

**WORKERS' COMPENSATION MANAGED CARE  
FREQUENTLY ASKED  
QUESTIONS AND ANSWERS**

- Q1. Are workers' compensation managed care arrangements (WCMCAs) limited to using only one provider network or plan of operation?
- A1. WCMCAs may be authorized by the Agency for Health Care Administration (agency) to use more than one plan of operation or managed care provider network. This can be accomplished either by requesting approval for more than one plan of operation as part of the initial application process or by requesting approval of one or more alternative plans of operation in addition to the original previously authorized plan of operation.
- Q2. Can a commercially licensed insurance company with an authorized WCMCA market more than one product line or plan of operation using more than one provider network in a county?
- A2. Yes, insurance companies may market more than one alternative plan of operation using different provider networks in the same county provided that the insurer has obtained authorization of those alternative plans from the agency and that these alternative plans have an approved provider network in the county(s) where they are marketed.
- Q3. Do amendments, additions, or changes to an already authorized plan of operation for a WCMCA require the payment of an additional \$1,000 application filing fee?
- A3. No, the payment of an additional fee is not required for amendments, additions, or changes to a previously authorized WCMCA plan of operation unless such changes are being requested as part of the biannual renewal of the WCMCA authorization.
- Q4. Can a third party administrator (TPA) be authorized as a WCMCA?
- A4. No, per s.440.134 (1)(e), F.S., authorization is only granted to: Insurance Carriers, Self-Insurers and Self Insured Funds.
- Q5. Can a TPA file WCMCA applications on behalf of its customers?
- A5. A TPA may submit an application on behalf of its clients who do meet the definition of insurer under s.440.134 (1)(e), F.S., as long as the client is listed on the WCMCA application form as the applicant.

Q6. Is the agency requiring all insurers and self-insured employees to sign a three-party agreement to enter into a managed care arrangement (MCA).

A6. No. The subject of a three party agreement arose to address a potential problem with those situations in which an insurer contracted with a TPA for WCMC services and the TPA then subcontracted with a provider network. It was the agency's concern that the TPA could switch provider networks without adequately informing the contracted insurers of the change, thereby possibly disrupting medical care for injured workers. It is in the best interest of all parties involved in a WCMCA to clearly understand what each of their respective responsibilities are in the MCA partnering effort. The three party agreement is only one method of insuring that all parties are knowledgeable about the other parties involved in the operation of the WCMCA. Therefore, a WCMCA in which there are subcontracted relationships, similar to those described above, the insurer may utilize a three-party agreement, or must include in the contracts (2-party), language which clearly defines the roles, responsibilities, and reporting mechanisms for notification of affected parties when there is a change of the provider network.

Q7. Can self-insured employers utilize their own case managers to manage medical care for their injured employees?

A7. Yes, a self-insured employer may utilize its own appropriately qualified employees to provide case management services. The agency does not prohibit any particular arrangement of in-house or contracted services as long as it ensures the provision of accessible, timely, high quality, medical services and promotes return to work for injured workers.

Q8. Can an existing provider network which has been previously authorized via another WCMCA for a particular service area be customized for an individual insurer by adding or deleting certain providers?

A8. Yes. A WCMCA may customize an existing, previously authorized provider network by adding or deleting certain providers provided that the customized network still meets the minimum travel time and provider content requirements of the agency. Changes made to the content of a previously authorized provider network within a specific service area must be identified in the application if the service area is being customized for a particular insurer. Applicants must explicitly identify the modified service area in the application or amendment request as "customized".

Q9. Must a WCMCA use a previously approved provider network to provide medical services or can the WCMCA construct its own provider network?

A9. A WCMCA may use an existing provider network, construct its own network by contracting with and credentialing providers, or customize an existing network to meet its needs as long as the provider network meets the agency's minimum travel time and provider content requirements.

Q10. Can a consortium of public entities (e.g., group of cities, counties, public school boards, community colleges) file a single application for a WCMCA?

A10. Yes. A consortium of public entities can file a single WCMCA application with a \$1,000 application filing fee provided that the entities in the consortium have an interlocal or similar type of agreement, or language in their by-laws which meets certain requirements contained in subsection 163.001(5), *Florida Statutes (F.S.)*. Minimum content requirements for these agreements are:

- (1) A person/entity designated with responsibility for administering the consortium. The Agency would prefer the person/entity qualify as a self-insurer;
- (2) The names and addresses of each member of the Board of Directors or similar governing board;
- (3) The power to apply for and negotiate a workers compensation managed care arrangement;
- (4) The method by which the managed care arrangement will be administered by the consortium;
- (5) The duration of the agreement and the method by which it may be terminated prior to the stated date of termination;
- (6) The precise organization, composition, and nature of any separate legal or administrative entity created by the consortium;
- (7) The manner by which the members of the consortium will provide the financial support to fund the WCMCA;
- (8) The manner by which financial obligations incurring under and as a result of the WCMCA will be allocated amongst members of the consortium;
- (9) The manner in which funds may be paid to and disbursed by any separate legal or administrative entity created by the consortium;
- (10) The manner in which the consortium shall enter into contracts necessary to establish a WCMCA;
- (11) The manner of responding to any liabilities that might be incurred through performance of the WCMCA and insuring against any such liability;
- (12) The adjudication of disputes or disagreements, the effects of failure of consortium members to pay their shares of the costs and expenses, and the rights of the other members of the consortium in such cases;
- (13) How the consortium will be responsible for compliance with the agency's WCMCA requirements including who will bear the responsibility for any fines or sanctions imposed by the agency for noncompliance.

Q11. Can a WCMCA use a physician with a specialty certification in orthopedics or physiatry as a primary care physician?

A11. Yes, the agency has determined that, in addition to chiropractors, podiatrists, optometrists, and dentists, a WCMCA may designate the following types of physicians licensed under chapter 458 or chapter 459, F.S., as a primary care physician: family practitioner, general practitioner, internist, orthopedist, or physiatrist.

Q12. Must a medical care coordinator be a primary care physician?

A12. Yes, a medical care coordinator must be a primary care physician. Section 440.134, states

"Medical care coordinator means a **primary care provider** within a provider network who is responsible for managing the medical care of an injured worker.... A medical care coordinator shall be a physician licensed under chapter 458 or an osteopath licensed under chapter 459.

Those physician types licensed under chapter 458 or chapter 459, F.S., which are allowed by the agency to be primary care providers may also be designated as a medical care coordinator. (See A11 above.)

Q13. Does the agency require a separate review and approval of WCMCA plans offered by previously authorized commercial insurers which have a large, front end, self-insurance deductible?

A13. The agency requires a separate review and approval of large deductible WCMCA insurer products only when the plan of operation for the coordination and provision of medical services to injured workers differs before and after the deductible requirement has been met. If the self-insurance deductible only affects which entity pays for services, then agency review and approval is not required.

Q14. Can a WCMCA use advanced registered nurse practitioners (ARNPs) to provide primary care services?

A14. Yes, a WCMCA may use ARNPs to provide primary care services provided that the ARNP is in compliance with the requirements of the nurse practice act. This requires that the ARNP operate under treatment protocols which have been previously approved by a physician licensed under chapter 458 or chapter 459, F.S.