

BLAISE INGOGLIA



FLORIDA'S CHIEF FINANCIAL OFFICER

Report to the Three-Member Panel Regarding the Resolution of Medical Reimbursement and Utilization Disputes pursuant to section 440.13(12)(j), Florida Statutes

Fiscal Year 2024 - 2025

Florida Department of Financial Services
Division of Workers' Compensation
Medical Services Section
January 2026

Introduction and Overview

The Department of Financial Services (Department) is required to produce an annual report to the Three-Member Panel summarizing the resolution of reimbursement disputes and actions regarding reports of health care provider violations pursuant to section 440.13(12)(j), Florida Statutes (F.S.).

The Medical Services Section administers four programs pursuant to section 440.13, F.S.; policy development and implementation of several health care provider reimbursement manuals; certification of Expert Medical Advisors (EMA); determination on whether any health care provider has engaged in a pattern or practice of overutilization or in violation of the Workers' Compensation Law or administrative rules; and the resolution of medical reimbursement and utilization disputes relating to medical treatment and services. This report will highlight the activities within the medical reimbursement and utilization dispute program during Fiscal Year (FY) 2024-2025.

Report on Patterns or Practices of Overutilization for Health Care Providers

The Department is granted authority, pursuant to the provisions in sections 440.13(8) and (11), F.S., to investigate and evaluate the health care providers' billing and reporting practices to determine if a provider has engaged in a pattern or practice of overutilization of services in rendering medical care and treatment under the Florida Workers' Compensation health care delivery system.

During FY 2024-2025, the Department processed 23 Health Care Provider violation referrals filed by carriers or entities acting on behalf of the carrier.

Following review and evaluation:

- Eighteen referrals were closed after appropriate assessment.
- Five cases remain under investigation.

Resolution of Reimbursement Disputes

The Medical Services Section is responsible for resolving medical reimbursement disputes between health care providers and carriers. The reimbursement disputes must be filed within 45 days from the health care provider's receipt of the notice of disallowance or adjustment of payment.

During FY 2024-2025, 3.4 million medical bills were filed with the Division, and, of these 3.4 million medical bills, the Medical Services Section received 9,624 reimbursement disputes. Additionally, the Medical Services Section closed a total of 7,601 petitions during the same period. Out of the 7,601 petitions closed, 3,822 resulted in the issuance of determinations, 727 resulted in dismissals, and 3,052 resulted in withdrawals.

Petition Provider Types Received During the FY					
	20-21	21-22	22-23	23-24	24-25
Practitioner	4,412	4,547	5,801	6,057	6,461
Hospital Outpatient	983	1,339	2,074	2,936	1,946
Hospital Inpatient	794	1,033	1,283	726	608
ASC	322	322	594	598	609
Other	---	---	5	---	---
Total	6,511	7,241	9,757	10,317	9,624

Petition Determinations by Provider Type During the FY					
	20-21	21-22	22-23	23-24	24-25
Practitioner	1,791	1,222	1,123	3,400	2,901
Hospital Outpatient	450	478	838	766	702
Hospital Inpatient	17	11	28	37	89
ASC	163	181	225	163	130
Total	2,421	1,892	2,214	4,366	3,822

Petition Dismissals by Provider Type During the FY					
	20-21	21-22	22-23	23-24	24-25
Practitioner	1,343	2,177	2,865	2,604	365
Hospital Outpatient	357	334	602	588	215
Hospital Inpatient	189	185	218	791	65
ASC	122	122	204	211	82
Other	---	---	4	---	---
Total	2,011	2,818	3,893	4,194	727

During FY 2024-2025, failure to cure the deficiency was the primary reason for the issuance of a dismissal to the petitioner.

Petition Dismissals by Reason During the FY					
	20-21	21-22	22-23	23-24	24-25
Petition Withdrawn	1,322	2,331	3,222	3,579	----
Failure to Cure Deficiency	351	304	446	382	416
Untimely Filed	233	105	108	111	238
Lack of Jurisdiction	47	60	91	96	56
Duplicate Petition	27	17	21	17	10
Not Ripe for Resolution	26	1	3	2	0
Non-HCP	1	0	1	0	0
Managed Care	0	0	0	0	0
Lack of Authorization	1	0	1	0	2
Settlement Agreement	0	0	0	2	0
Other Reason	3	0	0	4	5
Billing Error	0	0	0	1	0
Total	2,011	2,818	3,893	4,194	727

Petition Withdrawals by Provider Type During the FY	
	24-25
Practitioner	2,124
Hospital Outpatient	380
Hospital Inpatient	409
ASC	139
Total	3,052

During FY 2024-2025, an internal process change was implemented to improve reporting accuracy by separating voluntary withdrawals from dismissals.