

2008 Workers' Compensation Network Report Card Results

WC Network Report Card

- Health care costs
- Utilization
- Satisfaction with care
- Access to care
- Return-to-work
- Health outcomes



Texas Department of Insurance

Workers' Compensation Research and Evaluation Group



Acknowledgements

The Workers' Compensation Research and Evaluation Group (REG) would like to thank the Division of Workers' Compensation, especially Tammy Campion, for the timely availability of medical data, and Dr. Paul Ruggiere and his staff at the University of North Texas Survey Research Center for administering the injured-workers' telephone survey. We would also like to thank TDI's ITS staff, for providing much needed computer support, and Dan White from the Public Information Office, for his diligent effort in compiling the final results into the publication format.

Dr. Lorena Lopez-Gonzalez managed the project, designed the research plan, conducted the analyses, interpreted the results, and authored the final report. REG Director Amy Lee provided methodological support and researcher D.C. Campbell conducted the data management.

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It's important to note that this report card represents an evaluation of certified health care networks at the infancy of their development and implementation in Texas. As of February 1, 2008, network claims only represented approximately 16 percent of all new injuries and 9 percent of new lost-time injuries in Texas. While the findings in this report card represent the overall performance of individual networks with each other and non-network claims during the analysis period identified in this report, it should be noted that many of these newly-certified networks were "ramping up" during this time. As such, individual employers and insurance carriers may have had different experiences in terms of costs and outcomes with these networks than what is displayed in this report overall.

However, the findings in this report card can and do highlight specific areas that warrant closer review and attention for both network and non-network claims. Future report cards will continue to monitor the implementation of certified networks and will utilize these same report card measures to evaluate the relative cost-effectiveness and quality of care provided to injured workers in individual certified networks as well as in non-network health care.

About this report

In 2005, the 79th Texas Legislature passed House Bill (HB) 7, which authorized the use of workers' compensation health care networks certified by the Texas Department of Insurance (Department). This legislation also directed the Workers' Compensation Research and Evaluation Group (REG), to publish an annual report card comparing the performance of certified networks with each other as well as non-network claims on a variety of measures including:

- Health care costs;
- Utilization;
- Satisfaction with care;
- Access to care;
- Return-to-work; and
- Health outcomes.

In March 2006, the Department began certifying workers' compensation networks. Currently 32 networks covering over 231 Texas counties are certified to provide workers' compensation health care services to insurance carriers. Although 32 networks are licensed to treat injured workers, only 18 of those 32 networks were treating injured workers as of February 1, 2008. A total of 37,733 new claims and 2,258 existing claims (i.e., claims with dates

of injury prior to the certification of the network) were treated by certified networks, however, most of these claims were treated by one network.

The results presented in the second annual report card show a comparison of injured workers treated in Texas Star, Corvel Corcare, Liberty HCN and other networks relative to injured workers treated outside of the workers' compensation health care network context. The "other network" category is comprised of injured workers from the following certified networks: Aetna Workers' Comp Access, Bunch HCN, Coventry Workers' Compensation Network, First Health/AIGCS Texas HCN, First Health Texas HCN, First Health/Travelers HCN, Forte/Compkey Plus, Genex HCN, Hartford Workers' Compensation HCN, International Rehabilitation Associates/Intracorp, Intracorp/Lockheed Martin Aero Employee Select Network, Zurich Services Corporation HCN, Specialty Risk Services Texas Workers' Compensation HCN, Zenith HCN, and Zurich Services Corp HCN/Corvel. These networks were too small, in terms of the number of injured workers that had been rendered treatment in each network as of February 2008, to have their results analyzed separately. Instead of being excluded from the report card, these small networks were combined into one "other networks" comparison group.

For more information on the networks certified by the Department, their service areas and their contact information, see <http://www.tdi.state.tx.us/wc/wcnet/index.html>. Questions or complaints regarding certified networks should be directed to the Health and Workers' Compensation Network Certification Division (HWCN) by e-mail at **WCNet@tdi.state.tx.us**.

Questions or requests for hard copies of this report should be directed to the REG at WCResearch@tdi.state.tx.us. This report is also available on the Department's website: <http://www.tdi.state.tx.us/wc/regulation/roc/index.html>.

Data sources

The measures presented in this report card were created using data gathered from a variety of sources:

- Medical cost, utilization of care, and administrative access to care measures were calculated using the Division of Workers' Compensation's medical billing data.
- Access to care, satisfaction with care, return-to-work and health outcomes measures were calculated using the results of an injured worker survey conducted by the University of North Texas, Survey Research Center on behalf of the Workers' Compensation Research and Evaluation Group (REG).
- The identification of network claims was ascertained through a data call issued by REG in February 2008 to 31 workers' compensation health care networks certified by TDI. Results from the data call showed that 18 networks had treated 39,991 injured workers as of February 1, 2008. Of these 39,991 injured workers, 37,733 were identified as being new injuries. The report card examines only new claims and excluded legacy claims from the analysis.

How were medical costs and utilization measures calculated?

All medical cost and utilization measures were calculated for all 5 groups at 6 months post-injury for new injuries occurring between March 29, 2006 and May 31, 2007. Utilization measures represent the services that were billed by health care providers, regardless of whether those services were ultimately paid by insurance carriers. Duplicate medical bills and bills that were denied due to extent of injury or compensability issues as well as other outlier medical bills were excluded from the analyses. Cost and utilization measures were examined separately by type of medical service (professional, hospital, and pharmacy). Dental services were included in the medical cost analysis, but not analyzed as a separate category in this report card because the amount of dental services rendered in each network was too small.

Health care costs and utilization were examined across professional health care services, hospital services, and pharmacy services. Professional cost and utilization measures were also analyzed by eleven sub-categories of services (evaluation and management services, physical medicine modalities, other physical medicine services,

CT scans, MRI scans, nerve conduction studies, other diagnostic tests, spinal surgeries, other surgeries, pathology and lab services, and other professional services). Similarly, hospital cost and utilization measures were examined separately for in-patient, out-patient hospital services and other types of hospital services. Other hospital services includes a broad range of services such as skilled nursing, home health, clinic, and special facilities (including ambulatory service centers). Finally, pharmacy prescription cost and utilization was examined by five drug groups (opioid prescriptions, anti-inflammatory prescriptions, musculoskeletal therapy drug prescription, mood stabilizers, and other therapeutic drug prescriptions).

To improve the comparability of individual network and non-network claims, health care cost and utilization figures were adjusted for injury type and type of claim differences (i.e., proportion of medical only vs. lost-time claims) that may exist between the groups. These adjustments were done using generalized linear models which are recommended when examining health care utilization and expenditures.¹ Such data are often characterized by a skewed non-linear distribution. Data with such skewed distribution cannot be modeled using the traditional regression model because the data violate one of the assumptions of the traditional linear regression model (i.e. data being modeled are characterized as having a normal distribution).² As a result, any differences that exist between each individual network and non-network claims cannot be attributed to injury type or type of claim differences that may exist between the two groups.

How was the injured worker survey conducted?

The REG developed the injured worker survey instrument using a series of standardized questions from the Consumer Assessment of Health Plans Study, Version 3.0 (CAHPS™ 3.0), the Short Form 12, Version 2 (SF-12™), the URAC Survey of Worker Experiences and previous surveys conducted by the REG.

1. P. Diehr, D. Yanez, A. Ash, M. Hornbrook, D. Y. Lin. 1999. Methods for Analyzing Health Care Utilization and Costs. *Annual Review of Public Health* 20:125-44.

2. D. K. Blough and S. D. Ramsey. 2000. Using Generalized Linear Models to Assess Medical Care Costs. *Health Services & Outcomes Research Methodology* 1:2: 185-202.

The findings presented in this report are based on a telephone survey of 1,852 injured workers with new lost-time claims. Since network claims only represented approximately 9 percent of the total lost-time claim population for the analysis period, the REG utilized a disproportionate random sample and over-sampled network claims. In order to analyze the outcomes of individual networks, the REG could not incorporate the duration of the injury into the survey design as was done in the 2007 report card. In other words, injured workers of all injury durations (1-24 months post-injury) were surveyed and an age-of-injury control was included in the regression analyses.

The survey results presented in this report card were adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age-of-injury, existence of health insurance coverage, and self-rated health differences that may exist between the groups. Such adjustments were made in order to more accurately determine that differences that exist between each individual network and non-network claims cannot be attributed to those factors. As was the case for the health care cost and utilization measures, these adjustments were made using regression analyses.³

Summary of findings

Health care costs

- Overall, Texas Star's average health care costs were lower when compared to non-network costs across most types of health care areas, except for CT scans, MRI scans, overall hospital costs, and in-patient hospital costs (higher in 4 out of 22 health care service categories)

3. E. S. Lee and R. N. Forthofer. 2006. *Analyzing Complex Survey Data: Second Edition*. Quantitative Applications in the Social Science, 07-071. Beverly Hills, CA: Sage. Because the network injured workers when compared to non-network injured workers had an unequal probabilities of selection, specialized statistical software that takes into account the complex survey design is required to accurately compute estimates of population statistics and their standard errors. Traditional statistical software normally used to conduct regression analyses produces standard errors based on simple random samples and results in an underestimation of the true population value, negating the validity of resulting confidence intervals or statistical significance tests. The regression models used to produce the survey portion of the report took into account the complex sampling design.

- Generally, Corvel Corcare exhibited higher average medical costs when compared to non-network costs across all health care services, except physical medicine modalities, nerve conduction tests, spinal surgeries, other professional services, and out-patient hospital services (higher in 17 out of 22 health care service categories)
- Average costs for Liberty HCN were higher than in non-network across all areas of health care, except for physical medicine modalities, overall hospital services, and in-patient hospital services (higher in 19 out of 22 health care service category).
- Average costs were higher for “other networks” relative to non-network costs across all areas of health care.

Utilization

- Health care utilization is defined in two ways in this report card. It is presented here as the percentage of injured workers who received the different types of health care services (professional, hospital, and pharmacy prescriptions) and as the average number of services received by injured workers at six months post-injury.

Texas Star

- A higher percentage of injured workers treated in the Texas Star network relative to non-network injured workers received evaluation and management services, other physical medicine, CT scans, other surgeries other than spinal surgery, pathology and lab services, other type of services, in-patient hospital care, out-patient hospital care, anti-inflammatory prescriptions, and other type of prescriptions. However, a lower percentage of injured workers treated in the Texas Star received physical medicine modality services, MRI scans, nerve conduction tests, hospital services, musculoskeletal therapy drug prescriptions, and mood stabilizing drug prescriptions.
- The average number of services provided to Texas Stars injured workers was higher for CT scans, nerve conduction tests, other surgeries and other types of professional services relative to non-network injured workers. However, the average number of services rendered across all other areas of health care were either lower (evaluation and management services, physical medicine modality services, other physical modality services, spinal surgeries, pathology and lab services, anti-inflammatory prescription drugs, and other therapeutic prescription drugs) or similar to non-network utilization (MRI scans, other diagnostic testing,

musculoskeletal therapy drugs prescriptions, and mood stabilizing drug prescriptions).

- The percentage of Texas Star injured workers rendered health care services was higher in ten out of twenty-one health care categories.
- The average number of services rendered to Texas Star injured workers was higher in five out of the sixteen health care categories.

Corvel Corcare

- When compared to non-network injured workers, a higher percentage of Corvel Corcare injured workers received services across most health care areas, except pathology and lab services, overall hospital services, in-patient hospital services, out-patient services, mood stabilizing drug prescriptions and other therapy drug prescriptions.
- In contrast, Corvel Corcare injured workers were rendered less services across all health care service areas, except for evaluation and management, other surgery, pathology and lab services, and other type of professional services, anti-inflammatory drug prescriptions, musculoskeletal therapy prescription drugs, and other therapy prescription drugs when compared to non-network injured workers.
- The percentage of Corvel Corcare injured workers rendered health care services was higher in thirteen out of twenty-one health care service categories.
- The average number of services rendered to Corvel Corcare injured workers was higher in seven out of the sixteen health care service categories.

Liberty HCN

- When compared to non-network injured workers, a higher percentage of Liberty HCN injured workers received services across most areas of health care except for overall hospital services and other therapy drug prescriptions.
- In contrast to non-network injured workers, Liberty HCN injured workers were rendered more services across all areas of health care except for physical medicine modalities, CT scans, MRI scans, nerve conduction tests, pathology and lab services, and mood stabilizing drug prescriptions.
- The percentage of Liberty HCN injured workers rendered health care services was higher in eighteen out of twenty-one health care service categories.

- The average number of services rendered to Corvel Corcare injured workers was higher in ten out of the sixteen health care service categories.

Other networks

- When compared to non-network injured workers, a higher percentage injured workers in “other networks” were rendered services across most areas of health care except for overall hospital services, musculoskeletal prescriptions, mood stabilizing prescriptions, and other therapy drug prescriptions.
- Injured workers in “other networks,” on average, received more services across most areas of health care except spinal surgeries, mood stabilizing prescriptions, and other therapy drug prescriptions when compared to non-network injured workers.
- The percentage of injured workers in “other networks” rendered health care services was higher in fourteen out of twenty-one health care service categories.
- The average number of services rendered to injured workers in “other networks” was higher in thirteen out of the sixteen health care service categories.

Access to care

- Overall, network injured workers reported more access to care problems than non-network injured workers.
- The network and non-network disparity in perceived access to care problems was greatest for Corvel Corcare and Liberty HCN when measured as “getting needed care” and was greatest for Corvel Corcare and “other networks” when measured as “getting care quickly;” however, Texas Star and Corvel Corcare injured workers were able to receive non-emergency care faster than non-network injured workers.

Satisfaction with care

- Overall, network injured workers surveyed were less satisfied with the medical care they received than non-network injured workers.
- The network and non-network differences in overall satisfaction, satisfaction with their treating doctor, and agreement with their treating doctor is greatest for Corvel Corcare and “other networks.”

- In addition, a significantly higher percentage of injured workers in the Corvel Corcare network, Liberty HCN, and in “other networks” reported they changed their treating doctor at some point during their treatment.

Return-to-work

- The percentage of injured workers who reported that they were currently working at the time of the survey was lower for Texas Star, Corvel Corcare, and Liberty HCN when compared to the non-network rate.
- The percentage of injured workers who reported that they returned to work at some point after their injury was lower for Texas Star and Corvel Corcare and higher for “other networks” relative to non-network.
- The average number of weeks injured workers reported being off of work because of their work-related injury was lower for Texas Star, Liberty HCN, and “other networks” and higher for Corvel Corcare relative to non-network.
- Among those not working at the time of the survey, a higher percentage of injured workers from Texas Star, Liberty HCN, and “other networks” reported that their doctor had released them to go back to work.

Health outcomes

- In comparison to non-network injured workers, the physical functioning scores were higher for Texas Star and Corvel Corcare injured workers, lower for Liberty HCN injured workers, and similar to “other networks” injured workers.
- The physical functioning of injured workers, regardless of network status, were similar to the scores reported by adults who exhibit serious health conditions in the U.S. population such as rheumatoid arthritis, cancer, and individuals with limitations in use of arms or legs.
- When compared to non-network injured workers, the mental functioning scores were higher for Corvel Corcare injured workers, lower for Liberty HCN and “other networks” injured workers, and similar to Texas Star injured workers.
- Overall, the mental functioning scores of injured workers regardless of network status are similar to the scores reported in the general U.S. population.

Network performance summary compared to non-network

Note: Blanks indicate that there is no difference between the network and non-network

Health care costs ▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
OVERALL	▼	▲	▲	▲
PROFESSIONAL	▼	▲	▲	▲
Evaluation & management	▼	▲	▲	▲
Physical medicine modalities	▼	▼	▼	▲
Other physical medicine	▼	▲	▲	▲
CT scans	▲	▲	▲	▲
MRI scans	▲	▲	▲	▲
Nerve conduction studies	▼	▼	▲	▲
Other diagnostic testing	▼	▲	▲	▲
Spinal surgery	▼	▼	▲	▲
Other surgery	▼	▲	▲	▲
Pathology and lab services	▼	▲	▲	▲
Other services	▼	▼	▲	▲
HOSPITAL	▲	▲	▼	▲
In-patient	▲	▲	▼	▲
Out-patient	▼	▼	▲	▲
PHARMACY	▼	▲	▲	▲
Analgesics-Opioid	▼	▲	▲	▲
Analgesics-anti-inflammatory	▼	▲	▲	▲
Musculoskeletal therapy agents	▼	▲	▲	▲
Mood stabilizers	▼	▲	▲	▲
Other therapeutic groups	▼	▲	▲	▲

Medical utilization

Note: Utilization is defined as the percentage of injured workers receiving each type of medical service.

▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
PROFESSIONAL	▲	▲	▲	▲
Evaluation & management	▲	▲	▲	▲
Physical medicine modalities	▼	▲	▲	▲
Other physical medicine	▲	▲	▲	▲
CT scans	▲			▲
MRI scans	▼	▲	▲	▲
Nerve conduction studies	▼	▲	▲	▲
Other diagnostic testing		▲	▲	▲
Spinal surgery			▲	
Other surgery	▲	▲	▲	▲
Pathology and lab services	▲	▼	▲	▲
Other services	▲	▲	▲	▲
HOSPITAL	▼	▼	▼	▼
In-patient	▲	▼	▲	
Out-patient	▲	▼	▲	▲
PHARMACY	▲	▲	▲	▼
Analgesics-Opioid		▲	▲	▲
Analgesics-anti-inflammatory	▲	▲	▲	▲
Musculoskeletal therapy agents	▼	▲	▲	▼
Mood stabilizers	▼		▲	▼
Other therapeutic groups	▲	▼		▼

Medical utilization

Note: Utilization is defined as the average number of services per claim.

▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
PROFESSIONAL				
Evaluation & management	▼	▲	▲	▲
Physical medicine modalities	▼	▼	▼	▲
Other physical medicine	▼		▲	▲
CT scans	▲	▼	▼	▲
MRI scans		▼	▼	▲
Nerve conduction studies	▲	▼	▼	▲
Other diagnostic testing		▼	▲	▲
Spinal surgery	▼	▼	▲	▼
Other surgery	▲	▲	▲	▲
Pathology and lab services	▼	▲	▼	▲
Other services	▲	▲	▲	▲
PHARMACY				
Analgesics-Opioid	▲	▼	▲	▲
Analgesics-anti-inflammatory	▼	▲	▲	▲
Musculoskeletal therapy agents		▲	▲	▲
Mood stabilizers			▼	
Other therapeutic groups	▼	▲	▲	▼

Access to care ▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Getting needed care		▼	▼	▼
Getting care quickly	▼	▼	▼	▼

Satisfaction with care

▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Satisfaction with treating doctor	▼	▼	▼	▼
Agreement with treating doctor	▼	▼	▼	▼
Overall satisfaction	▼	▼	▼	▼

Return-to-work

▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Working at the time of the survey	▼	▼	▼	▲
Returned to work at some point after the injury	▼	▼		▲
Doctor release to RTW	▲	▼	▲	▲
Average number of weeks off from work	▼	▲		▼

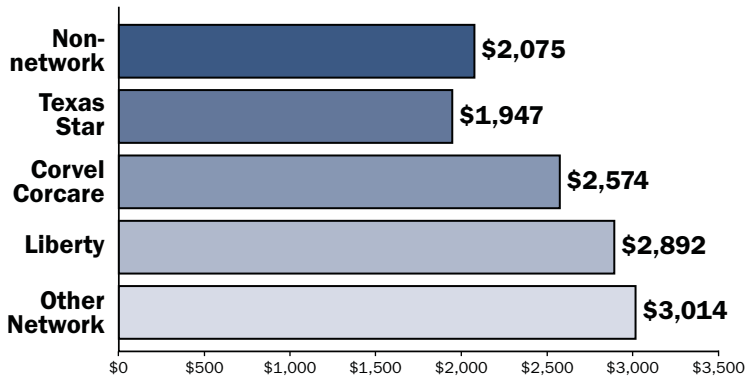
Health status

▲ higher than non-network ▼ lower than non-network

	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Physical functioning	▲	▲	▼	
Mental functioning	▼	▲	▼	▼

Health care costs

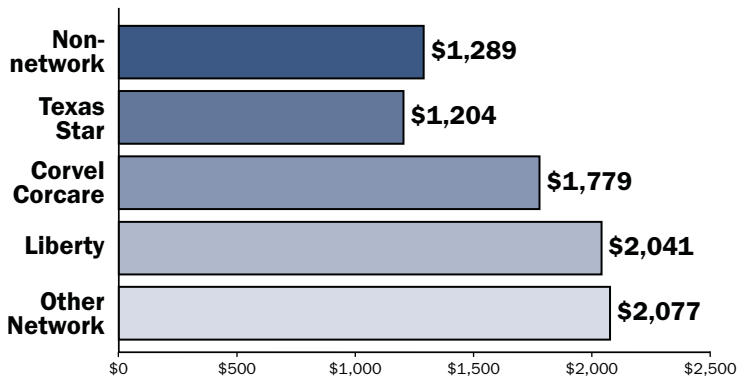
Average medical cost per claim, six months post injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Medical cost differences between non-network and Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Average professional cost per claim, six months post injury

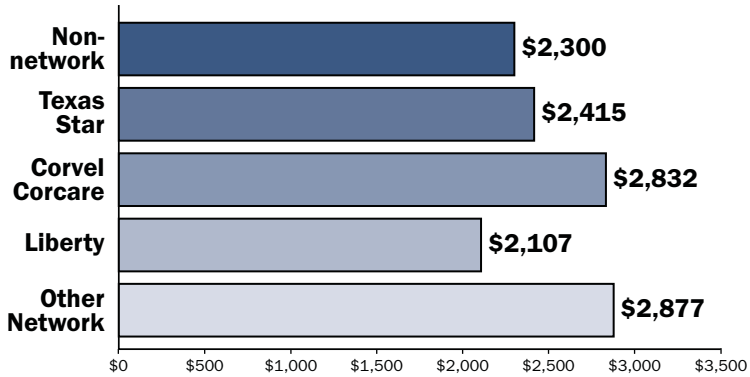


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Medical cost differences between non-network and all the networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Health care costs

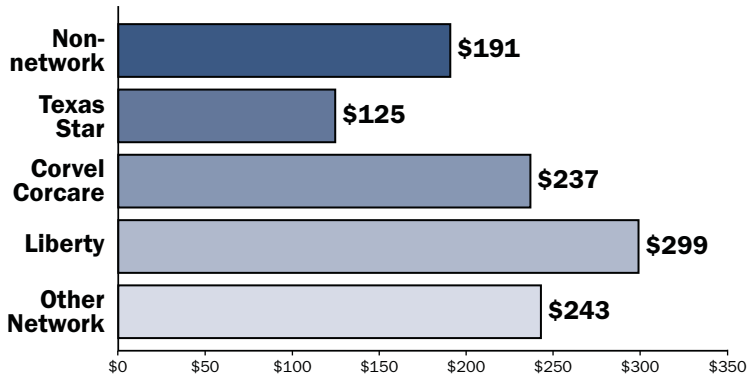
Average hospital cost per claim, six months post injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Average pharmacy cost per claim, six months post injury

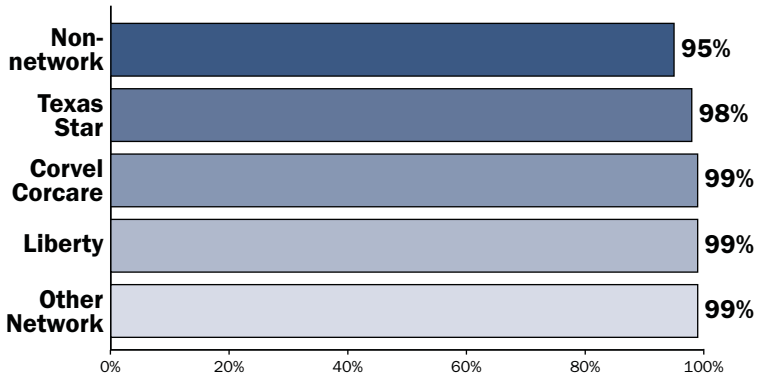


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Medical cost differences between non-network and all the networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Utilization of care

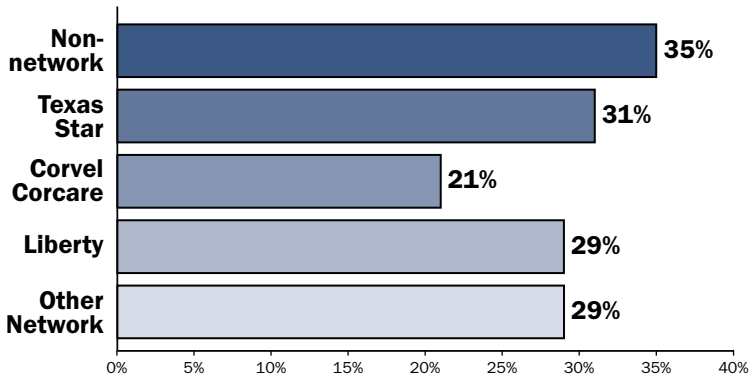
Percentage of injured workers who received professional services, six months post injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Percentage of Injured Workers Who Received Hospital Services, Six Months Post Injury

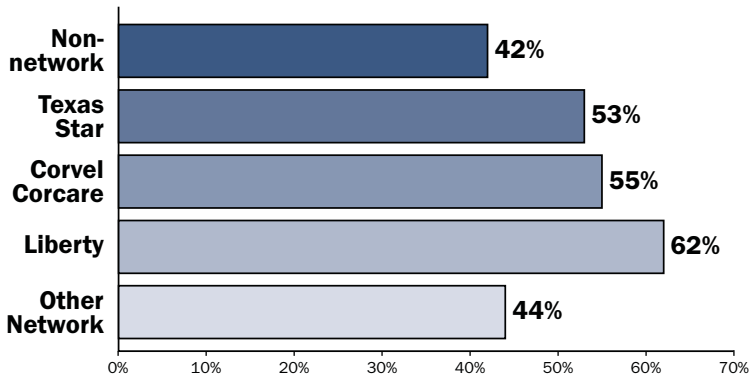


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Utilization of care

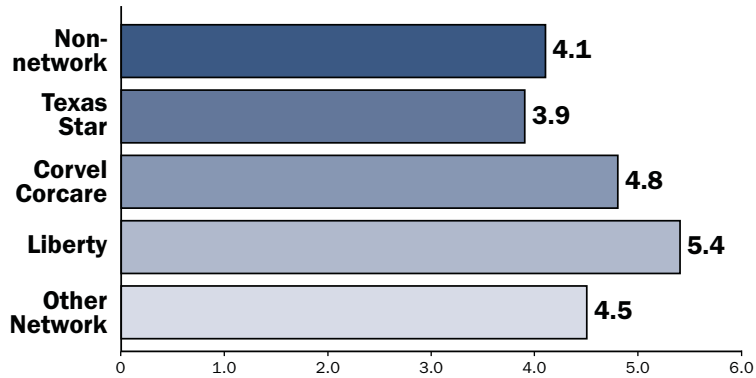
Percentage of injured workers who received pharmacy services, six months post injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Average number of prescriptions per injured worker, six months post injury

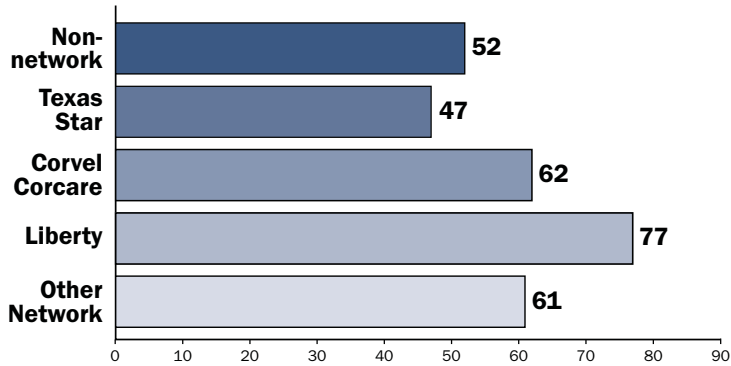


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Utilization of care

Average number of prescription days per injured worker, six months post injury



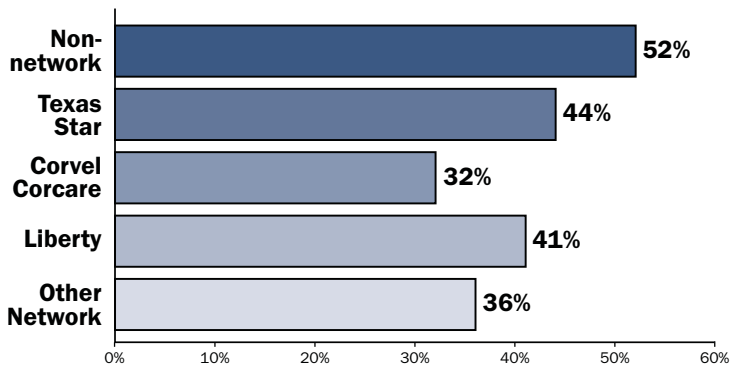
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Satisfaction with medical care

Satisfaction with treating doctor

Percent of injured workers who indicated that they were "extremely satisfied" with the quality of the medical care received by their treating doctor



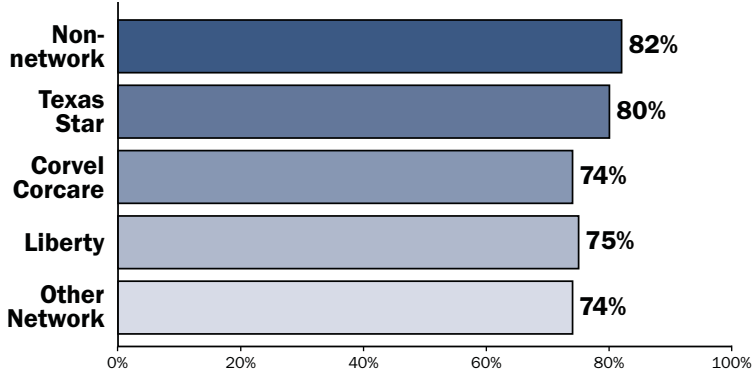
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Satisfaction with medical care

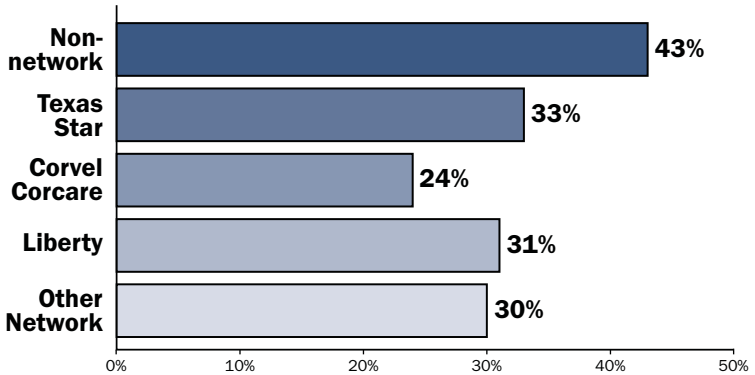
Agreement with treating doctor

Percent of injured workers who indicated that they “agreed” or “strongly agreed” that their treating doctor: took their medical condition seriously • gave them a thorough exam • explained medical condition • was willing to answer questions • talked to them about a RTW date • provided good medical care that met their needs



Overall satisfaction with medical care

Percent of injured workers who indicated that they were “extremely satisfied” with the quality of the medical care received for their work-related injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Satisfaction with medical care

Satisfaction with medical care

Injured workers' perceptions regarding medical care for their work-related injuries compared to the medical care they normally receive when injured or sick

Percentage of Injured workers indicating that the medical care for their work-related Injuries was:	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Better	28%	23%*	14%*	25%	23%*
About the same	55%	58%*	50%	48%*	53%
Worse	17%	19%	36%*	27%*	24%*

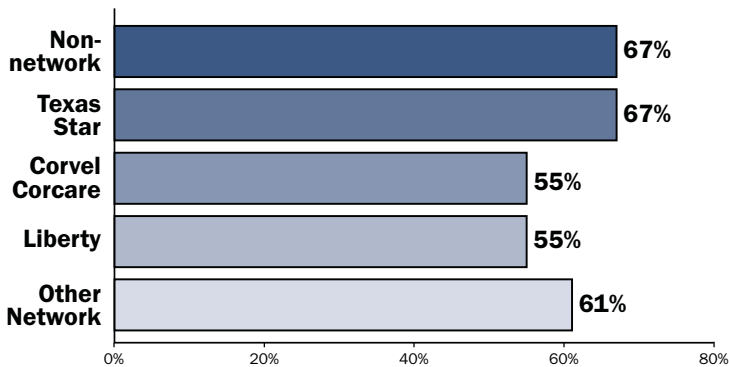
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Asterisk (*) indicates that the differences between the individual network and non-network are statistically significant. Figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups. Percentages for each network may not add up to 100% because of rounding.

Access to care

Getting needed care

Percent of injured workers who reported no problem getting • a personal doctor they like • to see a specialist • necessary tests or treatment • timely approvals for care:



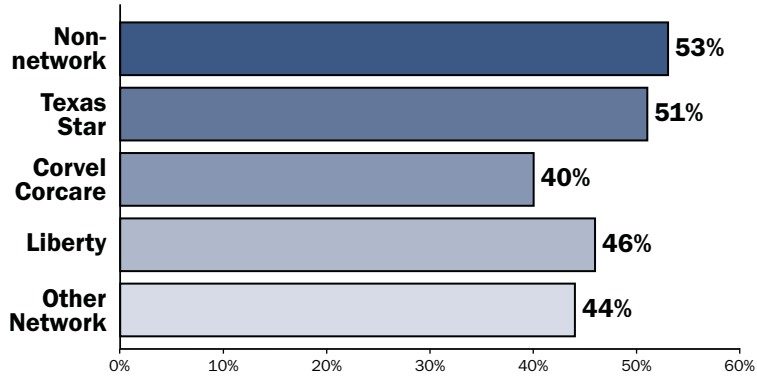
Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Corvel Corcare, Liberty HCN, and other networks are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Access to care

Getting care quickly

Percent of injured workers who reported always: receiving care as soon as they wanted • getting an appointment as soon as they wanted • taken to the exam room within 15 minutes of their appointment



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star, Corvel Corcare, Liberty HCN, and other net-works are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Ability to schedule a doctor's appointment

Injured workers' perceptions regarding their ability to schedule a doctor's appointment for their work-related injuries compared to the medical care they normally receive when injured or sick

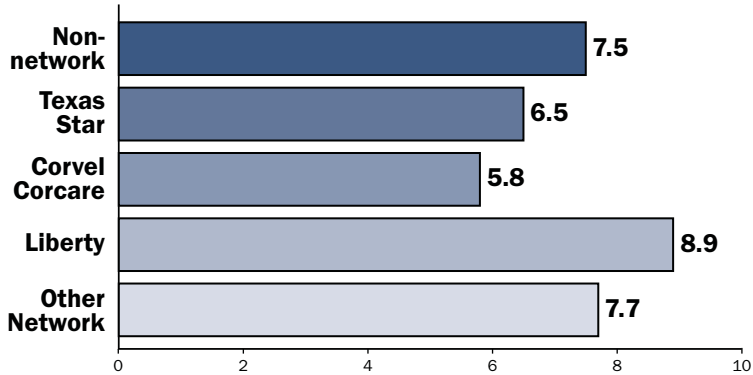
Percentage of Injured Workers Indicating that their ability to schedule a doctor's appointment was:	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Better	25%	25%	17%*	22%	20%*
About the same	61%	61%	61%	60%	64%
Worse	14%	14%	22%*	17%	16%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Asterisk (*) indicates that the differences between the individual network and non-network are statistically significant. Figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups. Percentages for each network may not add up to 100% because of rounding.

Access to care

Average duration from date of injury to date of first non-emergency treatment



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star, Corvel Corcare, and Liberty HCN are statistically significant. The figures presented above are adjusted for injury type and type of claim.

Duration from date of injury to date of first non-emergency service among the networks and non-network

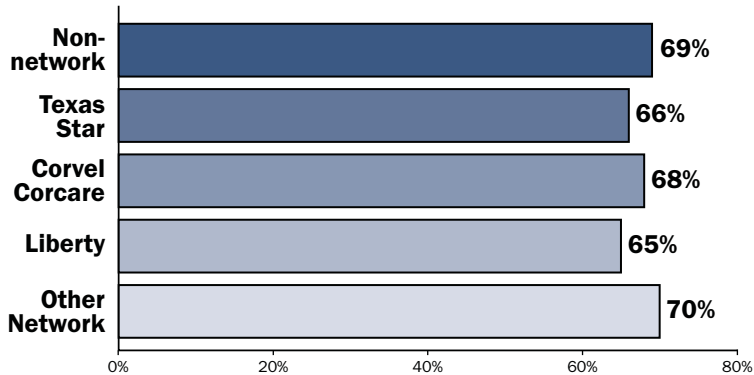
Duration	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Same day	37%	39%*	35%	33%*	37%
1-7 days	43%	42%	50%*	45%	42%
8-14 days	8%	8%	7%	9%	8%
15-21 days	4%	3%	2%*	4%	3%
22-28 days	2%	2%	1%	2%	2%
28+ days	6%	5%*	4%*	7%	7%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Asterisk (*) indicates that the differences between the individual network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups. Percentages by network may not add up to 100% because of rounding.

Return-to-work

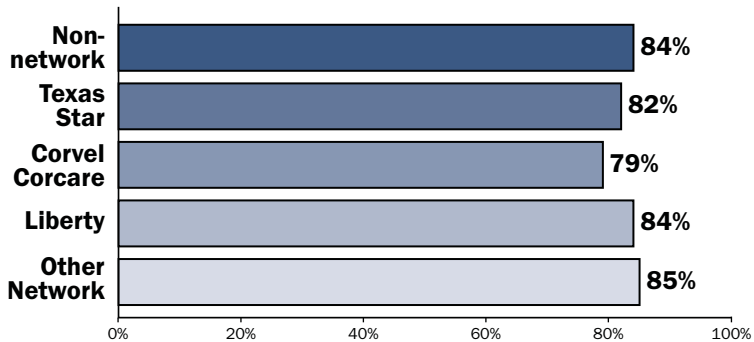
Percentage of injured workers who indicated that they were currently working at the time they were surveyed



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Percentage of injured workers who indicated that they went back to work at some point after their injury

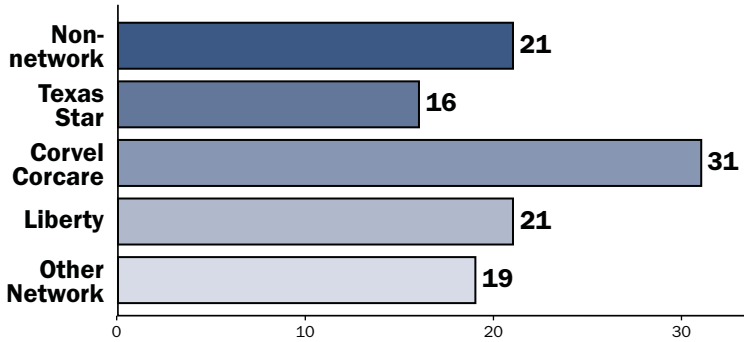


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Return-to-work

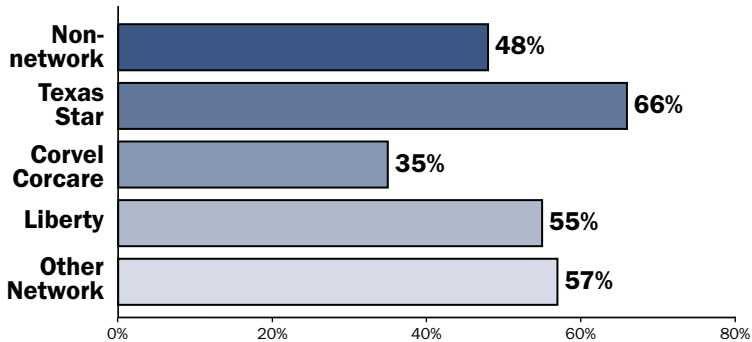
Average number of weeks injured workers reported being off of work because of their work-related injury



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Differences between non-network and Texas Star and Corvel Corcare are statistically significant. The figures presented above are adjusted for injury type, and type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Percentage of injured workers who had not returned to work and who reported that their doctor had released them to work with and without limitations

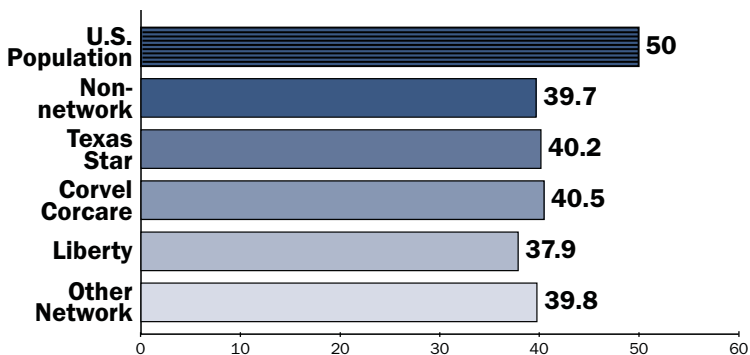


Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Utilization differences between non-network and Texas Star are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Health outcomes

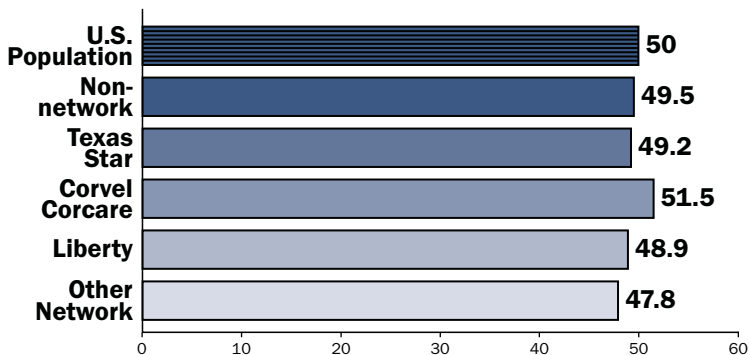
Average physical functioning scores for networks, non-networks, and U.S. population



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Physical functioning differences between non-network and Texas Star and Liberty HCN are statistically significant. The average physical score for adults in the U.S. with no chronic conditions is 54 and 50 is the norm in the U.S. Population. A score of 40 is associated with adults who exhibit serious health conditions such as rheumatoid arthritis, cancer, and individuals with limitations in use of arms or legs. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Average mental functioning scores for networks, non-networks, and U.S. population



Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Mental functioning differences between non-network and Corvel Corcare and other networks are statistically significant. The average mental score for adults in the U.S. with no chronic conditions is 52 and 50 is the norm in the U.S. Population. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance, and self-rated health differences that may exist between the groups.

Appendix
Additional network and non-network
comparisons

Professional medical costs

Average Cost per Claim for Professional Services by Service Type, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Evaluation & Management	\$400	\$399	\$574*	\$540*	\$600*
Physical Medicine Modalities	\$142	\$97*	\$117*	\$118*	\$159
Other Physical Medicine	\$914	\$784*	\$997	\$1,009	\$1,191*
CT Scans	\$187	\$205	\$286*	\$236	\$256*
MRI Scans	\$600	\$690*	\$631	\$610	\$637
Nerve Conduction Studies	\$792	\$702*	\$759	\$832	\$841
Other Diagnostic Testing	\$82	\$81	\$84	\$96	\$103*
Spinal Surgery	\$2386	\$2193	\$1786	\$3098	\$2408
Other Surgery	\$792	\$778	\$942	\$815	\$915
Pathology and Lab Services	\$57	\$53	\$64	\$93	\$61
Other Services	\$284	\$237*	\$279	\$415*	\$399*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Hospital costs

Average Cost per Claim for Hospital Services, by Service Type, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
In-patient	\$17,227	\$ 20,342	\$ 40,876	\$ 7,569	\$ 23,024
Out-patient	\$ 1,382	\$1,352	\$ 1,106	\$ 1,590	\$ 1,695*
Other Hospital Services	\$ 1,734	\$930	\$ 3,004	\$ 0	\$ 5,901

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups. "Other Hospital Services" includes some services performed in ambulatory surgical centers, home health, skilled nursing and other types of facilities.

Pharmacy costs

Average Cost per Claim for Pharmacy Drug Types, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Analgesics- Opioid	\$76	\$53*	\$78	\$94	\$106*
Analgesics- Anti-Inflammatory	\$94	\$55*	\$109*	\$149*	\$103
Musculoskeletal Therapy agents	\$119	\$81*	\$144*	\$160*	\$139
Mood Stabilizers	\$177	\$141*	\$203	\$214	\$229
Other Therapeutic Groups	\$111	\$73*	\$128	\$141	\$140

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Professional medical utilization

Percent of Workers Receiving Professional Services by Service Type, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Evaluation & Management	95%	96%*	99%*	99%*	98%*
Physical Medicine Modalities	17%	14%*	24%*	30%*	23%*
Other Physical Medicine	28%	30%*	39%*	48%*	42%*
CT Scans	2%	3%	2%	2%	3%
MRI Scans	15%	13%*	21%*	25%*	21%*
Nerve Conduction Studies	3%	2%*	4%	7%*	7%*
Other Diagnostic Testing	58%	58%	67%*	67%*	64%*
Spinal Surgery	<1%	<1%	<1%	1%*	<1%
Other Surgery	27%	29%*	28%	39%*	33%*
Pathology and Lab Services	13%	17%*	9%*	19%*	16%*
Other Services	81%	84%*	96%*	88%*	90%*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Professional medical utilization

Average Number of Professional Services Billed Per Claim that Received Services by Type of Professional Service, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Evaluation & Management	4.3	4.1*	5.6*	5.8*	6.4*
Physical Medicine Modalities	12.8	9.0*	10.3*	12.3	13.0
Other Physical Medicine	34.2	27.2*	34.2	41.0*	41.2*
CT Scans	1.6	1.7	1.4	1.3	1.8
MRI Scans	1.5	1.5	1.4*	1.4	1.6*
Nerve Conduction Studies	14.8	14.9	13.4	14.3	14.9
Other Diagnostic Testing	2.5	2.5	2.3*	2.7*	2.7*
Spinal Surgery	4.8	4.0	2.5	5.3	2.6*
Other Surgery	2.9	3.0*	3.1*	3.0	3.3*
Pathology and Lab Services	4.8	4.5*	10.8*	4.4*	4.9
Other Services	12.0	12.1	14.9*	17.3*	17.6*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Hospital utilization

Percent of Workers Receiving Hospital Services, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
In-patient	6%	7%*	2%*	7%	6%
Out-patient	86%	96%*	56%*	98%*	99%*
Other Hospital Services	13%	1%*	44%*	0%	2%*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups. "Other Hospital Services" includes some services performed in ambulatory surgical centers, home health, skilled nursing and other types of facilities.

Pharmacy utilization

Percent of Workers Receiving Pharmacy Drugs by Type, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Analgesics- Opioid	54%	54%	57%	58%	57%
Analgesics- Anti-Inflammatory	59%	61%*	70%*	72%*	63%*
Musculoskeletal Therapy agents	32%	31%	37%*	38%*	30%
Mood Stabilizers	8%	7%*	8%	9%	9%
Other Therapeutic Groups	42%	43%*	40%	42%	39%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Pharmacy utilization

Mean Number of Prescriptions, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Analgesics-Opioid	2.5	2.6*	2.4	2.7*	2.8*
Analgesics-Anti-Inflammatory	1.8	1.7*	1.9*	2.2*	1.9*
Musculoskeletal Therapy agents	1.9	1.9	2.0	2.3*	2.3*
Mood Stabilizers	2.3	2.3	2.3	2.2	2.3
Other Therapeutic Groups	2.2	1.7*	2.5*	2.6*	1.9*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Pharmacy utilization

Mean Number of Drug Days, 6 Months Post Injury

Type of service	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Analgesics-Opioid	22	21*	23	27*	27*
Analgesics-Anti-Inflammatory	29	26*	32*	40*	30
Musculoskeletal Therapy agents	28	27	28	36*	37*
Mood Stabilizers	51	51	51	51	56
Other Therapeutic Groups	24	18*	29*	34*	24

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type and type of claim differences that may exist between the groups.

Satisfaction with care

Percent of Injured Workers Who Indicated That They Had Changed Treating Doctors

Percent of injured workers	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORK
	20%	21%	30%*	31%*	28%*

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups.

Satisfaction with care

Most Frequent Reasons Why Injured Workers Said They Changed Treating Doctors

Percentage of injured workers indicating that they changed treating doctors because:	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORK
Worker felt that the treatment was not helping	30%	41%	42%	21%	37%
Worker was dissatisfied with the doctor's manner and caring	29%	37%	49%	32%	35%
Worker saw an emergency or urgent care doctor for first visit	46%	47%	39%	16%	33%
Worker saw a company doctor for first visit	28%	23%	25%	42%	36%
Doctor released worker to go back to work and worker didn't feel ready to return	15%	30%	26%	15%	25%
Doctor was no longer seeing workers' compensation patients	6%	11%	15%	18%	9%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Totals may not add up to 100 percent because workers were allowed to select more than one reason.

Access to care

Individual Question Results for Composite “Getting Needed Care”

Overall for your work-related injury or illness, how much of a problem, if any, was it to get a treating doctor you were happy with? Was it...

How much of a problem?	NON-NETWORK ¹	TEXAS STAR ¹	CORVEL CORCARE ¹	LIBERTY HCN ¹	OTHER NETWORKS ¹
Not a problem	72%	70%	57%*	60%*	64%*
A small problem	11%	7%*	14%	11%	10%
A big problem	17%	23%*	29%*	29%*	27%*

What was the problem?	NON-NETWORK ²	TEXAS STAR ²	CORVEL CORCARE ²	LIBERTY HCN ²	OTHER NETWORKS ²
There were not enough treating doctors to select from	43%	39%	58%	36%	38%
You could not find a treating doctor that would take workers' compensation patients	39%	36%	44%	39%	32%
Travel to the doctor's office was too difficult to arrange	24%	30%	19%	22%	24%
Your treating doctor was not willing to give the care you believed was necessary	51%	48%	57%	45%	53%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant.

- 1 The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.
- 2 Totals may not add up to 100 percent because workers were allowed to select more than one reason.

Access to care

Individual Question Results for Composite “Getting Needed Care”

Overall for your work-related injury or illness, how much of a problem, if any, was it to get a specialist you needed to see? Was it...

How much of a problem?	NON-NETWORK ¹	TEXAS STAR ¹	CORVEL CORCARE ¹	LIBERTY HCN ¹	OTHER NETWORKS ¹
Not a problem	76%	76%	60%*	62%*	69%*
A small problem	11%	6%*	16%*	11%	10%
A big problem	14%	20%*	25%*	26%*	22%*

What was the problem?	NON-NETWORK ²	TEXAS STAR ²	CORVEL CORCARE ²	LIBERTY HCN ²	OTHER NETWORKS ²
Couldn't see a specialist soon enough	41%	44%	42%	32%	47%
Couldn't find a specialist that would accept workers' compensation patients	34%	31%	36%	31%	35%
Travel was too difficult to arrange	20%	28%	11%	18%	22%
Treating doctor was not willing to send worker to a specialist	26%	25%	36%	26%	28%
Insurance carrier didn't want the care provided	52%	56%	52%	48%	57%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant.

- 1 The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.
- 2 Totals may not add up to 100 percent because workers were allowed to select more than one reason.

Access to care

Individual Question Results for Composite “Getting Needed Care”

Overall for your work-related injury or illness, how much of a problem, if any, was it to get the kind of care, tests, or treatment you believed was necessary? Was it a...

How much of a problem?	NON-NETWORK ¹	TEXAS STAR ¹	CORVEL CORCARE ¹	LIBERTY HCN ¹	OTHER NETWORKS ¹
Not a problem	62%	64%	53%*	51%*	55%*
A small problem	16%	14%*	12%	16%	13%
A big problem	22%	22%	36%*	33%*	31%*

What was the problem?	NON-NETWORK ²	TEXAS STAR ²	CORVEL CORCARE ²	LIBERTY HCN ²	OTHER NETWORKS ²
There was difficulty in diagnosing your work-related injury or illness	34%	44%	43%	40%	47%
Travel to get medical care was too difficult to arrange	16%	25%	17%	15%	24%
Your treating doctor was not willing to give the care you believed was necessary	35%	36%	45%	34%	47%
The insurance company or health care network did not want this care provided	62%	57%	64%	69%	57%
You could not get care soon enough	48%	52%	54%	52%	52%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant.

- 1 The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.
- 2 Totals may not add up to 100 percent because workers were allowed to select more than one reason.

Access to care

Individual Question Results for Composite “Getting Needed Care”

For your work-related injury or illness, how much of a problem, if any, were delays in health care while you waited for approval from the health care network or insurance carrier? Was it...

How much of a problem?	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Not a problem	58%	60%	49%*	50%*	56%
A small problem	16%	15%	24%*	15%	14%
A big problem	26%	25%	27%	34%*	30%

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Getting Care Quickly”

Since you were injured, how often did you get care as soon as you wanted when you needed care right away?

How often did you get care?	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Always	57%	59%	46%*	53%	54%
Usually	18%	13%*	19%	13%	15%
Sometimes/Never	25%	28%*	36%*	34%*	31%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Getting Care Quickly”

Since you were injured, not counting the times you needed care right away, how often did you get an appointment for your health care as soon as you wanted?

How often did you get an appointment?	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Always	63%	58%*	48%*	53%*	51%*
Usually	18%	19%	22%	19%	23%*
Sometimes/Never	19%	23%*	31%*	28%*	26%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Getting Care Quickly”

Since you were injured, how often were you taken to the exam room within 15 minutes of your appointment?

How often were you taken to the exam room within 15 minutes?	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Never/Sometimes	39%	36%*	26%*	32%	27%*
A small problem	23%	20%*	19%	15%*	20%
A big problem	38%	44%*	55%*	52%*	53%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness took your medical condition seriously...

Treating doctor took your medical condition seriously	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	85%	84%	77%*	83%	80%*
Not Sure	2%	3%*	5%*	3%	4%*
Strongly Disagree or Disagree	13%	13%	19%*	14%	16%

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness gave you a thorough examination...

Treating doctor gave you a thorough examination	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	81%	82%	70%*	73%*	73%*
Not Sure	3%	3%	4%	5%	4%
Strongly Disagree or Disagree	16%	16%	26%*	22%*	23%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness explained your medical condition in a way that you could understand...

Treating doctor explained your medical condition	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	87%	83%*	78%*	79%*	78%*
Not Sure	2%	4%*	1%	5%*	4%*
Strongly Disagree or Disagree	11%	13%*	21%*	16%*	17%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness was willing to answer any medical or treatment questions that you had...

Treating doctor answered any medical or treatment questions	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	88%	87%	83%*	81%*	81%*
Not Sure	2%	3%*	2%	3%	3%
Strongly Disagree or Disagree	11%	11%	15%*	16%*	16%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness talked to you about a mutually agreed upon return-to-work date...

Treating doctor talked to you about a return-to-work date	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	73%	69%*	62%*	63%*	63%*
Not Sure	8%	10%*	9%	12%*	13%*
Strongly Disagree or Disagree	20%	21%	30%*	25%*	24%

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Individual Question Results for Composite “Agreement with Treating Doctor”

The treating doctor for your work-related injury or illness overall provided you with very good medical care that met your needs...

Treating doctor provided you with very good medical care	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Strongly Agree or Agree	81%	77%*	69%*	73%*	68%*
Not Sure	2%	4%*	4%	4%	4%*
Strongly Disagree or Disagree	17%	19%*	28%*	23%*	28%*

Source: Texas Department of Insurance, Workers’ Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Percentage for each network may not add up to 100% because of rounding.

Access to care

Distribution of Payments for Professional Services by Provider Type, 6 Months Post Injury

Type of provider	NON-NETWORK		TEXAS STAR		CORVEL CORCARE		LIBERTY HCN		OTHER NETWORKS	
	TOTAL PAYMENTS	%	TOTAL PAYMENTS	%	TOTAL PAYMENTS	%	TOTAL PAYMENTS	%	TOTAL PAYMENTS	%
Medical Doctors	\$165,632,907	53%	\$9,371,236	57%	\$1,011,314	38%	\$858,584	51%	\$1,713,736	47%
Chiropractors	\$31,307,435	10%	\$328,127	2%	\$135,883	5%	\$123,884	7%	\$493,121	14%
Physical/ Occupational Therapists	\$47,500,126	15%	\$3,422,298	21%	\$463,171	18%	\$323,299	19%	\$667,333	18%
Doctor of Osteopathy	\$19,524,821	6%	\$1,161,607	7%	\$338,057	13%	\$92,894	6%	\$255,351	7%
Other Providers	\$46,598,206	15%	\$2,228,357	13%	\$692,072	26%	\$273,699	16%	\$514,805	14%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Percentage for each network may not add up to 100% because of rounding.

Access to care

Distribution of Injured Workers Receiving Professional Services by Provider Type, 6 Months Post Injury

Type of provider	NON-NETWORK		TEXAS STAR		CORVEL CORCARE		LIBERTY HCN		OTHER NETWORKS	
	NUMBER OF INJURED WORKERS	%	NUMBER OF INJURED WORKERS	%	NUMBER OF INJURED WORKERS	%	NUMBER OF INJURED WORKERS	%	NUMBER OF INJURED WORKERS	%
Medical Doctors	216,512	87%	10,808	90%	1,007	79%	496	93%	1,283	90%
Chiropractors	16,416	7%	367	3%	93	7%	74	14%	162	11%
Physical/ Occupational Therapists	54,786	22%	3,510	29%	447	35%	275	52%	592	41%
Doctor of Osteopathy	48,664	20%	2,587	21%	612	48%	147	28%	432	30%
Other Providers	48,940	20%	1,895	16%	443	35%	219	41%	395	28%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Note: Totals may not add up to 100 percent because workers can be treated by multiple provider types.

Return to work

Most Frequent Reasons Given by Injured Workers Who Said They Were Not Currently Working at the Time of the Survey

Most frequent reasons	NON-NETWORK	TEXAS STAR	CORVEL CORCARE	LIBERTY HCN	OTHER NETWORKS
Worker not physically able to perform job duties	59%	55%*	69%	53%	52%
Worker was laid off	26%	31%*	13%*	16%	37%*
Worker was fired	23%	23%	9%*	30%	34%*
Retired	14%	12%	9%	12%	10%

Source: Texas Department of Insurance, Workers' Compensation Research and Evaluation Group, 2008.

Notes: Asterisks (*) indicates that the differences between the network and non-network are statistically significant. The figures presented above are adjusted for injury type, type of claim, race/ethnicity, gender, age, education, age of injury at the time of the survey, medical insurance coverage, and self-rated health differences that may exist between the groups. Totals may not add up to 100 percent because workers were allowed to select more than one reason.

