

FLORIDA'S CHIEF FINANCIAL OFFICER DEPARTMENT OF FINANCIAL SERVICES



2025 ANNUAL RESULTS & ACCOMPLISHMENTS REPORT

Division of Workers' Compensation





2025 RESULTS & ACCOMPLISHMENTS REPORT

Division of Workers' Compensation

Chapter 440 is Florida's Workers' Compensation Law, and it enumerates an extensive list of duties performed by the Division of Workers' Compensation (DWC). While the Division is not responsible for adjusting claims, we assist injured workers, employers, health care providers, and insurers in following the Florida workers' compensation rules and laws.

The Division reviews its processes with an eye toward improvement at each level, using numerous measures and outcomes that reflect Florida's workers' compensation system and our mission. The following report features many of these measures and outcomes.

The ultimate purpose of this publication is to provide insight into the unique aspects of the Florida workers' compensation system. We hope you find the data informative and beneficial.

If you would like to provide us with any feedback, please email us at: Workers.CompService@myfloridacfo.com.

Prepared by:
Division of Workers' Compensation
Department of Financial Services
www.MyFloridaCFO.com/Division/WC/



Mission Statements

Department of Financial Services

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

To actively ensure the self-execution of the workers' compensation system by educating system participants of their rights and responsibilities; by leveraging data to deliver exceptional value; and by holding participants accountable for fulfilling their obligations.



Table of Contents

MEDICAL DATA RESULTS..... 5

INDEMNITY DATA RESULTS 10

MEDICAL SHARE FOR LOST-TIME CLAIMS..... 15

LOST-TIME CLAIMS: INJURY BY CAUSE, NATURE, & BODY PART
..... 16

FINANCIAL RESULTS 18

WORKERS' COMPENSATION ADMINISTRATION TRUST FUND
(WCATF)..... 18

SPECIAL DISABILITY TRUST FUND (SDTF)..... 20

REGULATORY ACTIVITIES 22

EMPLOYER COMPLIANCE..... 22

EMPLOYEE ASSISTANCE..... 26

INSURER REPORTING SERVICES SECTION 31

AUDIT SECTION..... 34

ASSESSMENTS SECTION..... 38

SELF-INSURANCE SECTION 39

FINANCIAL ACCOUNTABILITY SECTION 40

SPECIAL DISABILITY TRUST FUND SECTION..... 40

POINTS OF INTEREST TO OUR READERS 42

DELIVERY OF TRAINING AND EDUCATION TO OUR
STAKEHOLDERS:..... 42

MAIL & EMAIL CONTACTS..... 43

TELEPHONE CONTACTS 43

WEBSITES..... 43

Medical Data Results

In 2024, the medical payments across nine categories of medical care providers totaled \$1,593,511,626. Within 12 months of injury, 55.47% of those payments were paid to these providers, totaling \$883,878,299.

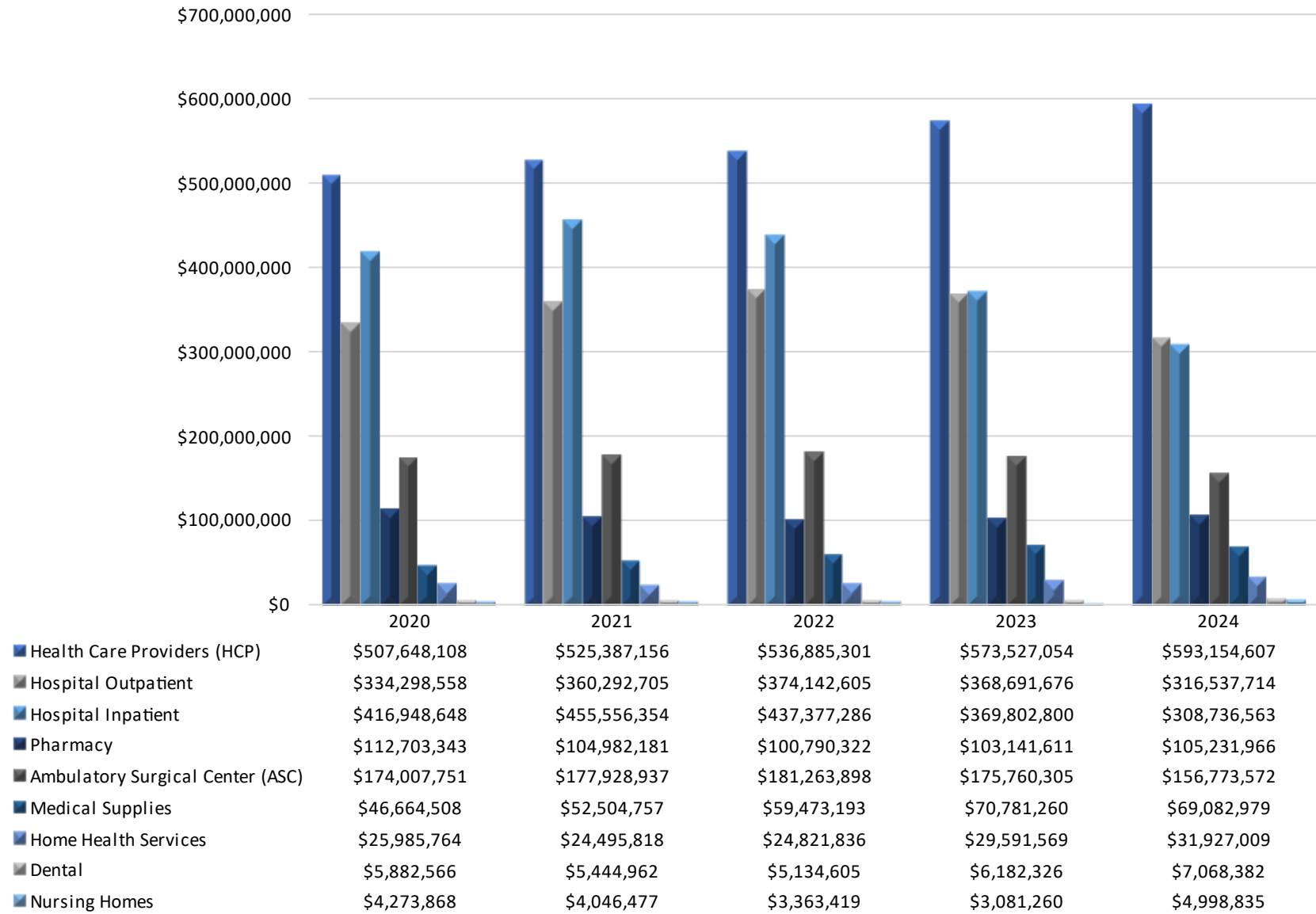
The Division of Workers' Compensation received over 3.4 million medical bill records during FY 2024/25 via electronic submission, which is the largest volume of electronic data the Division receives. Reporting of medical data begins with a work-related injury that required medical care from a physician, 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 appropriate medical claim forms (or electronic equivalents). The claim administrator or contracted medical bill review vendor adjudicates the medical bill.

When submitters report bills to the Division, they are screened by applying hundreds of edits, which reject bills that do not meet Division requirements. The submitter is notified immediately if a submitted bill failed the edits and was subsequently rejected. Rejected medical bills are not considered timely filed until corrected, resubmitted, and accepted by the Division. In FY 2024/25, the Division accepted 97% of all reported medical bills.

Medical bill reimbursement amounts, which are contained in the reimbursement manuals adopted by the Division, are based on the agreed-upon contract price or the maximum reimbursement allowance. Per section 440.13(12), F.S., the three-member panel determines statewide schedules of maximum reimbursement allowances for medically necessary treatment, care, and attendance provided by hospitals and ambulatory surgical centers. The physician and nonhospital services schedule of maximum reimbursement allowance is not subject to approval by the three-member panel.

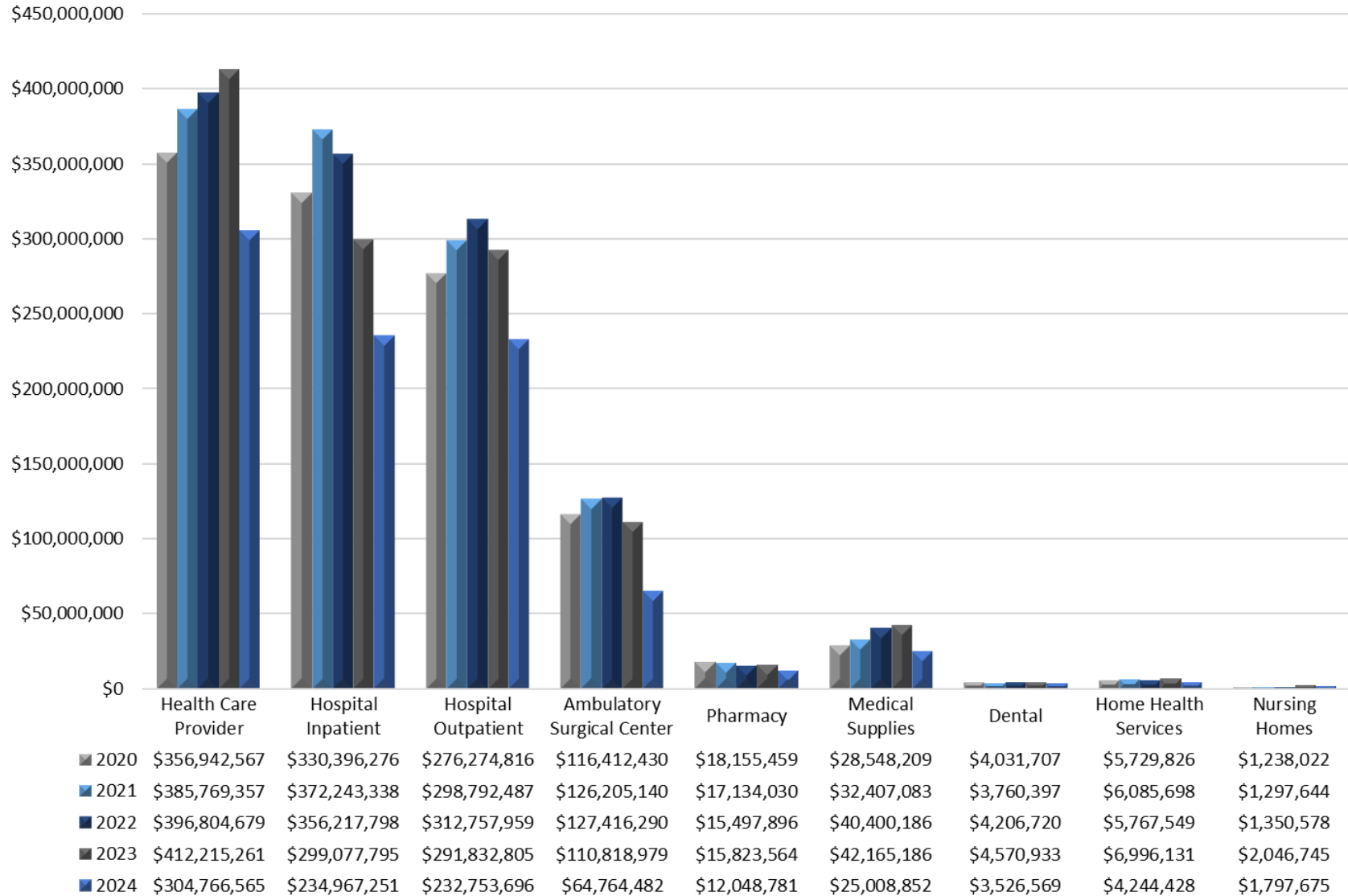
The following charts pertain to both lost-time claims and medical-only claims. Data aggregation is by calendar year for the date of service, rather than the year of the injury. The data for each year is restricted to medical bills received and accepted by the Division no later than six months after the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

Medical Payment Distribution Amounts

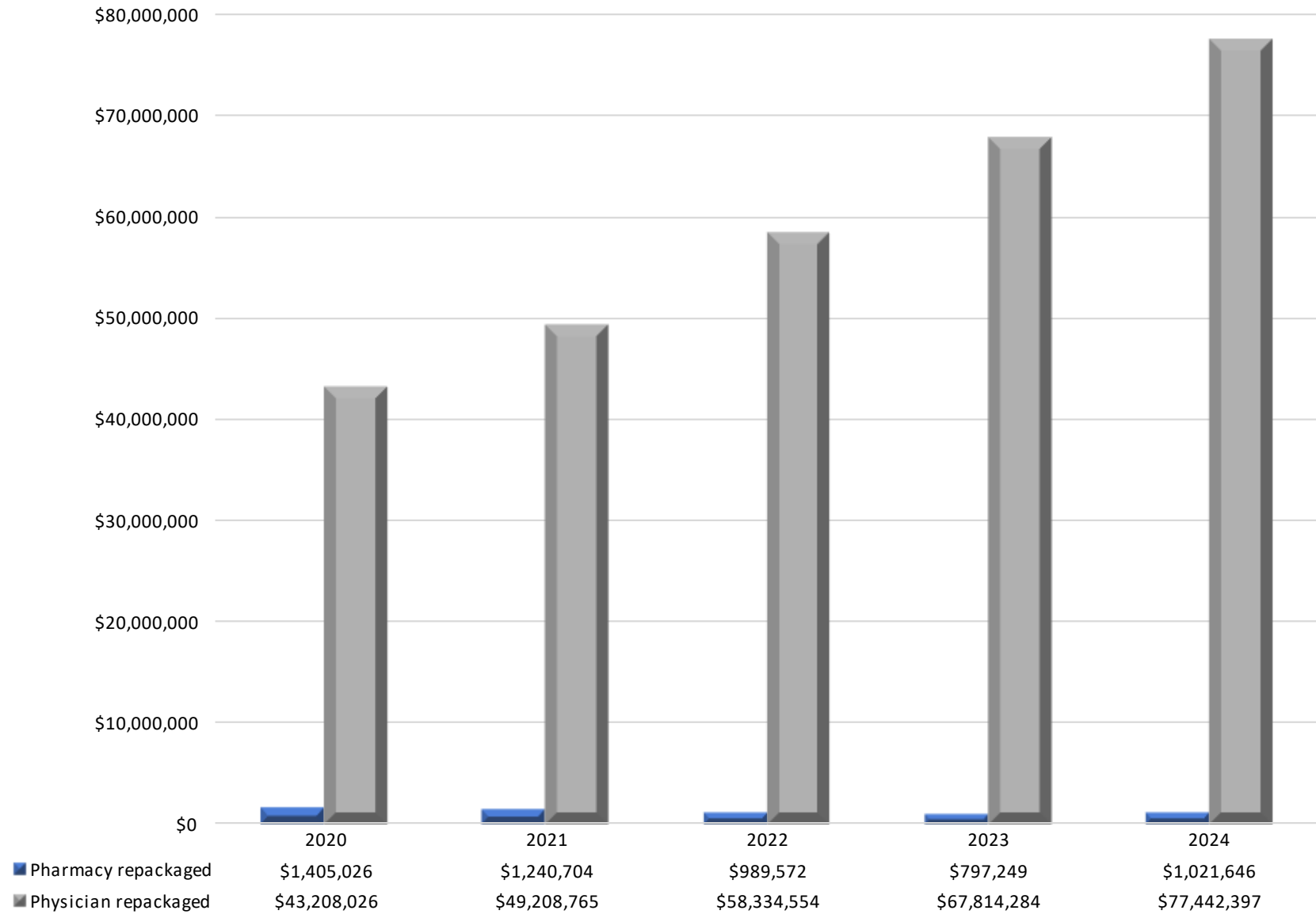


Total Medical Paid* for Services Provided within 12 Months of Injury

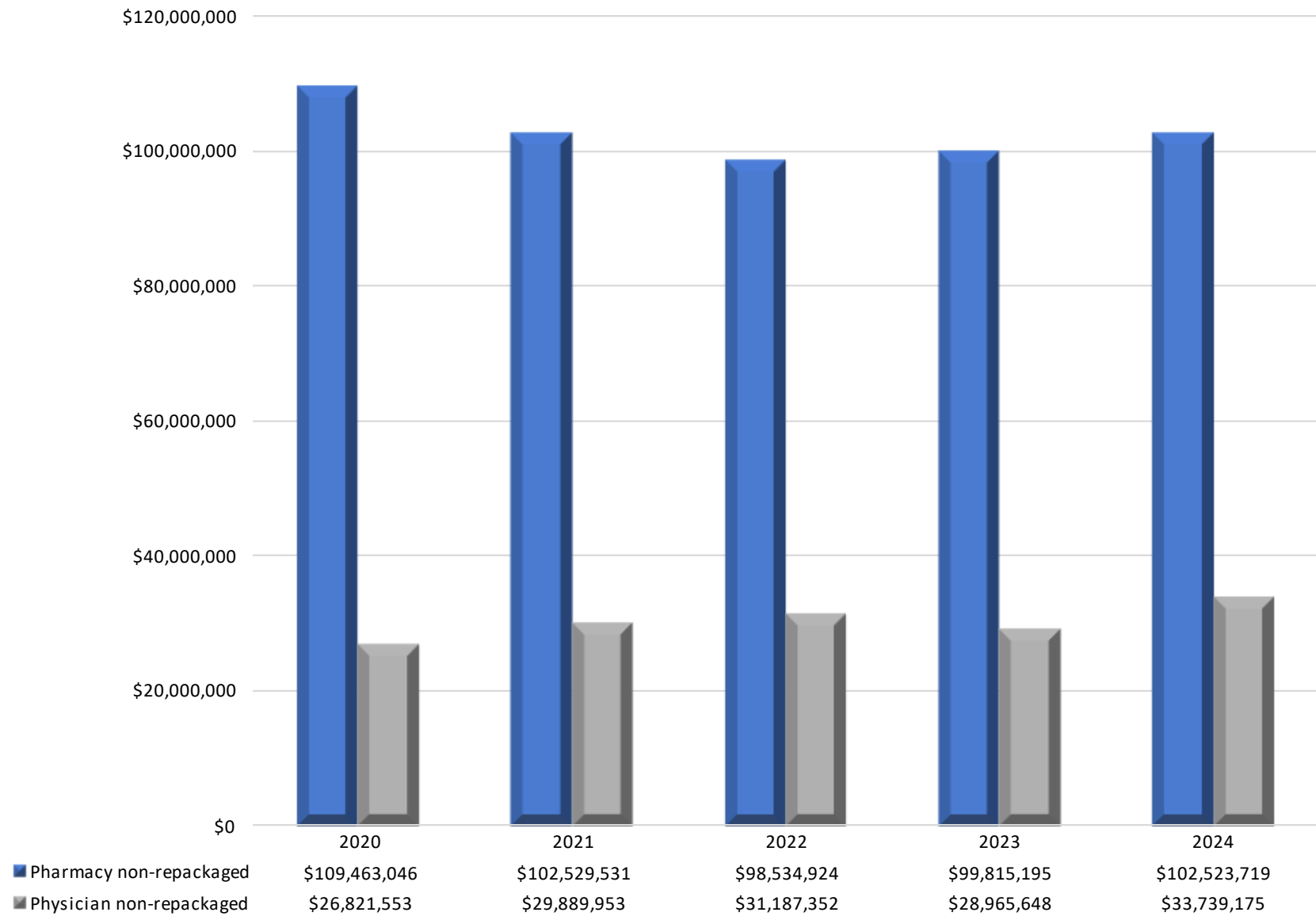
*Excluding bills received beyond 6 months of end of calendar year of service



Pharmacy vs. Physician Repackaged Drug Payments



Pharmacy vs. Physician Non-Repackaged Drug Payments



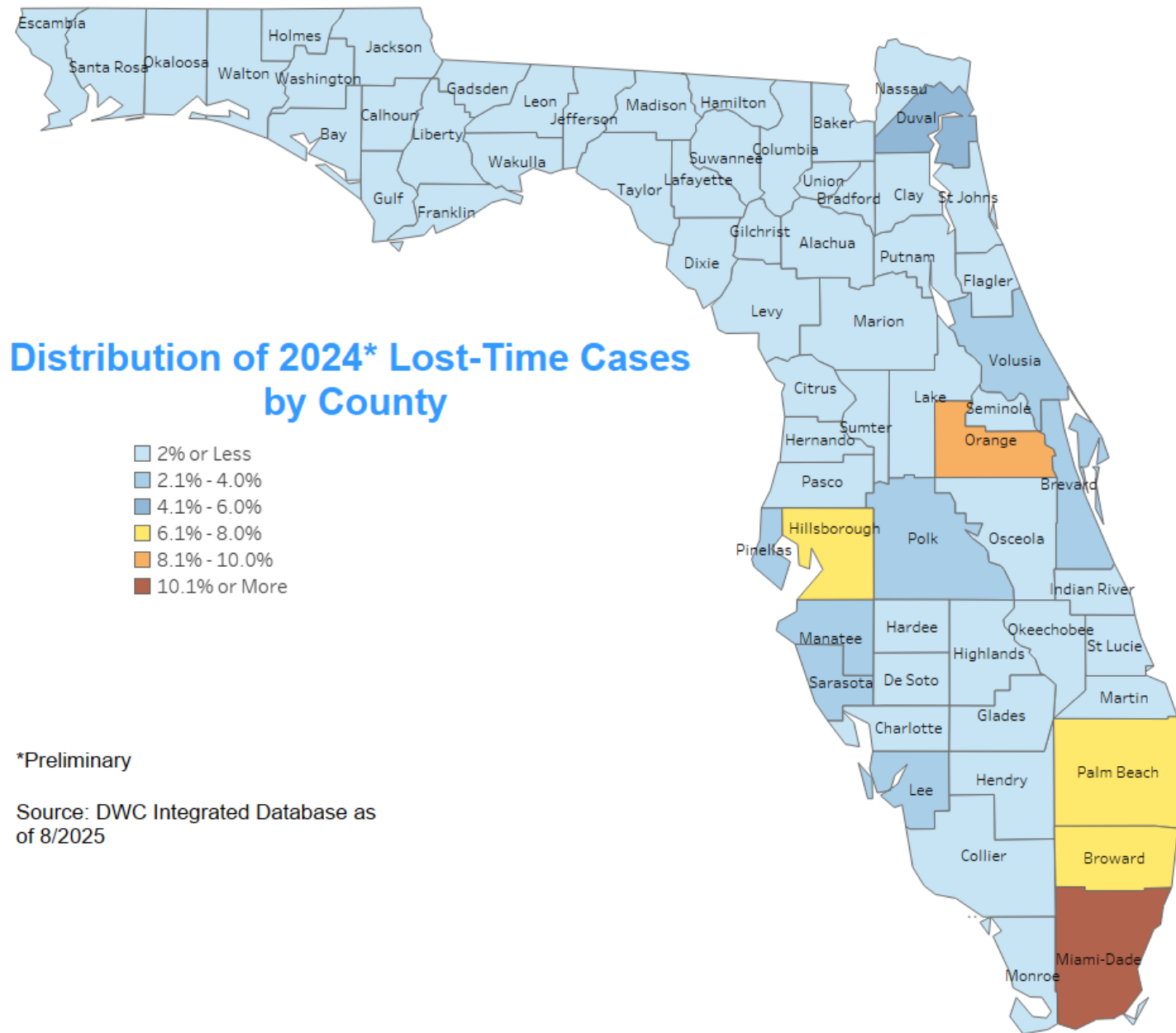
Indemnity Data Results

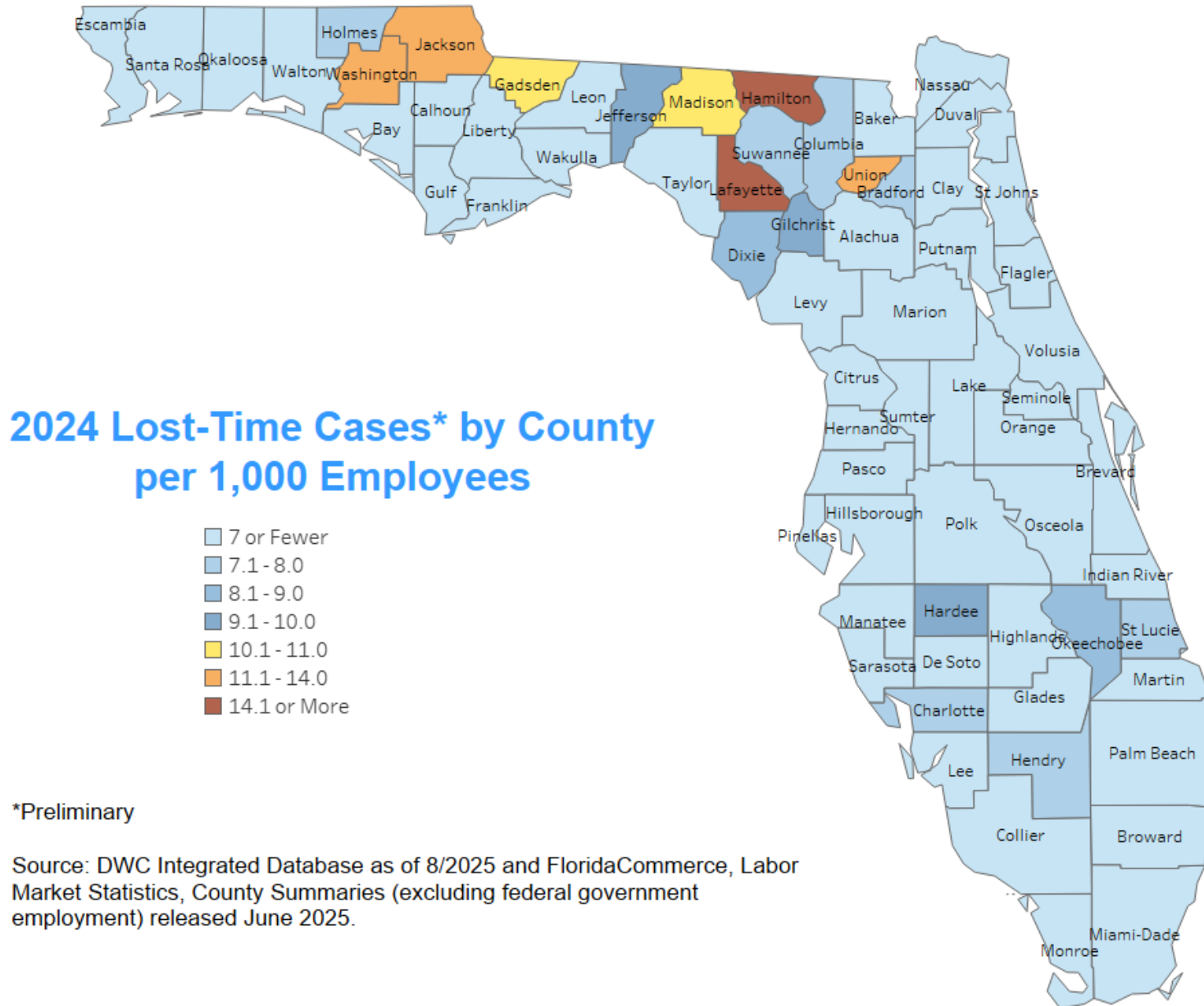
Indemnity data is summarized on a calendar basis. Workers who sustain a compensable injury are entitled to receive medically necessary treatment under Florida's workers' compensation statutes. If the injury results in disability, the injured worker is entitled to payment(s) for a portion of lost wages beginning on the 8th day of disability. Injuries resulting in or causing permanent impairment result in additional benefits being paid to the injured worker. When an injury results in a work-related 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 factors are 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. In this report, an injured worker's disability must result in missing 8 or more days from work to be considered a lost-time case.

Top Ten Industrial Classifications for Calendar Year 2024 Lost-Time Claims

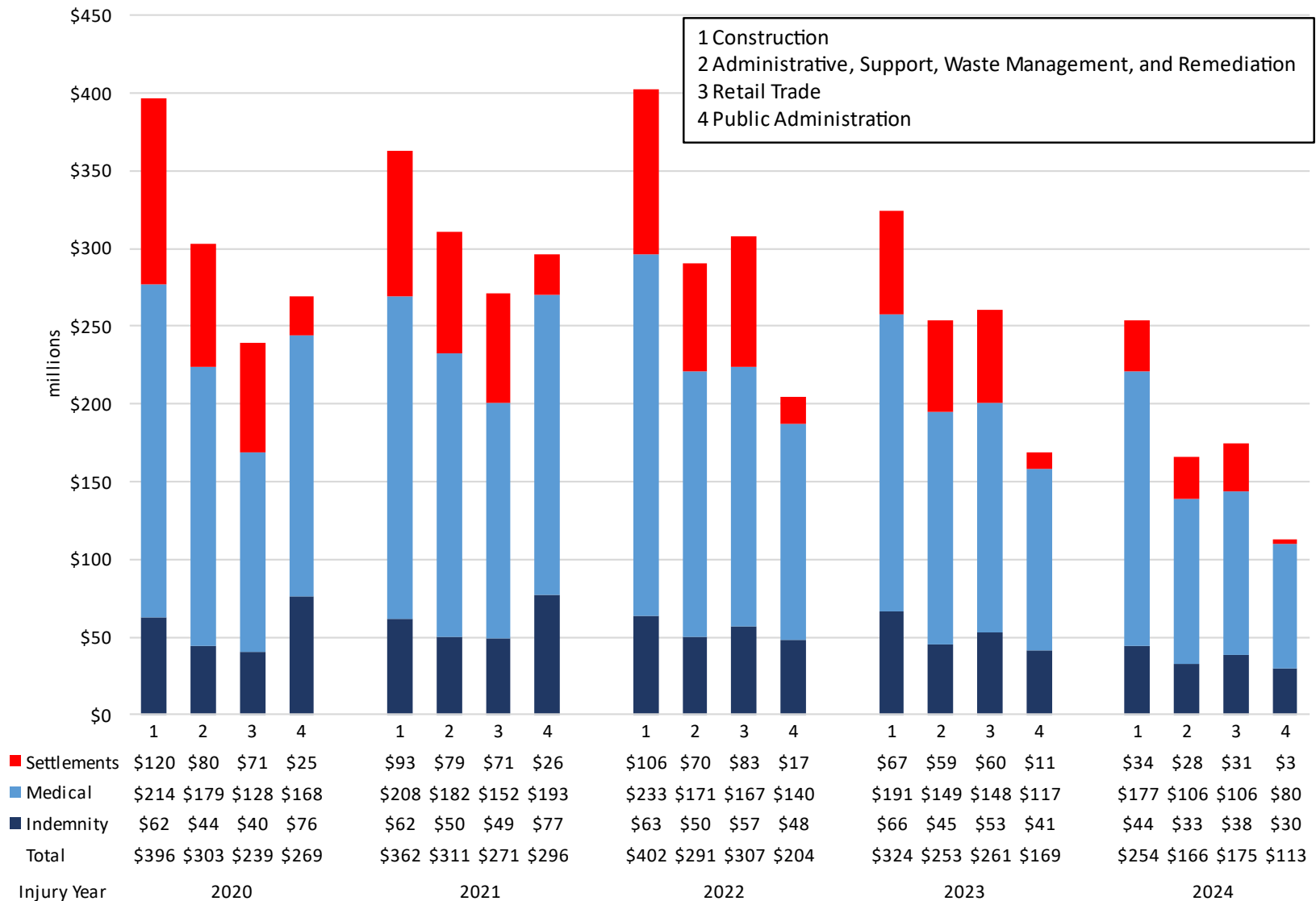
Industry Type	Number of Claims
Retail Trade	7,016
Construction	5,581
Health Care & Social Assistance	5,565
Transportation & Warehousing	5,435
Administrative, Support, Waste Management, Remediation Services	5,398
Public Administration	4,293
Accommodation & Food Services	4,275
Manufacturing	3,491
Educational Services	2,734
Wholesale Trade	2,306
Total	46,094





This chart 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.

Benefits Payments for the Four Leading Industry Classifications



Medical Share for Lost-Time Claims

Medical data for lost-time claims captures the full scope of treatment and services provided to workers who are unable to perform their job duties due to a work-related injury. This information is essential for evaluating the extent of the injury, determining eligibility for benefits, and ensuring that appropriate and timely care is delivered.

Medically necessary treatment for a work-related injury may include:

- Health care provider services: Care delivered by physicians, physical therapists, chiropractors, dentists, and other licensed medical professionals.
- Facility-based care: Services provided in hospitals, ambulatory surgical centers, skilled nursing facilities, or other approved medical institutions.
- Medications and medical supplies: Prescription drugs, medical supplies, equipment, and related items needed to support recovery, including prosthetic devices, implants, and other therapeutic tools.

Comprehensive and accurate medical ensures that lost-time claims are evaluated consistently, supports decision-making related to treatment and benefits, and promotes effective case management throughout the recovery process.

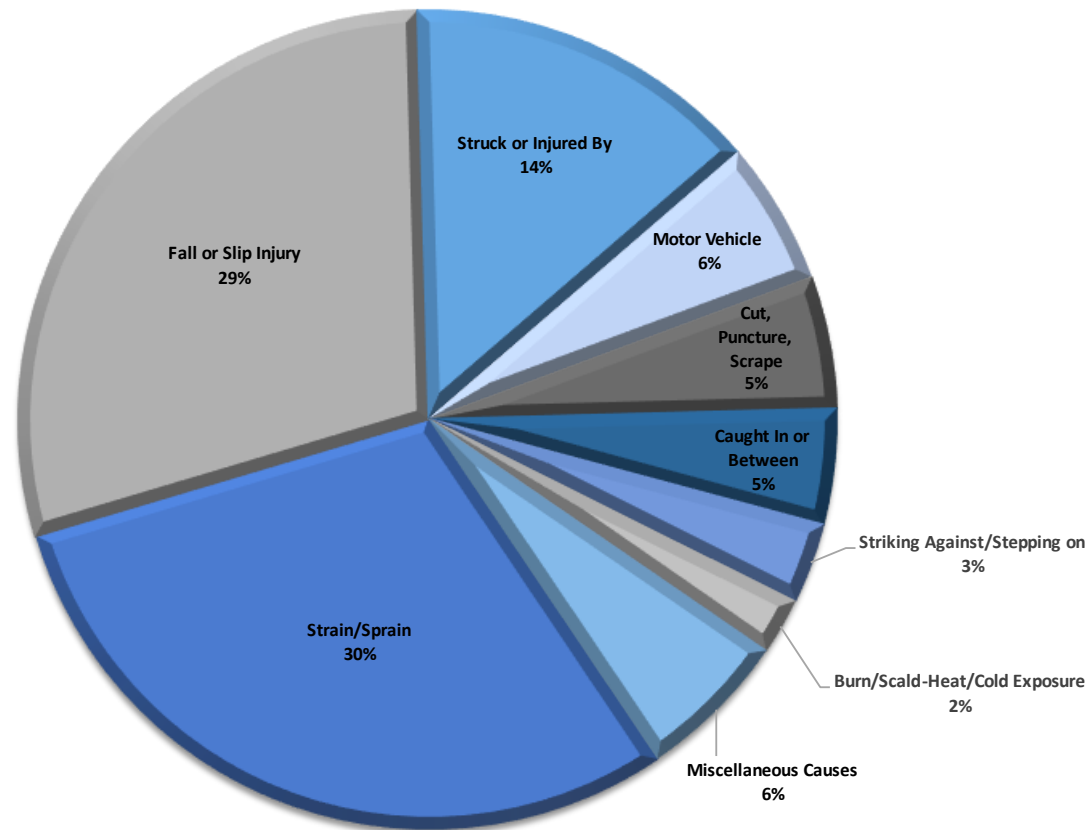
Calendar Year	Health Care Providers	Hospital and Ambulatory Surgical Centers	Pharmacy	All Other Medical
2020	29.62%	63.20%	5.93%	1.25%
2021	29.70%	63.44%	5.81%	1.06%
2022*	30.96%	61.96%	5.98%	1.09%
2023*	33.79%	59.21%	5.99%	1.01%
2024*	35.42%	58.09%	5.39%	1.10%

* Preliminary Data

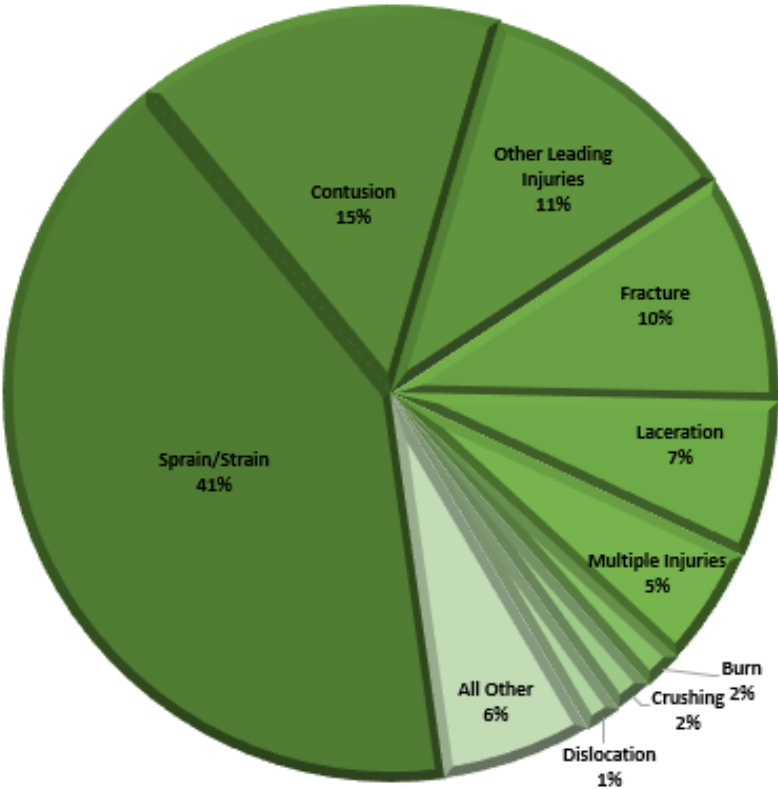
Lost-Time Claims: Injury by Cause, Nature, & Body Part

As part of the First Report of Injury or Illness (FROI), the employers or claim administrators provide information on the cause, nature, and body part of each work-related injury. The following charts summarize this information. Since 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 over time due to the maturation of the data.

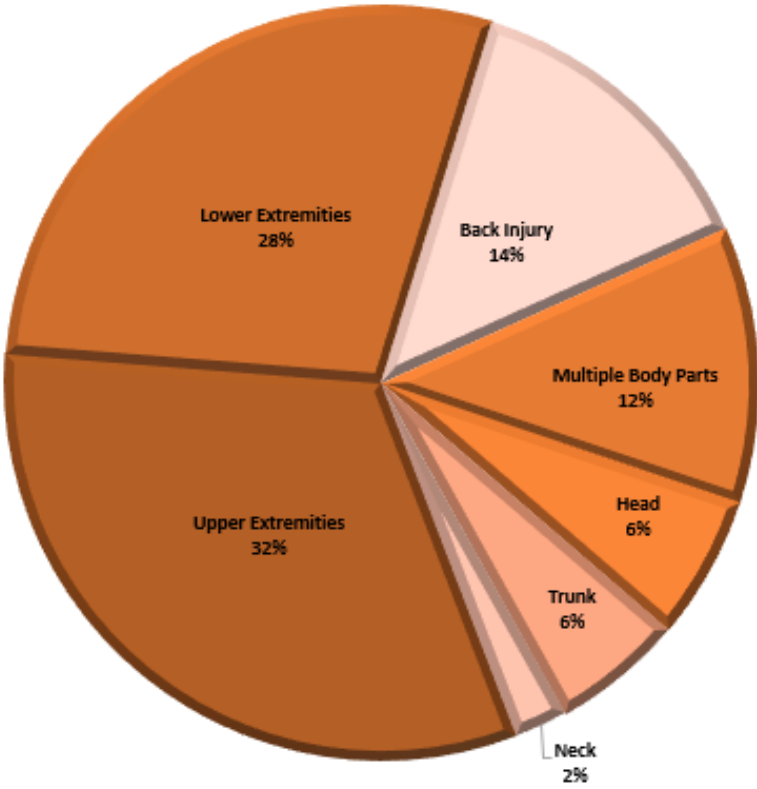
2024 Lost-Time Claims by Cause of Injury



2024 Lost-Time Claims by Nature of Injury



2024 Lost-Time Claims by Injured Body Part



Financial Results

Workers' Compensation Administration Trust Fund (WCATF)

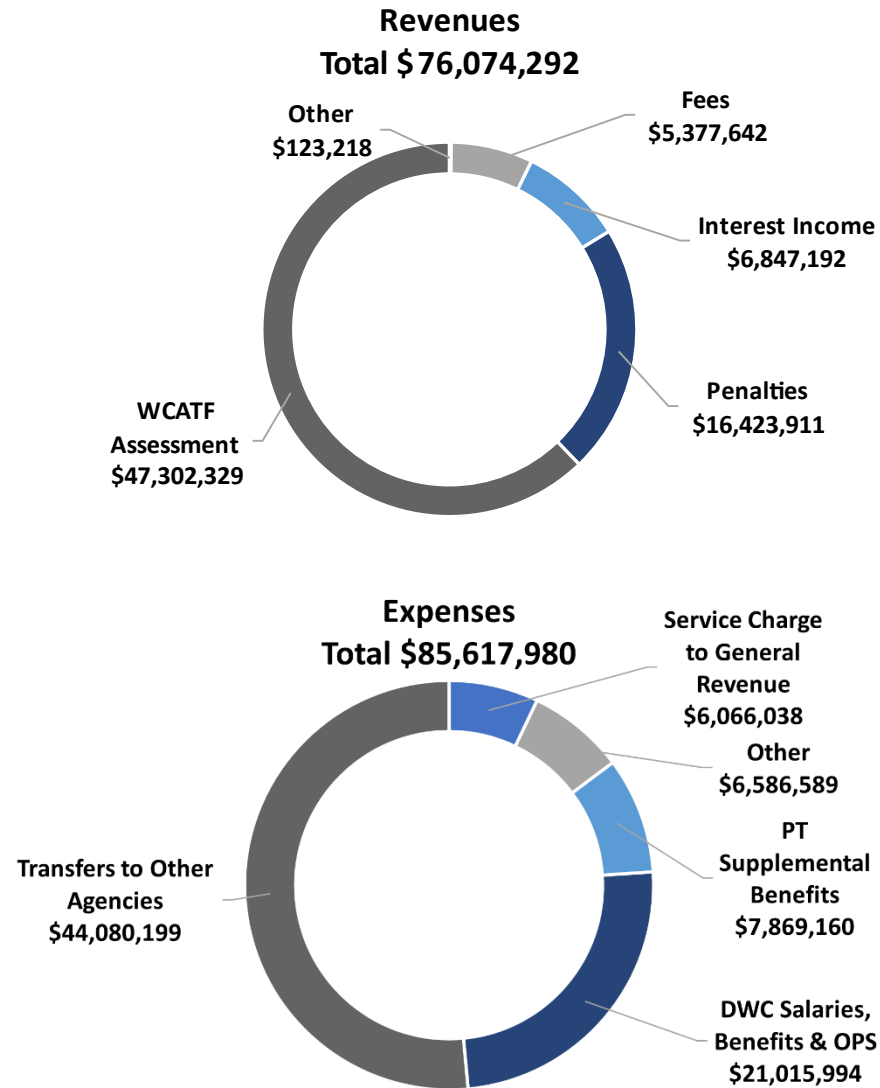
The WCATF is funded through a combination of assessments on workers' compensation insurance premiums and the collection of fines, penalties, fees, and investment earnings. The WCATF assessment rate is applied to net premiums based on full policy premium values prior to the application of any deductible discounts that carriers collect. Carriers and self-insurers submit their respective assessments to the DWC quarterly through START (web-based System for Tracking Assessments, Regulation, and Transactions). The WCATF rate history can be [found here](#).

WCATF Payment Categories

DWC Operations	\$25,080,065	29.29%
DOAH, OJCC, First DCA*	\$24,347,836	28.44%
Cost Allocation for DFS Support Services	\$10,287,328	12.02%
Permanent Total Supplemental Disability Payments	\$7,869,160	9.19%
Transfer to General Revenue	\$6,066,038	7.09%
Criminal Investigations Division	\$5,306,707	6.20%
Dept. of Management Services and Dept. of Business & Professional Regulation	\$4,097,861	4.79%
Contract Services	\$2,192,076	2.56%
USF* Safety Program	\$250,000	0.29%
Reemployment Services	\$120,910	0.14%

* Division of Administrative Hearings (DOAH), Office of the Judges of Compensation Claims (OJCC), First District Court of Appeal (First DCA), University of South Florida (USF)

Workers' Compensation Administration Trust Fund (WCATF) Revenues and Expenses for FY 2024/25



Special Disability Trust Fund (SDTF)

The SDTF is maintained mostly by annual assessments and by the interest these assessment deposits earn in the State Treasury. In Florida, the net premiums written by the workers' compensation carriers and the net premiums applicable to the self-insurers are the basis for the assessment rate, which is a percentage of net direct written premiums. Neither carriers nor self-insurers may deduct the cost of reinsurance. These premiums are then applied to each current applicable SDTF assessment rate to determine the carrier's quarterly assessment.

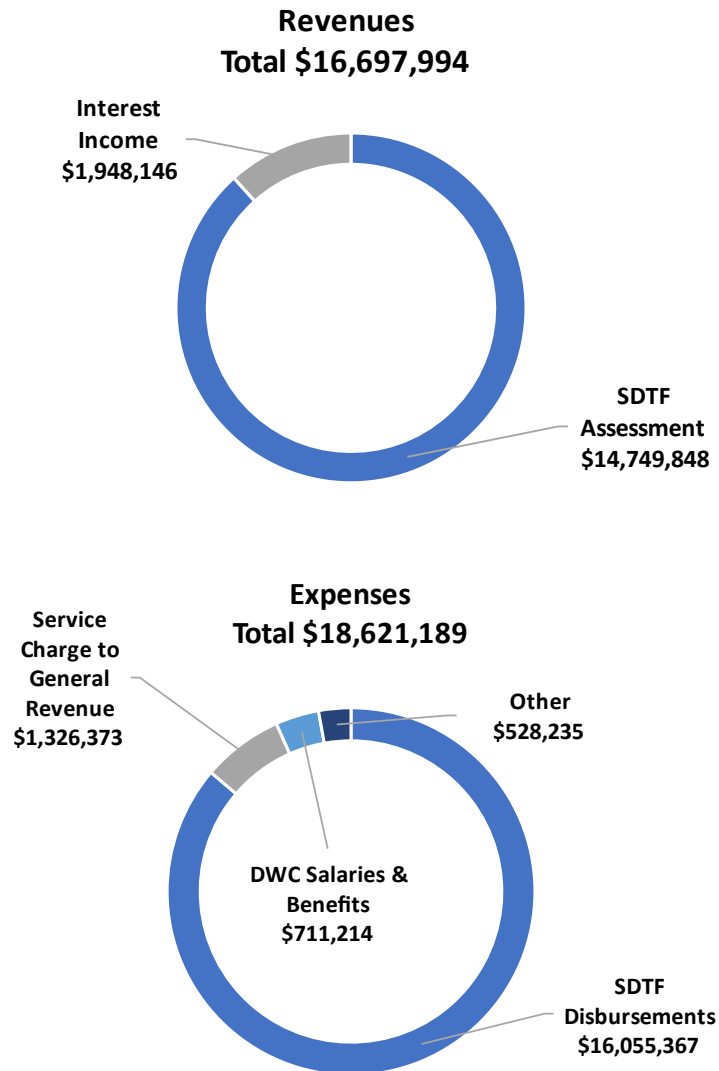
Section 440.49(8)(d), Florida Statute (F.S.), requires the Special Disability Trust Fund to report annually on the status of the trust fund to the Governor, the Speaker of the House of Representatives, and the President of the Senate.

This report, State of Florida Special Disability Trust Fund Actuarial Review, is required to be produced by an independent actuary and is available on the reports page of the DWC website along with all prior annual reports.

Evaluation Date	Undiscounted Unfunded Outstanding Claim Liability*	Discounted Unfunded Outstanding Claim Liability*
June 30, 2021	\$226	\$147
June 30, 2022	\$210	\$136
June 30, 2023	\$191	\$124
June 30, 2024	\$179	\$120
June 30, 2025	\$160	\$108

*Dollars are in the millions

Special Disability Trust Fund (SDTF) Revenues and Expenses for FY 2024/25



Regulatory Activities

Employer Compliance

Tasked with the responsibility of ensuring employers comply with statutory obligations in obtaining workers' compensation insurance coverage for employees, the Division conducts investigations and issues enforcement actions in accordance with Section 440.107, F.S., processes workers' compensation exemptions to qualified applicants in accordance with Section 440.05, F.S., and provides educational outreach and training to employers and to insurance industry representatives on workers' compensation coverage laws.

During FY 2024/25, the Bureau of Compliance (BOC) processed 99.33% of online exemption applications within 10 business days of receipt; utilized data from various agencies to identify and successfully find non-compliant employers; investigated 793 public referrals submitted via the Non-compliance Referral database; and collected exemption fees totaling \$5,201,650.

Employers may enter into a Periodic Payment Agreement (PPA) with the Department to pay off their non-compliance penalties over time. As of June 30, 2025, the Division managed a total of 2,536 PPAs with an outstanding amount owed of \$24,924,269.

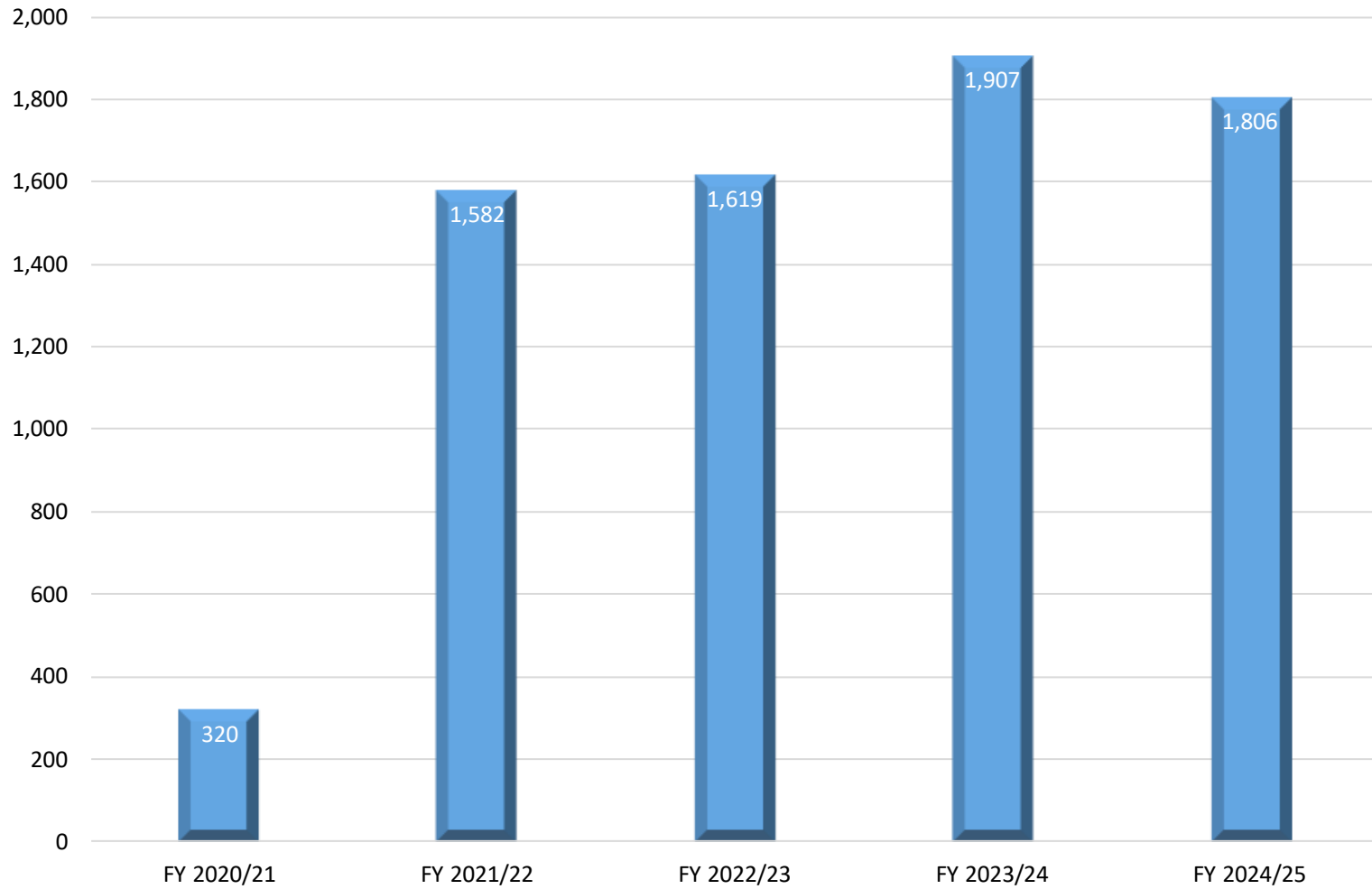
Investigators conduct on-site and virtual inspections of an employer's business to determine the employer's compliance with workers' compensation coverage requirements. If an employer is found to be out of compliance, the Division is required to issue a Stop-Work Order (SWO) to the employer.

Total Number of Investigations Conducted

Fiscal Year	Number of Investigations
FY 2020/21*	10,513
FY 2021/22	27,425
FY 2022/23	24,703
FY 2023/24	25,060
FY 2024/25	24,861

*Pandemic impacted

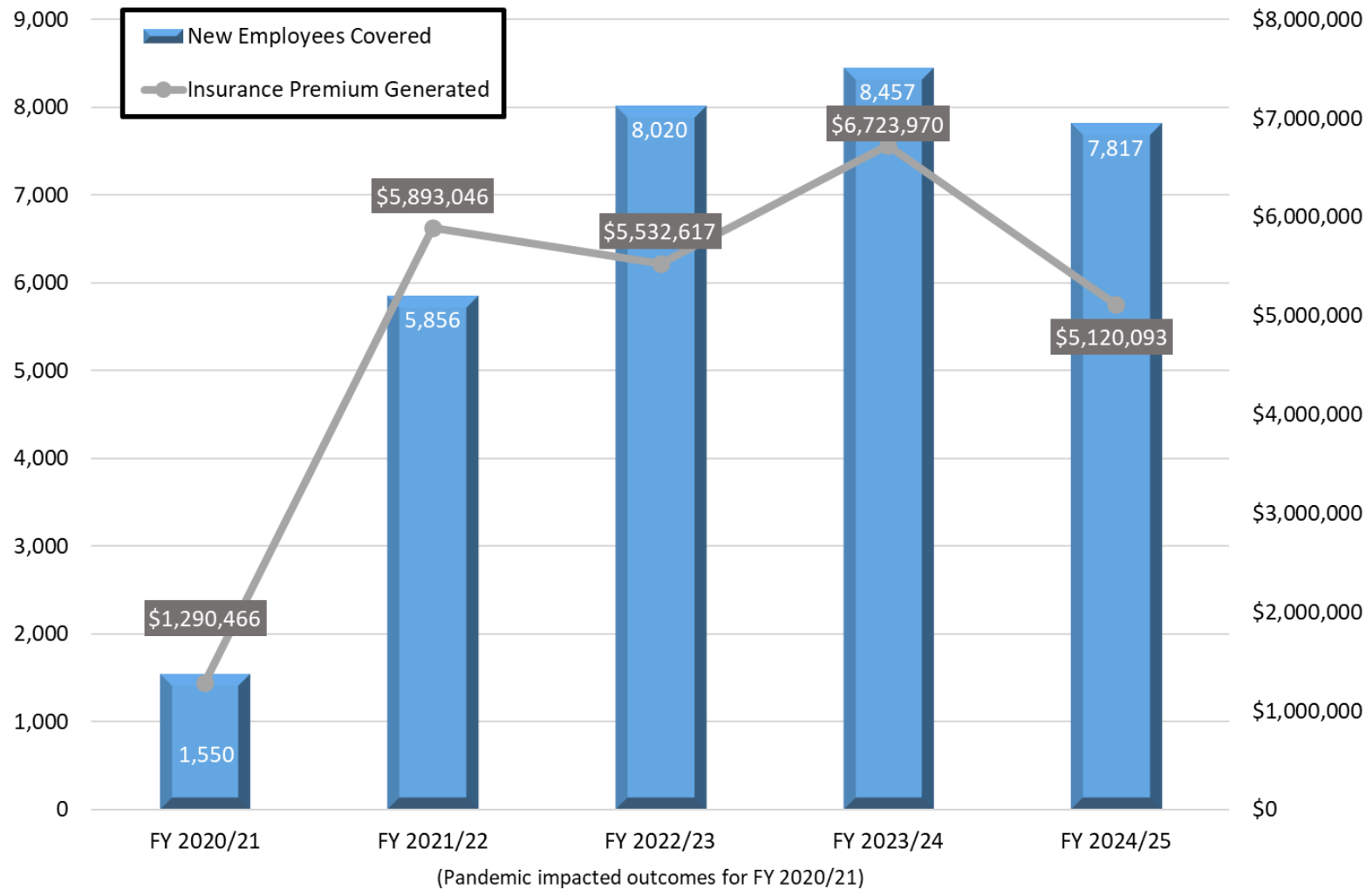
Stop-Work Orders Issued



(Pandemic impacted outcomes for FY 2020/21)

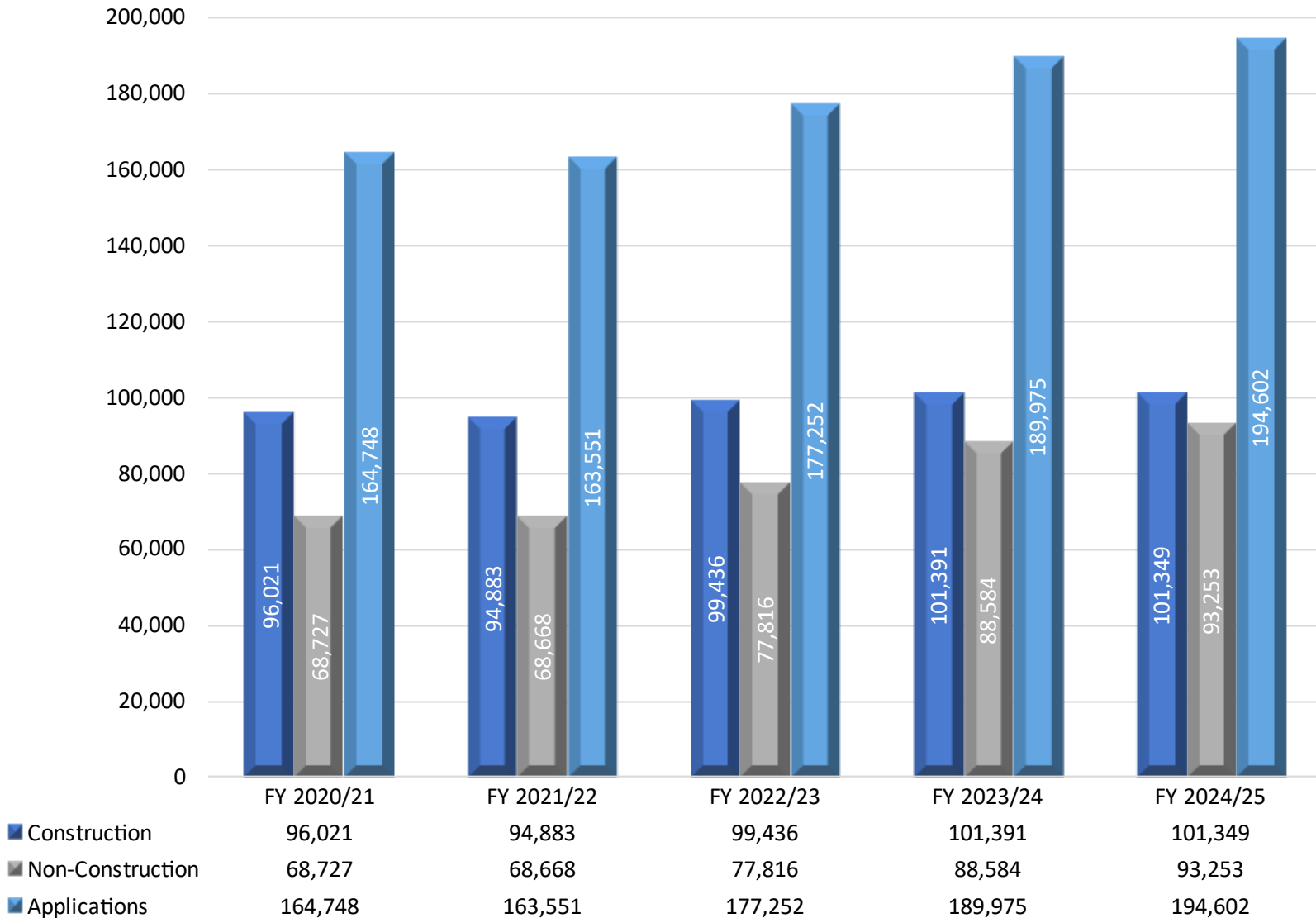
The Bureau of Compliance's efforts resulted in 7,817 new employees receiving coverage and the generation of \$5,120,093 in insurance premiums during FY 2024/25.

New Employees Covered and Insurance Premium Generated based on Stop-Work Orders Issued



The Division issued 101,349 construction industry exemption certificates and 93,253 non-construction industry exemption certificates in FY 2024/25. At the end of FY 2024/25, there were 1,070,669 active exemptions.

Exemption Applications Processed



Employee Assistance

The Bureau of Employee Assistance & Ombudsman Office (EAO) is established pursuant to Section 440.191, F.S. EAO distributes workers' compensation information, proactively contacts injured workers to inform them of their rights and responsibilities, and educates injured workers about its services. EAO also works to resolve disputes between injured workers and carriers to avoid unnecessary expenses, costly litigation, or delays in the provision of benefits. EAO relies on team structures to successfully accomplish its mission. Each team focuses on a specific area of statutory responsibility to effectively assist injured workers.

Injured Worker Helpline

The Injured Worker Helpline Team educates callers from system stakeholders. Through the Division's toll-free telephone line, (800) 342-1741, the team answers questions about the requirements of Florida's workers' compensation law and assists injured workers who are experiencing problems when obtaining medical and/or indemnity benefits. The team fulfills its mission by identifying disputed issues, researching injured workers' concerns, and contacting employers, carriers, health care providers, attorneys, or other appropriate parties to aid in resolution. All disputes requiring extensive investigation are referred to the Ombudsman Team.

Fiscal Year	Calls Handled	Spanish Speaking Callers	Disputes Received	Percentage of Disputes Resolved
FY 2020/21	36,008	6,648	506	98%
FY 2021/22	32,826	5,489	510	100%
FY 2022/23	32,814	6,290	496	98.6%
FY 2023/24	31,750	6,634	525	99.4%
FY 2024/25	29,228	5,851	446	99.8%

First Report of Injury (FROI)

The First Report of Injury Team contacts injured workers who have missed 8 or more 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 team provides educational resources regarding the workers' compensation system, surveys injured workers about their claims experience, advises workers of their statutory responsibilities, documents attorney involvement, and informs workers of EAO's various services.

Injured Workers Contacted

Fiscal Year	Number Contacted by Telephone	% Contacted
FY 2020/21	26,468	56%
FY 2021/22	25,139	66%
FY 2022/23	27,769	71%
FY 2023/24	26,194	72%
FY 2024/25	21,047	63%

The team sent out **35,367** letters or emails to injured workers.

These contacts were made to inquire about the status of injured workers' claims and to advise them about EAO's services.

Customer Service

The Customer Service Team focuses on assisting and educating employers about the requirements of workers' compensation coverage, exemptions from coverage obligation, and various work-related & safety programs.

This team also responds to email inquiries from employers sent to the Division by email, at Workers.CompService@myfloridacfo.com.

Customer Service Call Volume

FY 2024/25	Number of Calls
1 st Quarter	7,579
2 nd Quarter	6,716
3 rd Quarter	8,717
4 th Quarter	8,537
Total	31,549

Ombudsman

The Ombudsman Team assists injured workers in resolving complex disputes. The team conducts fact-finding reviews, analyzes claim files, research case law, promotes open communication between parties, and generally helps parties to understand their statutory responsibilities. The team also assists injured workers locally, in offices throughout Florida; assists in resolving disputes; provides workers' compensation information applicable to each injured worker's claim, including guidance on the Petition for Benefits (PFB) process; and assists injured workers referred from the Governor's and CFO's offices, legislators, and other elected officials. The team responds to email inquiries from stakeholders sent to the Division by email at WCEAO@myfloridacfo.com.

The Ombudsman team resolved 99.7% of the 304 disputes received during FY 2024/25. The medical bill disputes totaled \$3,492 in previously unpaid medical bills. EAO resolved indemnity benefit disputes totaling \$349,411.

Additionally, the Ombudsman team prevented 3,265 potential disputes by educating injured workers with in-depth, case-specific information.

Records Management

Florida's Public Records Law and Civil Rules of Procedure (Chapter 119, F.S.) 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 by the team. Then, if applicable, the Division releases the information upon receipt of payment as authorized by Section 119.07, F.S. Each request undergoes multiple quality reviews prior to the release of records.

- On average, public records requests are invoiced within 1.10 business days of the request, or the documents are provided if there is no charge required. Subpoenas, on average, were invoiced in less than 1.23 business days of receipt.
- The Records Management Section processed 7,957 subpoenas and 1,403 public records requests during FY 2024/25.

Public Records requests may be submitted via email to the Division at: DWCPublicRecordsRequest@myfloridacfo.com.

Records Privacy Requests

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, F.S., is confidential or exempt. However, some workers' compensation accident information remains releasable upon request.

Section 119.071(4)(d), F.S., 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 to exempt personal information (e.g., home address, telephone number, and date of birth) from public records release if a person's occupation qualifies. Additionally, the requester is provided a follow-up email notification regarding the status of the exemption request.

For a list of qualifying occupations and educational information, visit: <https://www.myfloridacfo.com/division/wc/employee/records>.

Questions regarding records privacy can be emailed to: DWCRRecordsPrivacy@myfloridacfo.com

- During FY 2024/25 the Records Management Section processed 589 requests for workers' compensation profiles to be exempt from public records inspection under section 119.071(4)(d), F.S.
- Records privacy requests in FY 2024/25 were, on average, processed in 2 business days or less.

Reemployment Services (RES)

The Reemployment Service Team educates injured workers about the availability and provision of services designed to assist them with attaining suitable and gainful employment following a work-related injury. The team ensures that the required documentation is received, interviews the injured worker, and assesses their eligibility for services.

The team provides services that include vocational counseling, transferable skill analysis, resumé writing/development, job search assistance, job-seeking skills, vocational evaluations, and training and education (including GED). Injured workers 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 FY 2024/25, the Reemployment Services team received 155 requests for screenings through the Division's [Injured Employee Web Portal](#).
- The team screened 78 injured workers for services and aided 31 injured workers who were eligible to return to suitable, gainful, and productive employment.

Reemployment Services Resources

- Contact the Reemployment Services Team by phone at (800) 342-1741, option 4, or by email at WCRES@myfloridacfo.com
- [Injured Employee Web Portal](#)
- [Reemployment Services Web Portal](#)
- [Reemployment Services Program Brochure](#)



Insurer Reporting Services Section

Proof of Coverage (POC) EDI Data Collection

With the exception of self-insurers, Chapter 69L-56, Florida Administrative Code (F.A.C.), requires every insurer to file policy information with the Division for Certificates of Insurance, Notices of Reinstatement, Endorsements, and Cancellations. All POC data is collected and inspected via Electronic Data Interchange (EDI).

POC EDI data is used to populate several online Division databases, including: [“Proof of Coverage”](#) database, which provides information used to verify if an employer currently has workers' compensation coverage, 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. Its features include email notifications to contractors informing them of any changes to a subcontractor's coverage status. As of June 30, 2025, the Construction Policy Tracking database had a total of 3,171 registrants who are tracking 59,030 employers/subcontractors.

POC data is also used for the [Coverage Assistance Program](#). Employers and agents can use this online tool to see which carriers are currently writing insurance coverage for certain types of businesses.

Proof of Coverage Accepted Filings

Fiscal Year	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
New Policies	363,825	402,890	424,598	447,637	461,966
Binders	2,847	2,823	2,943	2,432	2,859
Reinstatements	92,224	85,312	86,161	99,293	97,410
Endorsements	390,885	406,074	385,360	436,032	467,282
Cancellations	171,885	168,401	176,812	208,621	208,770
Total	1,021,666	1,065,500	1,075,874	1,194,015	1,238,287

Medical EDI Data Collection

Pursuant to Rule 69L-7.750, F.A.C., all required medical billing (hospital, health care 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). The Division collects this information to adopt fee schedules, to evaluate carrier performance, and to identify over-utilization.

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 (no more than 200 per month for all four form types) 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. 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 rates with those 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	Total Bills
FY 2020/21	3,377,648
FY 2021/22	3,365,277
FY 2022/23	3,813,913
FY 2023/24	3,702,790
FY 2024/25	3,467,865

Claims EDI Data Collection

Claims EDI data is collected pursuant to Chapter 69L-56, F.A.C., and is used to populate the Division's primary accident databases. The Division collects this data to ensure injured workers are being paid accurately, to inform and educate employers, for informal dispute resolution, and for system analysis.

In an effort to maintain acceptance levels of Claims EDI filings, the Claims EDI team provides triage assistance. Training/triage 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 Subsequent Report of Injury(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.

Claim Form Filings

Fiscal Year	EDI	Paper	Total
FY 2020/21	696,200	163	696,363
FY 2021/22	579,646	66	579,712
FY 2022/23	715,459	0	715,459
FY 2023/24	541,065	50	541,115
FY 2024/25	664,998	67	665,065

Audit Section

Insurer Performance

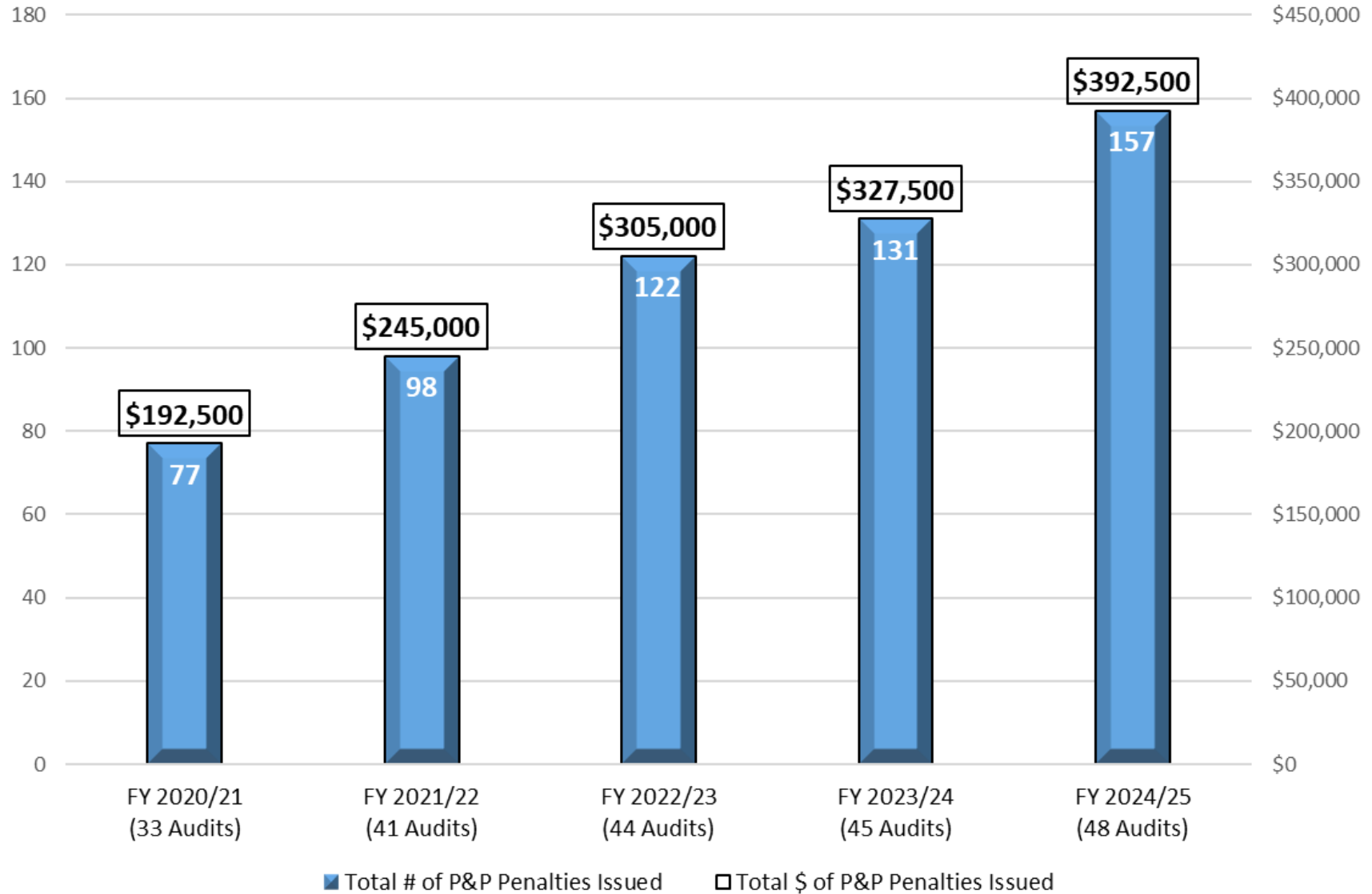
The Bureau of Monitoring and Audit (M&A) identifies patterns and practices in claims-handling, timely and accurate payment of benefits to injured workers, timely and accurate payment of medical care, timely and accurate filing of required forms and reports, and enforces compliance with compensation orders of the Judges of Compensation Claims.

The Audit Section, within the Bureau of Monitoring and Audit, conducted 48 insurer audits and examined 6,256 claim files. These examinations found 840 underpaid claim files and helped secure an additional \$766,027 in late indemnity payments, along with penalties and interest for injured workers.

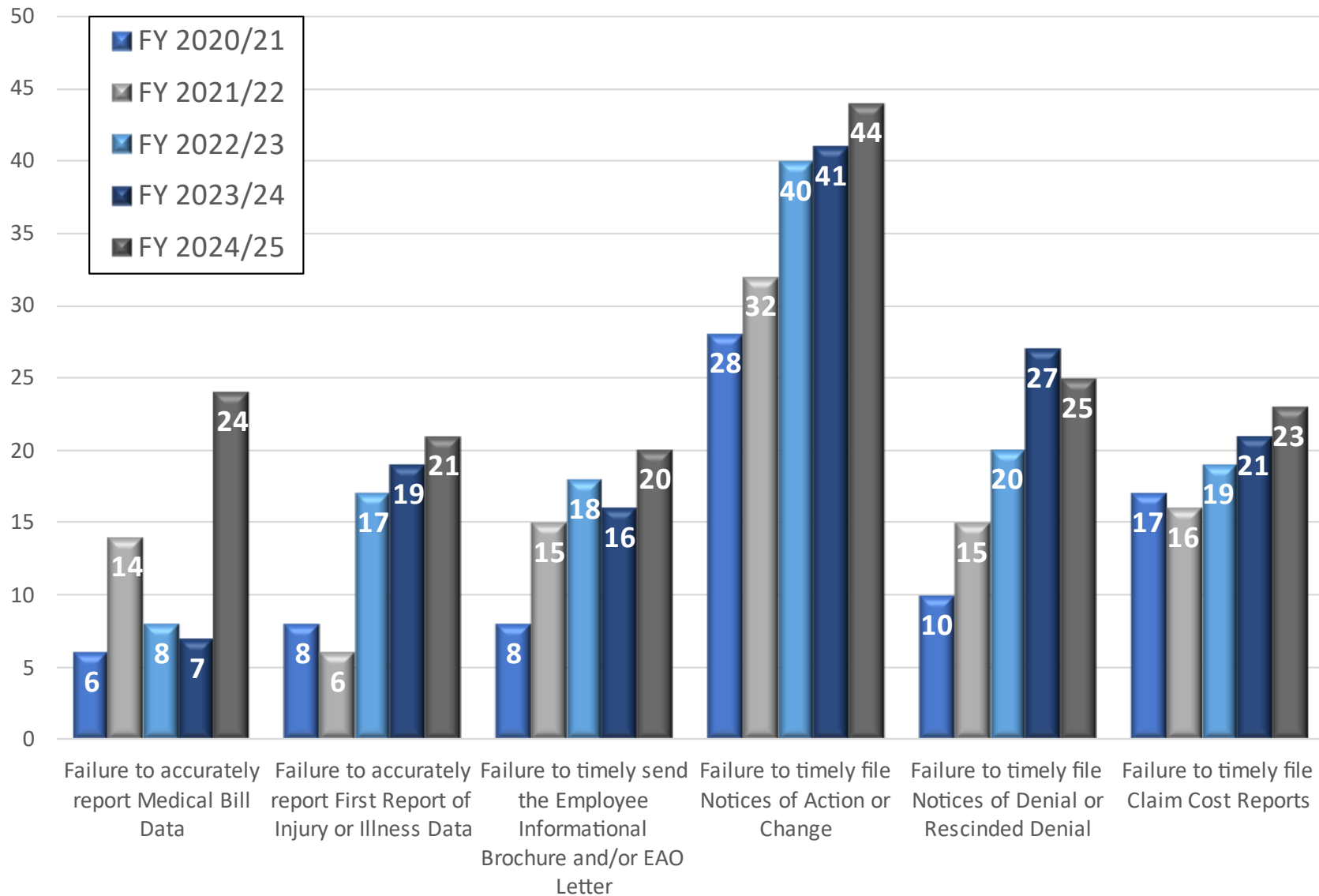
The table below shows five fiscal years of claim review results. The Untimely Indemnity Payment and Untimely First Reports of Injury or Illness penalties were paid to the Division, and the benefits recovered for injured workers were paid to those injured workers.

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
FY 2020/21	33	\$89,250	\$39,100	\$326,901
FY 2021/22	41	\$69,600	\$54,500	\$472,177
FY 2022/23	44	\$104,500	\$73,000	\$429,843
FY 2023/24	45	\$171,450	\$100,900	\$641,109
FY 2024/25	48	\$200,950	\$99,800	\$766,027

Non-Willful Pattern and Practice Penalties (P&P) by Fiscal Year



Non-Willfull Pattern and Practice Penalties by Category and Fiscal Year



Permanent Total Disability

If an injured worker's injuries are so severe, as defined by law, that the injured worker is left permanently unable to work, then the injured worker may receive permanent total disability benefits. During the fiscal year, the Bureau of Monitoring and Audit has:

- Reviewed 33,748 electronic permanent total claims transactions.
- Calculated, approved, and processed permanent total supplemental benefits for 389 claims totaling \$7,869,160. These benefits have an annual cost-of-living adjustment.
- Recovered an additional \$1,037,304 in carrier underpaid claims for 216 claimants.

For assistance in estimating Permanent Total (PT) benefits, please contact the Bureau of Monitoring and Audit at (850) 413-1608.

Medical Services Section

This section provides educational assistance and consultation on issues related to medical bill filing and reimbursements, as well as administrative support to the three-member panel. The three-member panel adopts uniform schedules of maximum reimbursement allowances for hospitals, ambulatory surgical centers (ASC), and other service providers. This section is also responsible for determining whether a carrier properly disallowed or adjusted the payment of medical bills through the receipt of Petitions for Resolution of Reimbursement from health care providers. During the fiscal year, the section:

- Received 9,625 Petitions for Resolution of Reimbursement.
- Issued 3,819 determinations (39.68%) and 727 dismissals (7.55%) for these received petitions.
- Received 3,052 requests for petitions withdrawals.
- Maintained the certification of 98 expert medical advisors (EMA).

Number of Petitions Submitted by Provider Type

Type	FY 2020/21	FY 2021/22	FY 2022/23	FY 2023/24	FY 2024/25
Practitioner	4,412	4,547	5,800	6,057	6,459
ASC	322	322	588	598	612
Hospital Inpatient	794	1,033	1,327	726	608
Hospital Outpatient	983	1,339	2,035	2,936	1,946
Total	6,511	7,241	9,750	10,317	9,625

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 fund Florida's workers' compensation system. The AU also provides data used to determine the annual assessment rate for each trust fund.

The AU collected a total of \$62,052,177 in assessments for FY 2024/25. A Florida workers' compensation premium basis of over \$5.7 billion generated WCATF assessments of \$47,302,329, and the SDTF premium basis of over \$4.1 billion generated assessments of \$14,749,848.

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.

The AU collected, audited, and reconciled the quarterly assessments of 431 insurance companies and self-insurance funds.

In addition, the AU calculated the imputed premium of 388 individual self-insured entities. The imputed premium is based on the self-insureds' 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.

Self-Insurance Section

The Self-Insurance section is responsible for regulating employers who elect to individually self-insure for workers' compensation benefits. Self-insurers can be categorized as either governmental or private self-insured employers. This 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, 2025, there were 284 governmental self-insured employers and 97 private self-insured employers.

This section monitors the essential flow of timely and accurate information from both governmental and private self-insurers. Depending on whether a self-insured is private or governmental, the entity reports information such as its National Council on Compensation Insurance ([NCCI](#)) classification codes, payrolls, loss data, outstanding liabilities reports, financial statements, and other documents.

This section is directly involved in receiving and processing information from governmental self-insurers, and FSIGA manages the private self-insurer reporting process including new self-insurance applications. As required by law, FSIGA reviews information submitted by private self-insurers 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.

Self-Insurers: (Governmental and Private)		Qualified Servicing Entities - TPAs	
FY 2020/21	387	FY 2020/21	100
FY 2021/22	384	FY 2021/22	93
FY 2022/23	381	FY 2022/23	92
FY 2023/24	383	FY 2023/24	91
FY 2024/25	381	FY 2024/25	93

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 5-year period. The employer must enter into a Periodic Payment Agreement (PPA) with the Department and agree to make penalty payments monthly. The section collected \$14,344,734 in penalty payments during this fiscal year.

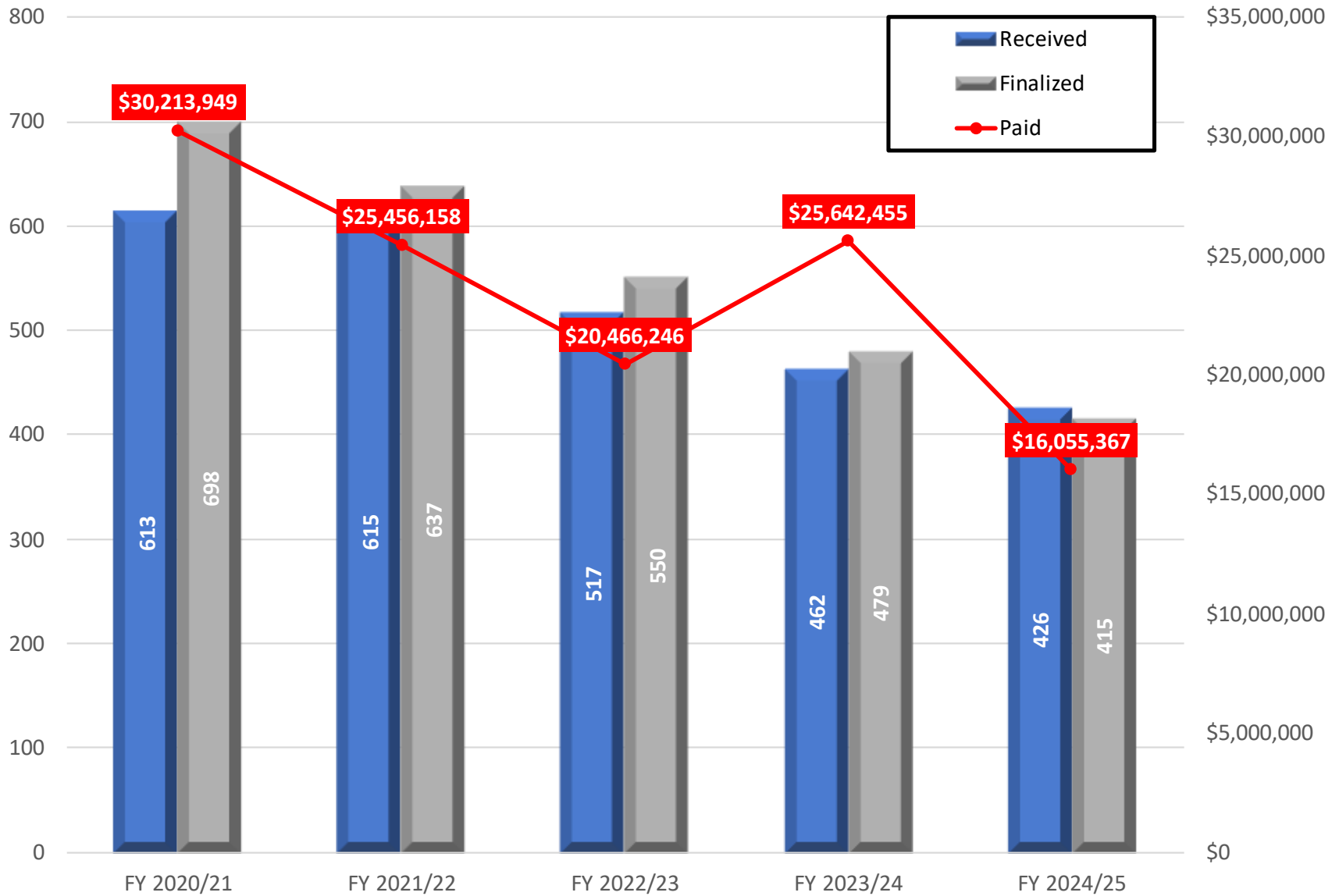
Special Disability Trust Fund Section

The Special Disability Trust Fund (SDTF) has 3 primary business processes:

- 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.
- Determine eligibility for reimbursement by the Fund through auditing Reimbursement Requests and supporting documentation submitted by the carrier on claims that have been accepted.
- Issue accurate reimbursements.

The SDTF issued \$16.06 million in reimbursements to carriers and self-insured employers. Through the audit process, the SDTF identified and disallowed \$1.1 million in non-reimbursable benefits. These audit results equate to over 6.8% of the total dollars reimbursed. The SDTF averages 30 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 is required to pay, on dates of accident prior to July 1, 1984.

SDTF - Reimbursement Requests



Points of Interest to Our Readers

Delivery of Training and Education to Our Stakeholders:

Injured Worker Frequently Asked Questions (FAQs)

The Division has created a collection of FAQs based on its many interactions with injured workers. This collection of information is available online at: <https://www.myfloridacfo.com/division/wc/employee/injured-worker-faqs>.

Bureau of Compliance

This Bureau now provides webinars on a quarterly basis. During FY 2024/25, the Bureau conducted 8 live speaking engagements, 53 webinars and 8 seminars on workers' compensation and work-related safety for 213 employers statewide. The Bureau also conducted 6 training seminars across the state, educating 109 attendees on workers' compensation. Speakers from the Bureau are available to provide information about coverage requirements and enforcement actions, upon request. For contractors licensed by the Department of Business and Professional Regulation, one (1) hour toward the workers' compensation continuing education requirement can be awarded. Please contact BOCSeminars@myfloridacfo.com with your request.

Bureau of Employee Assistance

This Bureau, working with the Bureau of Monitoring and Audit, produces workers' compensation educational videos. These videos are 5 - 10 minutes in length and provide key information about the workers' compensation system. These are located on the Division's website. To view these videos, please visit: <https://www.myfloridacfo.com/division/wc/educational-videos>. The Bureau also participated in 4 in-person training sessions in the last fiscal year. Two with the Bureau of Monitoring & Audit's IRSS team, and two trainings with stakeholders who requested training and sent staff to the Division to meet with members of the Ombudsman team.

Bureau of Financial Accountability

The Self-Insurance Unit has a video library containing four (6) educational videos for self-insured employers. The videos cover the following topics: The Evolution of the Workers' Compensation Classification and Rating System; Assignment of Classification Codes within a Business; Annual Filing Requirements for Governmental Self-Insurers; Regulatory Role of the Division of Workers' Compensation's Self-Insurance Section, and more. <https://www.myfloridacfo.com/division/wc/insurer/self-insured/educational-videos>

Bureau of Monitoring and Audit

The Bureau's Insurer Reporting Services Section conducted 19 webinars for 5 trading partners including 265 claim professionals in FY 2024/25. For more information about workers' compensation-related training, please visit: <https://www.myfloridacfo.com/division/wc/employer/education-and-resources>.

Contact Us

Mail & Email Contacts

Division Address: Division of Workers' Compensation, 200 East Gaines Street, Tallahassee, FL 32399-4220

Email: Workers.CompService@myfloridacfo.com

Public Records Requests: [DFS Public Records](#)

Telephone Contacts

Customer Service Center: (850) 413-1601

Employee Assistance Office: (800) 342-1741

Workers' Compensation Claims: (800) 342-1741

Workers' Compensation Exemption/Compliance: (800) 742-2214

Websites

Contact information for the Bureau of Compliance and the Bureau of Employee Assistance & Ombudsman District Offices may be found on the Division's website at:

<https://www.myfloridacfo.com/division/wc/employer/boc/bureau-of-compliance-district-offices>.

The Division of Workers' Compensation website homepage is located at: <https://www.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: <https://www.myfloridacfo.com/docs-sf/workers-compensation-libraries/workers-comp-documents/brochures-and-guides/workers'-compensation-system-guide.pdf>

