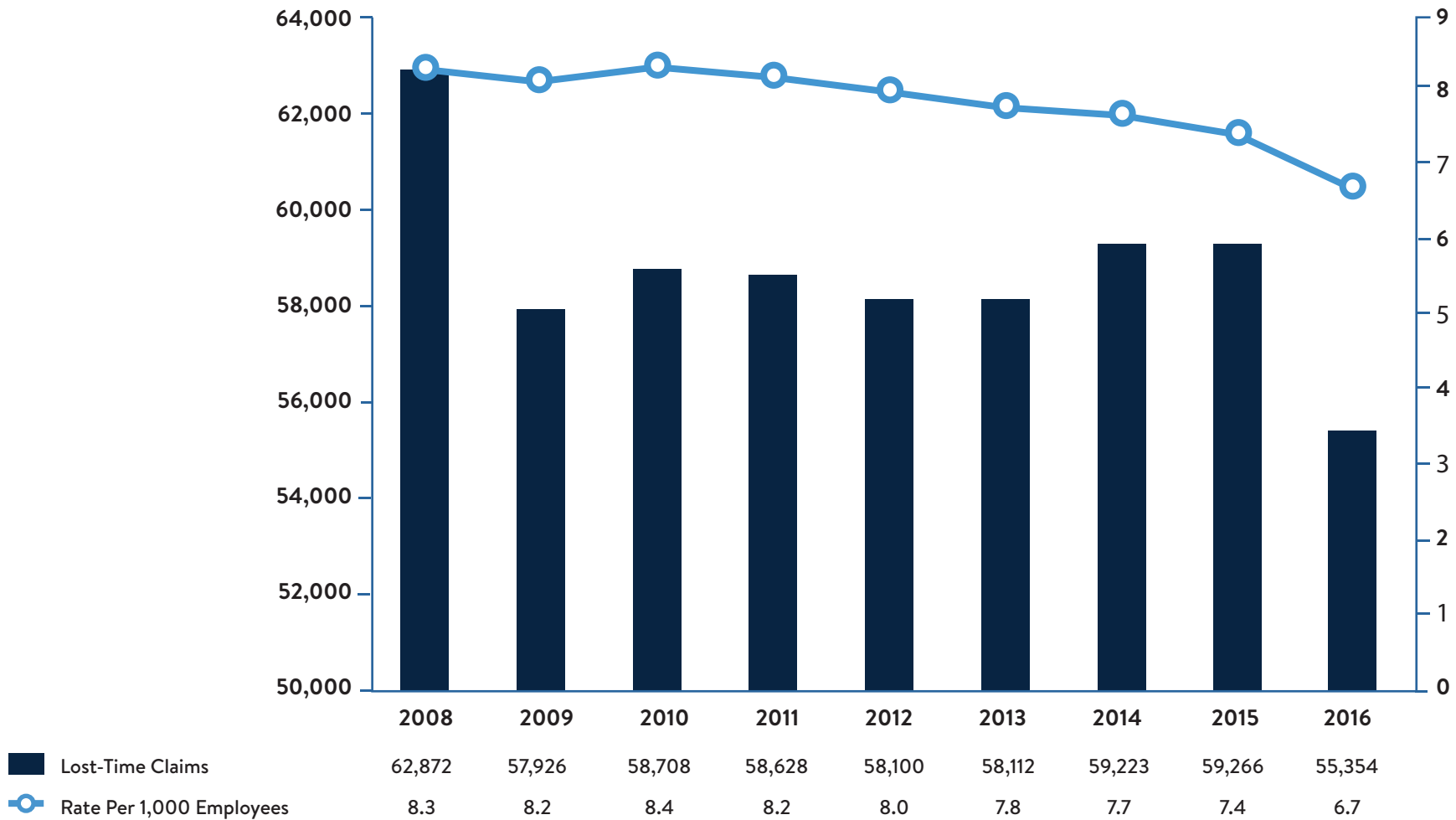
Workers who sustain a compensable injury are entitled to receive medically necessary treatment under Florida's workers' compensation statute. If the injury results in disability for more than seven days, the injured worker is entitled to payment for a portion of lost wages. Injuries resulting in or causing permanent impairment result in additional benefits being paid to the injured employee. When an injury results in a workplace fatality, survivor dependent benefits, and funeral expenses may be paid.

Multiple factors are considered when determining if benefit payments for lost wages or permanent impairments are due, such as the injured worker's prior earnings, the nature and extent of the injury, the length of the healing period, and the worker's ability to return to work. To be deemed a Lost-Time case, an injured worker's disability must result in missing eight or more days from work.

TOP TEN INDUSTRIAL CLASSIFICATIONS FOR 2016 LOST-TIME CLAIMS

Industry Type	Number of Claims
Administrative, Support, Waste Management, Remediation	7,622
Retail Trade	6,150
Construction	5,961
Health Care & Social Assistance	5,563
Accommodation & Food Services	4,554
Public Administration	4,234
Manufacturing	3,880
Transportation & Warehousing	3,869
Educational Services	2,985
Wholesale Trade	2,119

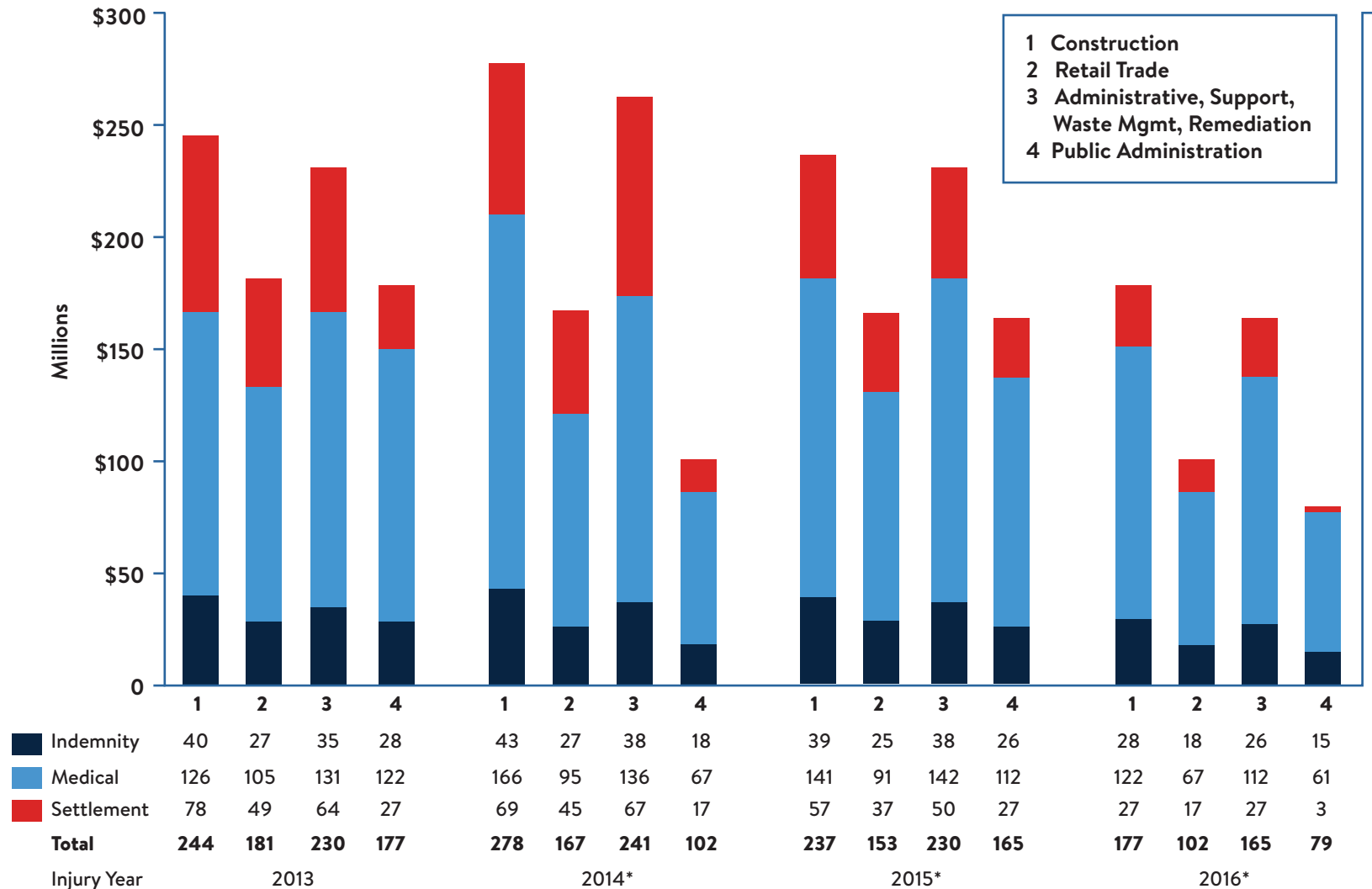
LOST-TIME CLAIMS AND LOST-TIME CLAIM RATE*



* Source: Florida Department of Economic Opportunity, Bureau of Labor Market Statistics.
Released: March 13, 2017.

BENEFIT PAYMENTS FOR THE FOUR LEADING INDUSTRIAL CLASSIFICATIONS*

The chart below illustrates the total benefit payments for the four industrial classifications whose benefit payments for medical, indemnity, and settlement benefits are the highest. Each year represents a different level of data maturity with 2013 being deemed mature.



*Preliminary Data

MEDICAL PAYMENTS FOR LOST-TIME CLAIMS

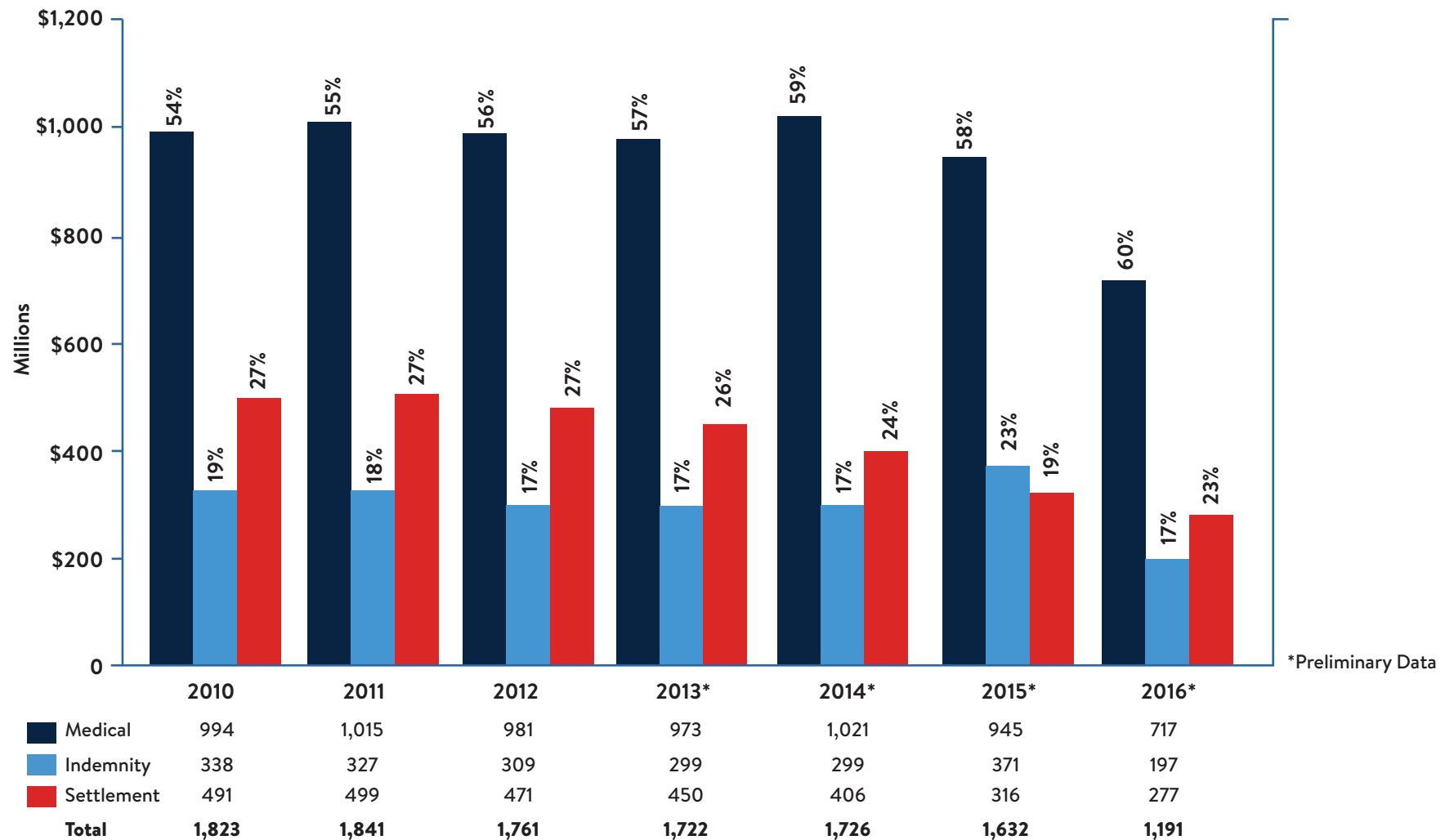
Medically necessary treatment for a work-related injury may involve: the services of physicians, physical therapists, chiropractors, dentists, or other health care providers; services of hospitals, ambulatory surgical centers, or skilled nursing facilities; and medicines, supplies, equipment, and related items such as prosthetic devices or implants. Until recovery is achieved, medical benefits continue.

Claim development differences explain the priority of medical services early in the life of a claim and the increase in settlements as claims progress.

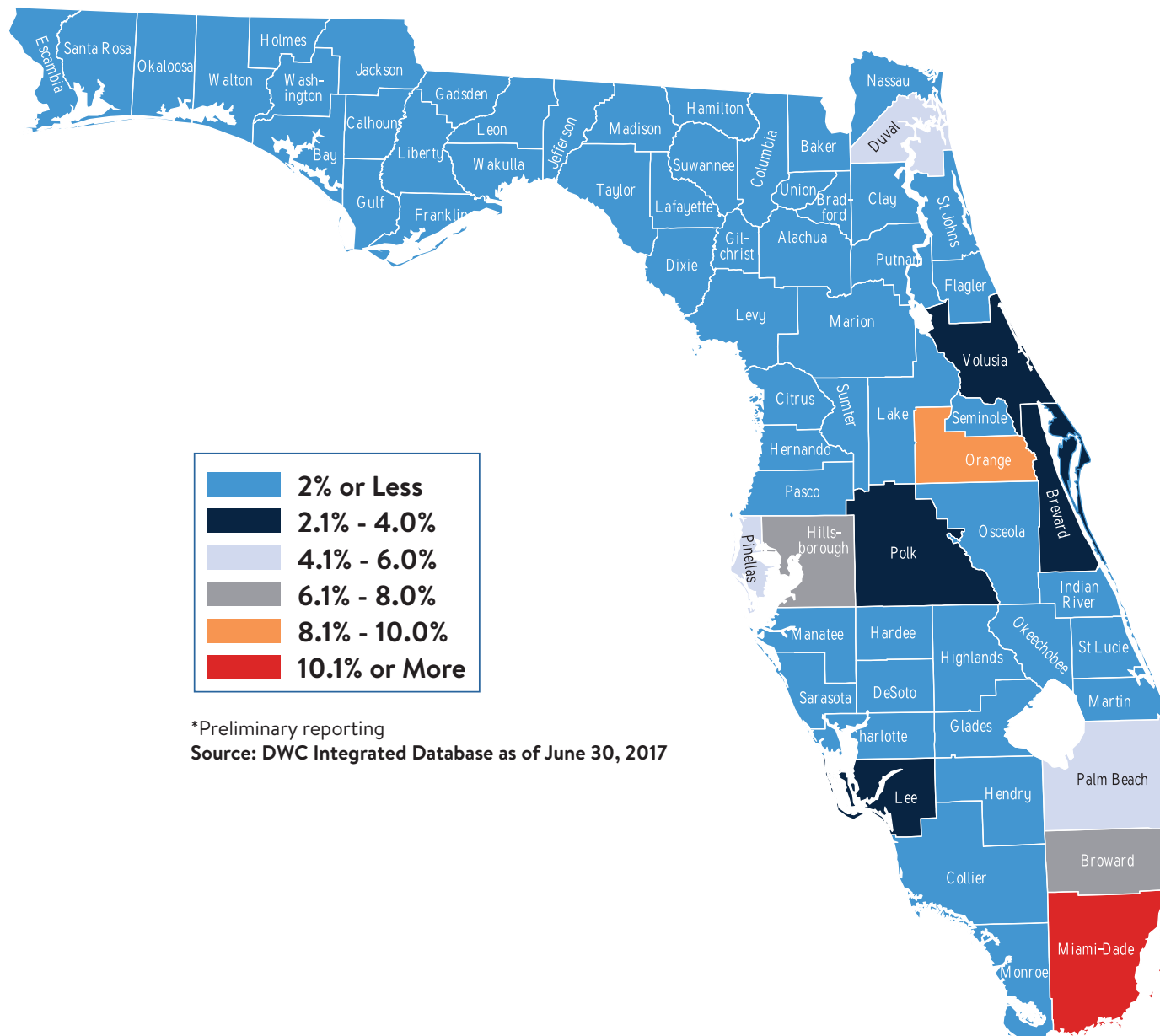
Calendar Year	Health Care Providers, Dental, Ambulatory Surgical Center	Hospital	Pharmacy	All Other Medical
2010	32.99%	43.92%	6.34%	16.75%
2011	30.84%	45.99%	5.90%	17.27%
2012	30.47%	48.43%	5.47%	15.63%
2013	28.99%	50.66%	5.08%	15.27%
2014*	27.56%	52.36%	4.82%	15.26%
2015*	26.88%	54.02%	4.41%	14.69%
2016*	25.35%	56.35%	3.56%	14.74%

*Preliminary Data

MEDICAL, INDEMNITY, AND SETTLEMENT COSTS FOR LOST-TIME CLAIMS



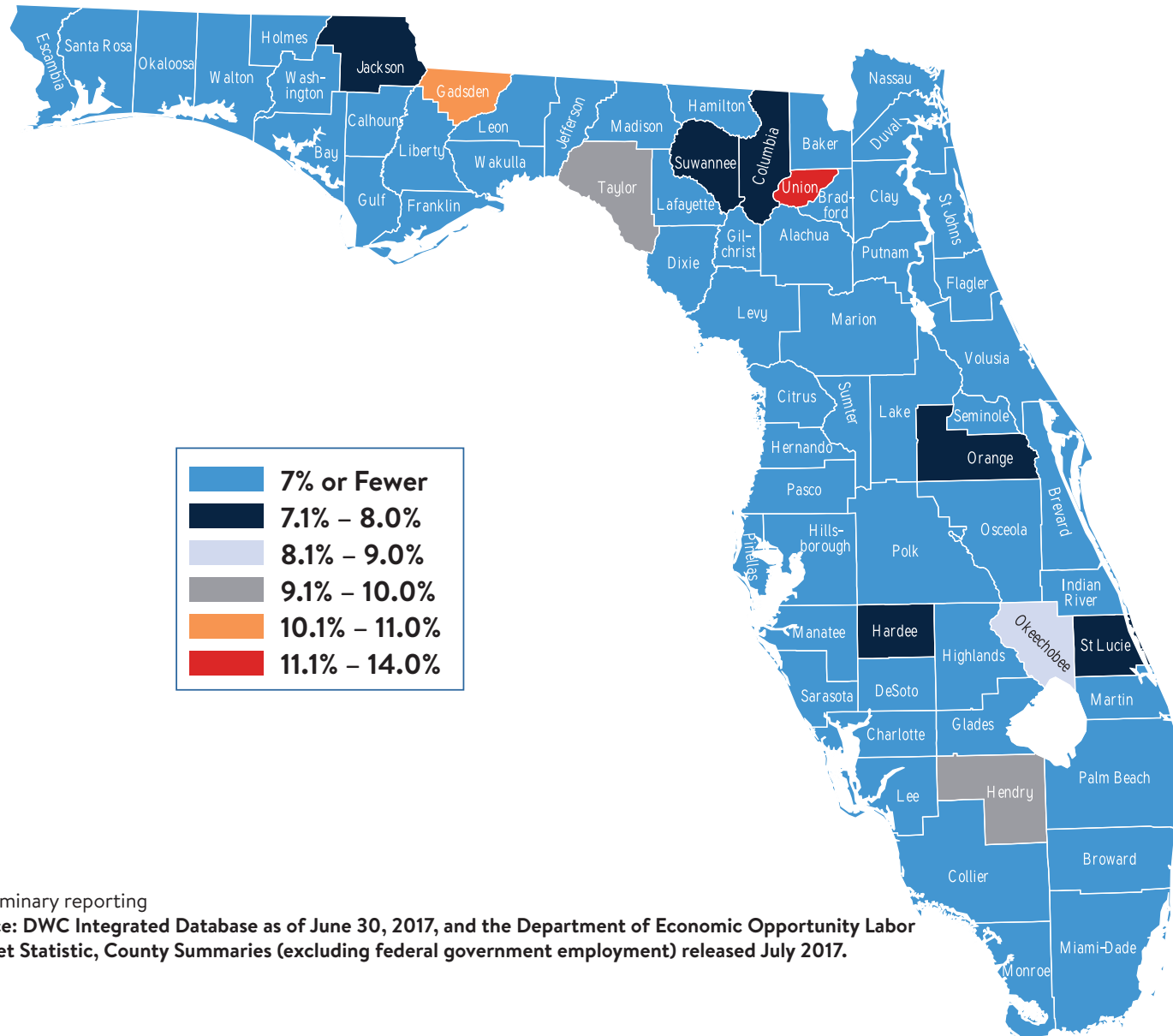
DISTRIBUTION OF 2016* LOST-TIME CASES BY COUNTY



*Preliminary reporting

Source: DWC Integrated Database as of June 30, 2017

2016 LOST-TIME CASES* BY COUNTY PER 1,000 EMPLOYEES



*Preliminary reporting

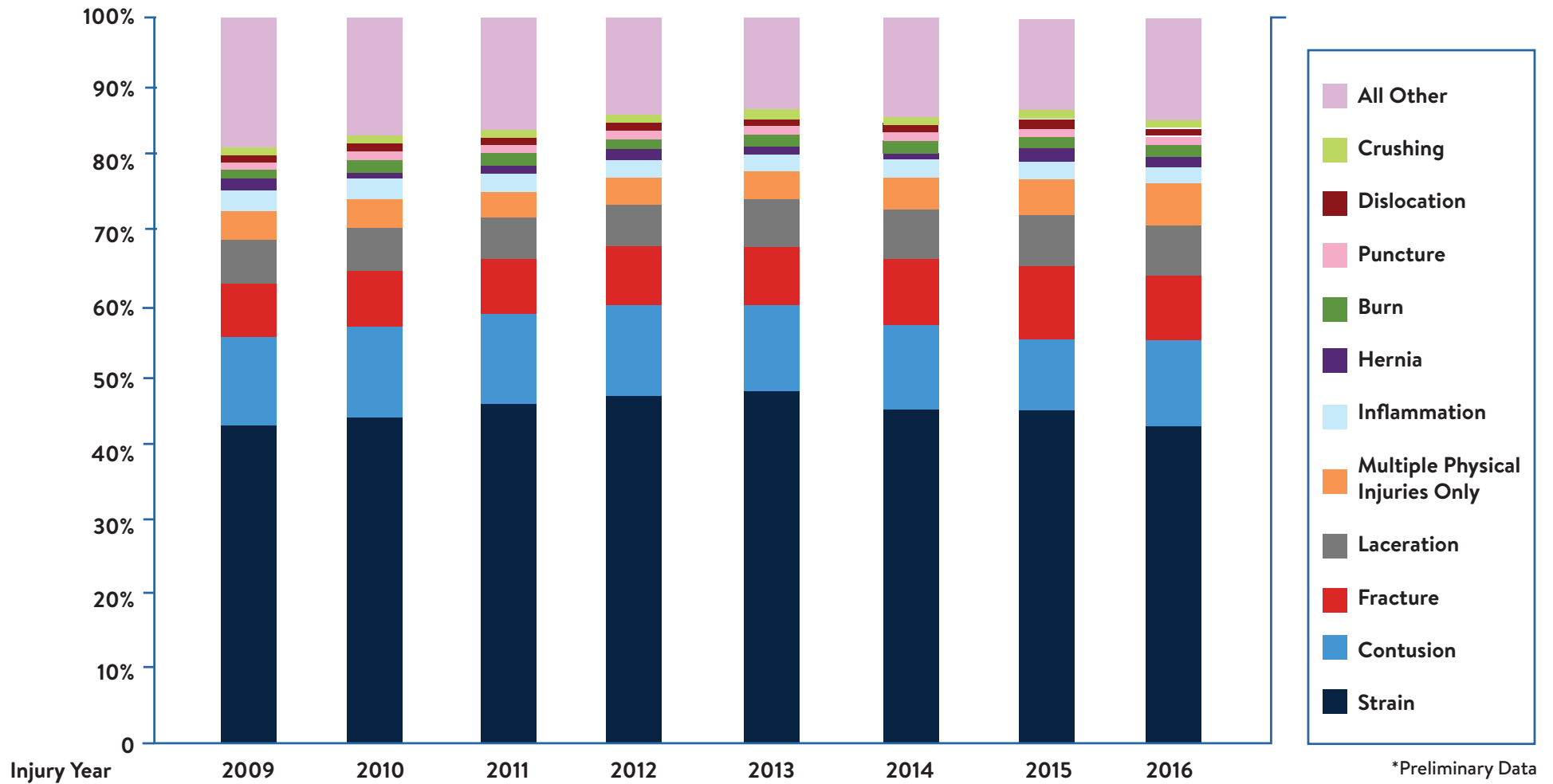
Source: DWC Integrated Database as of June 30, 2017, and the Department of Economic Opportunity Labor Market Statistic, County Summaries (excluding federal government employment) released July 2017.



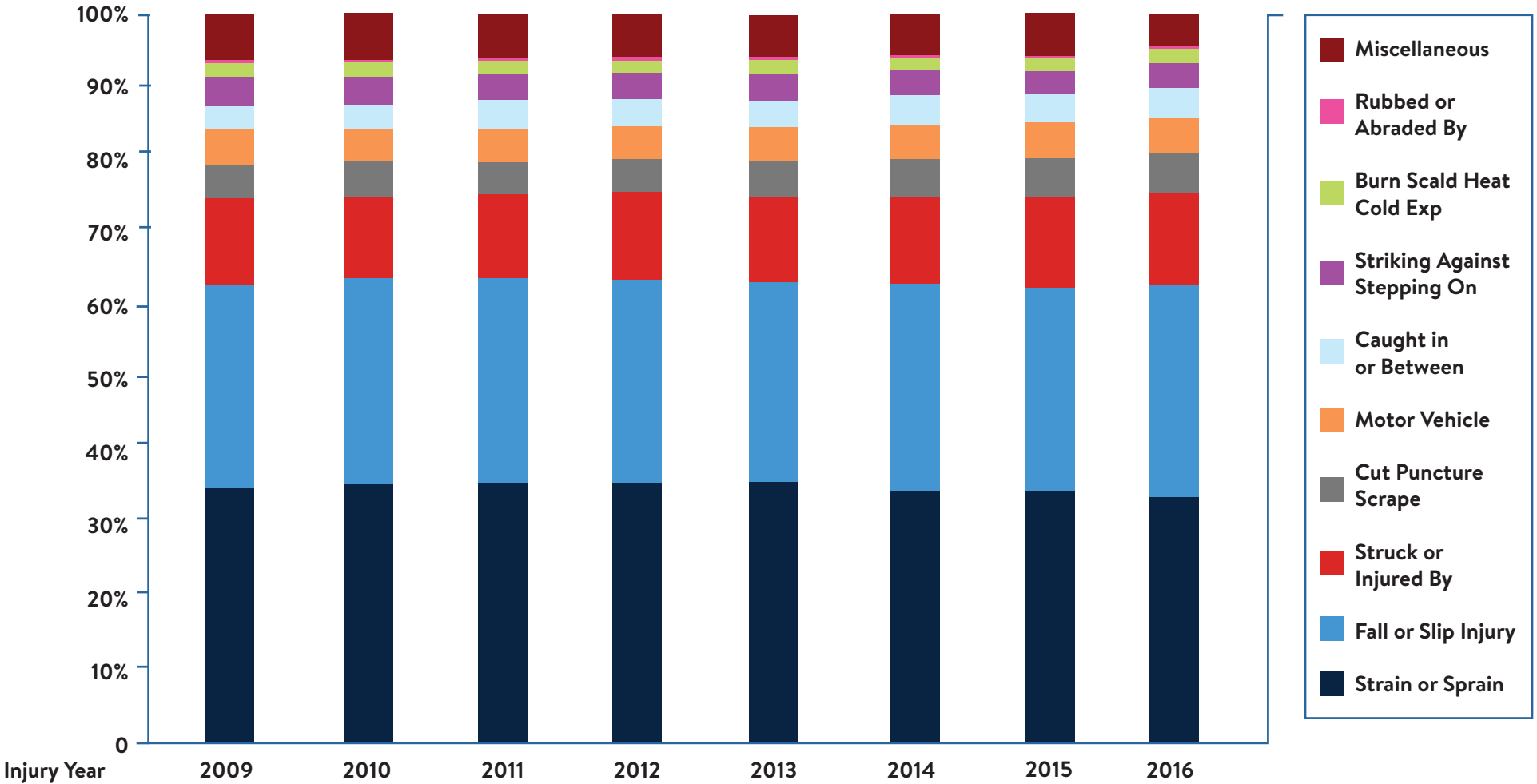
INJURY BY NATURE, CAUSE, & BODY PART

As part of the First Report of Injury or Illness, employers or claim administrators provide information on the nature, cause, and body part of each workplace injury. The following charts summarize that information to depict recent and historical patterns of lost-time injuries. Because the information is reported on the First Report of Injury or Illness, it may not correspond to a diagnosis made by a health care professional. Additionally, the figures may change slightly over time due to preliminary reporting of data.

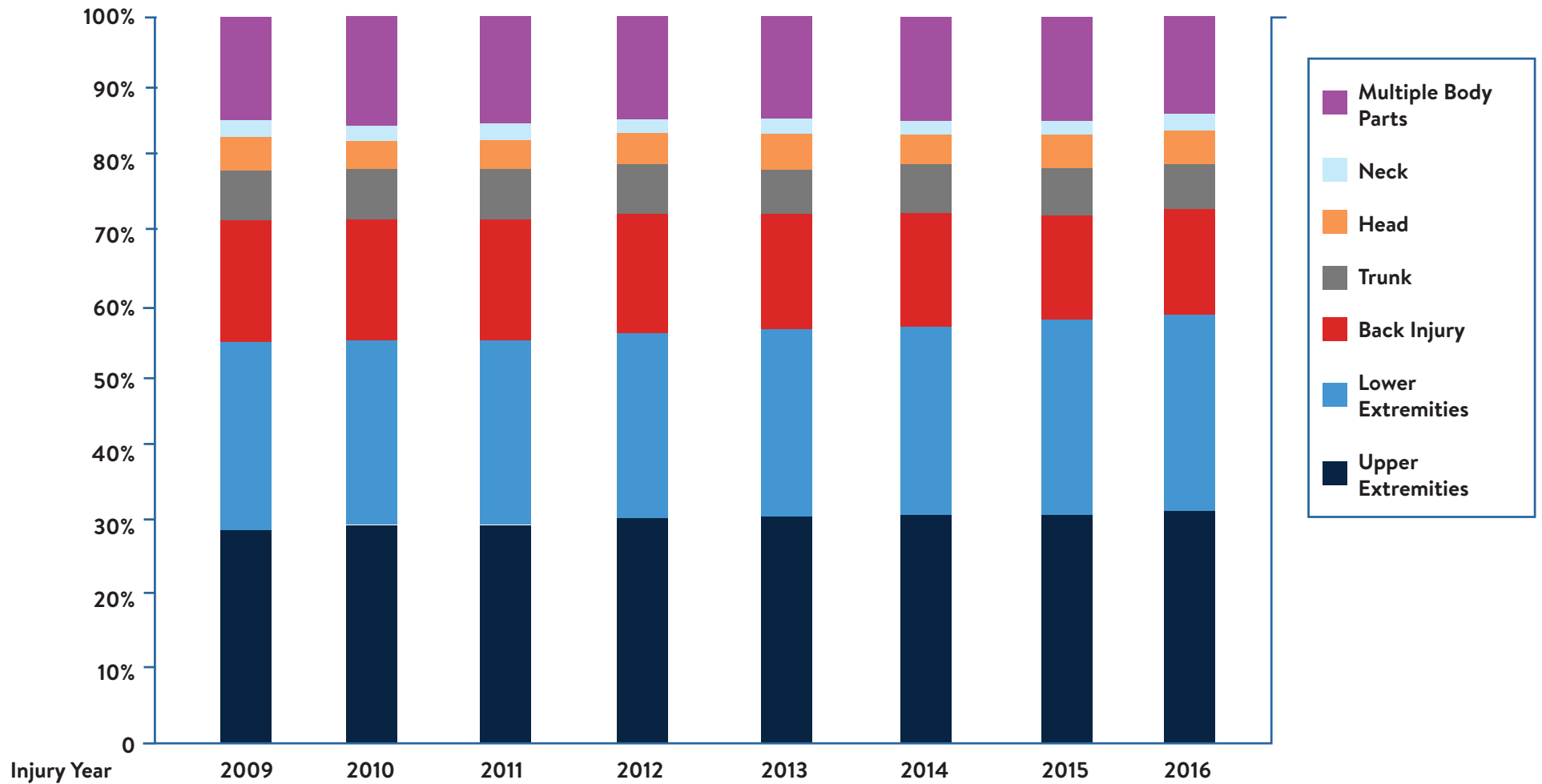
LOST-TIME CLAIMS BY NATURE OF INJURY



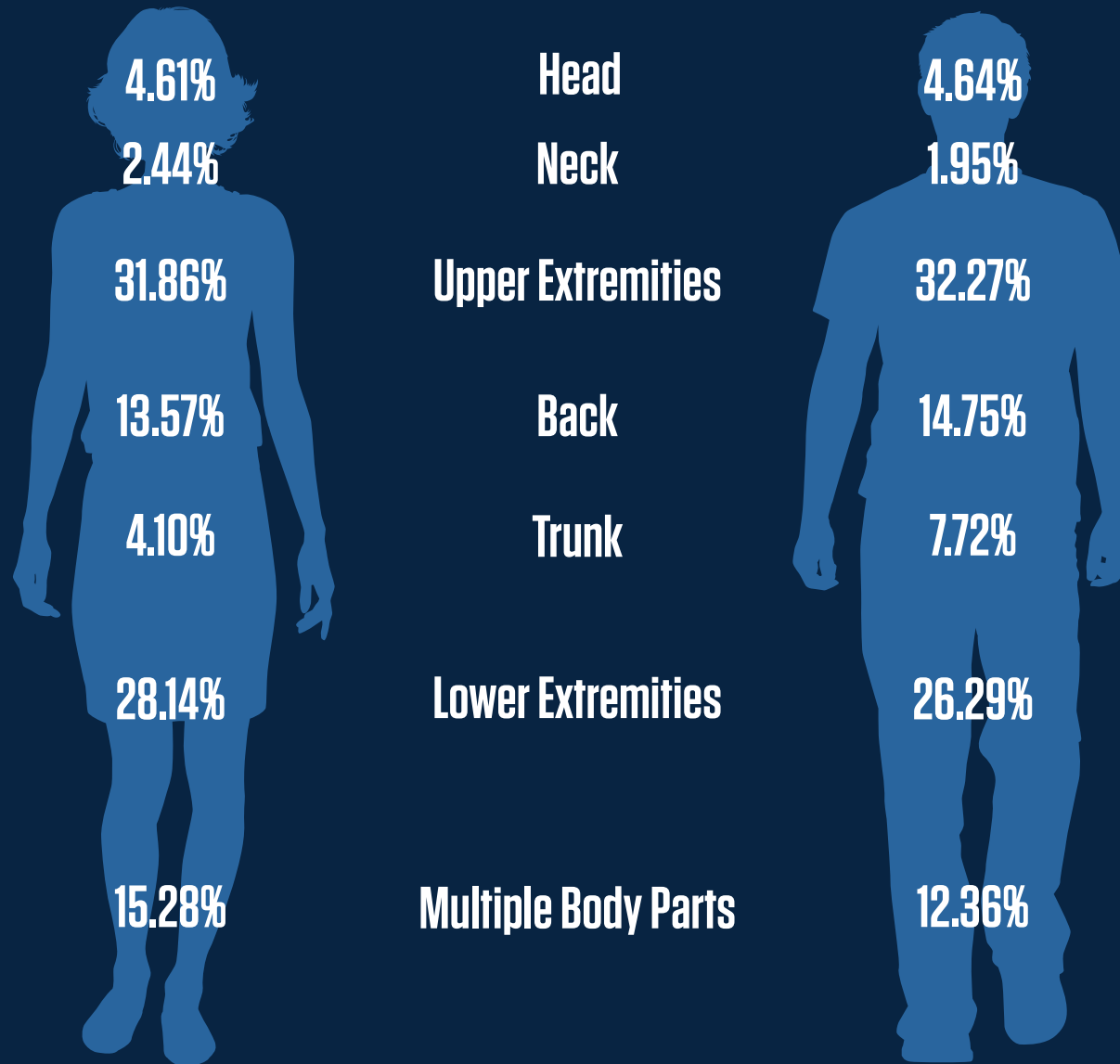
LOST-TIME CLAIMS BY CAUSE OF INJURY



LOST-TIME CLAIMS BY INJURED BODY PART



INJURY BODY LOCATION BY GENDER FOR 2016-2017 LOST-TIME CLAIMS



DWC HOTLINES & WEBSITES

HOTLINES:

Compliance Fraud Referral Hotline: **(800) 742-2214**
Employee Assistance Office Hotline: **(800) 342-1741**
Customer Service Center: **(850) 413-1601**

WEBSITES:

Contact information for Bureau of Compliance and Bureau of Employee Assistance and Ombudsman District Offices may be found on the Division's website at: http://www.myfloridacfo.com/Division/WC/dist_offices.htm.

The Division of Workers' Compensation website home page is located at: <http://myfloridacfo.com/division/wc> and provides direct information access for all stakeholders in the Workers' Compensation System. The website organizes items of interest by stakeholder group with tabs for Employer, Insurer, Employee, and Provider.

Workers' Compensation System Guide:
<http://www.myfloridacfo.com/Division/WC/pdf/WC-System-Guide.pdf>

E-alerts:

Subscribe to free Division of Workers' Compensation e-mail updates. Important announcements are sent out periodically. The url is <https://signup.e2ma.net/signup/1870343/1812480/>





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Bureau of Employee Assistance: (850) 413-1786

Stephen Yon, Bureau Chief

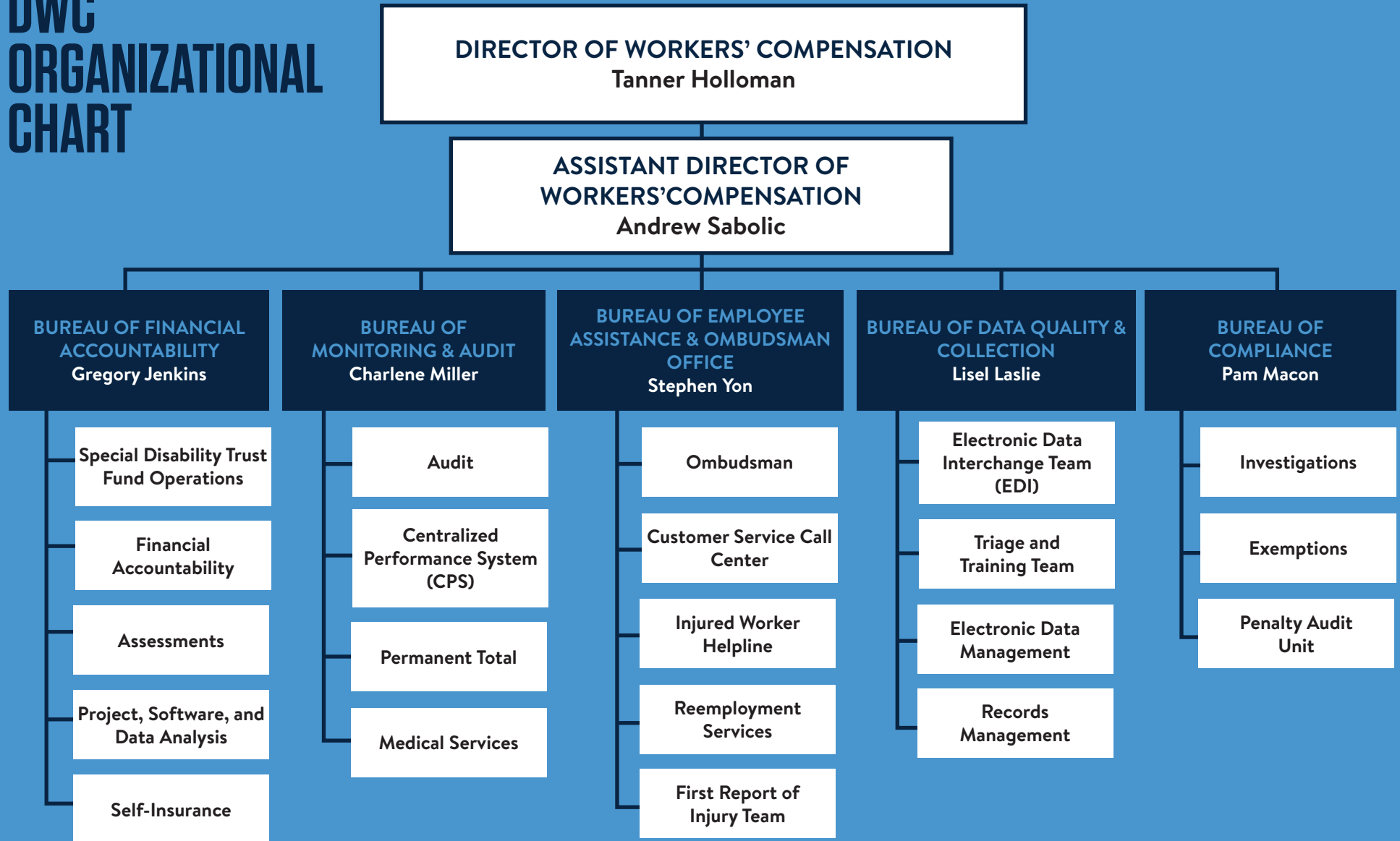
Bureau of Data Quality and Collection: (850) 413-1737

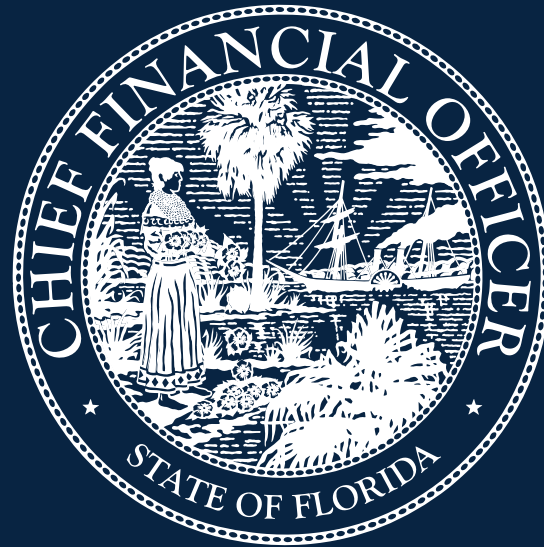
Lisel Laslie, Bureau Chief

Bureau of Compliance: (850) 413-1708

Pam Macon, Bureau Chief

DWC ORGANIZATIONAL CHART





DIVISION OF WORKERS' COMPENSATION

2017 RESULTS & ACCOMPLISHMENTS REPORT