FIRST UNDERWRITERS INSURANCE BROKERS

NETWORK SELECTION GUIDE

Medical Provider Network
Evaluation Checklist

Workers' Compensation Network Selection Guide

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Use this checklist when evaluating Medical Provider Networks for your workers' compensation program. Score each network across all six sections, then compare totals to identify your best option.

	3 = Excellent	2 = Acceptable	1 = Marginal	0 = Unacceptable

1 GEOGRAPHIC COVERAGE & ACCESSIBILITY

- ☐ **Primary treating physicians available within 15 miles of all work locations**
  Employees must be able to reach care quickly after an injury
- ☐ **Specialists (orthopedic, neurology, pain management) within 30 miles**
  Complex injuries require specialist access without long travel
- ☐ **Urgent care / occupational health clinics with same-day or next-day availability**
  Delayed treatment increases complications and claim costs
- ☐ **Hospital or emergency facility in network for each work location**
  Post-emergency follow-up should remain within the network
- ☐ **Physical therapy providers within reasonable distance of all sites**
  PT is critical for musculoskeletal injury recovery — the most common WC claim type
- ☐ **Pharmacy network accessible to injured workers**
  Formulary management and prescription monitoring reduce drug costs
- ☐ **Telehealth options available for remote or after-hours situations**
  Especially important for rural operations, night shifts, or satellite locations

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

2 PROVIDER CREDENTIALS & OCCUPATIONAL MEDICINE EXPERTISE

- ☐ **Primary treating physicians board-certified in occupational medicine or relevant specialty**
  Board certification indicates standardized training and quality benchmarks
- ☐ **Providers demonstrate experience with your industry's injury types**
  Construction, manufacturing, and trucking each have distinct injury patterns
- ☐ **Physicians understand workers' compensation documentation requirements**
  Proper causation, restriction, and disability documentation prevents claim disputes
- ☐ **Network includes occupational health clinics with dedicated WC protocols**
  Clinics that treat WC regularly are more efficient than general practices
- ☐ **Providers have experience writing functional work restrictions (not just "off work")**
  Modified duty requires specific, usable restrictions — not blanket off-work orders
- ☐ **Network credentials are verified and updated at least annually**
  Credentialing lapses can expose you to liability for provider errors
- ☐ **Providers have experience with your state's specific WC requirements**
  State-specific forms, timelines, and dispute processes vary significantly

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

3 COMMUNICATION & REPORTING STANDARDS

- ☐ **Work status reports submitted within 24 hours of each appointment**
  Delayed reports leave employers uncertain about restrictions and return-to-work timing
- ☐ **Providers respond to employer / adjuster calls within one business day**
  Communication speed directly impacts claim resolution timelines
- ☐ **Direct line of communication between treating physician and claims adjuster**
  Eliminates delays caused by routing through front-desk staff
- ☐ **Electronic health record system compatible with your TPA or carrier platform**
  Electronic records reduce errors and speed documentation review
- ☐ **Providers participate in nurse case manager coordination when requested**
  Case managers are most effective when physicians collaborate willingly
- ☐ **Authorization requests processed within 24 hours for standard treatments**
  Authorization delays are a leading cause of employee frustration and litigation
- ☐ **Providers offer employer site visits to understand job demands**
  On-site familiarity leads to better, more accurate work restriction writing

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

4 PERFORMANCE METRICS & PROVEN OUTCOMES

- [ ] **Network can provide average return-to-work rates by injury type**
  Benchmark against industry standards to assess network effectiveness
- [ ] **Medical cost per claim data available and below industry average**
  Cost data should be risk-adjusted by claim severity and injury type
- [ ] **Network utilization rate above 85% in comparable employer programs**
  High utilization means employees actually use the network — low rates signal problems
- [ ] **Treatment duration consistent with evidence-based clinical guidelines**
  Excessive treatment duration suggests over-treatment or poor outcomes management
- [ ] **Litigation rate for network claims below 15%**
  Low litigation indicates good communication, quality care, and employee satisfaction
- [ ] **Network monitors individual provider performance and removes poor performers**
  A network that holds providers accountable delivers better results over time
- [ ] **References available from employers of similar size and industry**
  Peer references reveal real-world performance that marketing materials don't show

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

5 RETURN-TO-WORK PROGRAM INTEGRATION

- [ ] **Providers actively support modified / transitional duty programs**
  Physicians who embrace transitional work dramatically reduce lost-time costs
- [ ] **Functional Capacity Evaluations (FCEs) available within the network**
  FCEs provide objective data for return-to-work decisions on complex claims
- [ ] **Occupational therapy resources available for work hardening / conditioning**
  Work hardening prepares injured workers for full job demands, reducing re-injury risk
- [ ] **Providers willing to conduct on-site job analysis when needed**
  Direct observation of job tasks produces more accurate and usable restrictions
- [ ] **Vocational rehabilitation resources accessible within or through the network**
  Essential when permanent restrictions prevent return to the original position
- [ ] **Network has formal early return-to-work protocols with defined timelines**
  Protocols create accountability and prevent unnecessary lost-time drift

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

6 COMPLIANCE REQUIREMENTS & RED FLAG ASSESSMENT

- ☐ **Network meets state-mandated accessibility standards for your jurisdiction(s)**
  Non-compliant networks expose you to regulatory penalties and loss of direction rights
- ☐ **Employee notification materials available in languages spoken by your workforce**
  Some states require translated MPN materials — confirm before implementation
- ☐ **Formal dispute resolution procedures in place and clearly documented**
  Required by most states; inadequate procedures invalidate the entire MPN program
- ☐ **Network provides documented proof of provider licensing and malpractice coverage**
  Unverified provider credentials create employer liability for poor treatment outcomes
- ☐ **No history of state regulatory sanctions or compliance failures**
  Check with your state workers' compensation board before committing
- ☐ **MPN agreement includes performance guarantees and exit provisions**
  You need contractual recourse if the network fails to deliver promised results

Section Score: ___ / 21 Network Name: _____

Evaluator: _____ Date: _____

! AUTOMATIC DISQUALIFIERS — ANY "YES" ANSWER IS A RED FLAG

- ☐ **Network cannot provide outcome or performance data when requested**
  A network that won't share data is hiding poor performance
- ☐ **Provider directory shows fewer than 3 primary treating physicians in your primary work area**
  Inadequate coverage means employees can't realistically access the network
- ☐ **References report providers keeping employees off work beyond clinical guidelines**
  Over-treatment and unnecessary disability are red flags for quality and cost management
- ☐ **Network has been subject to state regulatory action in the past 3 years**
  Compliance failures signal systemic problems that affect your program
- ☐ **Contract does not include provisions for employer to request provider removal**
  You need contractual tools to manage poor performers within the network
- ☐ **Network providers routinely refer outside the network without prior authorization**
  Out-of-network referrals eliminate cost control and disrupt care coordination

✓ OVERALL SCORING SUMMARY & NETWORK COMPARISON

Section	Max	Network A	Network B	Network C
1. Geographic Coverage & Accessibility	21	___	___	___
2. Provider Credentials & Expertise	21	___	___	___
3. Communication & Reporting	21	___	___	___
4. Performance Metrics & Outcomes	21	___	___	___
5. Return-to-Work Integration	21	___	___	___
6. Compliance & Red Flags	21	___	___	___
TOTAL SCORE	**126**	___	___	___

Score Interpretation Guide

Score	Interpretation	Recommendation
100–126	Excellent network	Strong candidate — proceed to contract negotiation
80–99	Good with gaps	Acceptable if gaps can be addressed through contract terms
60–79	Marginal quality	Use only if no better option; negotiate performance guarantees
Below 60	Inadequate	Do not use — risks outweigh potential cost savings

Ready to Evaluate Your MPN Options?

First Underwriters helps Pacific Northwest businesses select, implement, and maximize the value of Medical Provider Networks.

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