

**AGENCY FOR HEALTH CARE ADMINISTRATION
BUREAU OF MANAGED HEALTH CARE
2727 MAHAN DRIVE, MAIL STOP # 45
TALLAHASSEE, FL 32308**

WORKERS' COMPENSATION MANAGED CARE ARRANGEMENT (WCMCA)
ANNUAL REPORT OF GRIEVANCES FOR CALENDAR YEAR 20__

Pursuant to paragraph 440.134(15)(g), *Florida Statutes*, each authorized Workers' Compensation Managed Care Arrangement (WCMCA) shall submit an annual report to the agency summarizing the grievances that have been filed by employees and/or providers. The following information must be filed in the report. The report is due by March 31, for grievances filed during the previous calendar year (January 1 through December 31).

Instructions:

- Section A. - Enter the WCMCA's authorization number, name, and address.
- Section B. - Enter the name of the WCMCA's, managed care organization, third party administrator, and provider network if applicable.
- Section C. - Enter the designated Grievance Coordinator's name, mail address telephone number, and E-Mail address when possible.
- Section D. - Enter the total number of formal grievances filed with the WCMCA or its contracted managed care organization or provider network for the calendar year.
- Section E. - Complete this section with the name of the employee or provider, the type of grievance filed, (employee or provider) and a brief description of the grievance resolution. Use additional sheets if necessary.

A. WCMCA Authorization Number (5 digit): _____
Insurer Name: _____
Address: _____
E-Mail Address: _____

B. Managed Care Organization Name: _____
Third Party Administrator Name: _____
Provider Network Name: _____

C. Grievance Coordinator Name: _____
Address: _____
E-Mail Address: _____
Telephone Number: (_____) _____

D. TOTAL NUMBER OF GRIEVANCES: _____

<u>Employee/Provider Name</u>	<u>Type of Grievance (Employee/Provider)</u>	<u>Resolution</u>
1.		
2.		
3.		
4.		