

# Florida Division of Workers' Compensation

WCI 2025 Conference

August 20, 2025

# Florida Division of Workers' Compensation

## Regulatory and Legislative Update

## 2025 Legislative Session

- HB 269/SB 366 – Disability Provisions for Firefighters and Law Enforcement and Correctional Officers
  - 112.18, F.S. – Proposed to Change Definitions (Tuberculosis, Heart, Hypertension)
  - Died in committee
- HB 1069/SB 1426 – Occupational Injury Benefit Plans
  - Alternative to workers compensation
  - Died in committee
- SB 108 Administrative Procedures
  - Rulemaking over the next 5 years
  - Became Law

## 2025 Legislative Session

- HB 1281/ SB 1522/ DFS Agency bill – Did NOT Pass
  - 440.13(7), F.S. - Proposed Change
    - Contest Disallowance from 45 to 60 days
  - 440.13(12), F.S. - Petitioner must serve – Currently only from US Postal Service
    - Bill Proposed to allow all common carriers with verifiable tracking #s
  - 440.107, F.S. - Transactions for conditional release – Employer Stop-Work Order
    - DWC can receive initial down payment by credit card, but a chargeback must result in immediate reinstatement of the stop-work order.
  - Three-Member Panel 2yr to 5yr (recommendations panel to improve health system)
  - Special Disability Trust Fund
    - Timeline
    - Assessments – equity
    - Orderly
    - Full payout at actuarial value

## 2025 Legislative Session

- Budget & Implementing bill (SB 2502)
  - S. 440.13(12)(d), F.S.
  - Reimbursement for emergency services (outpatient)
  - Additional tier
  - Did not go through committees

## 2024 Legislative Change

HB 989 (d) 2. Reimbursement for emergency services and care as defined in s. 395.002 which does not include a maximum reimbursement allowance must be 250 percent of Medicare, unless there is a contract, in which case the contract governs reimbursement. Upon this subparagraph taking effect, the department shall engage with an actuarial services firm to begin development of maximum reimbursement allowances for services subject to the reimbursement provisions of this subparagraph. This subparagraph expires June 30, 2026.



## 2025 Legislative Change

- Upon this subparagraph taking effect, the department shall engage with an actuarial services firm to begin development of maximum reimbursement allowances for services subject to the reimbursement provisions of this subparagraph. Until the three-member panel adopts a schedule of maximum reimbursement allowances, reimbursement for emergency services and care that have not been assigned a maximum reimbursement allowance and for which there is no Medicare billing code must be 75 percent of usual and customary charges, unless there is a contract, in which case the contract governs reimbursement. This subparagraph expires June 30, 2026.

## First DCA Cases

- **DCA 1D2023-0830**
  - Stop-Loss (Zenith)...
  - pending since February 2024
- **DCA 1D2023-0941**
  - Dispensed drugs/authorization...
  - pending since January 16, 2024, oral arguments



# Underpayments and Late Payments

Eroding the Integrity of Workers'  
Compensation

## Division of Workers' Compensation

The Division's goal is to ensure that anyone interested or involved in the Florida worker's compensation system has the tools and resources they need to participate. The Division assist injured workers, employers, health care providers, insurers and self insurers in following Florida workers' compensation rules and statutes.

## Bureau of Monitoring and Audit

- Ensuring the timely and accurate payment of benefits to injured workers
- Timely and accurate reporting and payment of medical bills
- Timely and accurate reporting of required claims forms and other electronic data
- Responsible for ensuring that the practices of insurers and claims handling entities meet the requirements of Chapter 440 F.S. and the Florida Administrative Code
- Efficiently and effectively collecting and storing data to provide accurate, meaningful, timely, and readily accessible information to all stakeholders
- Facilitates data distribution to other Division bureaus and agencies

## Division of Workers' Compensation Bureau of Monitoring & Audit

### Topics We Will Cover:

- Who gets audited
- What does the Division review on audit
- Things we notice at the conclusion of an audit
- Trends

# Who Gets Audited and How are they Chosen?

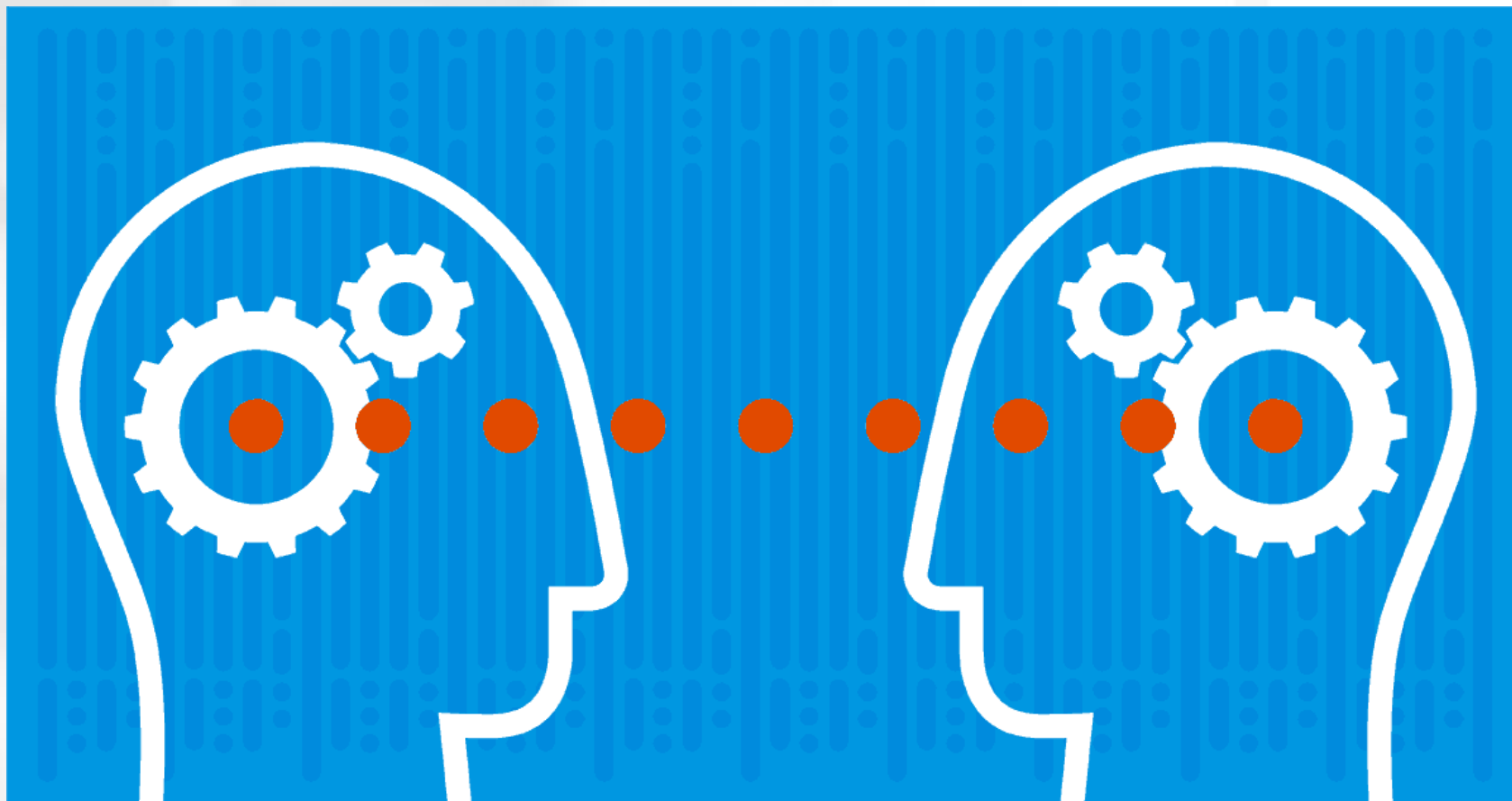
Who is audited?

- Insurers
- Self Insurers

How are they Chosen?

- Random
- Past Audit Results
- Referrals

# How do we audit the entity's information?





# What is the Division Reviewing on the Audit?



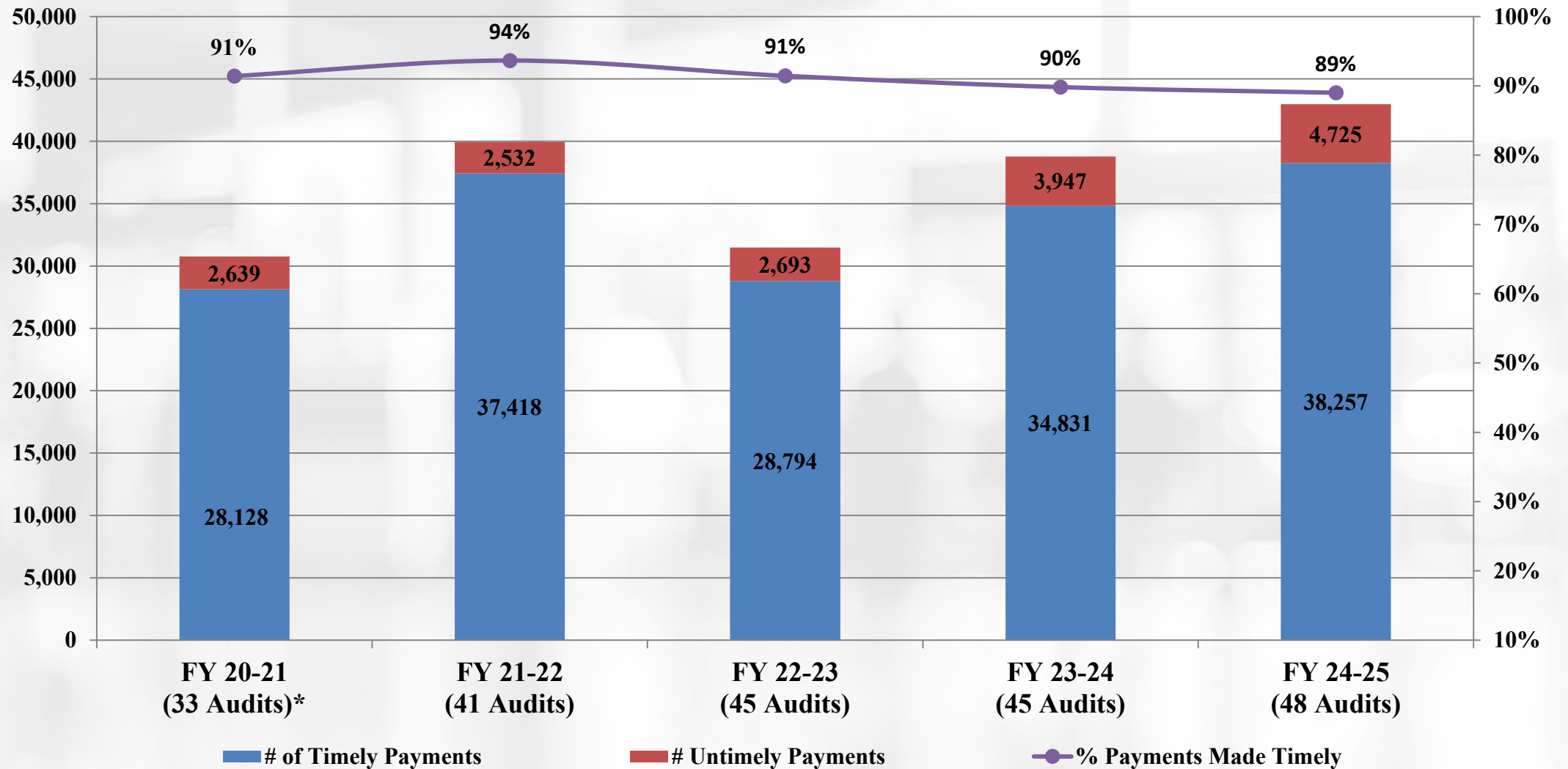
# What we will review on the Audit

- Timeliness and accuracy of all benefit payments
- Timeliness and accuracy of reporting of all state required forms
- Timeliness of letters and brochures
- Accuracy of information reported to the Division
- Medical bills reported and paid timely
- How settlements are handled

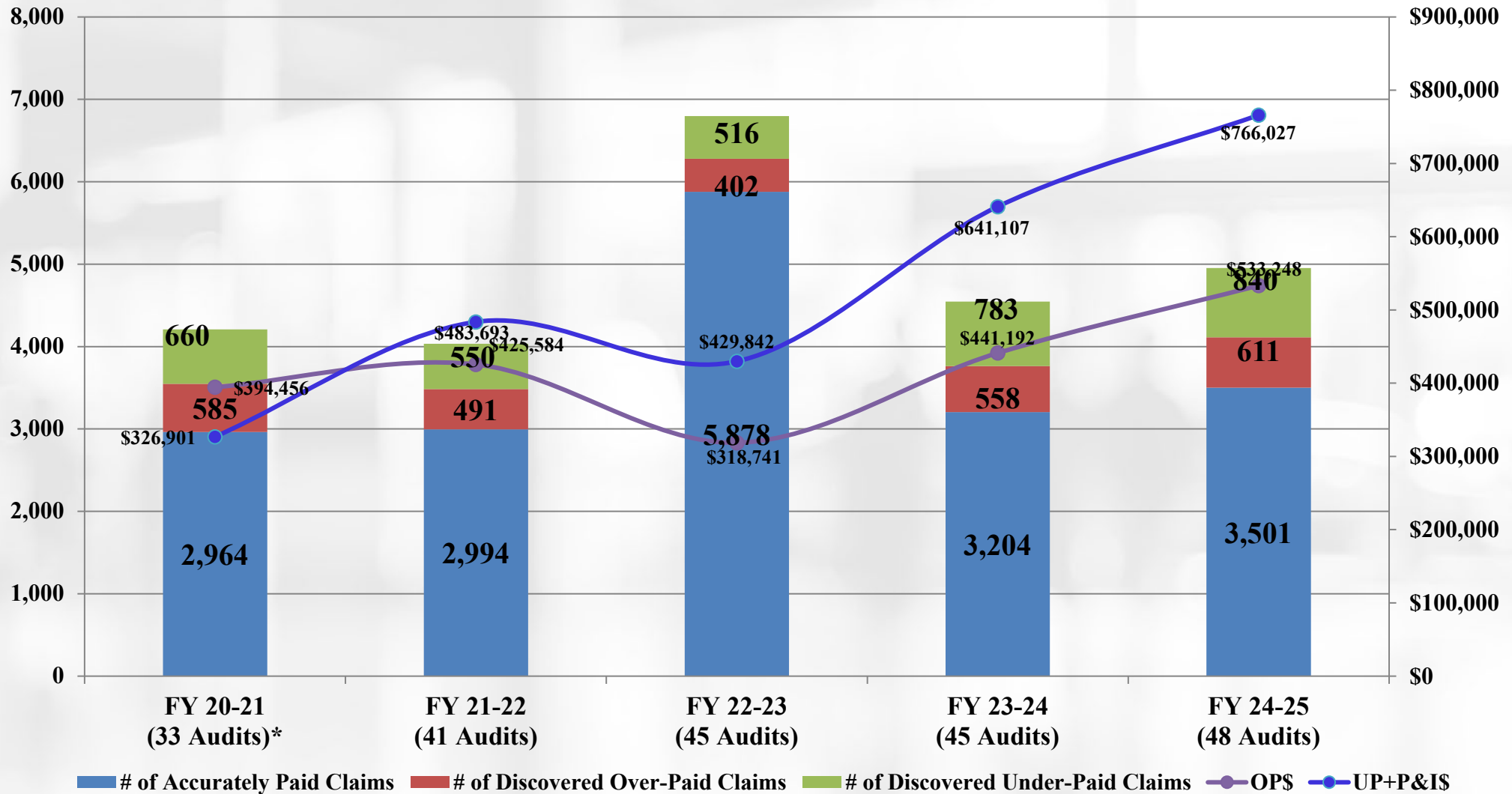
# Timeliness and Accuracy of Benefit Payments

(2)(a) The carrier must pay the first installment of compensation for total disability or death benefits or deny compensability no later than the 14th calendar day after the employer receives notification of the injury or death, when disability is immediate and continuous for 8 calendar days or more after the injury. If the first 7 days after disability are nonconsecutive or delayed, the first installment of compensation is due on the 6th day after the first 8 calendar days of disability. The carrier shall thereafter pay compensation in biweekly installments or as otherwise provided in s. 440.15, unless the judge of compensation claims determines or the parties agree that an alternate installment schedule is in the best interests of the employee.

## Overall Industry Timeliness of Reviewed Indemnity Payments



# Overall Industry Indemnity Payment Accuracy





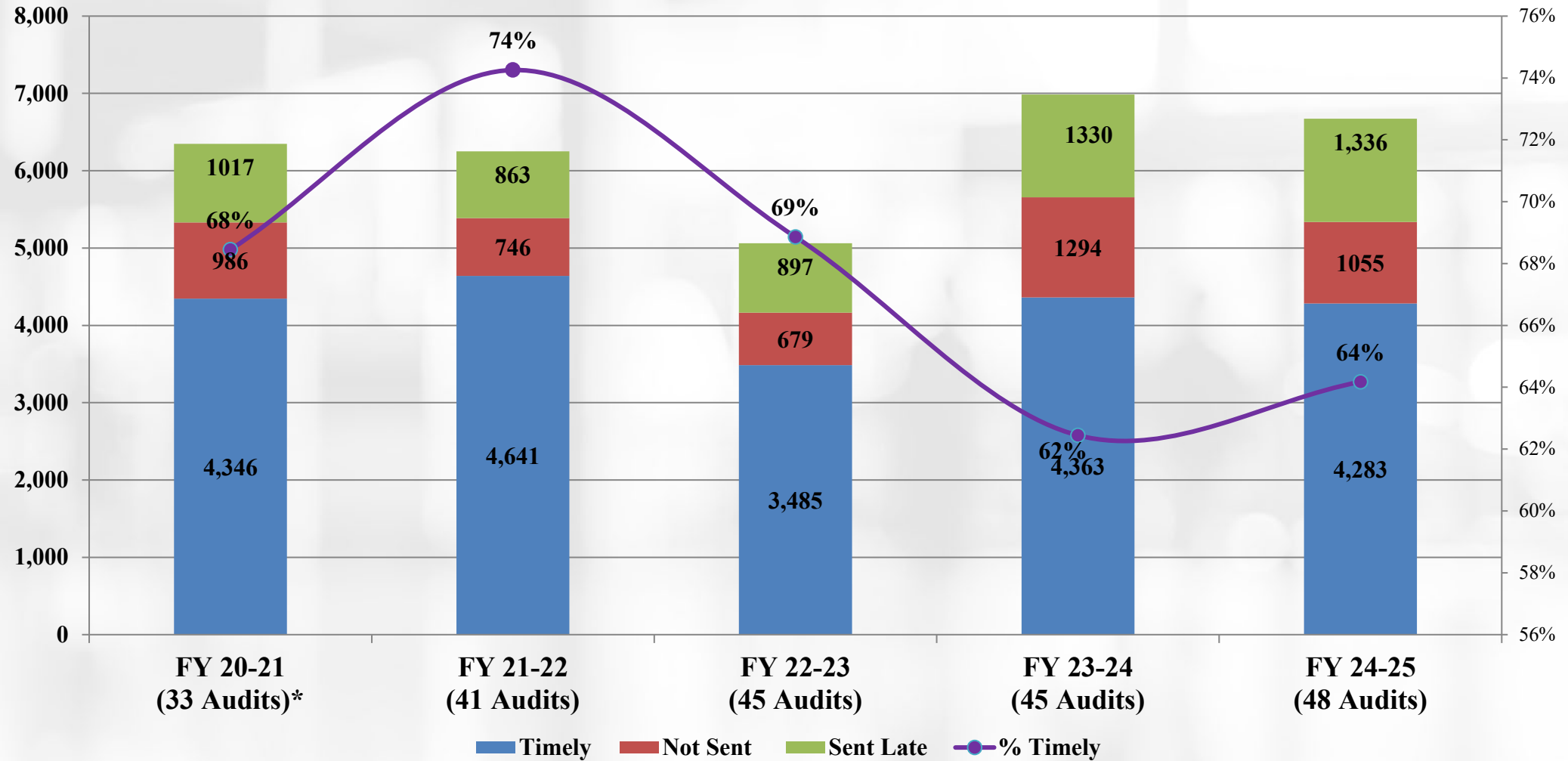
# Timely Reporting of Forms

## 69L-56.300. Claims EDI Reporting Requirements and Implementation Schedules

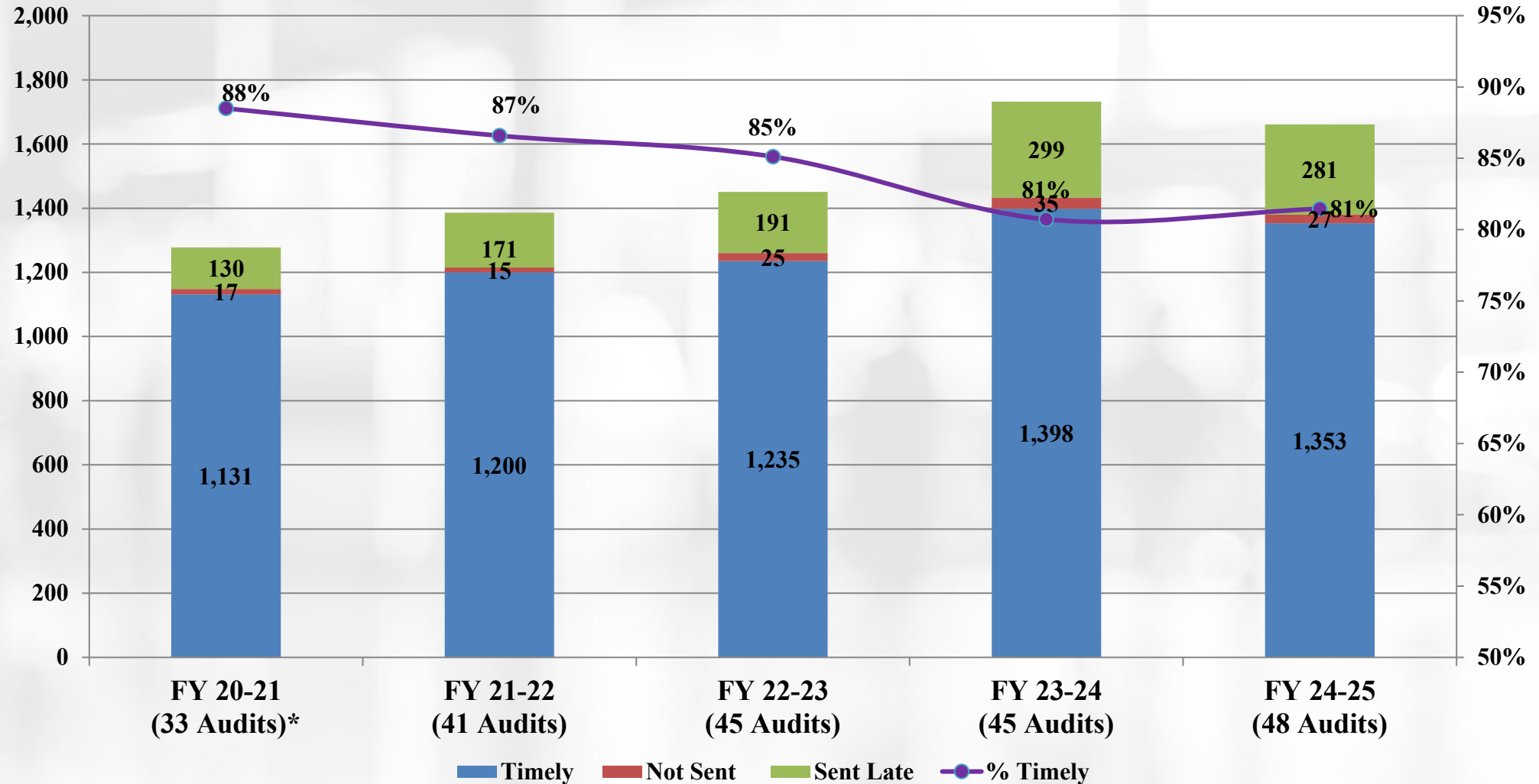
(1)(a) On or before the implementation schedules set out in paragraphs (3)(a) and (b) of this section, every insurer shall file claims information for all “Lost Time/Indemnity,” “Medical Only to Lost Time,” and “Denied” cases via electronic data interchange (EDI) pursuant to paragraph (d) of this section, rather than by submitting paper forms otherwise required in Rules [69L-3.0045](#), [69L-3.0091](#), 69L-3.012, [69L-3.016](#), [69L-3.0213](#) and [69L-3.025](#), F.A.C. The insurer shall file the electronic form equivalent of the First Report of Injury or Illness, Notice of Denial, Claim Cost Report, Notice of Action/Change, and Aggregate Claims Administration Change Report adopted in Rule [69L-3.025](#), F.A.C., pursuant to the requirements and timeframes set out in Rules [69L-56.301](#), 69L-56.3012, [69L-56.3013](#), [69L-56.304](#) and [69L-56.3045](#), F.A.C.



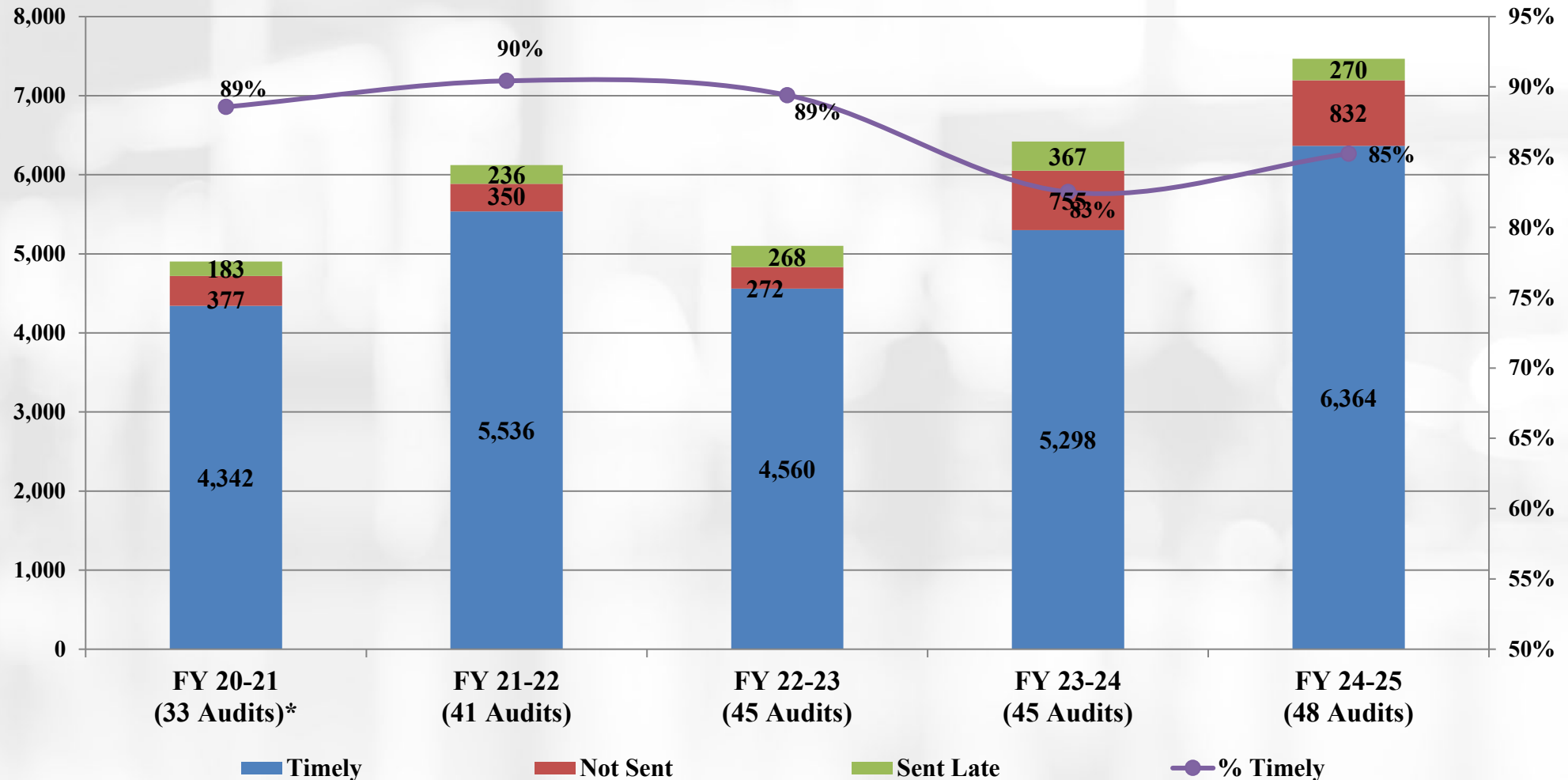
## Notices of Action or Change Overall Industry Compliance by Fiscal Year



## Notices of Denial or Rescinded Denial Overall Industry Compliance by Fiscal Year



# Claim Cost Report Overall Industry Compliance by Fiscal Year



## Letters and Brochures

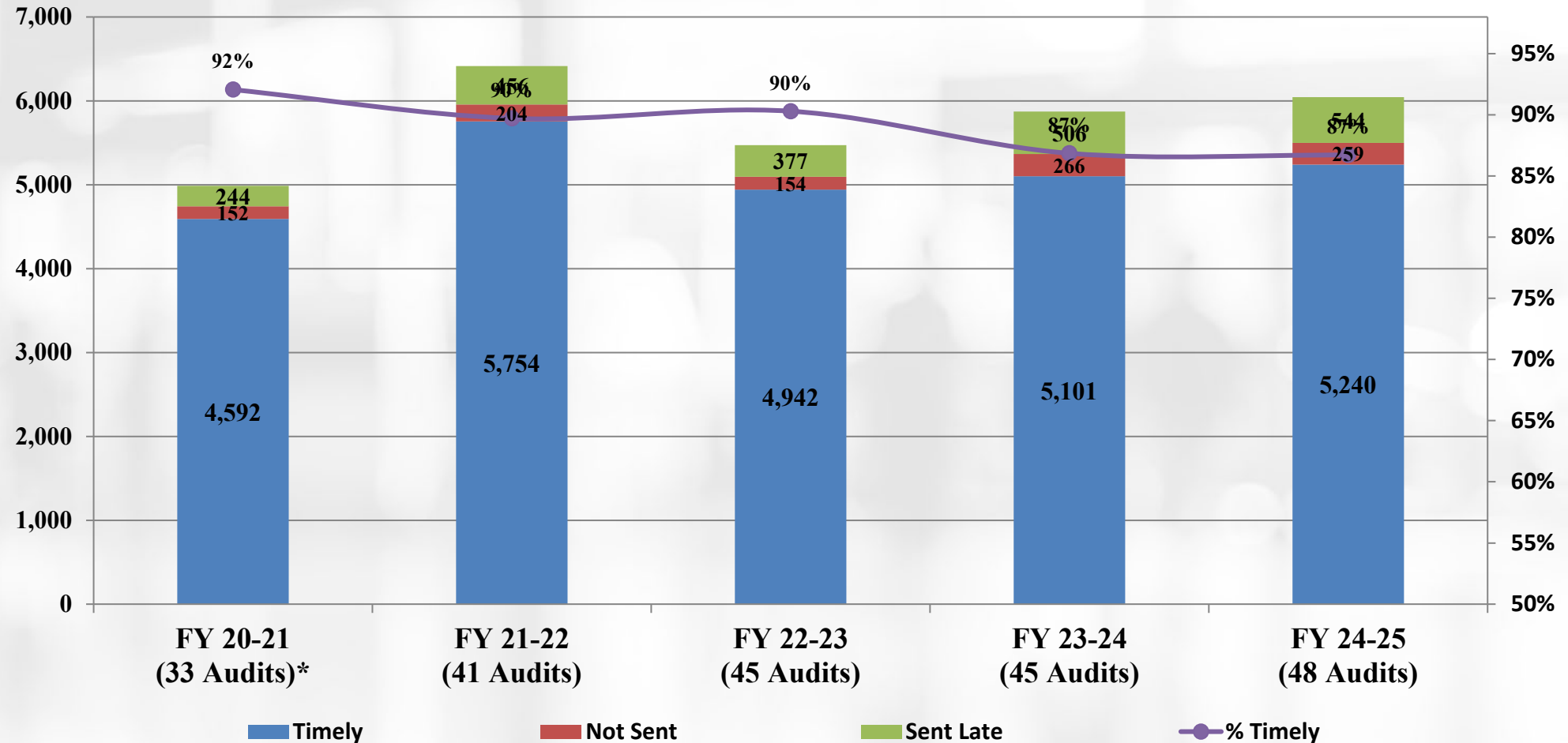
440.185(3) Within 3 business days after the employer or the employee informs the carrier of an injury, the carrier shall send by regular mail or e-mail to the injured worker an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law. Annually, the carrier or its third-party administrator shall send by regular mail or e-mail to the employer an informational brochure approved by the department which sets forth in clear and understandable language an explanation of the rights, benefits, procedures for obtaining benefits and assistance, criminal penalties, and obligations of injured workers and their employers under the Florida Workers' Compensation Law.

## Letters and Brochures

440.185(10) Upon receiving notice of an injury from an employee under subsection (1), the employer or carrier shall provide the employee with a written notice, in the form and manner determined by the department by rule, of the availability of services from the Employee Assistance and Ombudsman Office. The substance of the notice to the employee shall include:

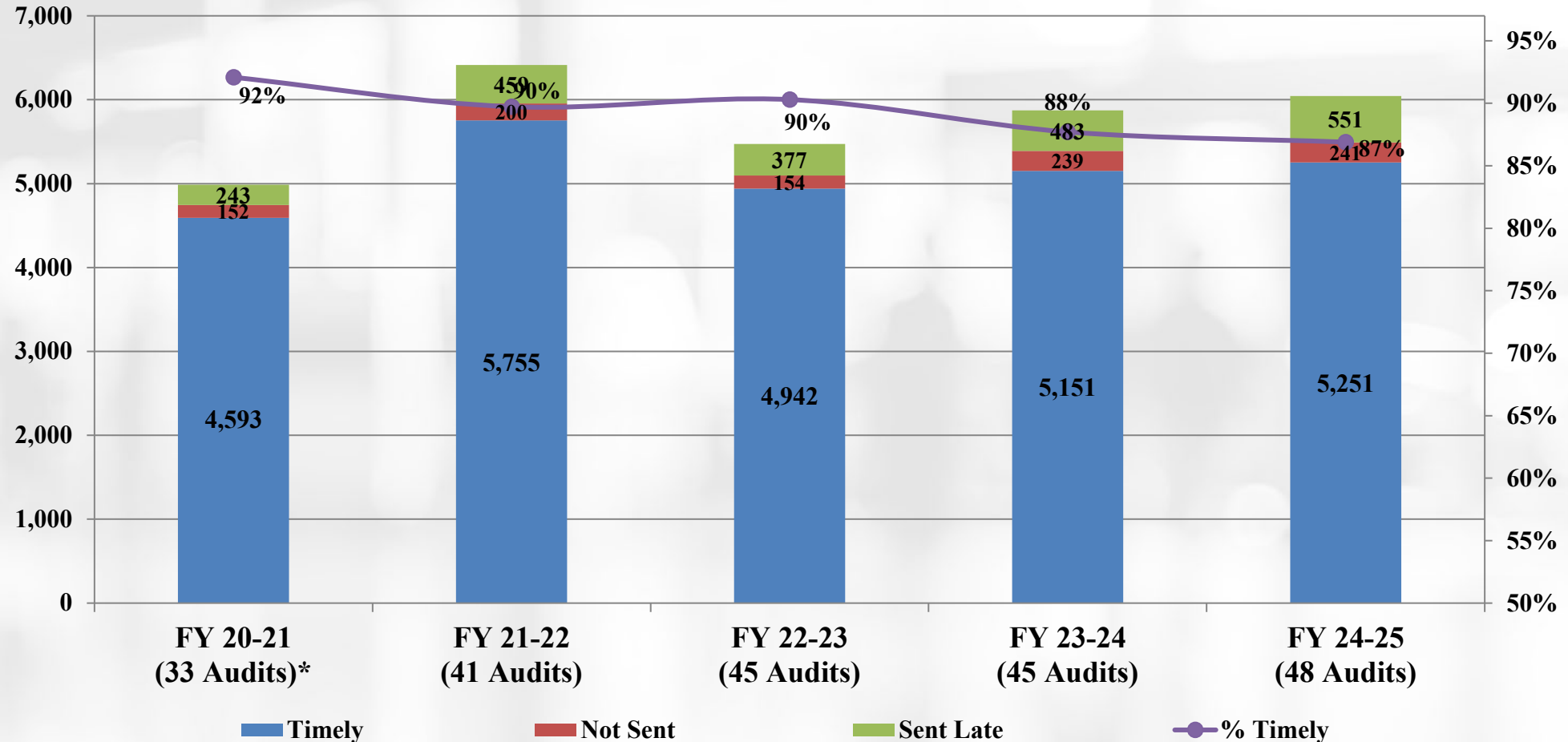
- (a) A description of the scope of services provided by the office.
- (b) A listing of the toll-free telephone number of, the e-mail address, and the postal address of the office.
- (c) A statement that the informational brochure referred to in subsection (3) will be mailed to the employee within 3 days after the carrier receives notice of the injury.
- (d) Any other information regarding access to assistance that the department finds is immediately necessary for an injured employee.

# Employee Letter Overall Industry Compliance by Fiscal Year





# Employee Brochure Overall Industry Compliance by Fiscal Year



# First Report of Injury or Illness Validation

FROI IP? FROI 04?



## Electronic Data Accuracy

First Reports of Injury or Illness Data – Accuracy of “Dates of Accident”

First Reports of Injury or Illness Data – Accuracy of “Date Reported to Employer”

First Reports of Injury or Illness Data – Accuracy of “Date Reported to Claim Administrator”

First Reports of Injury or Illness Data – Accuracy of “Date Disability Began”

First Reports of Injury or Illness Data – Accuracy of “Carrier Knowledge of the 8<sup>th</sup> Day of Disability”

First Reports of Injury or Illness Data – Accuracy of “Initial Date of Payment”

First Reports of Injury or Illness Data – Accuracy of “Salary End Date”

First Reports of Injury or Illness Data – Accuracy of “Salary In Lieu of Compensation”

First Reports of Injury or Illness Data – Accuracy of “Initial Disability Type”

## The Workers' Compensation Administration Trust Fund (WCATF)

- Look to make sure the correct EOB code is being used
- Medical authorization is being authorized timely
- Will look at TPA's and how they are handling claims

# Medical Bill Reporting and Payments

## Medical Bill Forms

- **Form-DFS-F5-DWC-9**(CMS-1500/Health Insurance Claim Form)

DWC-9 are comprised of three sets:

- Physicians and Recognized Practitioners
- Work Hardening & Pain Management Programs

**Form DFS-F5-DWC-10** (Drugs\Medical Equipment& Supplies Form)

- Pharmacies and Home Medical Equipment Providers/Suppliers

- **Form DFS-F5-DWC-11**(American Dental Association Dental Claim Form)

- Dentists

- **Form DFS-F5-DWC-25** (Uniform Medical Treatment/Status Reporting Form)

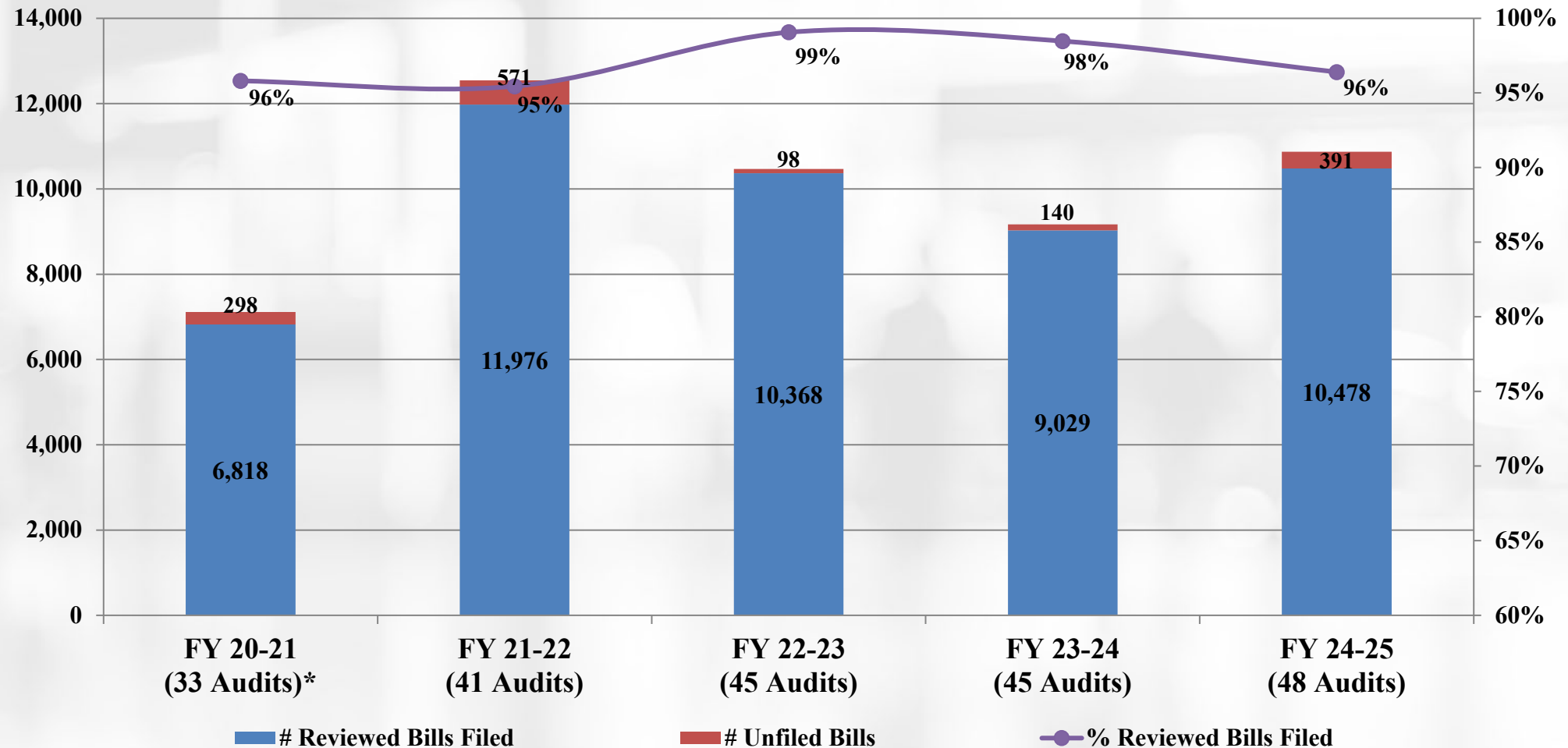
- Physicians and Recognized Practitioners

- **Form DFS-F5-DWC-90** (UB-04 CMS-1450, Uniform Bill)

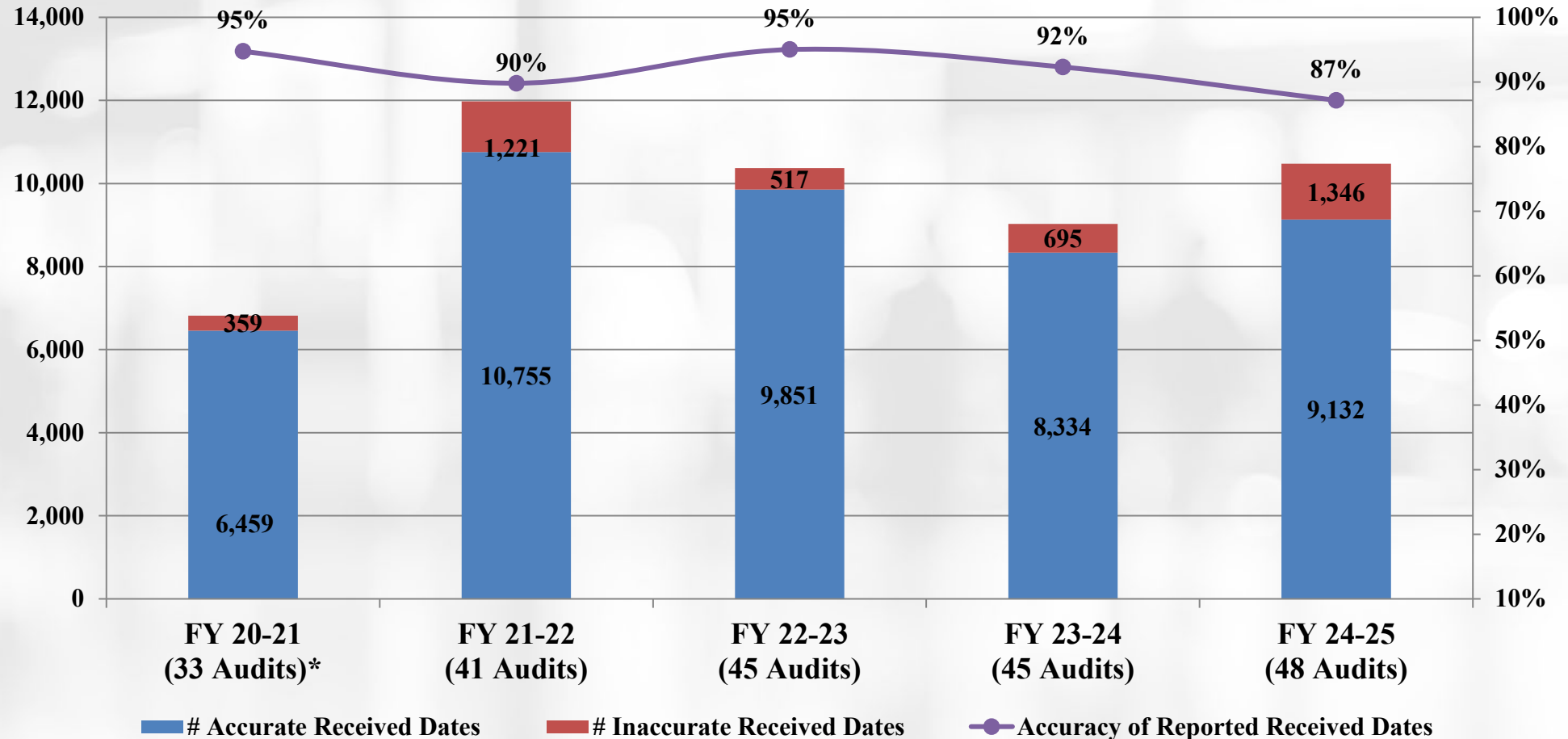
DFS-F5-DWC-90, are comprised of four sets:

- Hospitals
- Ambulatory Surgical Centers
- Home Health Agencies
- Nursing Home facilities

# Overall Industry Percentage of Reviewed Medical Bills Filed with the Division

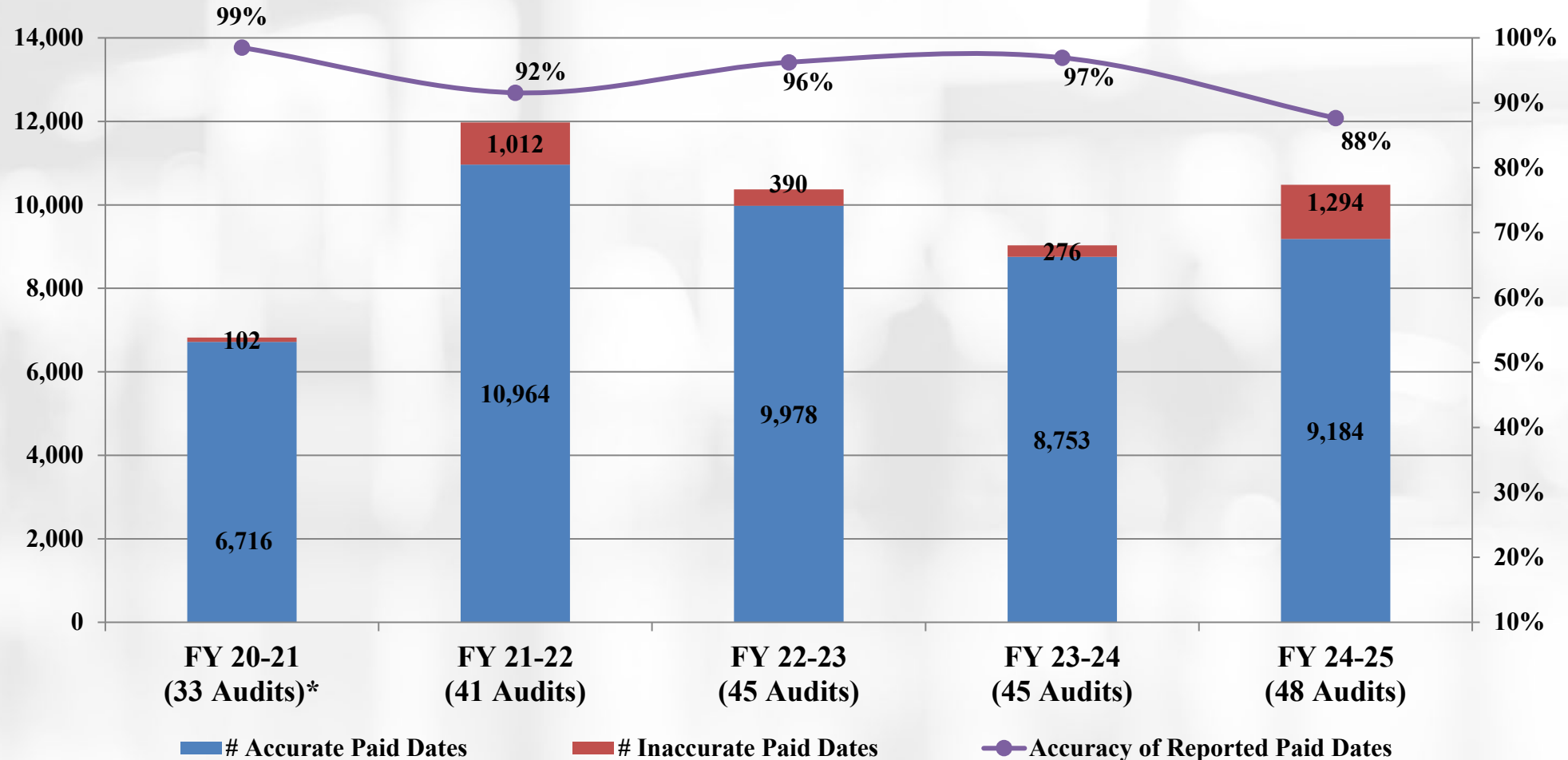


# Overall Industry Accuracy of Reported Medical Bill Received Dates





# Overall Industry Accuracy of Reported Medical Bill Paid Dates

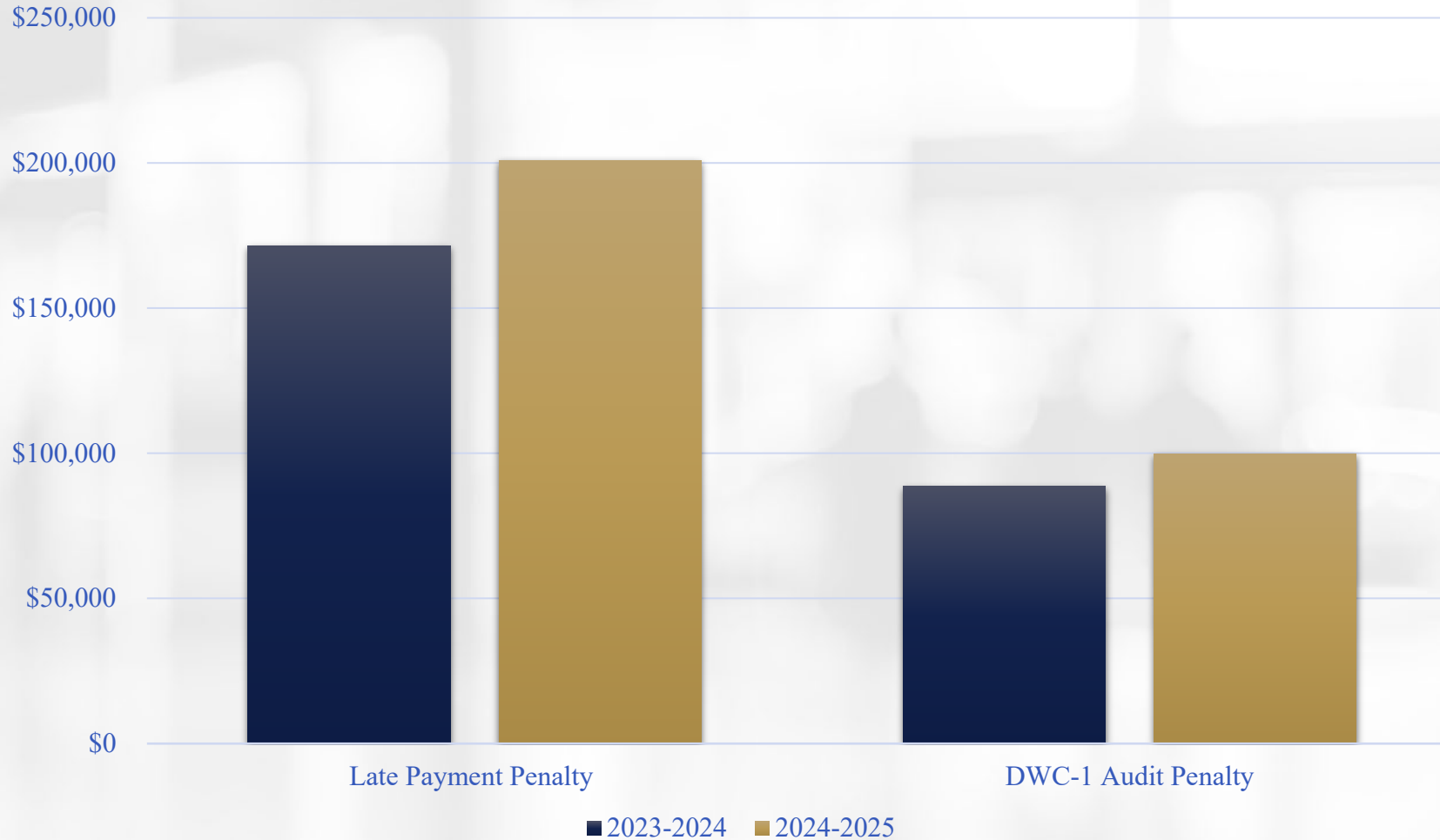


DEPARTMENT OF FINANCIAL SERVICES

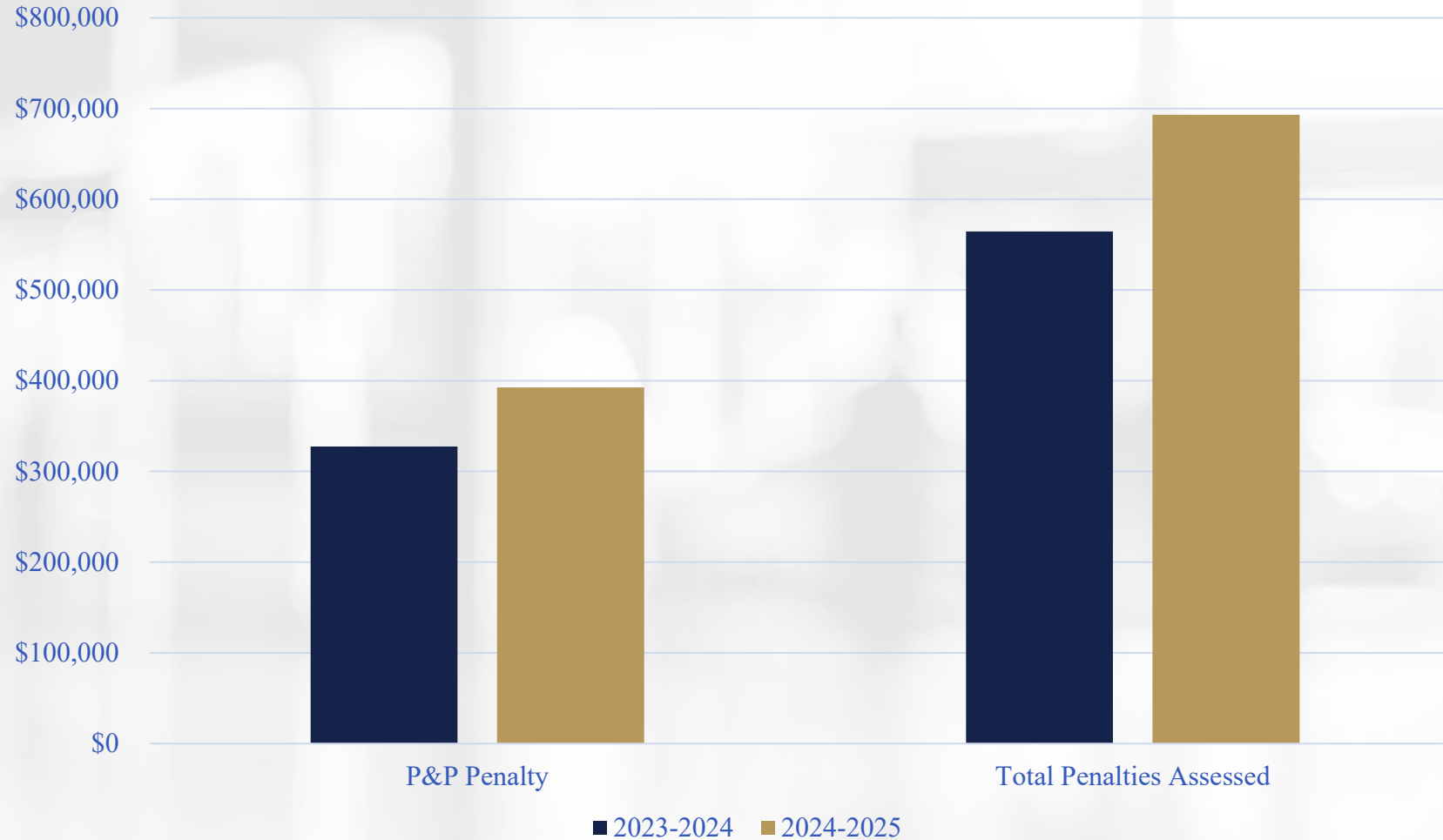
# Audit Penalties

CFO BLAISE INGOLLIA

# Late Payment Penalties



## Pattern and Practice Penalties



DEPARTMENT OF FINANCIAL SERVICES

# Communication, Documentation and Tips for Calculating Benefits

CFO BLAISE INGOLLIA

**“Effective communication is a key factor in the success of your product” — Jesse James Garrett**

- Sets the tone for the claim
- Timely receipt of information to accurately adjust claim
- (RTW info, wage statement, change in disability status) reduce under/over payments and late filings of forms
- Build positive relationships ( reduce PFBs)



## Proper Documentation

- Over 21% of employee productivity per day is lost to a lack of proper documentation
- Documentation does not only make everything organized it directly affects productivity and efficiency, keeps a track of progress, identifies areas of risk and overall ensures that everyone is on the same page
- Documenting processes and procedures also enables teams to work together more efficiently, eliminating the need for duplicative work and ensuring everyone is aligned. Without proper documentation, confusion and chaos can arise, leading to miscommunication, duplicated work, and lost time. Something that no business, no matter how successful can afford to lose.

# Calculations

Tips on properly calculating the wage statement:

- Make sure to double check the listed pay periods to ensure that the date of the accident is not included
- Add the wages up yourself (human error happens)
- Review the to and from dates for the pay periods listed to see if there weekly or biweekly pay periods
- Please do not use more than 13 weeks immediately preceding the date of accident. (i.e., do not use 14 weeks if biweekly pay periods are listed. Either use 12 weeks or have the employer break out the 13th week.)

## Stipulated Agreements

- On audit if there is a signed **stipulated agreement**, we will follow the agreement set forth in the stipulation and ensure timely payment of the lump sum amount.
- For audit purposes those agreed upon payments will not be assessed as late for the carrier's late payment performance.

WAGE STATEMENT

FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
DIVISION OF WORKERS' COMPENSATION

NOTICE TO EMPLOYEE: If you have any questions about the information contained on this form, please contact your employer or claim-handling entity. If further assistance is needed, contact the Division's Employee Assistance Office at 1-800-342-1741.

PLEASE PRINT OR TYPE

RECEIVED BY CLAIMS-HANDLING ENTITY

Example #1

EMPLOYER NAME & ADDRESS  
Anderson Grocers  
123 Main Street  
Tallahassee, FL 32311

TELEPHONE  
850-555-5555

EMPLOYEE NAME (First, Middle, Last)  
Frank Martin

CONCURRENT EMPLOYER NAME & ADDRESS (if applicable)  
N/A

TELEPHONE

DATE OF ACCIDENT (Month-Day-Year)  
6/22/2006

ARE THE WAGES LISTED BELOW FOR A SIMILAR EMPLOYEE?  
\_\_\_\_ YES \_\_\_\_X\_\_\_\_ NO

SIMILAR EMPLOYEE'S NAME

OCCUPATION OF SIMILAR EMPLOYEE

EMPLOYEE'S CUSTOMARY WORK WEEK  
Monday - Friday  
(ex. Saturday thru Friday - Use 7 calendar day period)

EMPLOYEE'S CUSTOMARY DAYS WORKED/WEEK  
5 days  
(ex. 5 days / week)

EMPLOYEE'S CUSTOMARY HOURS WORKED/WEEK  
40 hours  
(ex. 40 hours / week)

EMPLOYER'S CUSTOMARY WORK WEEK  
Sunday - Saturday  
(ex. Saturday thru Friday - Use 7 calendar day period)

NOTICE TO EMPLOYER: Please read all instructions on the back of this form carefully. Complete the form as fully as possible and submit it to your claims-handling entity within 14 days after knowledge of any accident that has caused your employee to be disabled for more than 7 calendar days. If you discontinue providing any fringe benefits, you must file a corrected Wage Statement with your claims-handling entity within 7 days of such termination, reflecting the type and amount of fringe benefits that were paid, and the last date they were provided.

Please list wages earned for the 13 calendar weeks (Sunday through Saturday) immediately preceding the accident.  
Do Not Report Any Wages Earned During The Week of the Accident - Use The 13 Calendar Weeks Immediately Preceding The Accident.

GRATUITIES AS REPORTED TO THE EMPLOYER IN WRITING AS TAXABLE INCOME

FRINGE BENEFITS (employee rec'd)  
EMPLOYER COST ONLY

WEEK NO.	WEEK FROM	WEEK TO	# OF DAYS WORKED THAT WEEK	# HOURS WORKED THAT WEEK	GROSS PAY	HEALTH INSURANCE	RENT/ HOUSING
1	6/3/2006	6/16/2006	10		2,153		
2	5/20/2006	6/2/2006	10		2,153		
3	5/6/2006	5/19/2006	10		2,153		
4	4/22/2006	5/5/2006	10		2,153		
5	4/8/2006	4/21/2006	10		2,153		
6	3/25/2006	4/7/2006	10		2,153		
7	3/11/2006	3/24/2006	10		2,153		
8							
9							
10							
11							
12							
13							
**							

RETURN THIS FORM TO:  
(Claims-handling entity Name, Address & Telephone #)  
XYZ Insurance Company  
1111 Pigeon Road  
Jacksonville, FL 33333  
(904) 444-4444

TOTAL  
\$5,076.00

WILL EMPLOYER CONTINUE TO PROVIDE ABOVE BENEFITS?  
\_\_\_\_ YES \_\_\_\_ NO \_\_\_\_ YES \_\_\_\_ NO

TOTAL FRINGE BENEFITS  
\$ 0

TOTAL OF GROSS PAY, GRATUITIES AND FRINGES  
(FOR CLAIMS-HANDLING ENTITY USE ONLY)  
\$ 725.14

AWW  
\$ 725.14

COMP RATE  
\$ 483.45

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided in s. 817.234, Section 440.105(7), F.S.

Lisa Anderson

(850) 555-5555

June 26, 2006

PREPARER'S NAME

TELEPHONE #

DATE

Form DFS-F2-DWC-1a (04/2008)

F.S. 440.14 (1)(g)

“If compensation is due for a fractional part of the week, the compensation for such fractional part shall be determined by dividing the weekly compensation rate by the number of days employed per week to compute the amount due for each day.”

# Calculating the Daily Rate

- AWW \$749.97 = CR/TT \$500.00 TP \$479.98
- 5 day a week worker
- Owed a TT payment for 2 days
  - \$500 (The rate you're using TT or TP) / 5 days (Days worked a week) = \$100 day
  - \$100 x 2 (Days owed) = \$200.00 due to IW
- AWW \$1,200.00 = CR/TT \$800.04 TP \$768.00
- 5 day a week worker
- Owed a TP payment for 4 days
  - \$768 (The rate you're using TT or TP) / 5 days (Days worked a week) = \$153.60 day
  - \$153.60 x 4 (Days owed) = \$614.40 due to IW
- AWW \$969.33 = CR/TT \$646.25 TP \$620.37
- 4 day a week worker
- Owed a TT payment for 1 day
  - \$646.25 (The rate you're using TT or TP) / 4 days (Days worked a week) = \$161.56 day
  - \$161.56 x 1 (Days owed) = \$161.56 due to IW



# Split Weeks

<b>AWW</b>	<b>\$400.00</b>
<b>TT – C/R</b>	<b>\$266.68</b>
<b>TP – C/R</b>	<b>\$256.00</b>
<b># of days worker</b>	<b>5</b>

**NOTE:** The weekly benefit payment to the IW can not exceed the weekly TT C/R

	<i>Disability Type</i>	<i>Weekly Amount</i>	<i># of days worker</i>	<i># of days owed</i>	<i>Daily Rate</i>	<i>Total Due</i>
<b>7/2</b>	<b>TT</b>	<b>\$266.68</b>	<b>5</b>	<b>1</b>	<b>\$53.34</b>	<b>\$53.34</b>
<b>7/3-7/8</b>	<b>TP</b>	<b>\$256.00</b>	<b>5</b>	<b>6</b>	<b>\$51.20</b>	<b>\$307.20</b>
<b>TT / TP Total = \$360.54</b>						

## Scenario #1

John is due 1 day of TT & 6 days of TP for 7-day period (week of 7/2–7/8):  
John's total combined benefit due of \$360.54, for a 7-day period exceeds his weekly TT C/R of \$266.68; therefore, John is only entitled to the TT weekly C/R of \$266.68

	<i>Disability Type</i>	<i>Weekly Amount</i>	<i># of days worker</i>	<i># of days owed</i>	<i>Daily Rate</i>	<i>Total Due</i>
<b>7/2-7/4</b>	<b>TP</b>	<b>\$256.00</b>	<b>5</b>	<b>3</b>	<b>\$51.20</b>	<b>\$153.60</b>
<b>7/5-7/8</b>	<b>TT</b>	<b>\$266.68</b>	<b>5</b>	<b>4</b>	<b>\$53.34</b>	<b>\$213.36</b>
<b>TP / TT Total = \$366.96</b>						

## Scenario #2

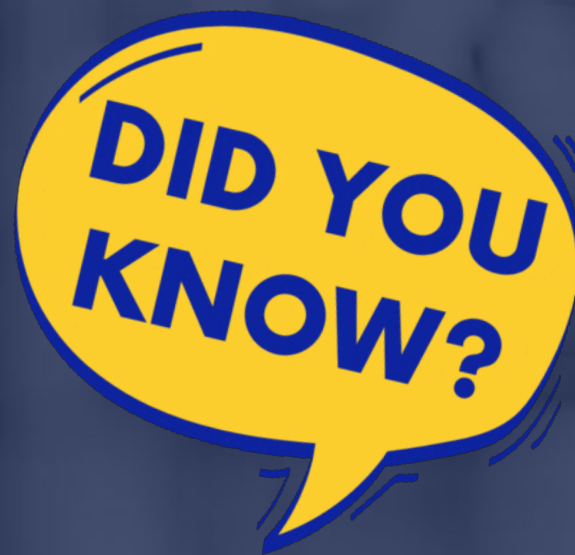
John is due 3 days of TP & 4 days of TT for 7-day period (week of 7/2-7/8):  
John's total combined benefit due of \$366.96, for a 7-day period exceeds his weekly TT C/R of \$266.68; therefore, John is only entitled to the TT weekly C/R of \$266.68



## Petitions for Benefits and Denials (PFB)

- The clock starts when the carrier receives a PFB and they have 14 days to pay or deny.
- Per 440.20 (2)(a) “The carrier must pay the first installment of compensation for total disability or death benefits or deny compensability no later than the 14<sup>th</sup> calendar day after the employer receives notification of the injury or death...”

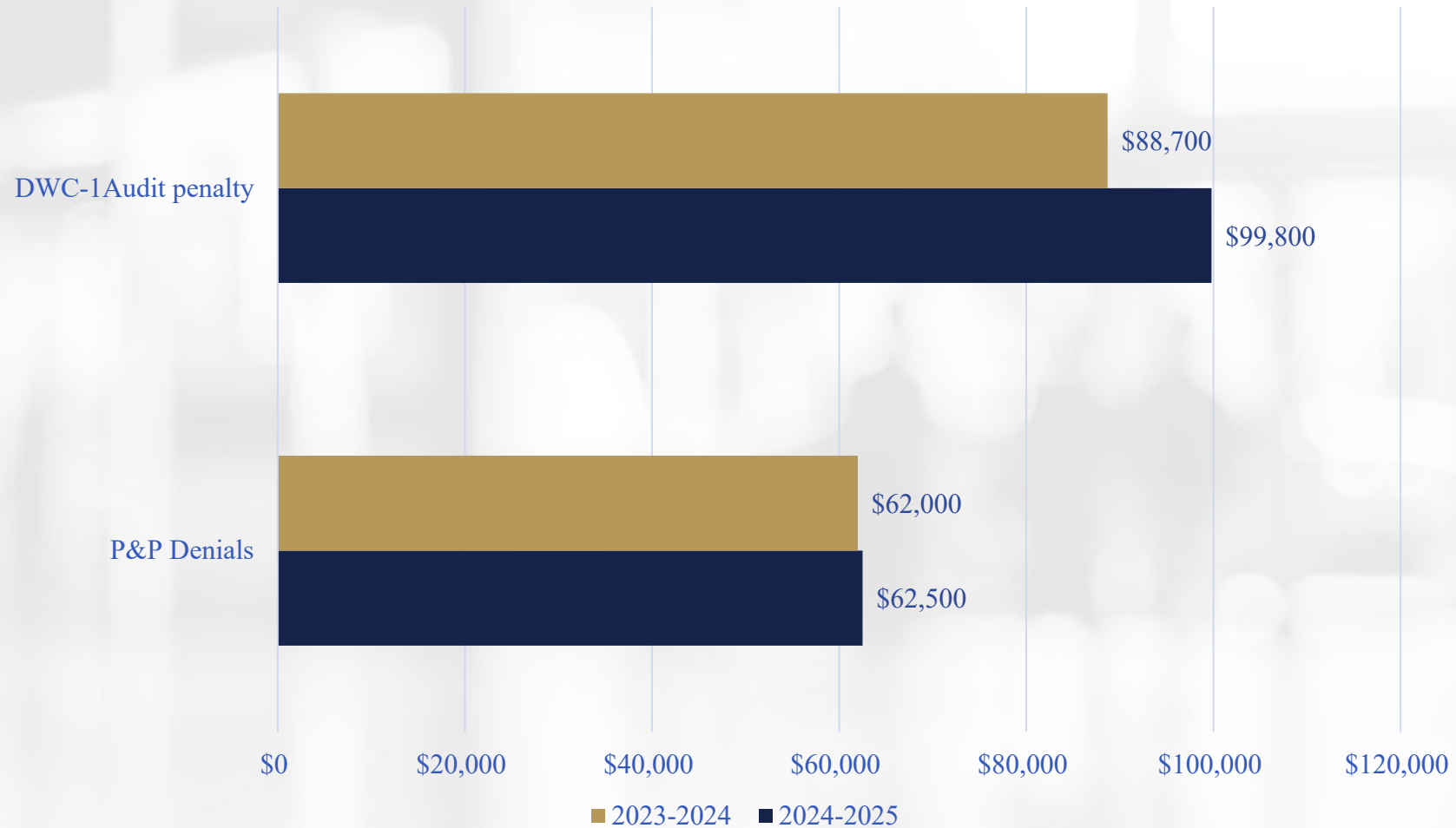
# Audit Trends



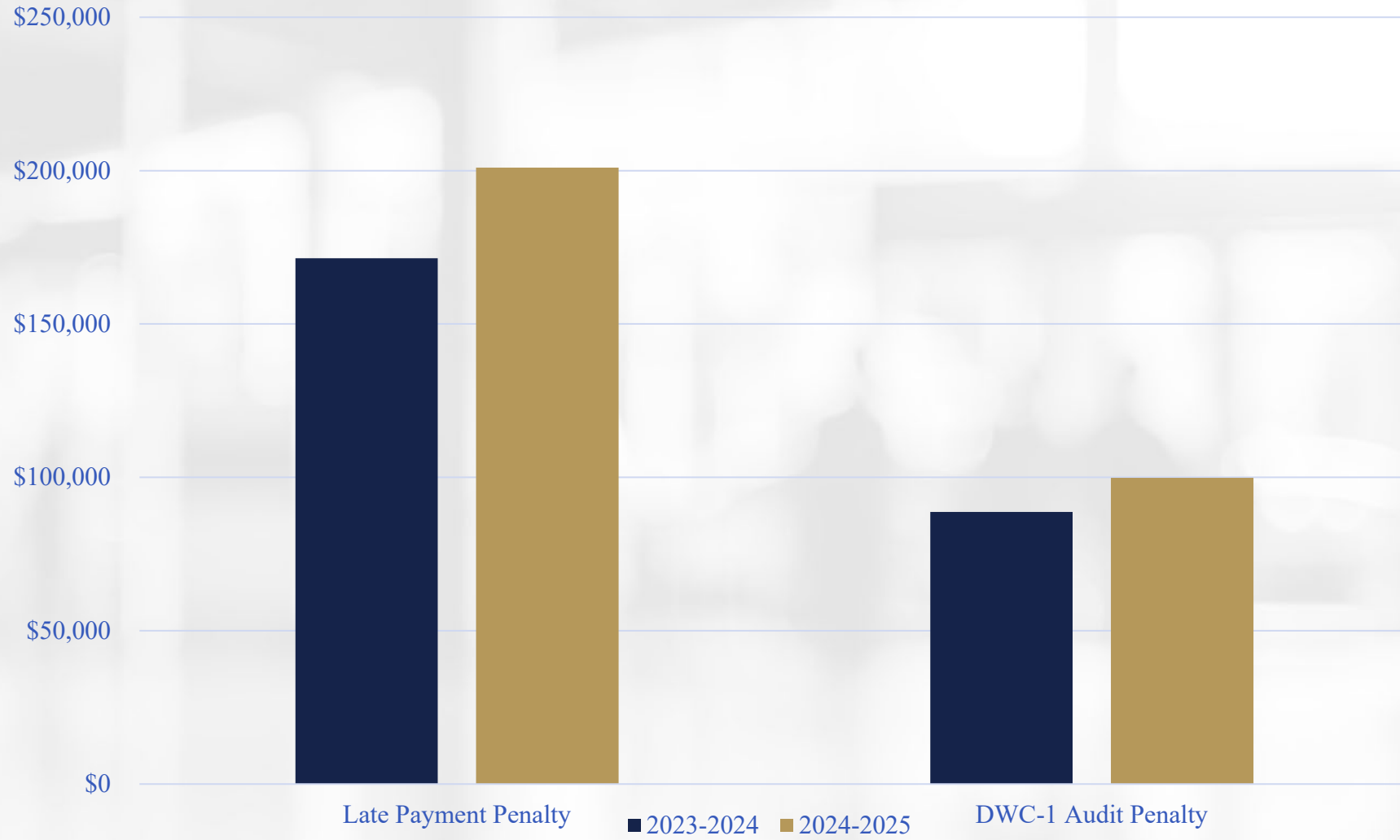
## Audit Trends

- Increase of late filing of denials after receipt of Petition for Benefits
- Increase of audit penalties
- Not paying penalties and interest to injured workers for late payments and underpayments
- Increase in settlements

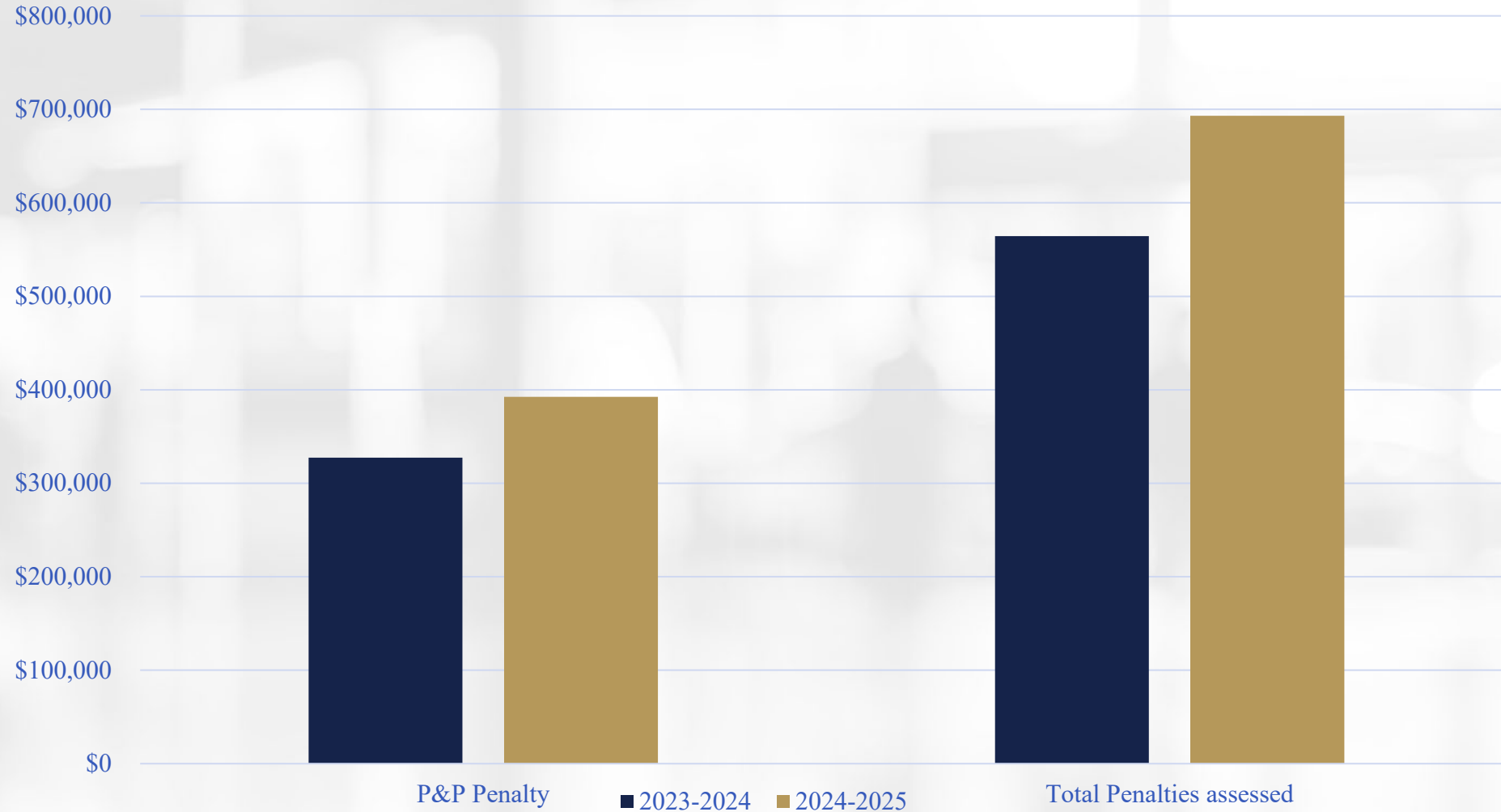
## DWC-1 Audit Penalties



# Increased Audit Penalties



# Increased Audit Penalties





# Questions?



## Monitoring and Audit Contact Information

- Charlene Miller – Bureau Chief  
Email: [Charlene.Miller@myfloridacfo.com](mailto:Charlene.Miller@myfloridacfo.com)
- Derrick Richardson - Operations & Management Consultant  
Email: [Derrick.Richarson@myfloridacfo.com](mailto:Derrick.Richarson@myfloridacfo.com)
- Kamilah Knighton – Senior Management Analyst  
Email: [Kamilah.Knighton@myfloridacfo.com](mailto:Kamilah.Knighton@myfloridacfo.com)
- Charles Wilson - Senior Management Analyst Supervisor  
Email: [Charles.Wilson@myfloridacfo.com](mailto:Charles.Wilson@myfloridacfo.com)



# **Division of Workers' Compensation Bureau of Monitoring & Audit**

## **What's Next?**

## Upcoming Changes for EDI

## EDI Updates

During this session, we will discuss upcoming changes to EDI and other “happenings” within the Insurer Reporting Services Section (IRSS).



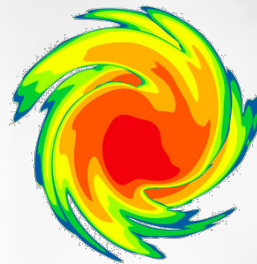
## Training and Triage Efforts

Listed below are some business needs in which the team has received requests for one-on-one training:

- Rejected transaction volume
- Clarification on Florida tables
- Basic EDI and adjuster training
- Performance results from a recent audit

## Hurricane Season Update

Should Florida be impacted by an event that results in an Emergency Order being issued, be sure to respond to any correspondence sent inquiring about your organization's impact on state reporting. We will use the information provided to determine whether penalties assessed during the "blackout" period should be waived.





## Contact Information Updates

The following paperwork should be completed and returned to the team for processing if updates need to be made to the contacts we have on file for your organization:

- Claims EDI: Trading Partner Profile (EDI-1)
- Medical EDI: Sender Contact Update Form
- CPS: <https://apps.fldfs.com/cps/Logon.aspx>  
Administrator changes must be made prior to the transfer of duties to avoid not having system access.

## Test Region Access

Last year, the Office of Information Technology took steps to enhance the Division's cybersecurity. This resulted in restricted access to our 'TEST' region. If your organization needs access, please reach out to the Claims EDI Team to obtain additional instructions.

Email: [claims.edi@myfloridacfo.com](mailto:claims.edi@myfloridacfo.com)



# Questions?



# Upcoming Changes



## Claims EDI Warehouse Update

Revisions will be made to the Claims EDI Warehouse to travel with the Rule update. Functionality will remain the same; however, the appearance will be different.





## Trading Partner Paperwork - Process Change

Once the Claims EDI Warehouse is updated, Trading Partners will be responsible for maintaining all changes to their paperwork.

- EDI-1 (Profile)
- EDI-2 (Claim Administrator ID List)
- EDI-2A (Claim Administrator Address List)
- EDI-3 (Sender Specifications)



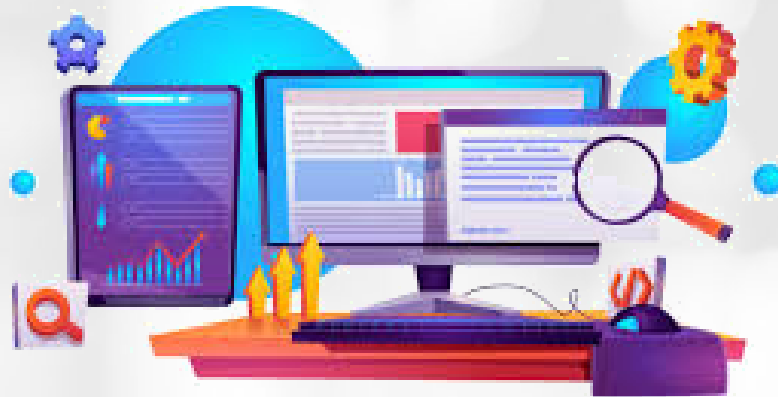
**Fill out Form**



## Trading Partner Paperwork - Process Change

We have a few Trading Partners that have volunteered to assist with external testing. If you are interested in signing up, please let me know.

### FUNCTIONAL TESTING



## Division Rule Update

### EDI Requirements for Proof of Coverage and Claims (69L-56)

The electronic reporting rule is currently being revised and will look much different than the current version as most of information is being transferred to the Event Table.

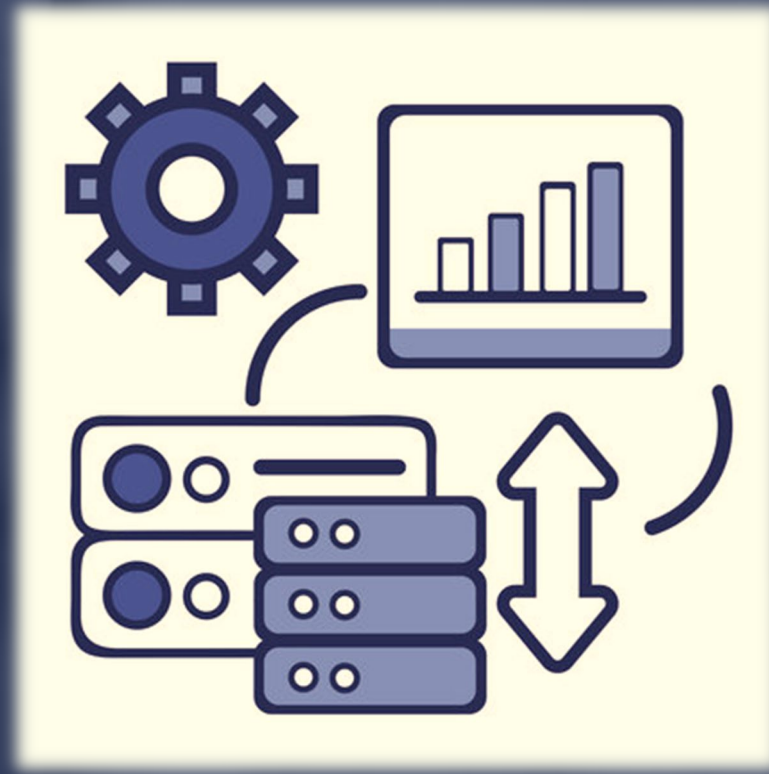


## Division Rule Update Insurers' Standards and Practices (69L-24)

We're also updating the penalty rule to begin assessing penalties for untimely filed Electronic Periodic Claim Cost Reports (MTC SA and FN transactions).



# Centralized Performance System(CPS) Upgrade



## Centralized Performance System (CPS) Update FROI 04 (Full Denials)

With the 2023 approval of ‘Date Claim Administrator Decision to Fully Deny’ (Data Element 0444), the Division will be making updates to CPS to evaluate full denials.

The forms will be evaluated in the same manner as other First Report transactions are currently being evaluated.



## Centralized Performance System (CPS) Update FROI 04 (Full Denials)

Since the timeliness of a ‘Medical Only’ claim that is later denied is determined by the date the claim administrator decided to fully deny the claim, capturing the new data field will allow the system to accurately evaluate forms.





# Centralized Performance System (CPS) – Full Denials

**69L-56.301 Electronic First Report of Injury or Illness.**

On or before the compliance date established in the insurer's Primary Implementation Schedule set forth in paragraph 69L-56.300(3)(a), F.A.C., the insurer shall file the electronic form equivalent for claims information otherwise reported on Form DFS-F2-DWC-1 adopted in Rules 69L-56.4011 and 69L-3.025, F.A.C. Pursuant to Section 440.593(1) F.S., the Division may establish different deadlines for filing required reports electronically than are otherwise required when reporting information by other means. Accordingly, notwithstanding the deadlines for filing the injury report by other means as set forth in Section 440.185(2), F.S., the insurer or its claim administrator shall send to the Division the electronic form equivalent of the First Report of Injury or Illness for the following cases, and by the following filing time periods:

(2) "Denied Case":

(FROI MTC 04, or SROI MTC PD with applicable FROI MTC as found in the IAIABC Implementation Guide for Claims: First, Subsequent, Header, Trailer & Acknowledgement Detail Records, Release 3, January 1, 2009 Edition).

(a) Full/Total Denial – If, by the 14th day after the claim administrator's knowledge of the injury, the employee sustains disability as defined in Section 440.02, F.S., and the claim administrator's initial disposition is to deny the case in its entirety (i.e., both medical and indemnity benefits are denied), an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 21 days after the claim administrator's knowledge of the injury. The claim administrator shall report Claim Type Code "L" (to represent the full denial of a "Medical Only to Lost Time Case") or Claim Type Code "I" (to represent the full denial of a "Lost Time/Indemnity Case").

(b) Medical Only Case that becomes a Total Denial – If the claim administrator is making the decision to deny the case in its entirety (i.e., both medical and indemnity benefits are denied) after the claim administrator's initial disposition to accept compensability of a "Medical Only Case," an Electronic First Report of Injury or Illness will be considered timely filed with the Division when it is received by the Division and is assigned an Application Acknowledgement Code of "TA" (Transaction Accepted) on or before 14 days after the claim administrator's decision to deny the entire claim. The claim administrator shall report Claim Type Code "M" (to represent a "Medical Only Case" that is being totally denied).

# Centralized Performance System (CPS) Update

## Electronic Periodic Claim Cost Report (MTC SA and FN)

Another system enhancement will include the evaluation of MTC SA and FN transactions. Receiving these forms have been a longstanding issue so we're hoping to effect change with this system enhancement.



# CPS Update - MTC SA and FN Transactions

Listed below are stats as of August 1, 2025:

<b>MISSING SA COUNT FOR CURRENT MONTH</b>	<b># OF MISSING SAs WITH AT LEAST 1 ATTEMPT TO FILE A DWC-13 &gt;= DUE DATE</b>	<b>% OF MISSING SAs WITH AT LEAST 1 ATTEMPT TO FILE A DWC-13 &gt;= DUE DATE</b>
2,940	548	18.63
2,685	893	33.25
1,678	453	26.99
1,082	388	35.85
753	10	1.32
615	18	2.92
466	4	0.85
341	94	27.56
323	123	38.08
256	1	0.39
253	67	26.48
220	9	4.09
219	0	0.00
191	16	8.37
159	8	5.03

Listed below are stats from December 1, 2015:

<b>MISSING SA COUNT FOR CURRENT MONTH</b>	<b># OF MISSING SAs WITH AT LEAST 1 ATTEMPT TO FILE A DWC-13 &gt;= DUE DATE</b>	<b>% OF MISSING SAs WITH AT LEAST 1 ATTEMPT TO FILE A DWC-13 &gt;= DUE DATE</b>
3,176	1,011	31.83
2,749	987	35.90
1,231	225	18.27
583	224	38.42
507	14	2.76
489	177	36.19
403	14	3.47
299	1	0.33
297	5	1.68
262	8	3.05
254	19	7.48
253	32	12.64
226	67	29.64
224	50	22.32
199	43	21.60

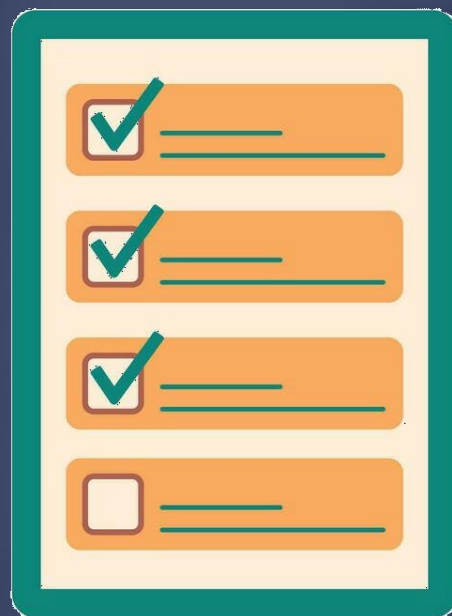
## Claims EDI Release 3.1 Transition

The Division anticipates moving to the latest version of the IAIABC Guide in the near future.





# Processing Trading Partner Paperwork





## Processing Trading Partner Paperwork

Claim administrators servicing claims for self-insurers must ensure that there is an active SI-19 (Certification of Servicing for Self-Insurers) in place prior to submitting an EDI-2 (Trading Partner/Claim Admin ID List) to the Claims EDI Team.

If the self-insurance section confirms that there is no record of the SI-19 on file, the EDI-2 will not be processed (returned to the sender).

## Processing Trading Partner Paperwork

To resolve, contact either of the following Division staff then resubmit the EDI-2 upon completion:

- Dwayne Manning | (850) 413-1784  
[Dwayne.Manning@myfloridacfo.com](mailto:Dwayne.Manning@myfloridacfo.com)
- Lynne Murcia | (850) 413-1936  
[Lynne.Murcia@myfloridacfo.com](mailto:Lynne.Murcia@myfloridacfo.com)



# Questions?



## Insurer Reporting Services Section Contact Information

- Michelle Carter – Operations and Management Consultant Manager  
Email: [Michelle.Carter@myfloridacfo.com](mailto:Michelle.Carter@myfloridacfo.com)
- James Austin – Regulatory Analyst Supervisor  
Email: [James.Austin@myfloridacfo.com](mailto:James.Austin@myfloridacfo.com)
- Leydia Alvarado – Research and Training Specialist  
Email: [Leydia.Alvarado@myfloridacfo.com](mailto:Leydia.Alvarado@myfloridacfo.com)
- Stasha Chaires – Regulatory Analyst IV (Team Lead)  
Email: [Stasha.Chaires@myfloridacfo.com](mailto:Stasha.Chaires@myfloridacfo.com)



## Expert Medical Advisors

Physicians are utilized by the Division and Judges of Compensation Claims as Expert Medical Advisors (EMAs) to render expert medical opinions, peer review and expert testimony to resolve disputes related to reimbursement, differing opinions of health care providers, and health care and physician services rendered in accordance with subsection 440.13(9), F.S. and Rule 69L-30.007, F.A.C.

Physicians interested in participating as an EMA in the Florida Workers' Compensation system can learn more about the EMA process by viewing Chapter 69L-30, F.A.C.



## Division of Workers' Compensation

### Contact Information

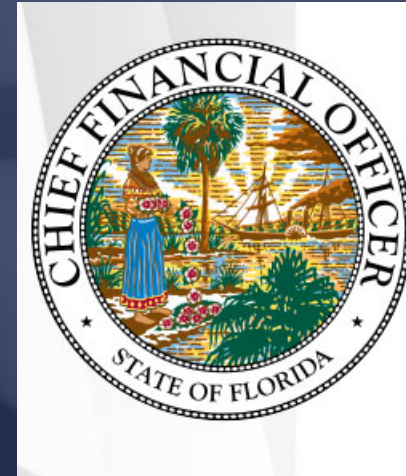
- **Address:**

Division of Workers' Compensation

200 East Gaines Street

Tallahassee, FL 32399-4220

- **Email:** [Workers.CompService@myfloridacfo.com](mailto:Workers.CompService@myfloridacfo.com)
- **Workers' Compensation Claims:** 1-800-342-1741
- **Workers' Compensation Exemption/Compliance:** 1-800-742-2214





DEPARTMENT OF FINANCIAL SERVICES



CFO BLAISE INGOLLIA