Pennsylvania
Department of Labor & Industry
Bureau of Workers' Compensation

2025

WORKERS' COMPENSATION MEDICAL ACCESSIBILITY STUDY

EXECUTIVE SUMMARY

PREPARED BY FIELDGOALS.US

FIELDGOALS.US

Background

In the Commonwealth of Pennsylvania (Commonwealth), the workers' compensation (WC) system protects both employees and employers. Employees receive medical treatment and are compensated for lost wages associated with work-related injuries and disease, while employers provide the cost of such coverage and are protected from direct lawsuits by employees.

The Pennsylvania Bureau of Workers' Compensation (BWC), under the auspices of the Pennsylvania Department of Labor & Industry (L&I), is required under the Workers' Compensation Act (Act) to retain an independent consulting firm to conduct a study to determine whether there is adequate access to quality healthcare and products for injured workers.

The Medical Accessibility Study collects data from injured workers, healthcare providers, and insurance companies in the Commonwealth to consider the effects the current Medical Fee Schedules and utilization of provider panels may have on access to quality care and lost days from work. If the research indicates there is not sufficient access to quality healthcare or products for persons suffering injuries covered by this Act, the Secretary may make recommendations for modifications or changes to the Insurance Commissioner.

FieldGoals.US is commissioned annually by the BWC to collect data, analyze, and provide recommendations in this report, to assist the Secretary of L&I in determining whether injured workers have adequate access to timely quality healthcare, and the impact the use of provider panels is having on the program. This report will also address these elements in a manner that clearly indicates whether any identified impairment of access or quality of care can be remedied using a special Medical Fee Schedule as provided for within the Act and regulations.

The 2025 survey collected data from three workers' compensation stakeholders:

- Injured workers
- Insurance carriers
- Healthcare providers

Methodology

FieldGoals.US conducted a comprehensive survey of workers injured during 2025 using a list of 90,971 contacts from 67 counties across Pennsylvania. The list provided by the BWC was cleaned of duplicates and a statistically significant sample size was selected. The number of injured workers surveyed provides results at a 99 percent confidence level with a +/- 3 confidence interval, deeming the information contained herewith of the highest reliability. Telephone interviews were utilized to collect the injured worker responses for the 2025 study. One thousand five hundred twenty-seven (1,527) workers representing all regions of Pennsylvania shared their experiences.

For the insurance carrier survey, FieldGoals.US elicited responses from insurance carriers, self-insured group funds, self-insured employers or affiliates, workers' compensation fee repricing consultants, and Third-Party Administrators (TPAs) via phone call, email, and traditional mail. The BWC also posted a banner on the claims dashboard to bring awareness to the insurers about participating. The 80 insurance carriers that completed the survey represented the 1,527 injured workers surveyed in 2025.

To reach the final group of stakeholders, emails, including four follow-up reminders, were sent to healthcare providers who submitted claims on the portal in 2025. Supplemental outreach efforts to further enhance visibility and response rates included direct outreach via email and postal mail to healthcare providers across Pennsylvania and surveying an independent panel of verified medical providers in Pennsylvania who regularly provide care to injured workers, ensuring the inclusion of perspectives from a diverse range of practice settings and specialties. A total of 52 healthcare providers are represented in this study.

Survey Results

Injured Worker Survey

The objectives of the injured worker survey match the requirements of the Act. The injured worker survey provides findings in several key areas:

1. Timely access to treatment and initial treatment
2. Understanding care
3. Provider panel utilization and acknowledgment of workers' compensation rights and duties
4. Time off work and re-injury
5. Healthcare satisfaction including quality and type of care

Timely Access to Treatment

Nearly three-quarters (74.53 percent) of injured workers report receiving treatment within one day of injury. Nine percent received care two days after the injury, while eight percent waited three days to a week. Seven percent waited more than a week and less than one percent could not recall when they received treatment. The distribution of responses across timeframes remains largely consistent with 2024, indicating continued system stability in facilitating timely access to initial care.

Those who were not treated by a healthcare provider within the first two days (237 injured workers--does not include those who responded "Don't know") were asked a follow-up question to determine why they did not seek treatment within that time; multiple selections were permitted.

Just over half (51.48 percent) of those who did not receive treatment within the first two days believed their injury would improve without medical care, fifteen percent of the 237 respondents asked this question, or 35 injured workers, cited the injury occurring before a weekend or holiday. A small share of injured workers reported uncertainty around navigating the system, including eight percent who did not know which provider to contact and five percent who did not know how to report their injury – both relatively low and declining compared to 2024. Very few respondents indicated transportation as a barrier to care, suggesting this is no longer a widespread issue among injured workers.

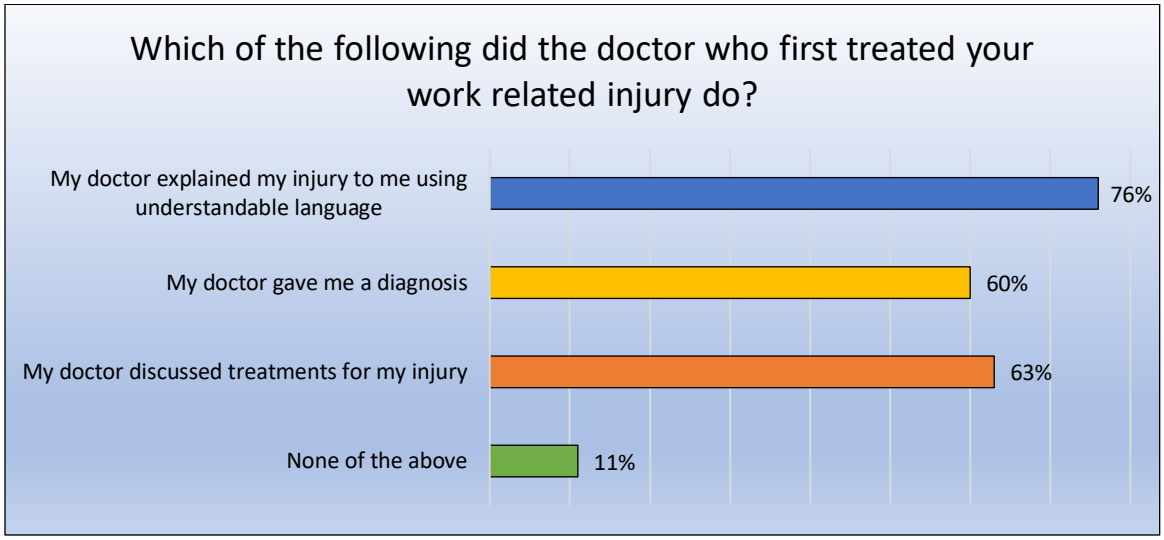
Notably 17.72 percent of respondents selected "something else" as the reason for delayed treatment – much higher than in previous years – indicating that existing response options may not fully capture the range of contributing factors. Among those responses, 22 stated they were waiting for the company/insurance carrier to get back to them about their injury; seven said they didn't know they were injured; three were worried they wouldn't get paid if they didn't go to work the next day; and two said their report was not filed.

Initial Treatment

The majority of injured workers first received treatment in either an Emergency Room (40.41 percent) or an Urgent Care setting (34.91 percent), indicating that immediate, walk-in care options dominate initial access. Urgent Care accounts for approximately one-third, or 34.91 percent, of initial visits, highlighting its importance as an accessible and timely alternative to emergency departments. Seventeen percent of injured workers report first receiving treatment through Occupational Health or employer-associated providers, suggesting structured pathways to care are utilized by a notable portion of workers. Fewer than one in ten injured workers (7.47 percent) report first seeking care through a primary care physician or specialist indicating that scheduled, non-urgent settings are less commonly used for initial injury treatment.

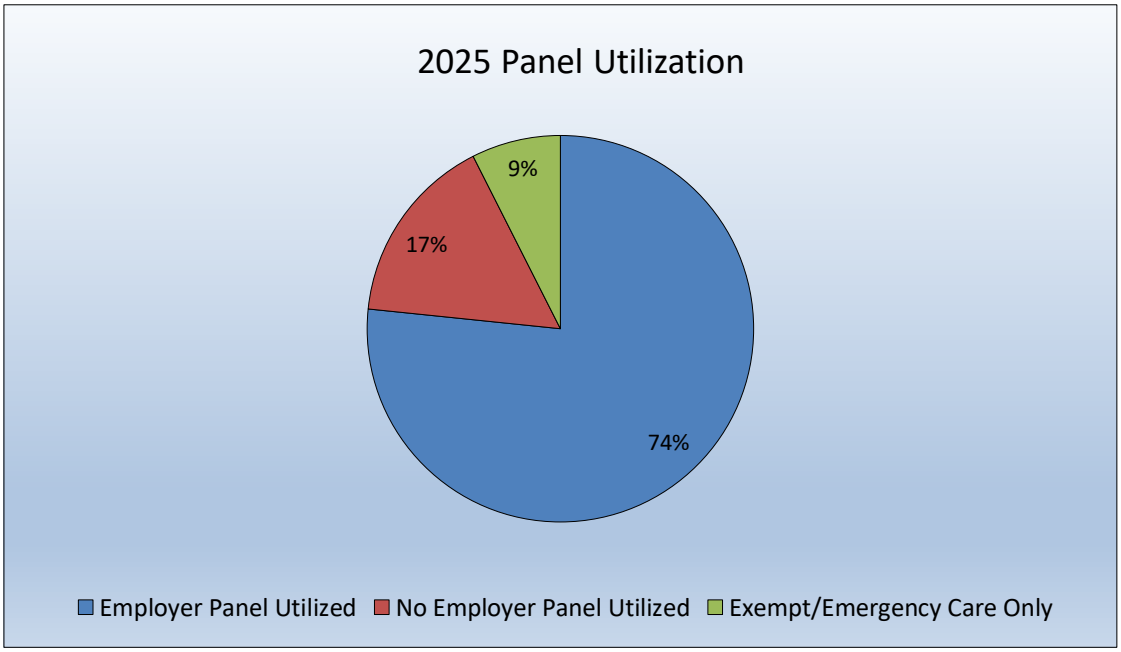
Understanding of Care

Over three-quarters (75.90 percent) indicate that their doctor explained their injury in understandable language, suggesting strong performance in patient communication. Approximately six in ten report receiving a diagnosis (59.86 percent) and having treatment options discussed (63.26 percent), indicating that most providers are delivering essential components of care. A slightly higher share of workers report discussing treatment options than receiving a diagnosis, which may reflect variability in how care is communicated or documented during initial visits. Eleven percent of injured workers indicate that none of these actions occurred, pointing to a meaningful gap in communication and care for a subset of patients.



Panel Utilization

Overall, 74.46 percent of all injured workers used a panel provider for their medical care. Of those who used a panel physician, 58 percent chose a doctor from a list of designated healthcare providers on their own, 38 percent stated they were not given a choice and their employer chose a healthcare provider for them, and 3 percent asked their employer to choose one of the doctors from a list of several doctors the employer uses for workers' compensation injuries. Fifteen percent of all respondents chose their own doctor without a list and eight percent sought only emergency care.*



*Those who went to an emergency room for their initial visit were asked the employer panel provider question as a follow-up. 130 respondents (eight percent) stated both that they received care at an emergency room and that they did not receive any treatment after their initial injury.

Ability to Change Healthcare Providers

For the 1,137 injured workers who utilized a panel physician for their care, a follow-up question was asked inquiring if they had switched from their original panel doctor at anytime during their treatment.

Seventy percent of injured workers stayed with the initial doctor selected from their employer's panel. Sixteen percent switched to another doctor on the same list. Eight percent moved or intended to move outside the panel, either out of preference or because the panel list did not have the type of doctor they needed. Significantly, less than one percent (only four respondents) noted they did not know they could use a doctor not on their employer's list after 90 days.

The majority of injured workers who switched doctors did so because their injury required more specialized care than could initially be provided through Emergency Rooms, urgent care facilities, occupational medicine clinics, or employer-designated providers. A significant number of respondents also expressed dissatisfaction with their original care, including concerns about misdiagnosis, delays in ordering MRIs or specialty referrals, inadequate pain management, or pressure to return to work too quickly. Other workers cited provider network limitations, logistical issues such as travel distance or appointment availability, and employer- or insurance-directed provider changes.

Rights and Duties

In 2025, although a significant 60 percent of those questioned stated their employer spoke to them about their rights, another 29 percent said their employer never spoke to them about their rights; these numbers remain similar to those in 2023 and 2024. Nine percent did not recall.

> *7) After your 2025 injury, did someone from the company or insurance carrier explain your medical treatment rights and duties under workers' compensation within a few days after the injury?*

Q7. Informed of Rights	# of Responses	% of Total
Yes	926	60.64%
No	458	29.99%
Don't remember	143	9.37%
Totals	1,527	100%

In a follow-up question asked of all injured workers, more than half of injured workers (53 percent) said no one explained their right to change doctors. This percentage remained the same as in 2024.

7a) Did anyone explain to you that you had the right to choose another doctor from the employer's list and the right to use a doctor not on the employer's list after 90 days?

Q7a. Aware of right to choose another doctor	# of Responses	% of Total
Yes	724	47.41%
No	803	52.59%
Totals	1,527	100%

Time Off Work

In 2025, 32 percent (486) of the total population responded they did not miss any work as a result of their injury. Thirty-one percent of respondents missed a month or less of work. Twenty-four percent of injured workers missed one to six months of work due to their injuries. Across all timeframes, results remain highly consistent with 2024, suggesting stable recovery and return-to-work trends within the workers' compensation system.

All but those who indicated they did not miss any work due to their injury were asked about their experience returning to work. Of the 1,041 injured workers asked this question, 498, or 48 percent, felt they returned to work when they were ready. Twenty-four percent of those who spent time off work due to an injury felt they went back to work too soon. Twenty-three percent still have not returned to work. This number is five percentage points higher than in 2024, and on par with 2023 numbers. Only 5.28 percent of injured workers report not returning to work as quickly as they would have liked, remaining unchanged from the 2024 responses. Despite some movement in individual categories, the overall distribution of responses suggests continued consistency in return-to-work experiences across both years.



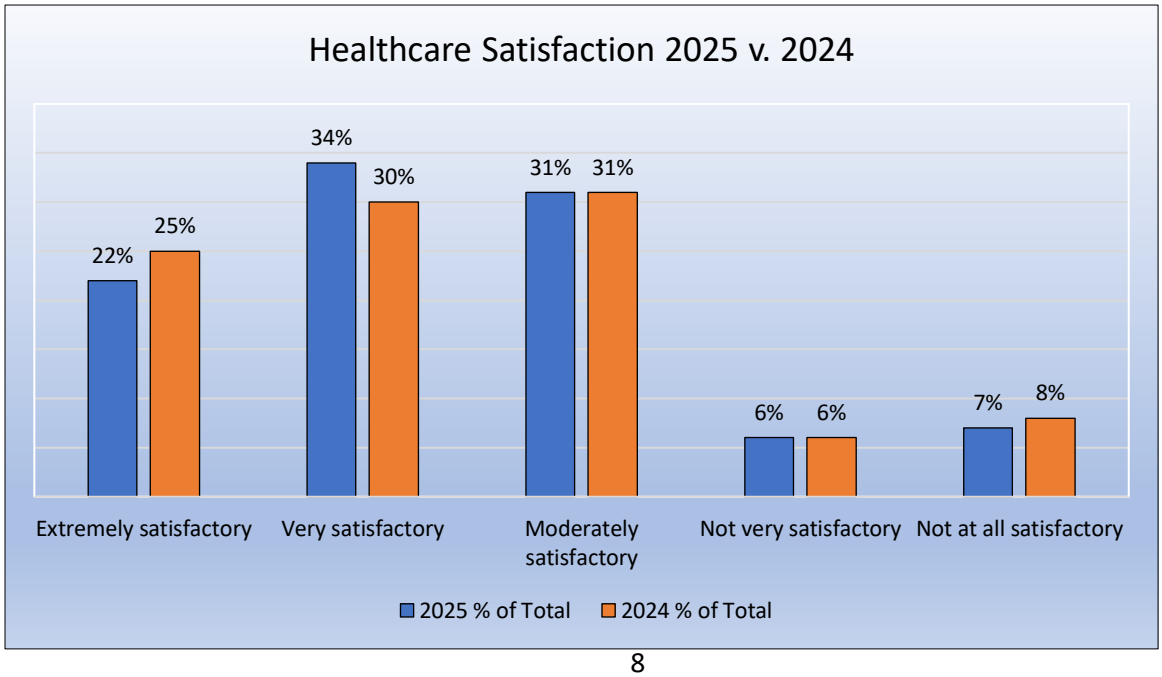
With regard to the nature of injured workers' return-to-work experiences, 57 percent of those who had returned to work following their injury returned to their same or similar job full duty while forty-three percent returned to a modified or light duty job. The distribution of responses suggests that while many injured workers are able to resume normal duties, a substantial portion continue to require temporary adjustments or accommodations upon returning.

Re-Injury

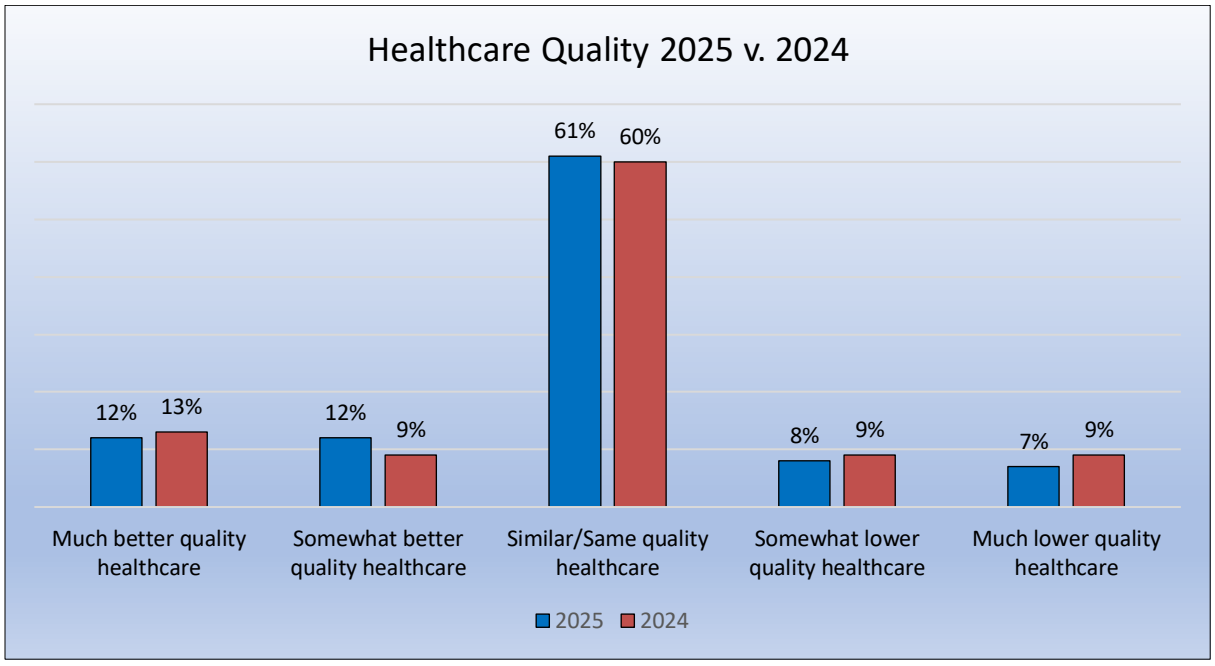
Of the injured workers surveyed in 2025, a relatively small share of injured workers reported a second, work-related injury following their initial injury. Only 111 injured workers, or 7% of the total sample reported experiencing a re-injury during the same reporting year, five percent fewer than in 2024. Seventy-eight percent of re-injured workers (87) said their re-injury occurred within six months of their initial injury. Twenty-two percent of re-injured workers (24) reported their re-injury happened more than six months after the original incident. Over half of re-injured workers (52 percent) said their second injury was the same or related to the initial injury. Conversely, 48 percent reported an unrelated second injury.

Healthcare Satisfaction and Quality

Nearly nine in ten injured workers rate their medical care as at least moderately satisfactory consistent with findings from 2024. The percentage of respondents selecting "extremely satisfactory" decreased modestly from 25 percent in 2024 to 22 percent in 2025. Thirty-one percent of injured workers report their care was "moderately satisfactory" in both years, indicating little change in mid-level satisfaction. Combined dissatisfaction ratings ("not very satisfactory" and "not at all satisfactory") account for 12.77 percent of responses in 2025, slightly lower than in 2024.



A majority of injured workers view their care as comparable to routine healthcare. Twenty-four percent of respondents describe their workers' compensation-related care as better quality than routine healthcare, up modestly from about 23 percent from 2024. The combined percentage of injured workers reporting somewhat or much lower quality care decreased from 18 percent in 2024 to 15.13 percent in 2025. The percentage of workers describing care as "somewhat better quality" increased from nine percent in 2024 to 11.92 percent in 2025. Fewer than one in ten injured workers report receiving "much lower quality" healthcare, continuing a downward trend from prior years.



Physician Categories

The most frequently visited doctors in 2025 were Orthopedic Surgeon (37 percent); Emergency Room Doctor (31 percent); Urgent Care Doctor (29 percent); Physical, Occupational, and/or Speech Therapist (23 percent); and Workers' Compensation/Occupational Medicine Doctor (17 percent); eleven percent visited the Family Doctor/Internal Medicine Doctor.

Wait Times

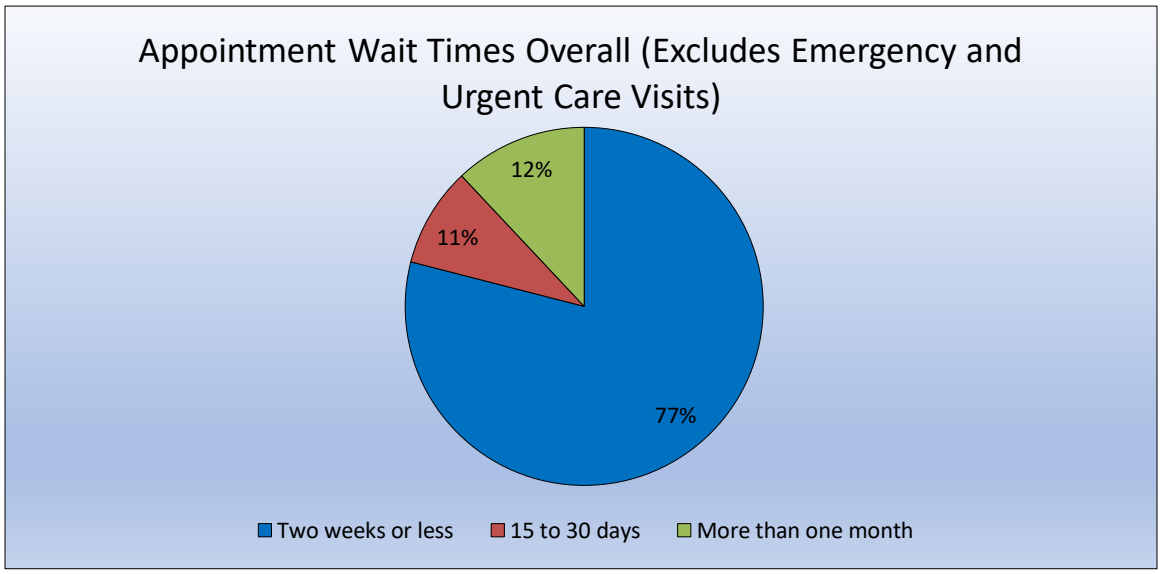
For many categories, a majority of injured workers report obtaining appointments in less than seven days, indicating generally timely access to care within the workers' compensation system.

Emergency Room and Urgent Care providers are overwhelmingly accessed within less than seven days, reinforcing their role as immediate entry points for treatment. Primary Care and Orthopedic providers also demonstrate strong access with approximately 68 percent of injured workers

report seeing a primary care physician within less than seven days, while 44 percent report the same time frame for Orthopedic Surgeons, with an additional 32 percent seen within 7-14 days.

More specialized providers – including Neurologists, Neurosurgeons, Pain Management specialists, and Psychologists/Psychiatrists – show comparatively longer wait times, with larger percentages of appointments occurring more than 30 days after referral.

Nearly half of respondents receiving Physical, Occupational, or Speech Therapy report appointments within less than seven days, while others experience wait periods extending into the seven-to 30-day range. Neurosurgeons and Neurologists demonstrate the longest delays, having the highest proportion of appointments occurring more than 30 days after referral, suggesting greater access limitations within highly specialized care.



Overall Experience

When asked to share one piece of advice or opinion about their 2025 workers' compensation medical care experience, respondents offered a wide range of insights - both positive and critical. The most common response (340 mentions) was that the process was smooth, fast, professional, helpful, easy, or satisfactory; many praised medical staff, adjusters, or employers, and appreciated coverage and care received. Conversely, many respondents (230 mentions) shared the need for better explanations, more communication from insurance/workers' compensation staff; there was confusion about paperwork, benefits, billing, claim status, and overall process. 210 injured workers also complained about delayed approvals, MRIs/surgeries, waiting for payments, reimbursement issues, insurance denials, difficulty contacting adjusters, and excessive paperwork.

Tracking and Comparisons

Timely Access to Quality Care

Timely access to quality care remains one of the priorities for this study; therefore, survey questions are asked to determine the timeliness of care and to measure the quality-of-care metrics relating to communication of diagnosis and treatment plans.

Timely Access to Appropriate Care	**2021**	**2022**	**2023**	**2024**	**2025**
Seen by a doctor within 48 hours	80%	82%	83%	83%	83%
Doctor explained injury	65%	69%	71%	73%	76%
Doctor discussed treatment options	59%	61%	59%	62%	63%
Doctor gave diagnosis (this question was changed in 2021 from "*My doctor gave me a correct diagnosis"*)	54%	57%	58%	53%	60%
Rights and Duties					
Rights and Duties explained at injury	64%	60%	60%	61%	61%
Patient Satisfaction					
Overall, Extremely Satisfied, Very Satisfied or Moderately Satisfied with care	85%	86%	87%	86%	87%
Medical care Much Better, Somewhat Better or Similar/Same as other healthcare	83%	84%	84%	82%	85%
Satisfied with timing of return to work	50%	49%	47%	51%	48%
Lost Time & Return to Work					
Percent without other injury after return to work	90%	89%	89%	86%	92%

*99% confidence, +-3% Margin of Error

**Only injured workers subject to use of panel included

Continuity of Care

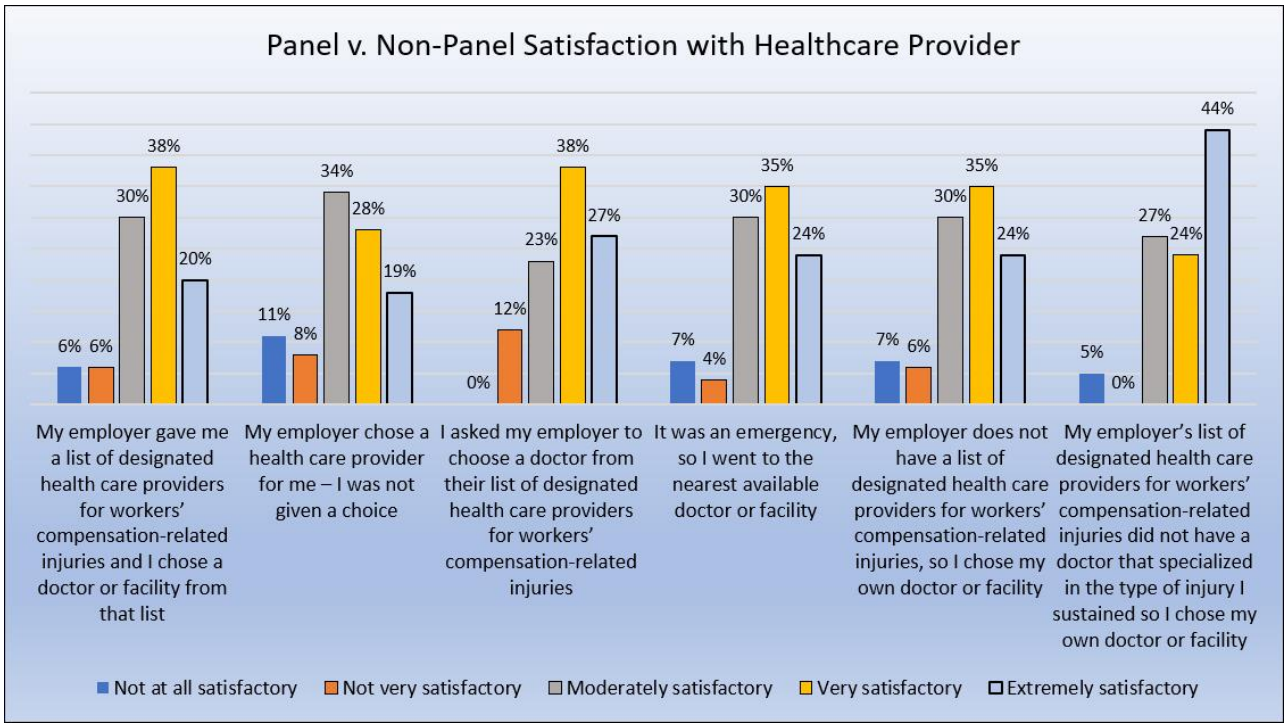
In 2025, the Continuity of Care table was added back into the study report. This table reflects the responses of injured workers who used employer-provided panel physicians, and those who did not. The time lost questions have been modified since the 2016 report and therefore will only reflect ranges.

Rights and Duties (from Q7a.)	Panel	Non-Panel
Rights and Duties explained at injury** (in 2019, 2020 this included "within 48 hours"; since 2021 this was modified to "a few days")	48%	47%
Patient Satisfaction		
Overall, Extremely Satisfied, Very Satisfied or Moderately Satisfied with care	86%	90%
Return to Work		
Satisfied with timing of return to work	46%	51%
Time Lost due to Injury (No longer calculated in days, see Q8.)		
Average Days/Weeks Lost	1-3 months	1-3 months

Satisfaction with Healthcare Providers Differentiations

Panel v. Non-Panel Satisfaction with Healthcare Provider

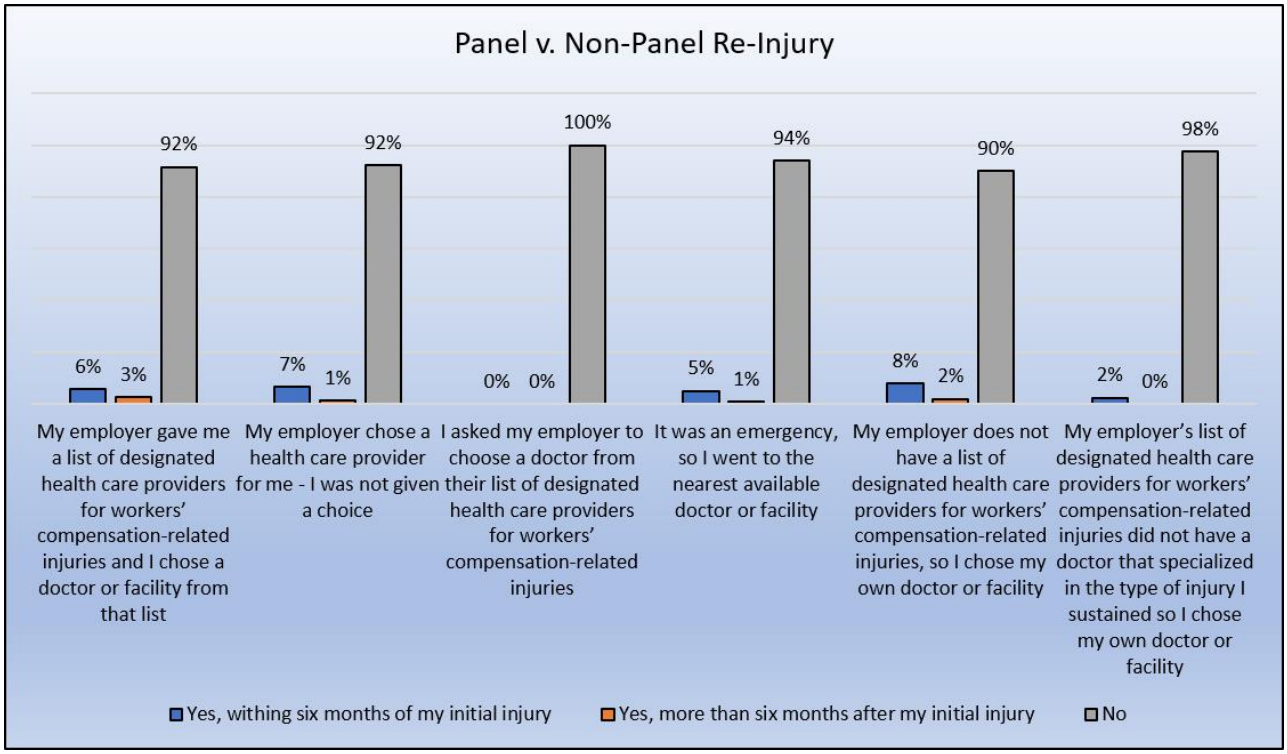
To better understand how provider selection influences satisfaction with workers' compensation healthcare, we cross-tabulated satisfaction ratings by how the initial provider was chosen. In workers' compensation systems, some employees are limited to a list of designated providers (a panel), while others may choose their own physician, particularly in emergencies or when a specialist is not available.



These findings suggest that injured workers tend to report the highest levels of satisfaction when they have either direct choice in selecting their healthcare provider or access to a specialist appropriate for their injury. Satisfaction appears somewhat lower when providers are assigned without worker input, potentially reflecting perceptions of reduced autonomy or confidence in employer-directed care. At the same time, satisfaction levels remained generally positive across all provider-selection arrangements, including emergency treatment settings and employer-directed panels. The particularly strong ratings among workers able to choose specialists outside employer panels may indicate the importance of specialty access and perceived provider expertise in shaping patient satisfaction. Overall, the data suggests that provider choice, specialist availability, and worker involvement in treatment decisions play meaningful roles in overall perceptions of care quality within the workers' compensation system.

Re-Injury Differentiations

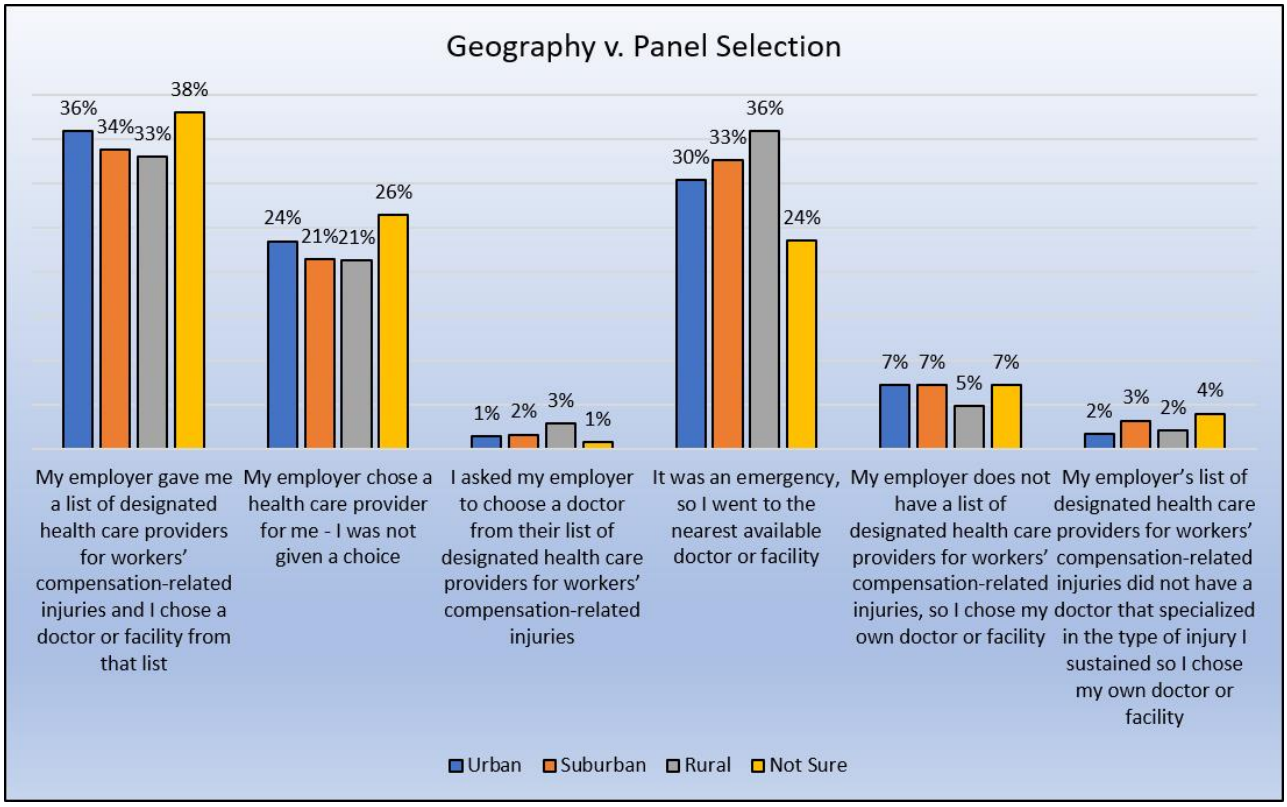
Panel v. Non-Panel Re-Injury



The method by which injured workers select their healthcare provider has relatively little impact on the likelihood of experiencing a subsequent work-related injury. Across all provider-selection arrangements, the vast majority of workers reported no additional injury following their initial work-related incident. While workers who were able to seek care from a specialist outside the employer's panel reported the lowest re-injury rates, differences between groups were generally modest. The consistently high percentages of workers avoiding repeat injuries across all categories may indicate that factors such as injury severity, treatment quality, rehabilitation, workplace accommodations, and return-to-work practices play a larger role in preventing reinjury than the specific provider selection pathway. Overall, the data suggests that positive recovery outcomes can occur across a variety of provider arrangements within the workers' compensation system.

Geography: Rural v. Non-Rural Differentiations

Geography v. Panel Selection



Provider selection experiences are generally consistent across urban, suburban, and rural areas of Pennsylvania. In all geographic regions, the most common pathway involves workers selecting a provider from an employer-designated panel or receiving initial treatment through an Emergency Room. While rural workers appear somewhat more likely to utilize Emergency Room services, and urban workers are slightly more likely to have providers selected directly by employers, the differences are relatively modest. The consistency across geographic groups suggests that Pennsylvania's provider panel system is functioning similarly across regions, with only minor variations in how injured workers access initial medical care. Overall, geography appears to have limited influence on provider selection patterns compared to other factors such as injury circumstances, employer practices, and provider availability.

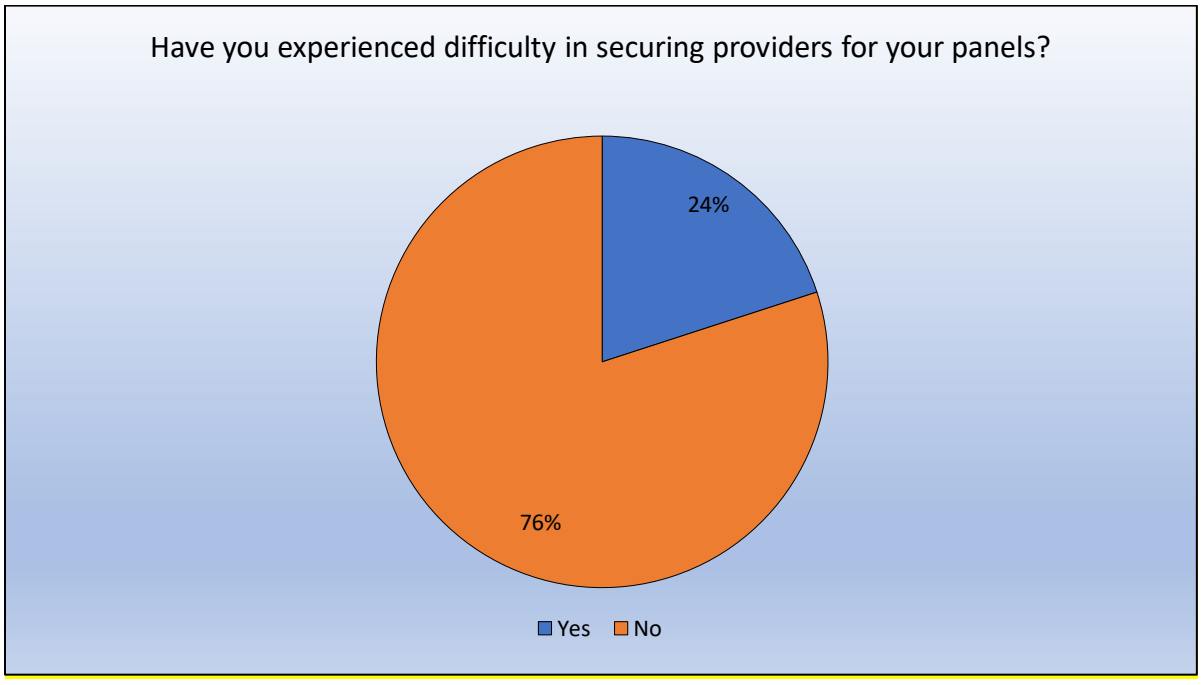
Insurance Carrier Survey

Panel Providers

In the 2025 survey, 100 percent of the respondents offered healthcare provider panels to their claimants. The top provider types targeted for panel recruitment were Orthopedic Surgeons (88 percent), Urgent Care Providers (88 percent), Workers' Compensation/Occupational Medicine Doctors (82 percent), Physical, Occupational, and/or Speech Therapists (70 percent) and Chiropractors (59 percent).

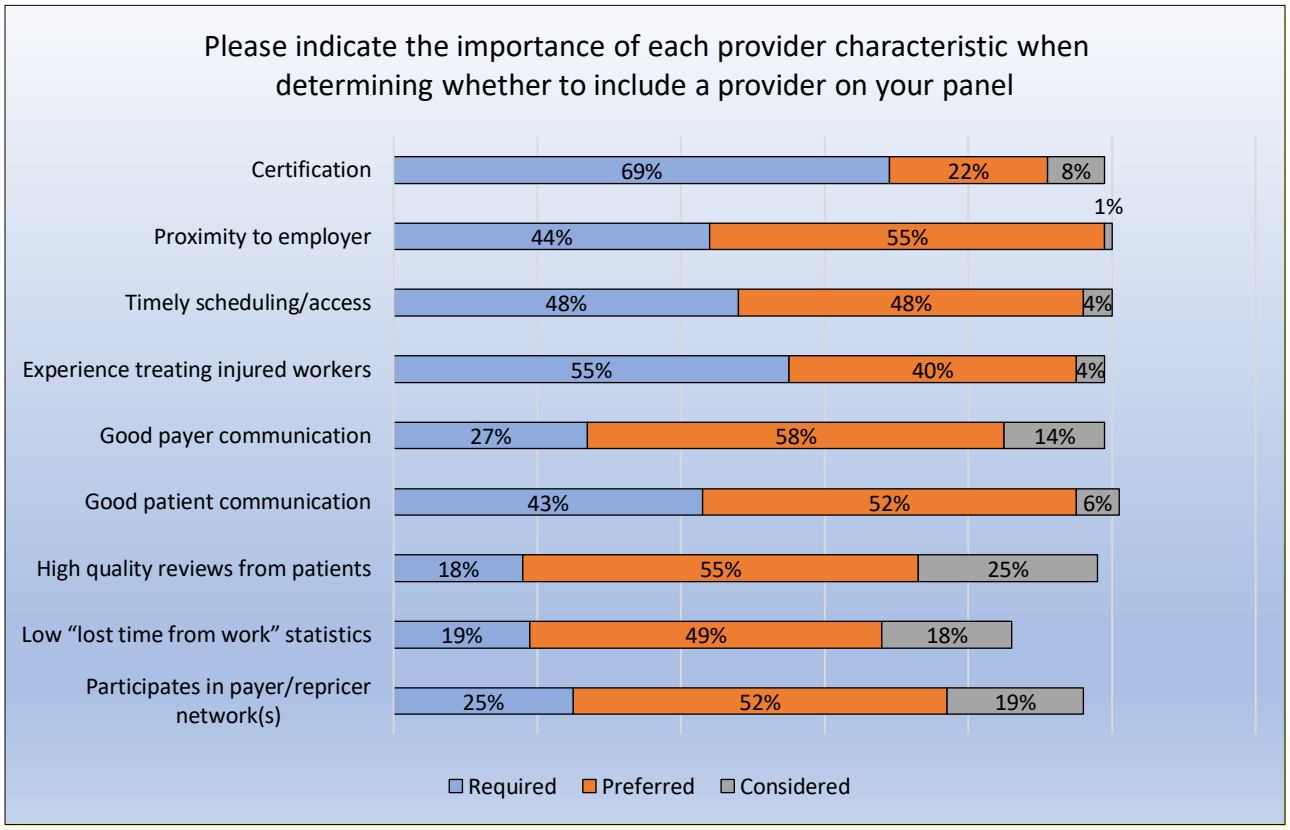
Most insurance carriers report little difficulty securing panel providers**.** Seventy-six percent of respondents indicate they have not experienced difficulty securing healthcare providers for their Workers' Compensation panels. Nearly one quarter report recruitment challenges. Twenty-four percent of carriers report experiencing difficulty securing providers, suggesting that provider recruitment remains an issue for a subset of carriers.

Healthcare providers presenting the greatest challenges in recruitment and retention were Orthopedic Surgeons (25 percent), Oral Surgeons/Dentists (25 percent), and Workers' Compensation/Occupational Medicine Doctors (19 percent). This is consistent with the 2024 findings overall. These findings should be interpreted cautiously, as this question was answered only by the relatively small number of insurance carriers that reported experiencing provider recruitment or retention challenges.



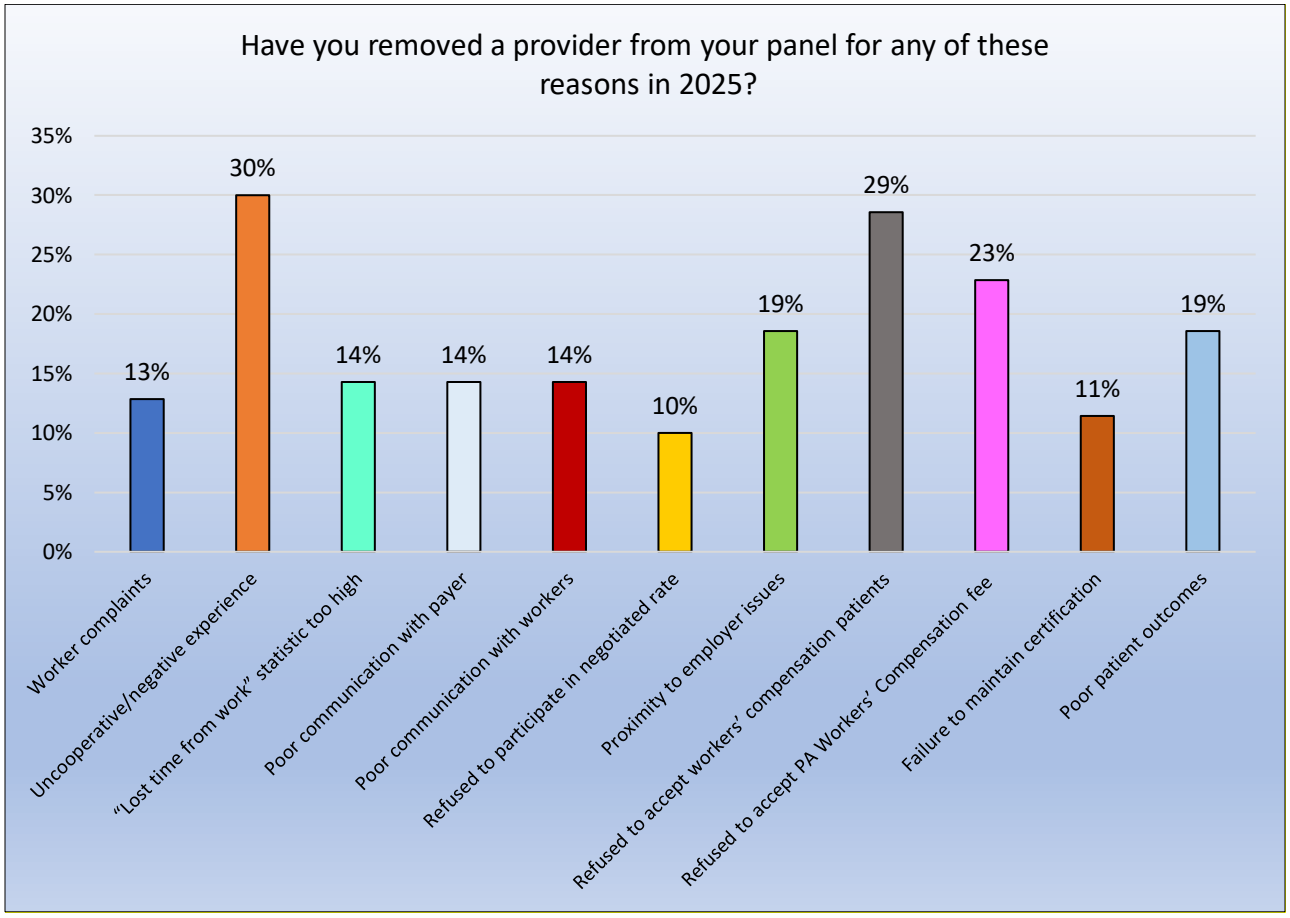
Recruitment

Insurance carriers were asked which characteristics they consider when determining whether to include a healthcare provider on their panel, and whether those characteristics were *required* or *preferred*. The most frequently *required* characteristics were "certification" (69 percent), "experience treating injured workers" (55 percent), "timely scheduling/patient access" (48 percent)," "proximity to employers" (44 percent), and "good patient communication" (43 percent). The least required attributes were "low lost time from work statistics" and "high-quality reviews from patients." These results were nearly identical to 2024.



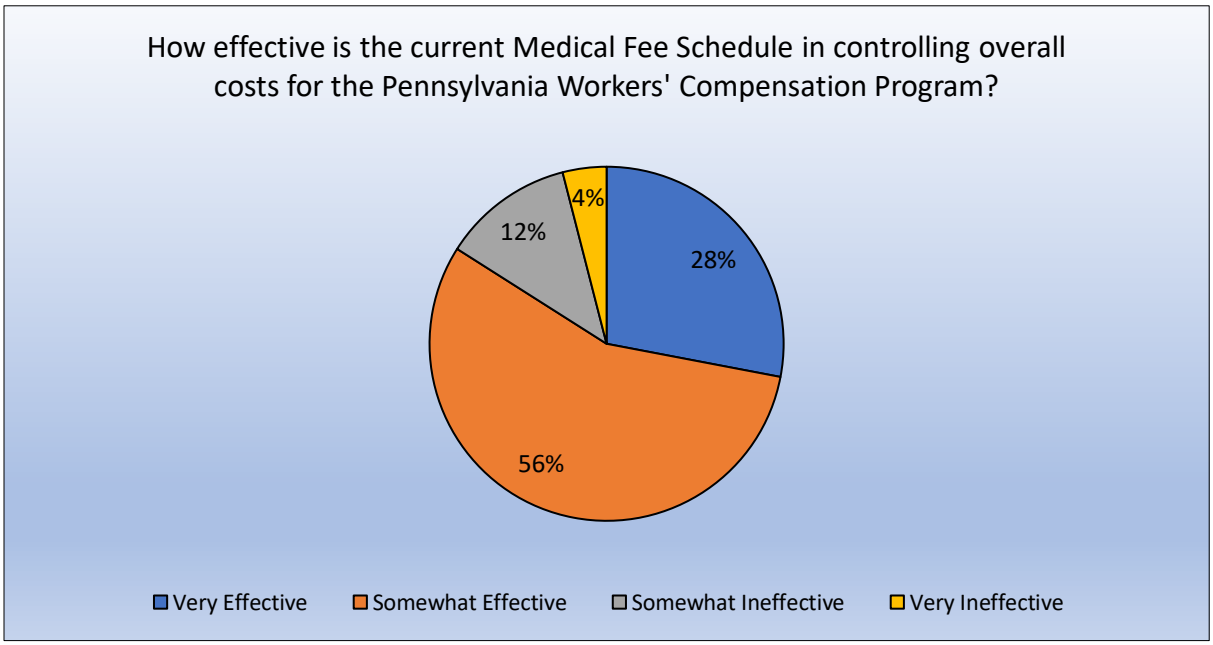
Dismissal

The most common reasons insurance carriers removed healthcare providers from a panel in 2025 included the healthcare provider was “uncooperative or provided a negative experience” (30 percent), “refused to accept PAWC patients” (29 percent), and “refused to accept PAWC fee” (23 percent).



Medical Fee Schedule Effectiveness

A combined 84 percent of respondents rated the Medical Fee Schedule as either “very effective” or “somewhat effective,” indicating broad confidence in its role as a cost containment mechanism. Despite this effective rating dropping 7 percent since 2024, still only a small minority (16 percent) view the Fee Schedule as ineffective. The majority of respondents acknowledge the Fee Schedule's effectiveness, although many characterize its impact as moderate rather than exceptional.



Alignment of Reimbursement Rates with Current Costs

Most insurance carriers believe reimbursement rates generally reflect market costs, although some discrepancies exist. Eighty-nine percent of respondents indicate that reimbursement rates either align well with market costs (24 percent) or are somewhat aligned but contain some discrepancies (65 percent). Only a small percentage believe reimbursement rates fail to reflect market costs. Seven percent report that reimbursement rates do not align with market costs, while only four percent believe the current reimbursement structure creates significant discrepancies that negatively impact cost containment.

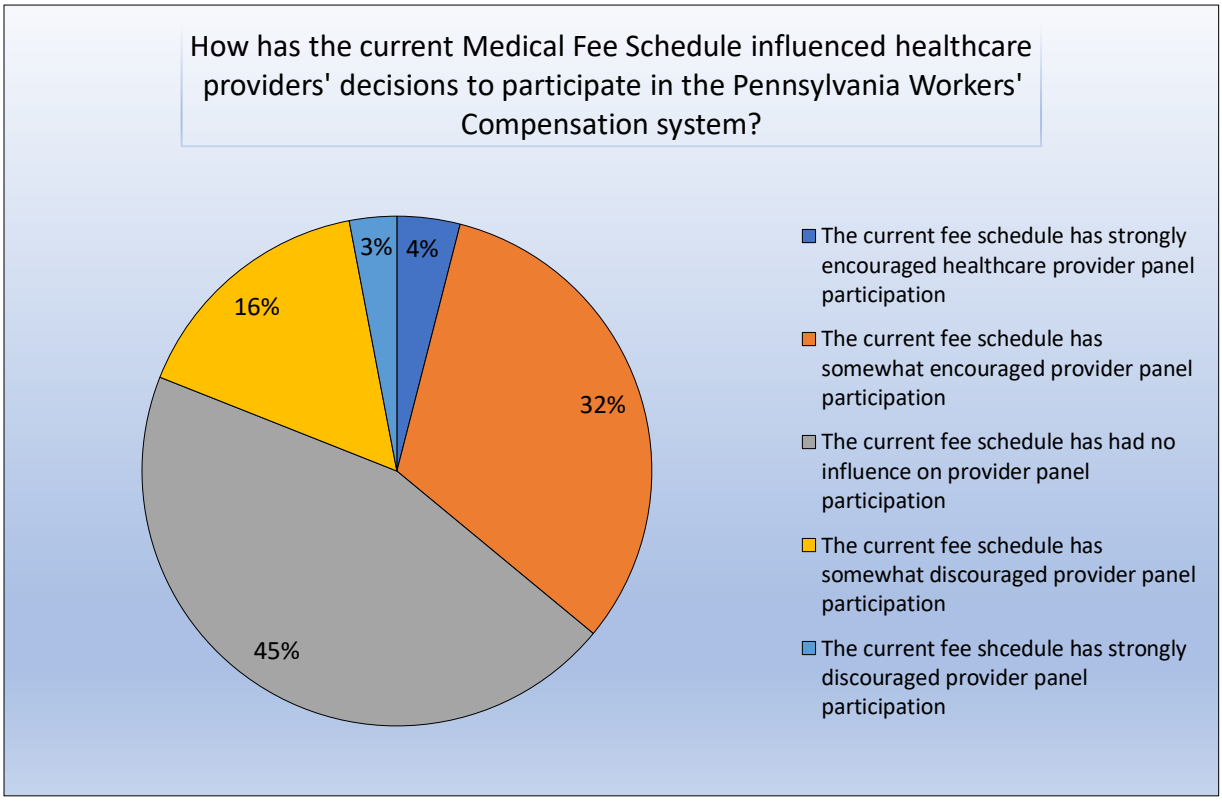
Perceived Impact on Reimbursement Rates on Access to Care

Seventy percent of respondents report they have not noticed delays in treatment or longer wait times for injured workers attributable to current reimbursement rates. Only one percent of respondents believe providers are delaying treatments or procedures due to current

reimbursement rates. Seven percent indicate they have observed injured workers experiencing longer wait times that they attribute to current reimbursement rates, although they do not believe providers are intentionally delaying treatment. Similarly to 2024, twenty-three percent of respondents selected "not sure."

Influence of the Medical Fee Schedule on Provider Participation

A combined 36 percent of respondents said the Medical Fee Schedule has encouraged provider participation, either strongly or somewhat. Nearly half (45 percent) of respondents reported no influence and 19 percent of respondents indicated the Medical Fee Schedule has discouraged participation to some degree.

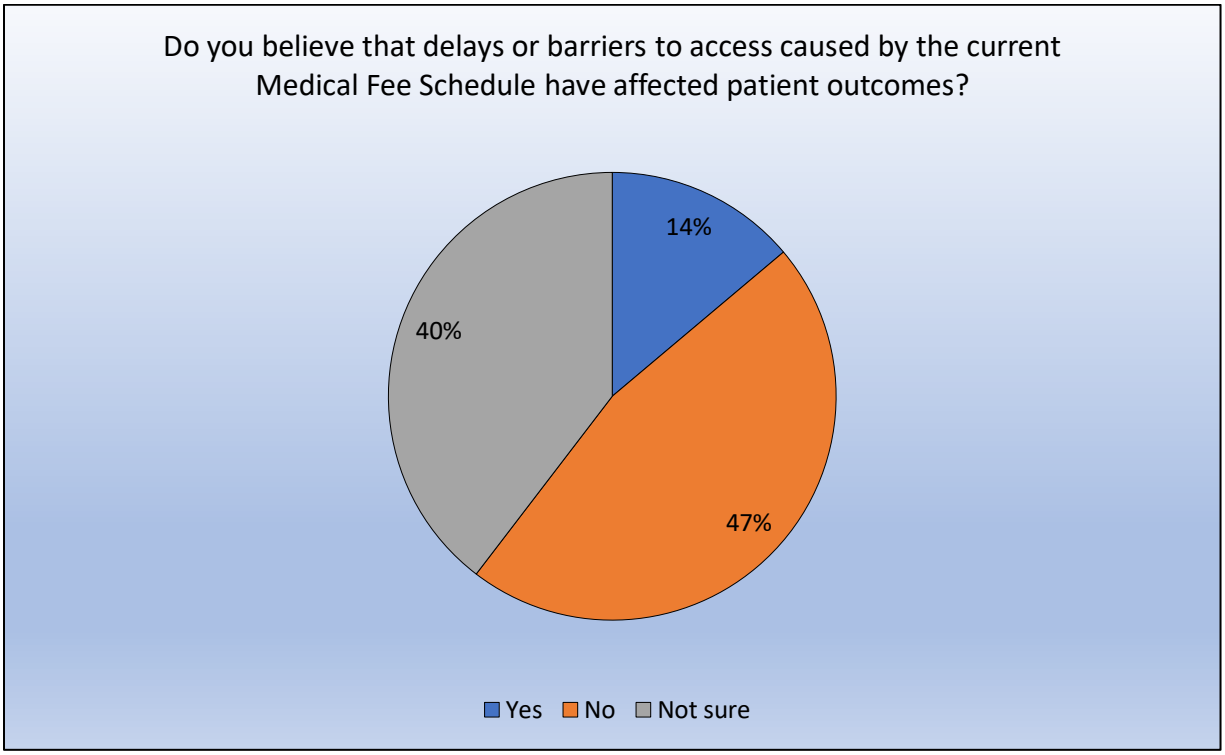


Perceived Provider Opt-Out Trends Due to Low Reimbursement Rates

Thirty-five percent of respondents report they have not seen a trend of providers leaving the Workers' Compensation system due to perceived low reimbursement rates. Thirty-two percent indicate they are not sure whether providers are opting out because of reimbursement levels, suggesting limited visibility into providers' participation decisions. Thirty-three percent report seeing providers opt out of treating workers' compensation patients, including 26 percent who indicate some providers have left the system and seven percent who believe many providers have done so.

Perceived Impact of Delays or Barriers to Access Caused by the Fee Schedule on Patient Outcomes

Forty-seven percent of respondents report that delays or barriers associated with the current Medical Fee Schedule have not affected outcomes for injured workers. Fourteen percent indicate they believe delays or access barriers resulting from the current Medical Fee Schedule have negatively impacted patient outcomes. Forty percent report they are not sure whether the current Medical Fee Schedule has affected patient outcomes, suggesting that many carriers do not have sufficient clinical visibility to assess downstream patient impacts. Most respondents either report no impact or are uncertain. A combined 87 percent of respondents either have not observed negative effects on patient outcomes or are unable to determine whether such effects exist.



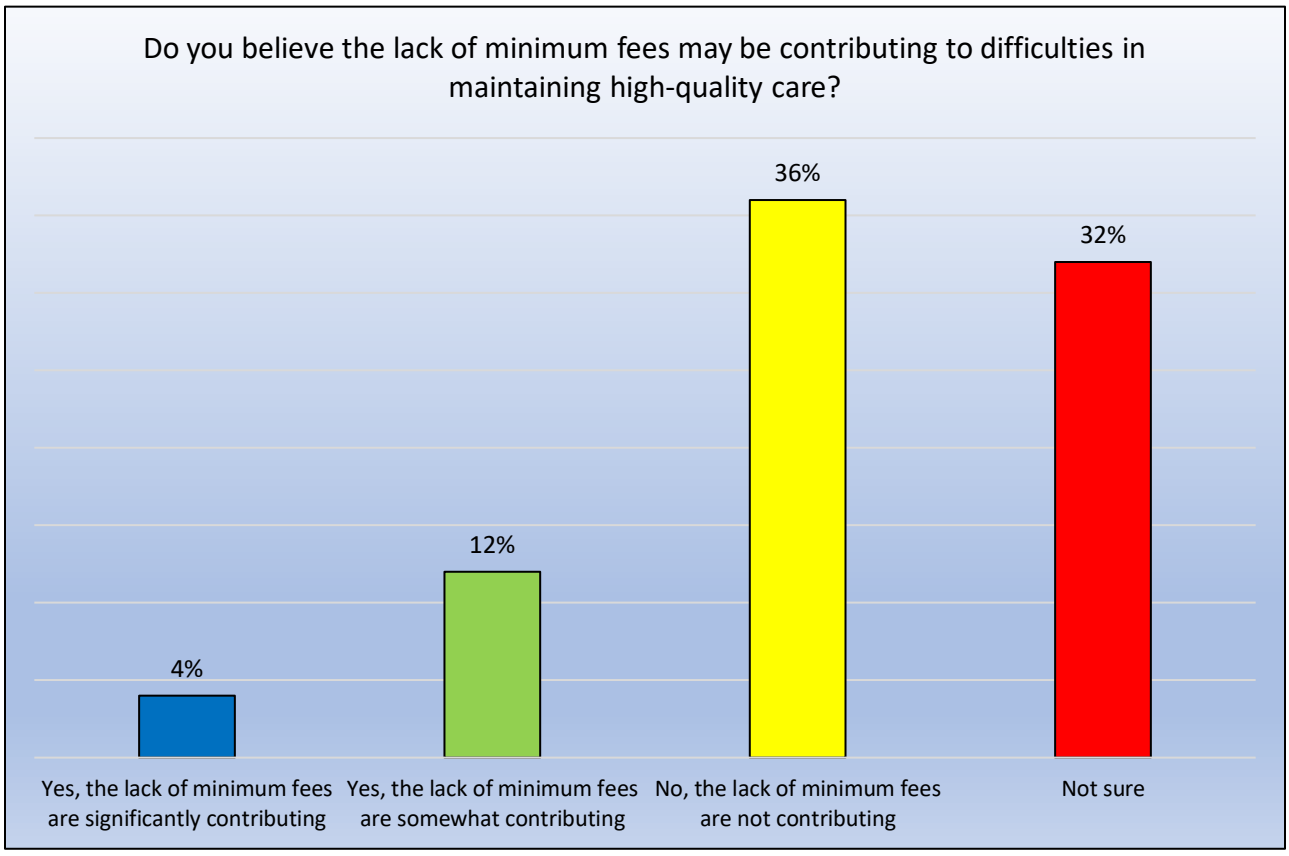
Impact of Delayed Treatment and Limited Provider Participation on Recovery Outcomes

Slower recovery was the most commonly identified consequence of delayed treatment or limited provider participation. Half of respondents (50 percent) believe delays in treatment or reduced provider participation primarily result in longer recovery times for injured workers. Reduced quality of care was also a significant concern. Thirty percent of respondents indicate that delays or limited provider participation contribute to a decrease in the overall quality of care received by

injured workers. Some respondents believe delays increase the risk of complications or re-injury. Twenty percent report that delayed treatment or limited provider participation may lead to additional medical complications or re-injuries, potentially prolonging recovery and increasing overall claim costs. Recovery time was identified as the most significant impact. Respondents were more likely to associate treatment delays with prolonged recovery than with clinical complications or diminished care quality.

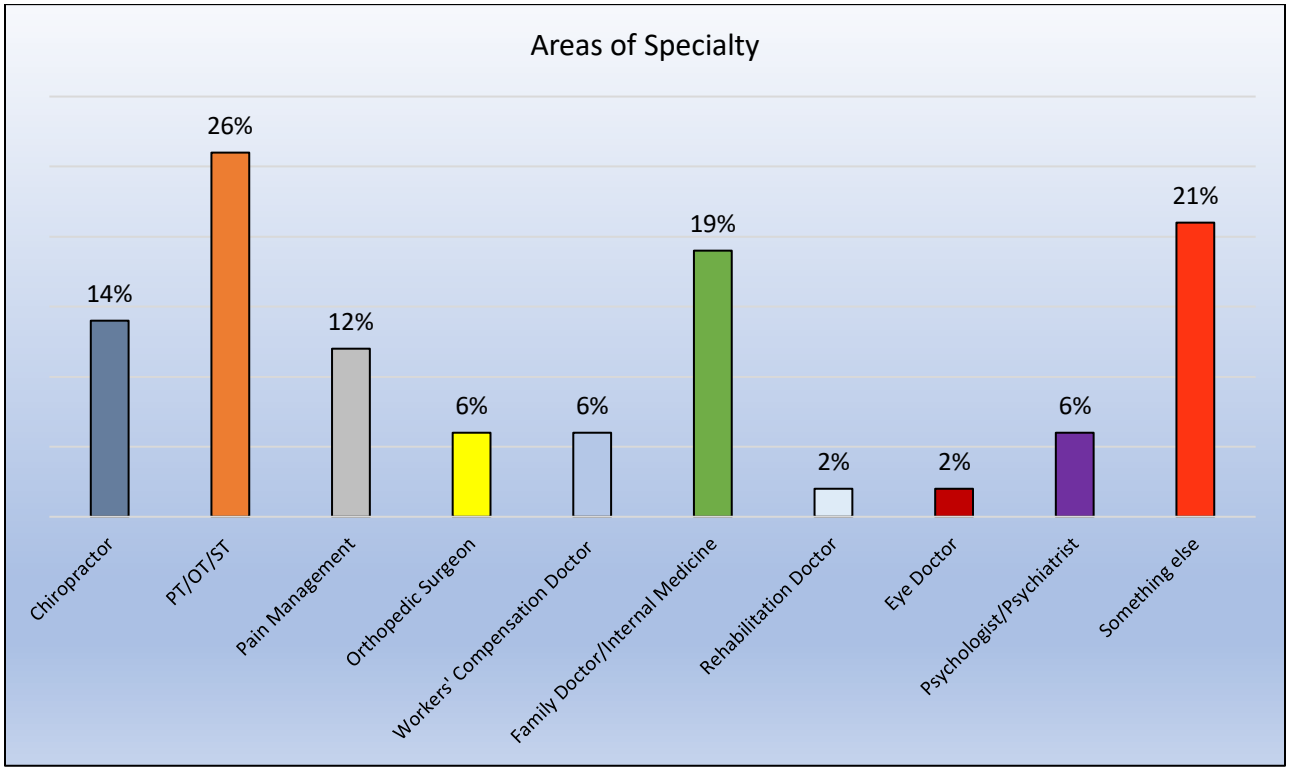
Perceived Impact of the Lack of Minimum Fees on Quality of Care

More than one-third (36 percent) reported that the lack of minimum fees is not contributing to difficulties in maintaining high-quality care. Just four percent believed that the lack of minimum fees is significantly contributing to challenges in maintaining high-quality care, while an additional 12 percent felt it was somewhat contributing. Nearly one-third of respondents (32 percent) indicated they were not sure, suggesting that many insurance carriers either have limited visibility into how provider reimbursement structures affect clinical practice or do not directly attribute care quality to minimum fee requirements. Overall, few carriers identified minimum fees as a major driver of care quality. Combining the "significantly contributing" and "somewhat contributing" responses, only 16 percent believed the absence of minimum fees negatively affects the ability to maintain high-quality care.



Healthcare Provider Survey

Physical/Occupational/Speech Therapists, Family Doctor/Internal Medicine Doctor, and Pain Management Doctor comprise the majority of the survey responses. Multiple selections were allowed to account for providers who offer a broad range of specialties at their practices.



Durable Medical Equipment (DME) Healthcare Providers

When asked about the types of medical equipment they supply, DME providers participating in the 2025 Healthcare Provider Survey reported a mix of standard and specialized devices. All medical equipment suppliers responding to the survey provide prosthetic devices and one-third of suppliers (N=4) also provide orthotic devices. Approximately 33 percent of respondents report supplying orthotics in addition to prosthetic devices.

Provider Experience with Injured Workers

Eighty-seven percent of healthcare providers report that they or someone in their practice, pharmacy, or company has provided treatment or products to an injured worker within the past three years. Those who did not currently treat or provide products for injured workers (N=7) indicated it was because they were small practices, see only specific patients for workers compensation, or do not want to deal with the administrative duties. Healthcare providers who did not treat an injured worker in the last three years were not asked any additional questions.

Provider Panel Participation

Only 38 percent of respondents indicated that they or a colleague had served on a provider panel in the last three years. A majority (62 percent) reported no panel participation, suggesting that many providers treating injured workers do so outside of formal panel arrangements, either through direct referral, independent practice, or post-panel period treatment.

Reimbursement Compared to the Medical Fee Schedule for Panel Providers

To better understand the real-world financial impact of panel participation, the Healthcare Provider Survey asks a targeted question about how reimbursement levels compare to the Pennsylvania Workers' Compensation Medical Fee Schedule. Importantly, this question was only asked of respondents who indicated that they or a provider in their practice had served on a panel for injured workers within the past three years. As a result, the sample size for this question was n=18 and does not include providers who treat injured workers but are not part of formal panels.

More than half of panel providers (67 percent) reported that reimbursement is always or usually the same as the Medical Fee Schedule. Thirty-three percent reported routine discounting, including six percent who said they are usually reimbursed more than 20 percent below Medical Fee Schedule rates. Responses under "Something else" reflect complex billing arrangements or alternative reimbursement models. *"We only participate in panels that are local businesses that directly request us, and we can be on panel without taking any fee reductions or make us sign any policy of managed care requirements that would be outside our clinical care treatment judgment."*

Invitations to Join Workers' Compensation Provider Panel

Only 15 percent of respondents reported receiving and accepting invitations to join a provider panel in the past year, indicating limited panel growth or recruitment activity across the state. A larger number (19 percent) reported declining invitations, which could reflect provider hesitancy due to reimbursement concerns, administrative burden, or contractual limitations. A significant majority (66 percent) reported no invitations at all, suggesting that most providers treating injured workers are not being actively recruited into formal provider panels.

Provider Withdrawal or Decline from Panel Participation

Among the smaller subset of respondents who received panel invitations, 47 percent (N=7) reported declining or withdrawing from participation, suggesting that even when outreach occurs, a substantial portion of providers choose not to engage. While 53 percent (N=8) accepted or remained open to participation, the high opt-out rate underscores potential concerns about panel participation - whether due to low reimbursement, administrative burdens, contractual limitations, or perceived lack of flexibility.

Awareness of PPO Agreements Applying to Workers' Compensation

To better understand providers' awareness of contractual reimbursement arrangements, the Healthcare Provider Survey asked respondents whether they had discovered that a Preferred Provider Organization (PPO) agreement originally signed for group health insurance also applied to Pennsylvania Workers' Compensation services.

Fifty-two percent of respondents indicate they had not discovered that a PPO agreement related to group health insurance also applied to workers' compensation reimbursement. Twenty-three percent report that they do not belong to any PPOs and therefore would not be affected by this issue. Sixteen percent were unaware their PPO agreement also applied to workers' compensation. Eight percent report they were aware when entering into the PPO agreement that it also applied to workers' compensation reimbursement.

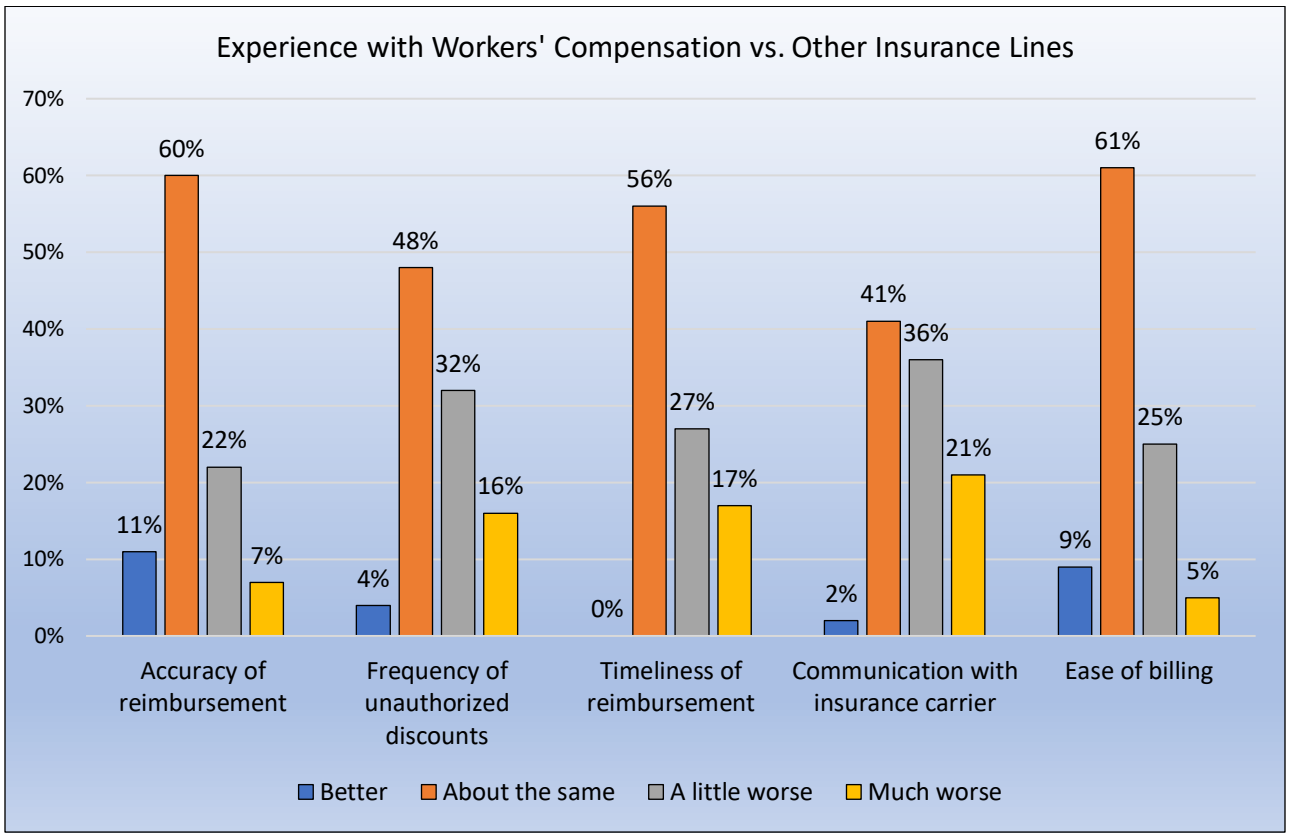
Limiting Treatment Due to Reduced PPO Reimbursement Rates

Nearly nine out of ten respondents (89 percent) report that they have not reduced the number of injured workers they treat due to reduced reimbursement associated with PPO agreements. Eleven percent of respondents indicate they have limited the number of workers' compensation patients they accept because of reduced reimbursement rates associated with PPO agreements.

Workers' Compensation Compared to Other Insurance Lines

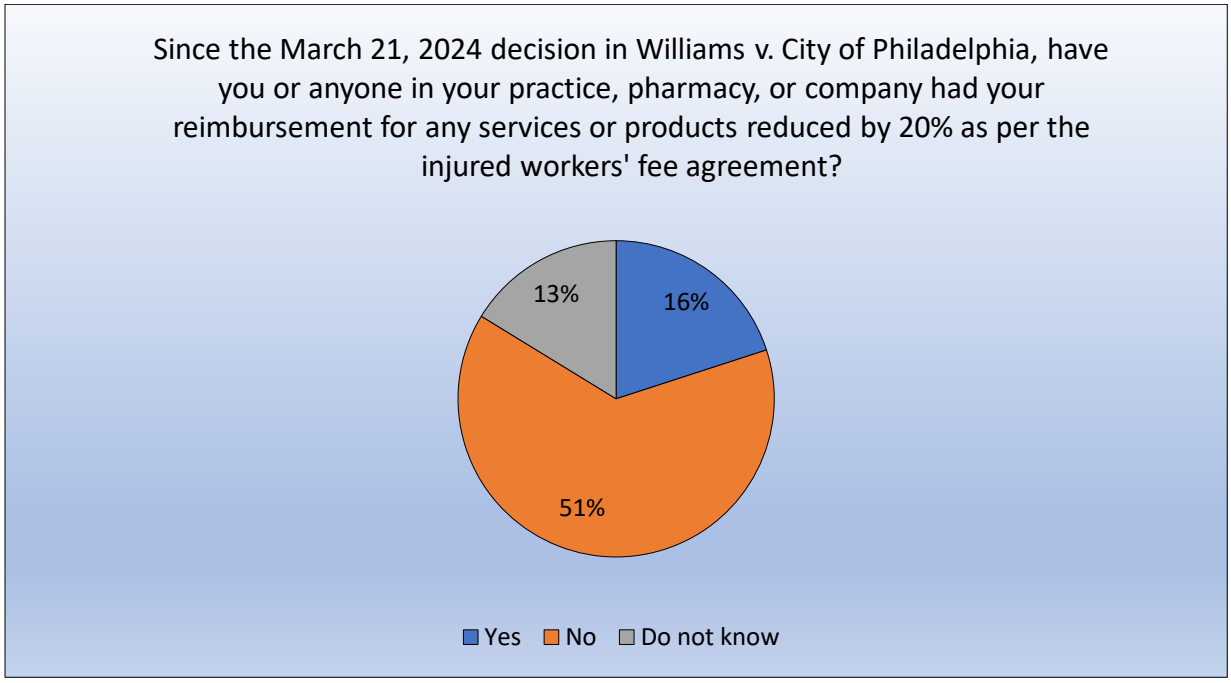
When asked about how their experience with workers' compensation compared to experiences with other insurers, across every measure evaluated, the largest percentage of respondents indicate that their experience with workers' compensation is about the same as with other types of insurance.

Sixty percent of respondents report that reimbursement accuracy is about the same as other insurance programs, while an additional 11 percent believe it is better. Twenty-nine percent indicate reimbursement accuracy is somewhat or much worse. While 41 percent report communication is about the same as other insurance lines, a combined 57 percent believe communication is either a little worse (36 percent) or much worse (21 percent), making it the lowest-rated aspect of the workers' compensation system. Nearly one-half (48 percent) report that the frequency of unauthorized discounts is comparable to other insurance, while 48 percent indicate the issue is either a little worse (32 percent) or much worse (16 percent). More than half (56 percent) report reimbursement timeliness is about the same as other insurance, with only 17 percent indicating it is much worse. Sixty-one percent report that the ease of billing is about the same as other insurance lines, while only 14 percent consider it better or much worse.



Impact of the Williams v. City of Philadelphia Decision

Most respondents had not experienced a reimbursement reduction related to the *Williams* decision. Slightly more than half of healthcare providers (51 percent) report that neither they nor anyone in their practice, pharmacy, or company had experienced a 20 percent reimbursement reduction following the *Williams v. City of Philadelphia* decision. One in six providers reported experiencing a reimbursement reduction**.** Sixteen percent of respondents indicate that they or someone in their organization had experienced a 20 percent reduction in reimbursement as a result of the injured worker's attorney fee agreement. Some providers were uncertain whether they had been affected. Thirteen percent report they did not know whether reimbursement had been reduced under the *Williams* decision, suggesting that reimbursement adjustments may not always be readily apparent to all providers or administrative staff.



Utilization Review

The Act provides for the process of medical treatment review under Section 306(f.1) (6). This utilization review (UR) process provides for the impartial examination of the reasonableness or necessity of medical treatment rendered to or proposed for work-related injuries and illnesses. A UR request is made by either the insurance carrier, the employer, or the injured worker to determine if the medical treatment being given by a particular healthcare provider is reasonable and necessary. Healthcare providers were asked a set of questions regarding the relationship between utilization reviews and the treatment they provide their injured worker patients.

Question*	Yes	No
In the past 12 months, did you have to delay treatment, a prescription, or product to an injured worker while you waited for utilization review determination?	46%	54%
In the past 12 months, did you treat an injured worker, or provide a prescription or product without receiving payment, because you were waiting for a utilization review determination?	50%	50%
In the past 12 months, did you have to refer an injured worker to another provider, pharmacy, or product provider because a utilization review found the treatment you were providing was unreasonable/unnecessary?	22%	78%

*Percentage of those who answered “yes” or “no” does not include respondents who indicated they did not have a utilization review in the past twelve months.

Awareness of Pennsylvania's Opioid Guidelines for Workers' Compensation

A significant 62 percent of respondents have read the guidelines. Twenty-four percent have not read the and an additional 14 percent are unsure.

