



# 2026

## Workers' Compensation Network Report Card Results

Under Chapter 405 of the Texas Labor Code, the Workers' Compensation Research and Evaluation Group (REG) at the Texas Department of Insurance, Division of Workers' Compensation (DWC) is responsible for conducting professional studies and research on various system issues, including:

- Delivery of benefits.
- Litigation and controversy related to workers' compensation.
- Insurance rates and rate-making procedures.
- Rehabilitation and reemployment of injured employees.
- Quality and cost of medical benefits.
- Employer participation in the workers' compensation system.
- Workplace health and safety issues.
- Other matters related to the cost, quality, and operational effectiveness of the workers' compensation system.

This report is online at [www.tdi.texas.gov/wc/reg/index.html](http://www.tdi.texas.gov/wc/reg/index.html).

Direct questions regarding certified networks to the Managed Care and Quality Assurance Office at [MCQA@tdi.texas.gov](mailto:MCQA@tdi.texas.gov).

# Acknowledgements

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Botao Shi managed the project, conducted the analyses, converted statistical results into tabular and graphical output, and interpreted the results. Dr. Jamie Hinojosa provided technical writing assistance and created visualizations. Botao Shi and Dr. Jamie Hinojosa co-authored the report. Conrado Garza, Dr. Hari Luintel, and Vivian Meng provided valuable editorial comments.

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# Executive summary

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## Purpose

This report card shows comparative data for network and non-network health care cost and utilization including overall costs for all claims, lost-time claims, and medical-only claims. The cost and utilization are shown for professional, hospital, and pharmacy health care services.

Within this report card, the results from the injured employee survey are included. This survey includes results for network and non-network focusing on the injured employees' access to appropriate and timely medical treatment as well as their satisfaction with the health care services they received.

## Background

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

- Health care costs.
- Utilization of health care.
- Employee satisfaction with care.
- Employee access to care.
- Return to work outcomes.
- Health-related outcomes.

In 2021, [House Bill 1753](#) changed the annual publication to a biennial publication.

## Data highlights

Overall, injured employees within network receive care faster, are more satisfied with their care, return to work sooner, and have lower health care costs.

**Health care costs.** Networks have lower overall health care costs per all claim types and health care service types than non-network claims at six months. However, several networks did have higher health care costs than non-networks.

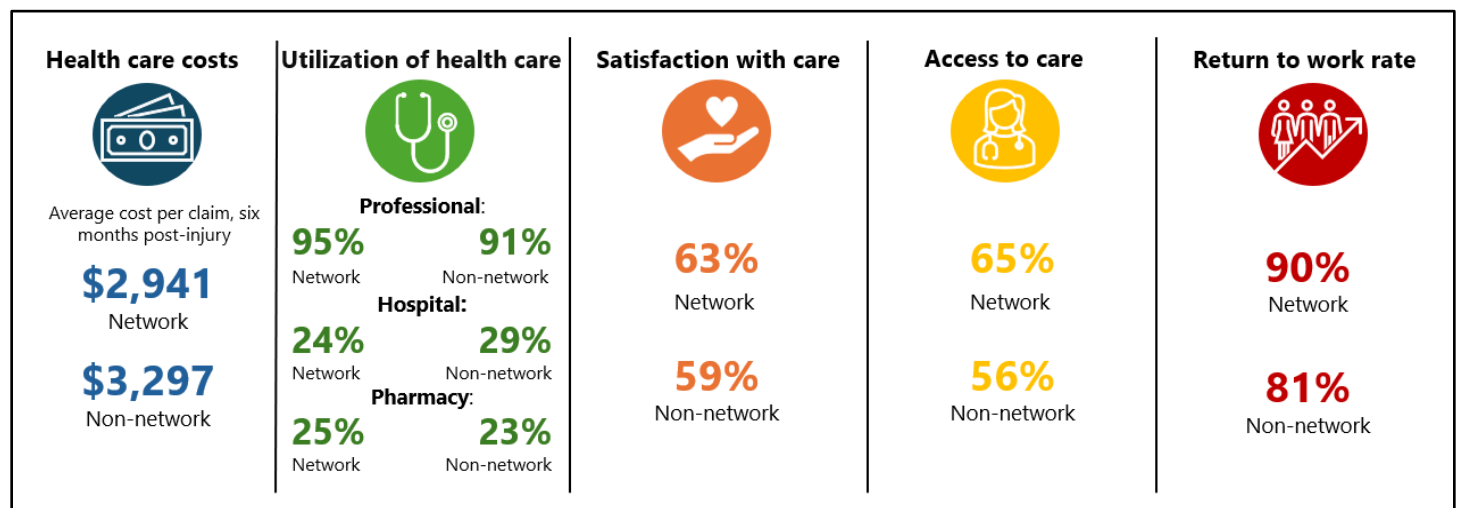
**Utilization of health care.** A higher percentage of network claims received professional and pharmacy services than non-network claims. A higher percentage of non-network claims received hospital services.

**Employee satisfaction with care.** On average, the level of satisfaction with health care was higher for network than non-network claims with many injured employees reporting higher levels of satisfaction with their treating doctor and higher levels of agreement with their doctors.

**Employee access to care.** Networks, on average, provided non-emergency care sooner after an injury than non-network claims. Network percentages were higher for injured employees reporting they had no issues getting the care they needed and getting care quickly.

**Return to work outcomes.** All network claims had higher return-to-work rates than non-network claims.

## Key findings



# Introduction

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There are 22 networks covering 254 Texas counties that are certified to provide workers' compensation health care services as of March 10, 2026<sup>1</sup>. This report card examines only claims with injuries occurring between June 1, 2023, and May 31, 2025.

Certain public entities and political subdivisions (such as counties, municipalities, school districts, junior college districts, etc.) have the option to:

- Use a workers' compensation health care network that TDI certifies under Texas Insurance Code Chapter 1305.
- Allow their injured employees to seek health care as non-network claims.
- Contract directly with health care providers if a certified network is not "available or practical," essentially forming their own health care network.

This report also includes public entities such as the Political Subdivision Workers' Compensation Alliance (504-Alliance), a joint contracting partnership of five political subdivisions that chose to directly contract with health care providers. While TDI is not required to certify these entities, they must still meet TDI's workers' compensation reporting requirements and be included in this report card.

The TDI Managed Care Quality Assurance (MCQA) Office maintains a list of the certified networks at [www.tdi.texas.gov/wc/wcnet/wcnetworks.html](https://www.tdi.texas.gov/wc/wcnet/wcnetworks.html).

## How network results are reported

The results in this report card show a comparison between nine individual networks and a group of networks and public entities too small to list independently, known as "Other networks." The network claims are from a total of 219,941 injured employees and non-network claims are from a total of 216,371 injured employees.

The "Other networks" category<sup>2</sup> is comprised of networks and public entities under [Chapter 504](#) that are too small, in terms of the number of injured employees treated in each network during the study period, to have their results analyzed separately.

Where applicable, network results are tested against non-network results at a 5% level of significance. Percentages in some categories may not add up to 100 due to rounding or because respondents chose multiple options. Any network data with an asterisk is statistically significant compared to non-network data.

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<sup>1</sup> <https://www.tdi.texas.gov/wc/wcnet/wcnetworks.html>

<sup>2</sup> There are 13 smaller networks which are grouped together in "Other network." Among these 13 smaller networks, two had no claims during the study period.

## Data sources

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

- Health care cost, utilization of health care, and administrative access to care measures were calculated using the DWC medical billing and payment database, a collection of medical charges, payments, and Current Procedural Terminology and diagnosis codes for each injured employee.
- Employee access to care, employee satisfaction with care, and return-to-work outcomes were calculated using the results of an injured employee survey. The University of Texas Rio Grande Valley, Center for Survey Research & Policy Analysis conducted this survey for REG.
- Network claims insurance carriers identified and reported through a data call REG issued in August 2025.

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.

### Injured employee survey

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To capture information about employee access to care, employee satisfaction with care, and return-to-work outcomes, REG developed an injured employee survey using a series of standardized questions from the Consumer Assessment of Health Plans Study, Version 5.1 (CAHPS™ 3.0), the URAC Survey of Worker Experiences, and previous injured employee surveys that REG conducted.

The report findings are based on 2,161 completed telephone surveys. These surveys were completed by July 15, 2026.

### Important terms and concepts included in this report:

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#### Claim characteristics:

- **All claims:** all claims for a specific health care service including lost-time claims and medical-only claims.
- **Lost-time claims:** claims that have more than seven days of lost time away from work and receive medical benefits as well as income benefits.
- **Medical-only claims:** claims that have no lost time or a maximum of seven days of lost time and receive medical benefits but no income benefits.

#### Cost and utilization data:

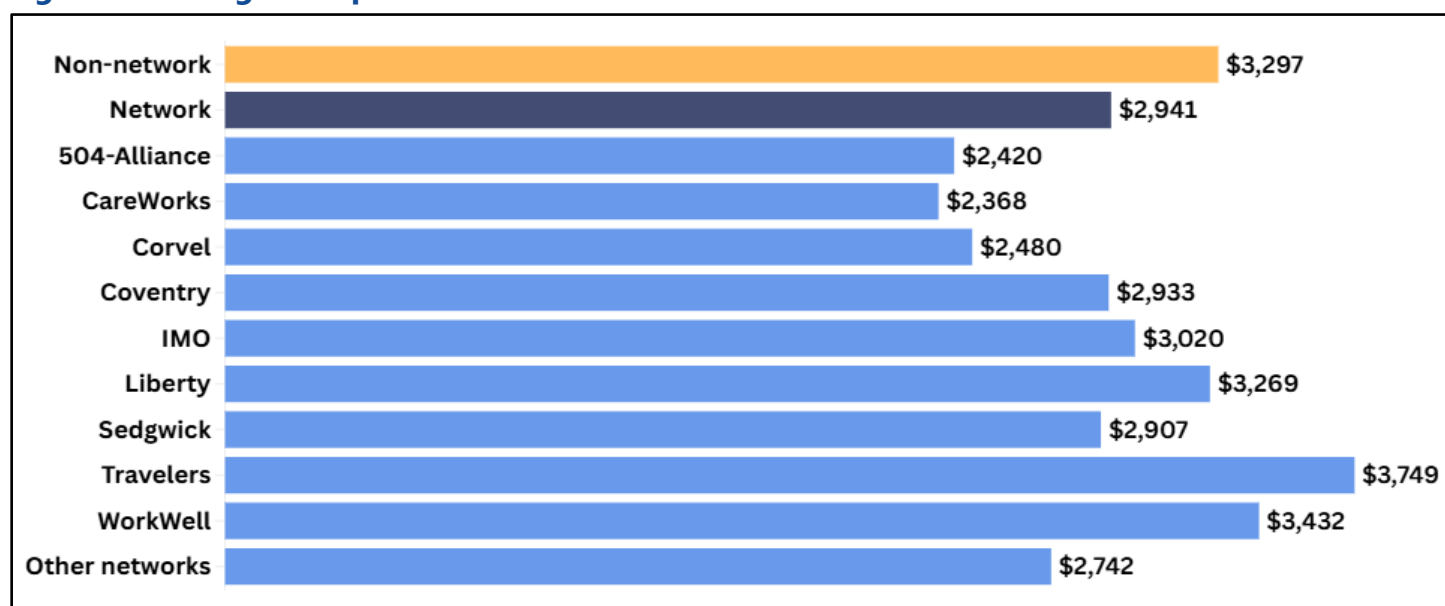
- **Professional services** include the services of a medical professional, durable medical equipment provider, independent laboratory (not part of a hospital), ambulance, and ambulatory surgical center. This includes examinations that DWC ordered.
- **Hospital services** include all services that an outpatient or inpatient hospital bills.
- **Pharmacy services** include the services of a dispensing pharmacy.

## Overall health care costs

Health care costs were calculated at six months post-injury and are based on payments insurance carriers made to health care providers for all claims, as well as lost-time claims and medical-only claims. Usually, actual payments are less than the billed amount, or charges. The following data shows the actual payments made by the insurance carriers and this information provides comparative costs for network and non-network. Information presented within the report card will be organized by all claims, lost-time claims, and then medical claims. Network results are tested against non-network results at a 5% level of significance. A network's average is marked with an asterisk in the figures and tables when the difference is statistically significant from the non-network average.

For all claims, the average cost per non-network claim, on average, were higher than network costs. Non-network costs were \$3,297 and network average costs were \$2,941. There were two networks with higher costs than non-network (Figure 1).

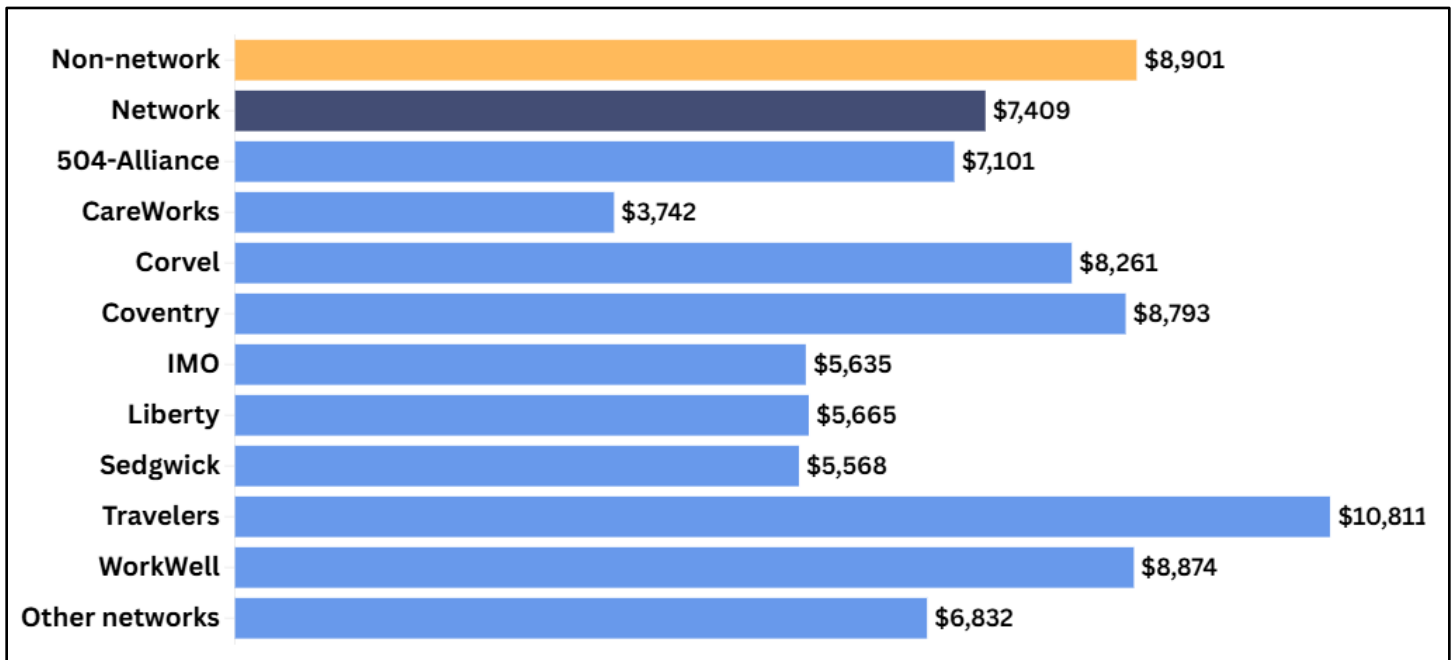
**Figure 1: Average cost per all medical claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.

For lost-time claims, non-network costs were higher except for one network. Non-network costs for lost-time claims were \$8,901 and network average costs were \$7,409 (Figure 2).

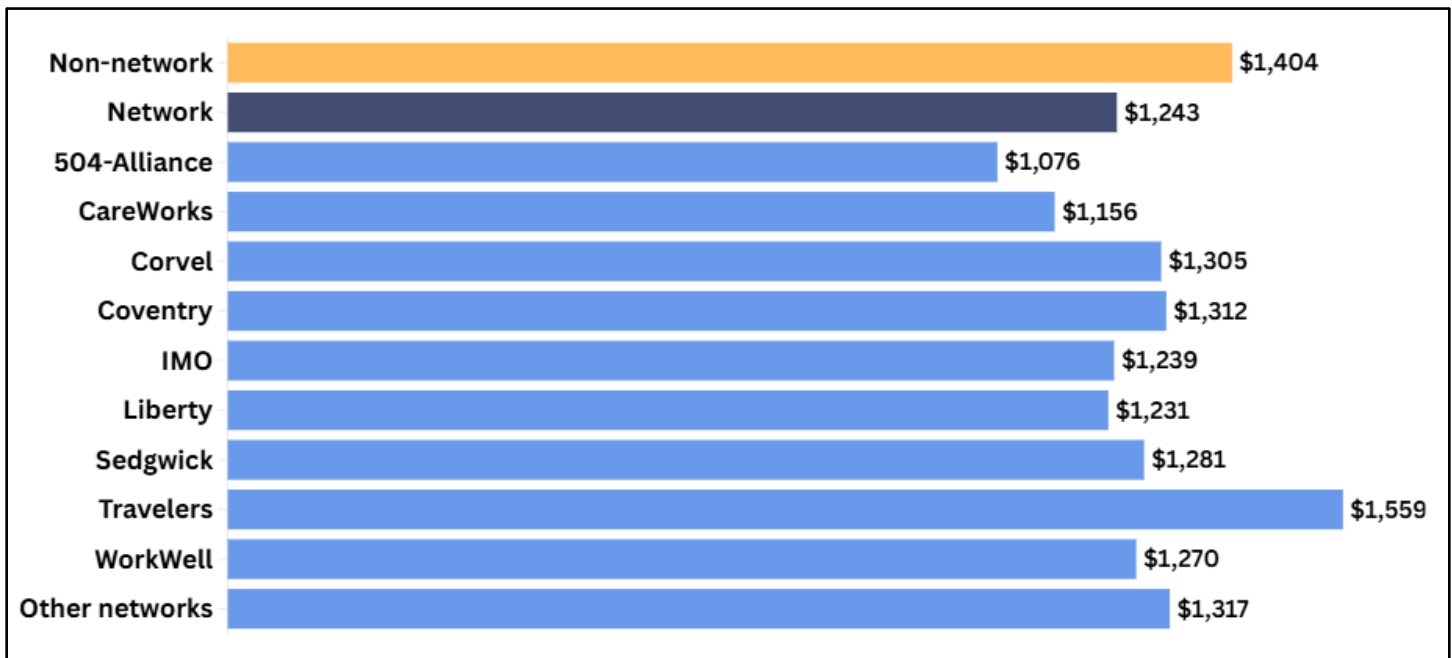
**Figure 2: Average cost per claim, lost-time claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.

For medical-only claims, non-network costs were higher except for one network. Non-network costs for lost-time claims were \$1,404 and network were \$1,243 on average (Figure 3).

**Figure 3: Average cost per claim, medical-only claims**

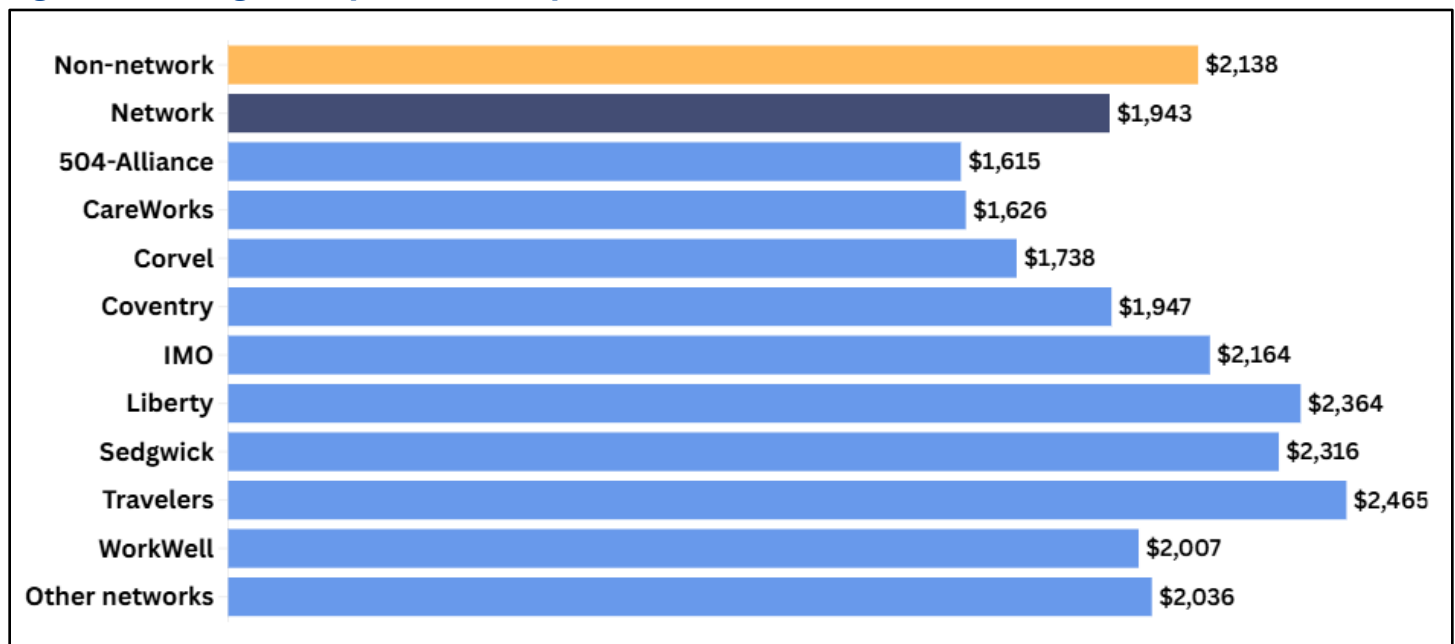


Source: Workers' Compensation Research and Evaluation Group, 2026.

## Professional health care costs

For all claims, non-network professional costs were \$2,138. Network professional costs, on average, were \$1,943 (Figure 4).

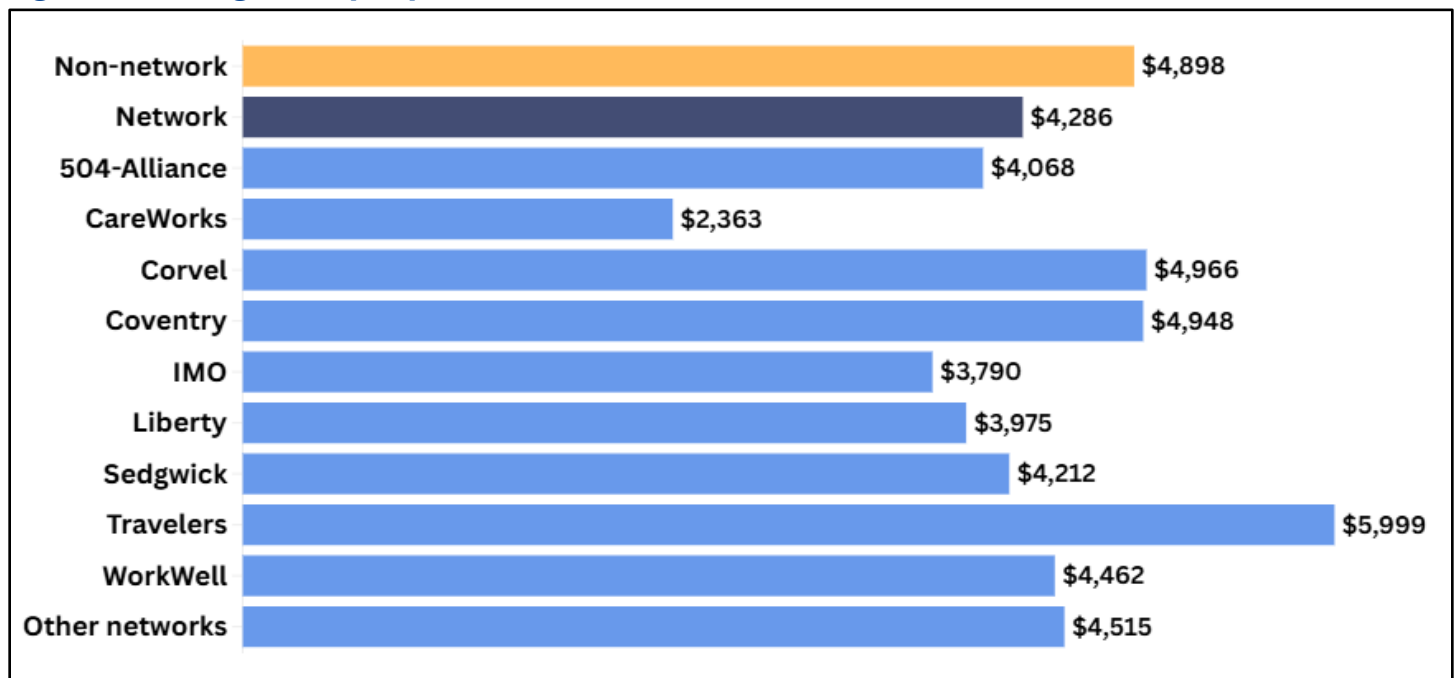
**Figure 4: Average cost per claim for professional services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The lost-time claim costs for professional services were almost \$4,900 for non-network claims. Network professional lost-time claims were, on average, almost \$4,300. There were three networks with higher professional lost-time claim costs than non-network (Figure 5).

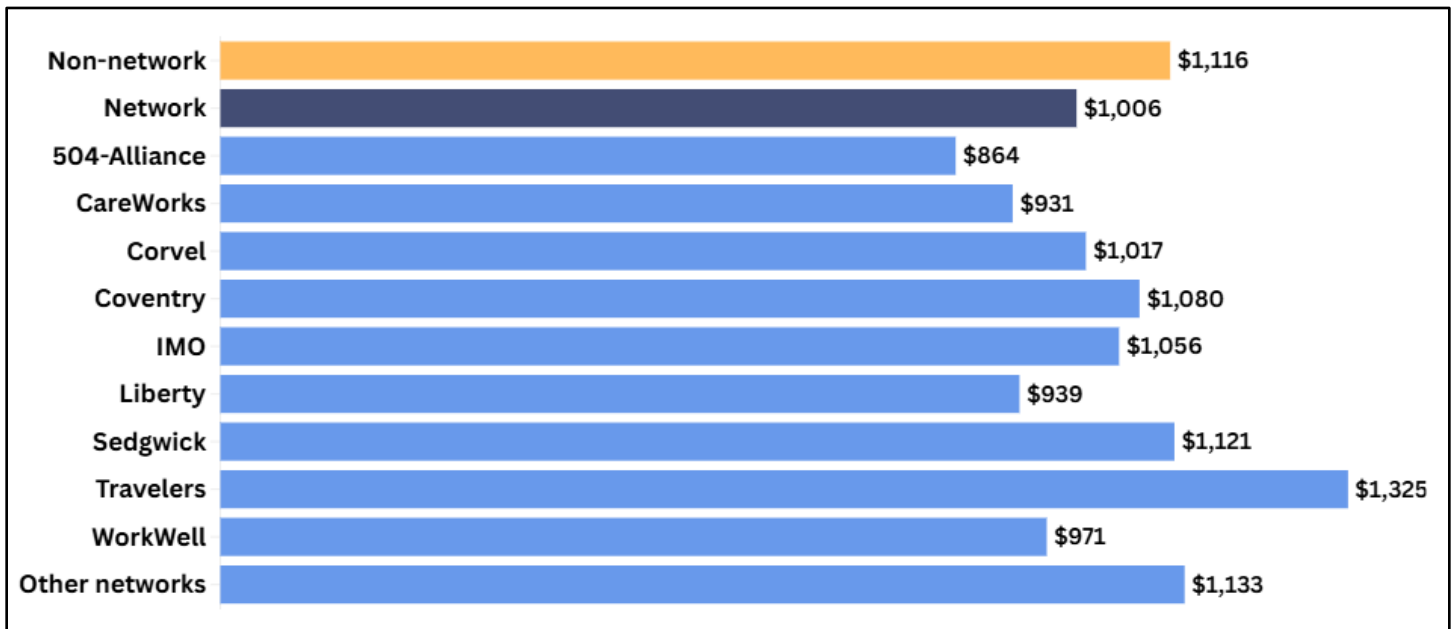
**Figure 5: Average cost per professional services, lost-time claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Medical-only claims for professional services were slightly higher for non-network than network. Non-network medical-only claim costs were about \$1,100 and network costs were \$1,006 (Figure 6).

**Figure 6: Average cost per professional services, medical-only claims**

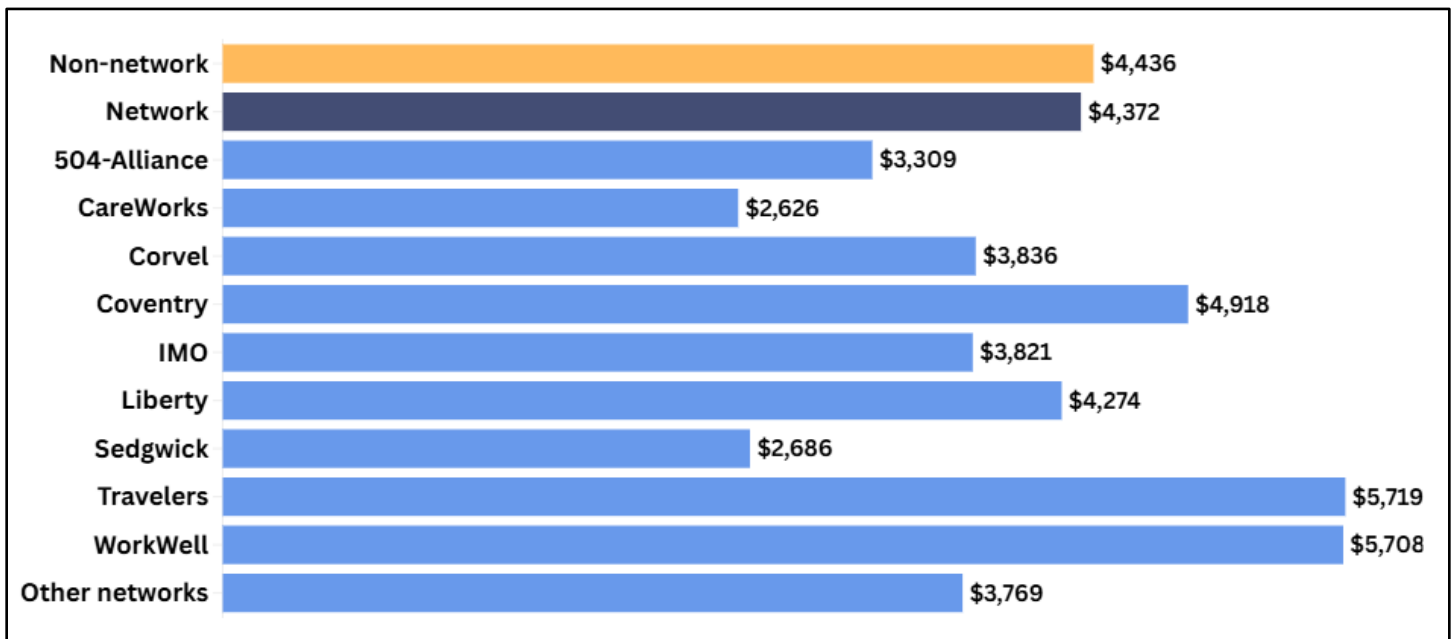


Source: Workers' Compensation Research and Evaluation Group, 2026.

## Hospital health care costs

On average, for all hospital claim costs, non-network and network costs were similar. Non-network costs were \$4,436 and network costs were \$4,372. There were three networks with higher hospital average claim costs than non-network (Figure 7).

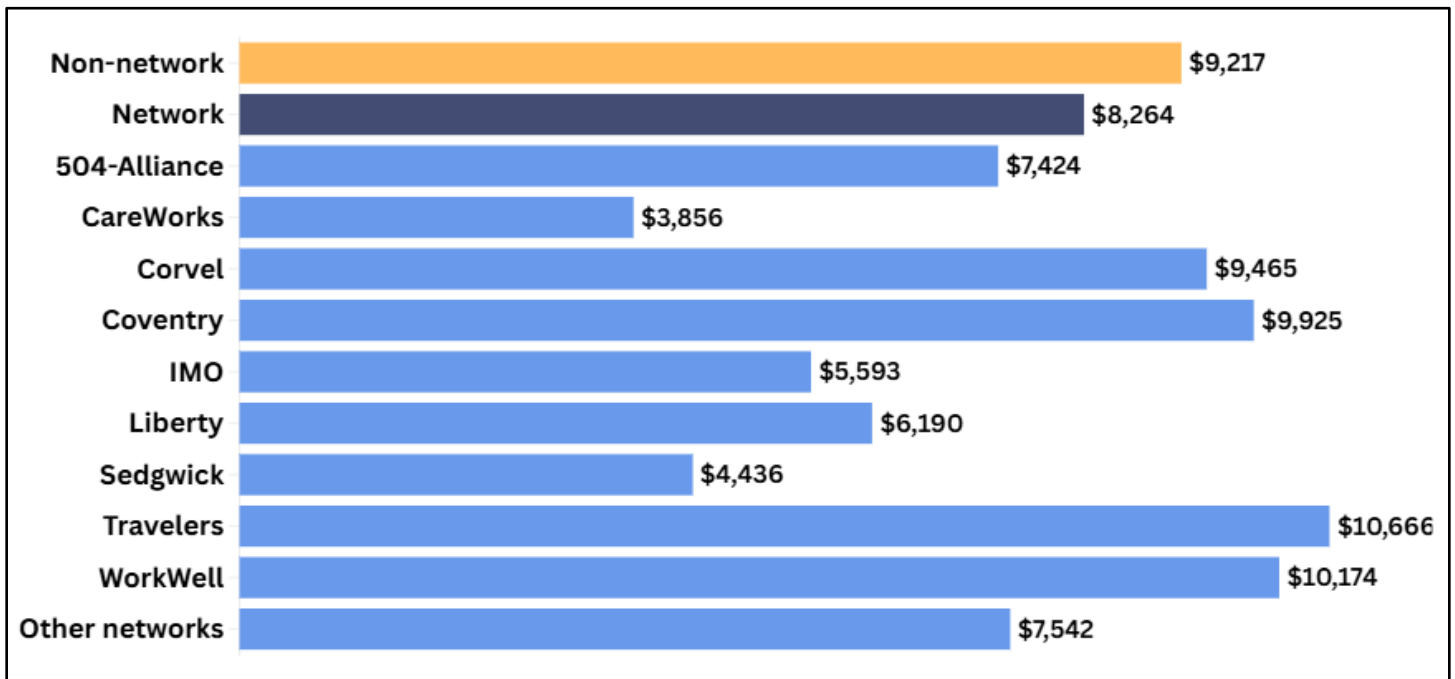
**Figure 7: Average cost per claim for hospital services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average cost per lost-time claim for hospital services were \$9,217 for non-network claims and \$8,264 for network claims. There were four networks with higher hospital claim costs than non-network costs (Figure 8).

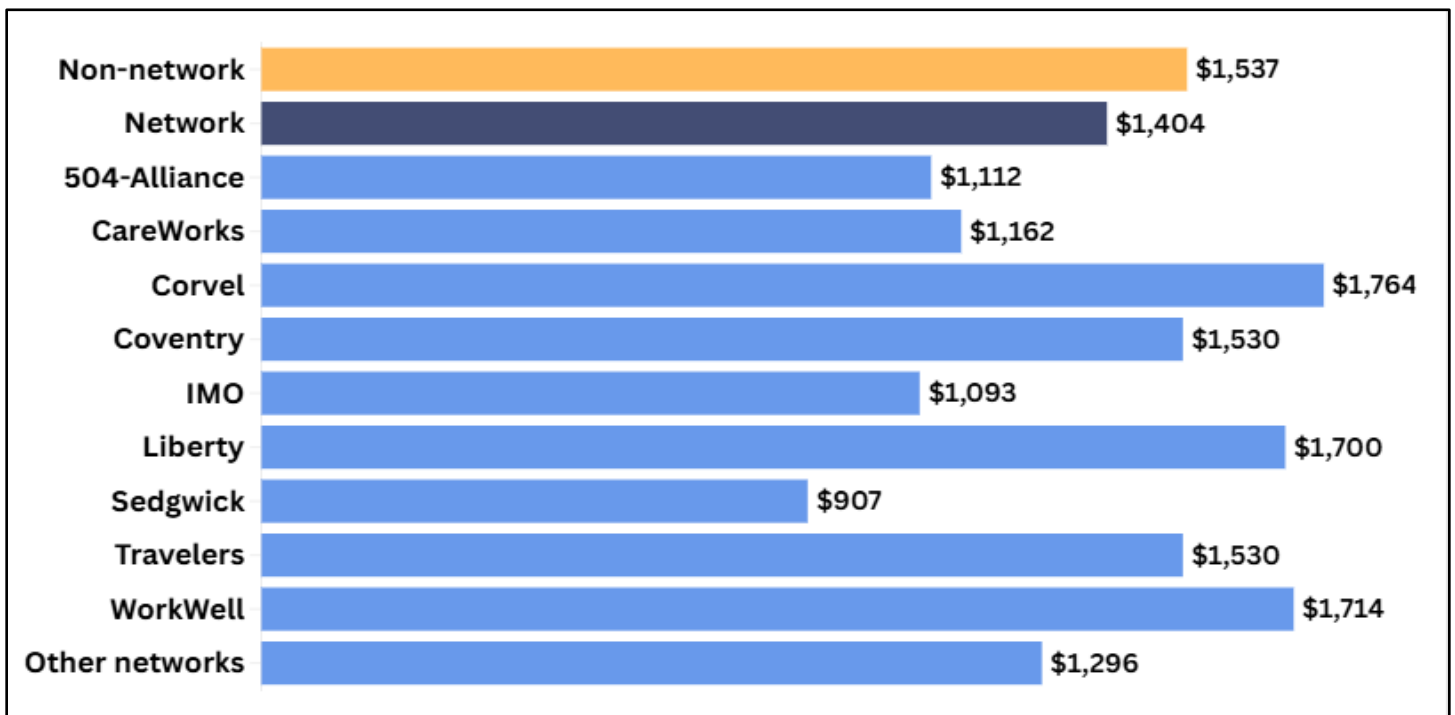
**Figure 8: Average cost per hospital services, lost-time claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Hospital medical-only network claims costs ranged from \$900 to almost \$1,800, with an average cost of \$1,404. Non-network claims were \$1,537 (Figure 9).

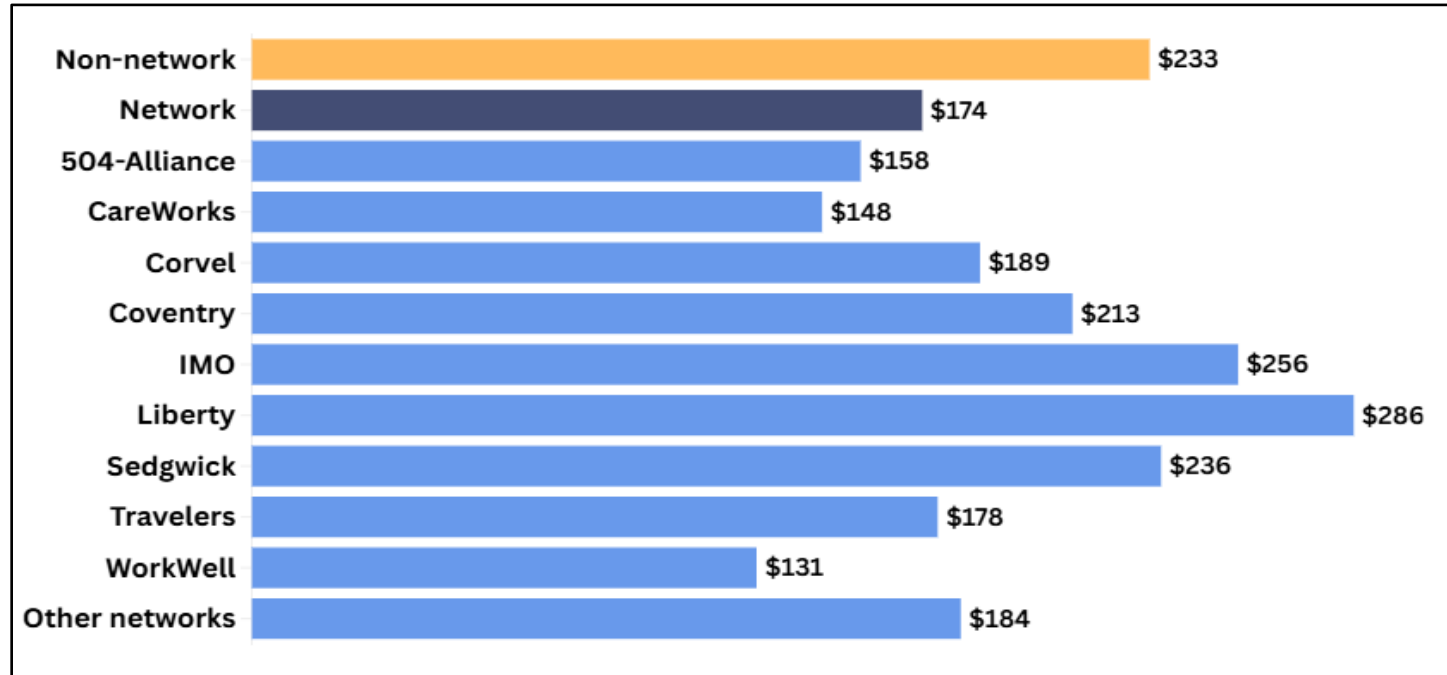
**Figure 9: Average cost per hospital services, medical-only claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.  
Texas Department of Insurance, Division of Workers' Compensation

The average cost for all pharmacy claims was \$233 for non-network and \$174 for network. There were three networks with higher claim costs than non-network (Figure 10).

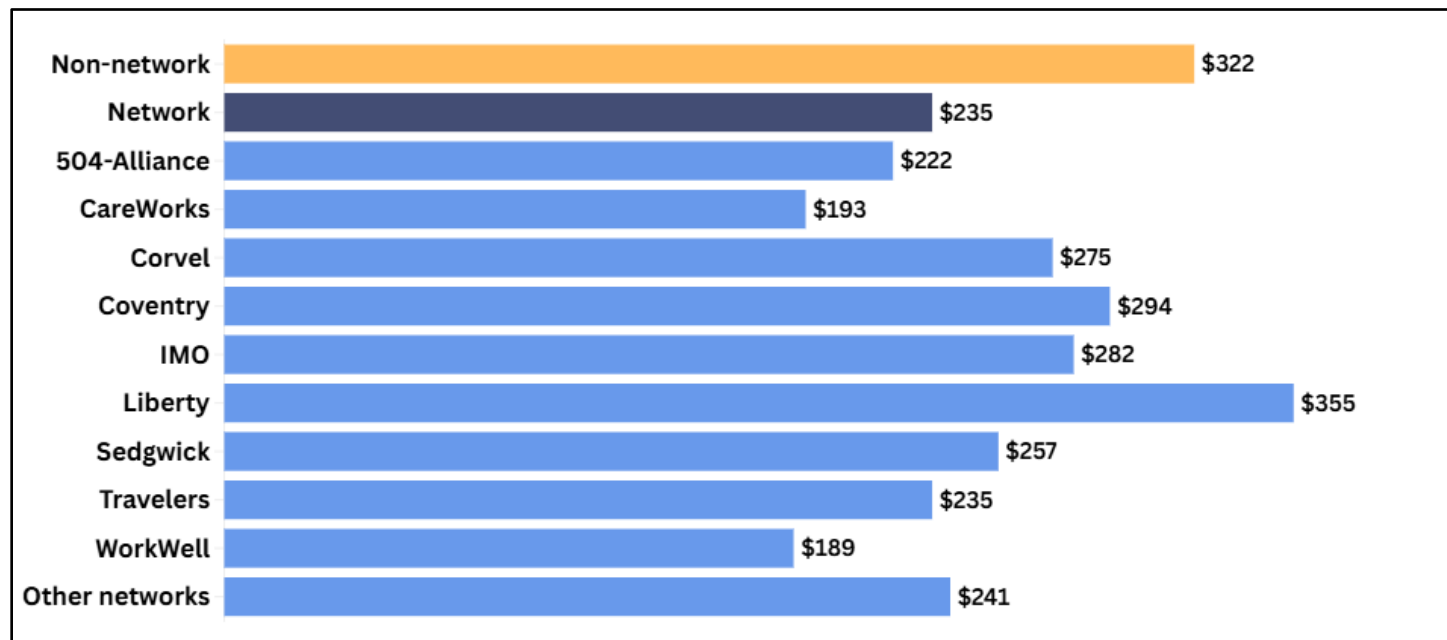
**Figure 10: Average cost per claim for pharmacy services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average cost of lost-time claims for non-network pharmacy services was \$322 while network costs were \$235. There was only one network with a higher average cost than non-network (Figure 11).

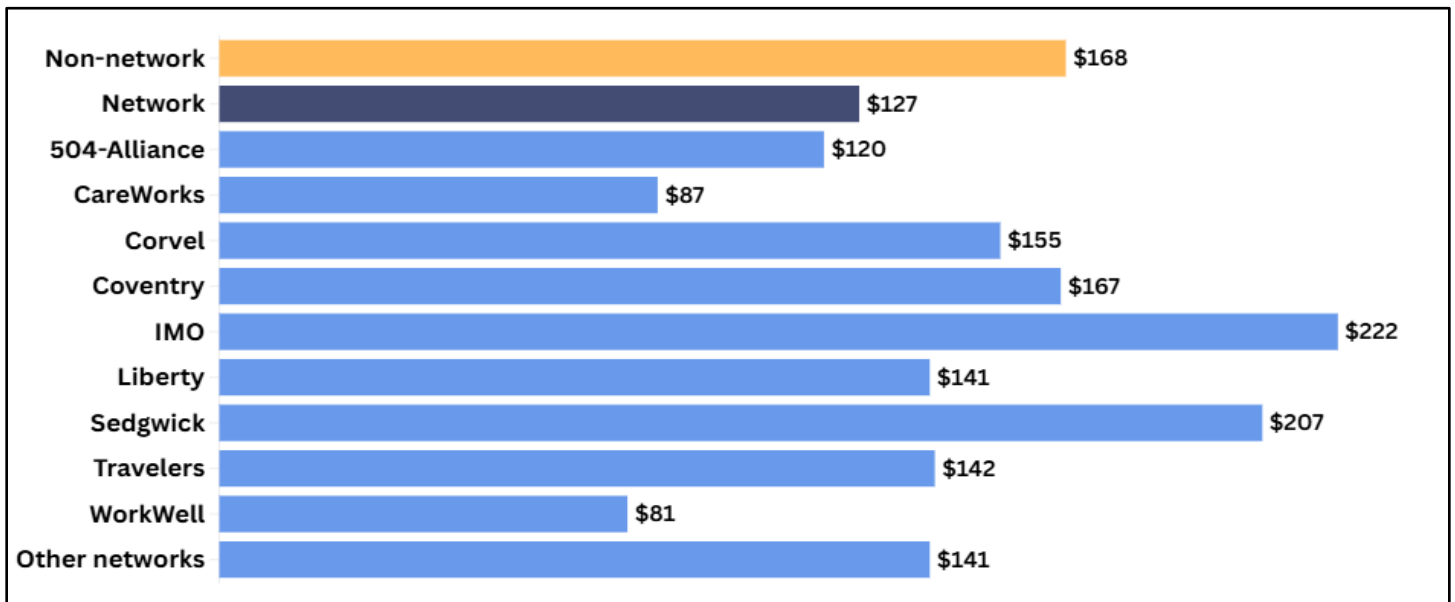
**Figure 11: Average cost per claim for pharmacy services, lost-time claims**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average cost for non-network medical-only pharmacy claims was \$168. Network medical-only pharmacy claims were \$127. There were two networks with medical-only costs that were more than \$200 (Figure 12).

**Figure 12: Average cost per claim for pharmacy services, medical-only claims**



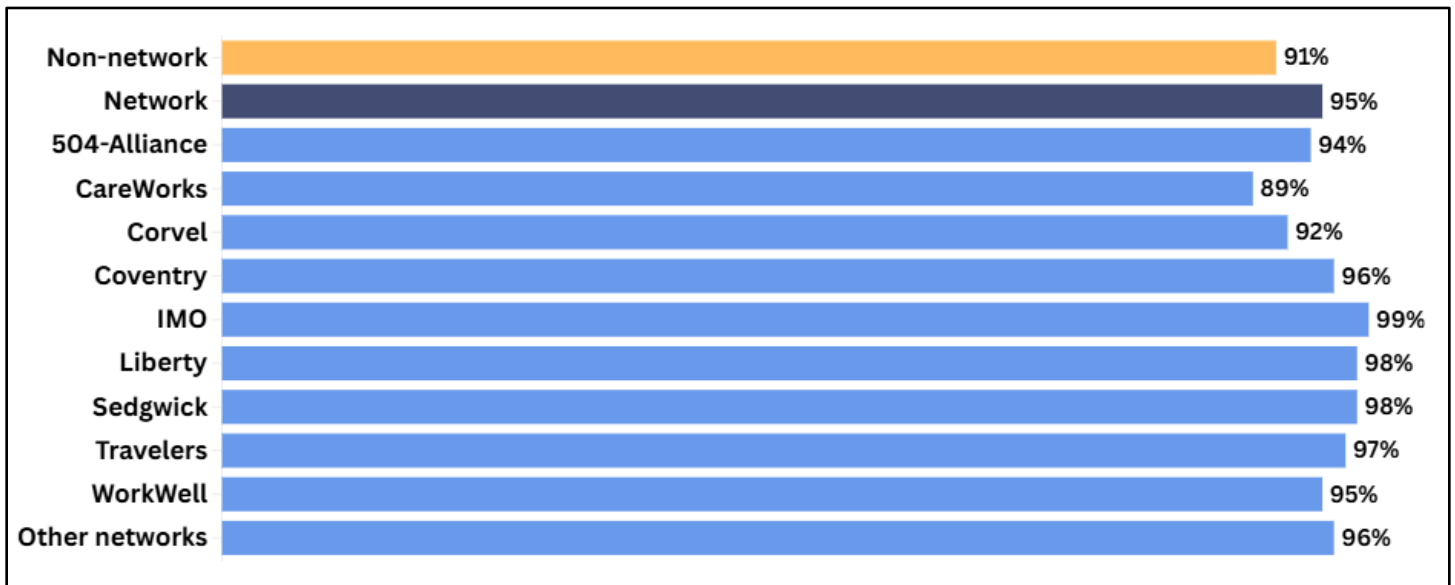
Source: Workers' Compensation Research and Evaluation Group, 2026.

## Utilization of health care

Understanding the types, and percentages, of services that injured employees received provides important information about the utilization of health care services within the Texas workers' compensation system. This information is calculated by the types of services that health care providers billed for an injured employee's claim even if the insurance carrier did not pay for the services.

The percentage of injured employees who received professional services within six-months of their injuries was higher for network claims at 95% than non-network claims at 91% (Figure 13).

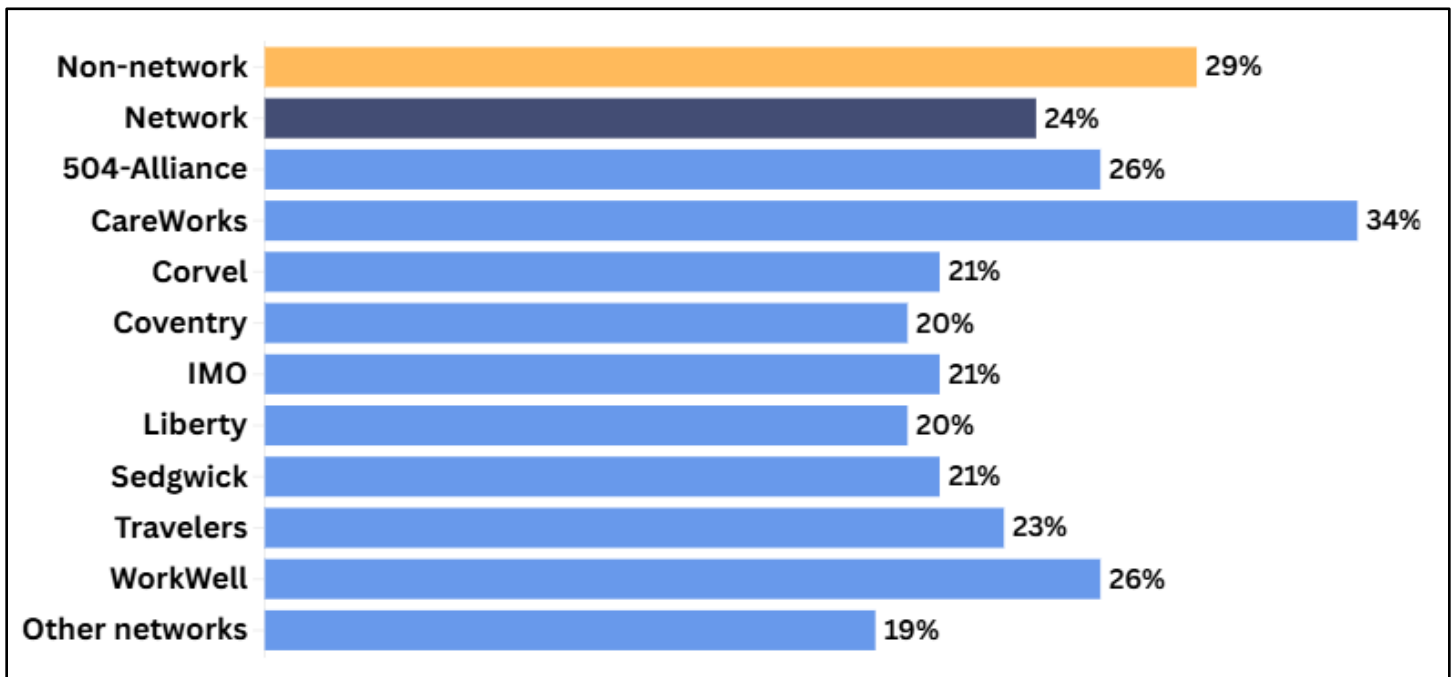
**Figure 13: Percentage of utilization of professional health care services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

On average, the percentage of injured employees who received hospital services within six-months of their injury were higher for non-network, at 29%, than network, at 24% (Figure 14).

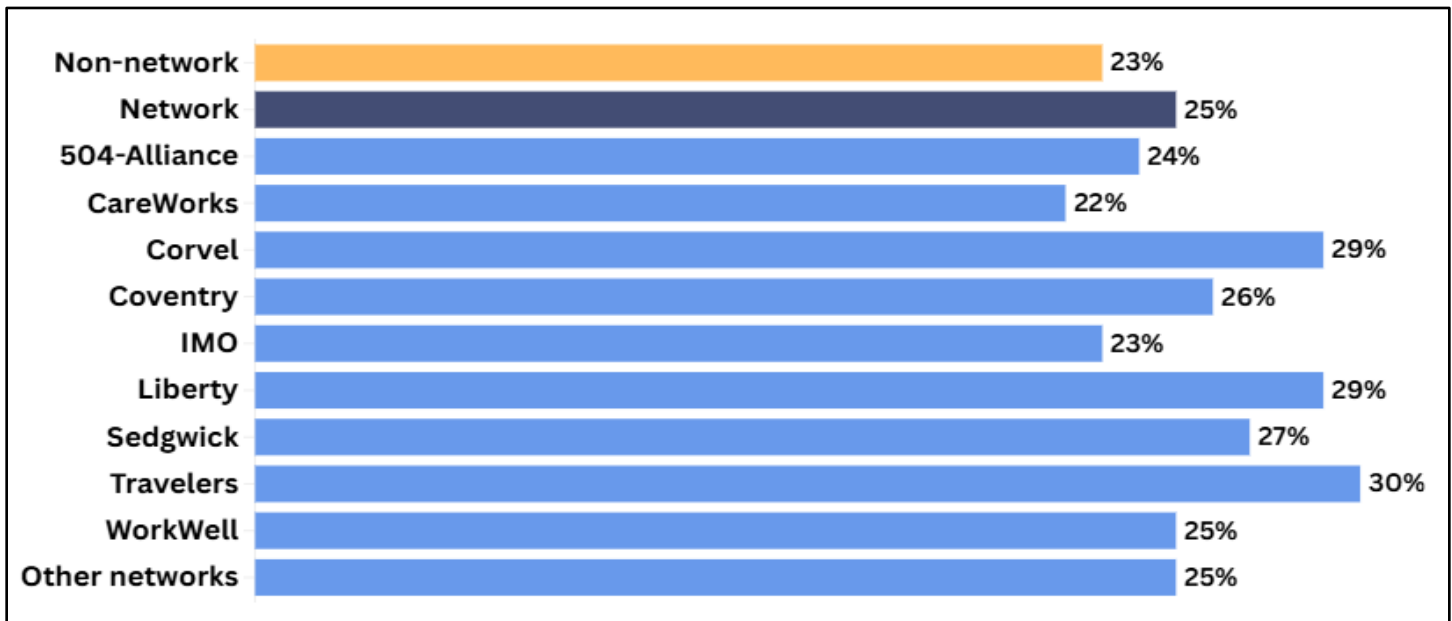
**Figure 14: Percentage of utilization for hospital health care services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The percentage of injured employees who received pharmacy services, six months post-injury were higher for network claims at 25%. Non-network claims for pharmacy services were 23% (Figure 15).

**Figure 15: Percentage of utilization of pharmacy health care services**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average number of prescriptions per injured employee were the same for non-network and network at 3.2. The highest average number of prescriptions per injured employee was 3.8 (Figure 16).

**Figure 16: Average number of prescriptions per injured employee, six months post-injury**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average number of total prescription days for injured employees ranged from 38 to 57. Non-network prescription days were 52 and network was 48 (Figure 17).

**Figure 17: Average number of prescription days per injured employee, six months post-injury**



Source: Workers' Compensation Research and Evaluation Group, 2026.

## Satisfaction with health care

An injured employee should have appropriate and timely access to medical treatment. This section provides data collected from the injured employee survey to demonstrate the injured employee's satisfaction with the health care services and treatments they received for their work-related injury or illness.

Overall, network satisfaction with health care services was higher than non-network. The percentage of satisfaction for network health care services was 63% and non-network was 59% (Figure 18).

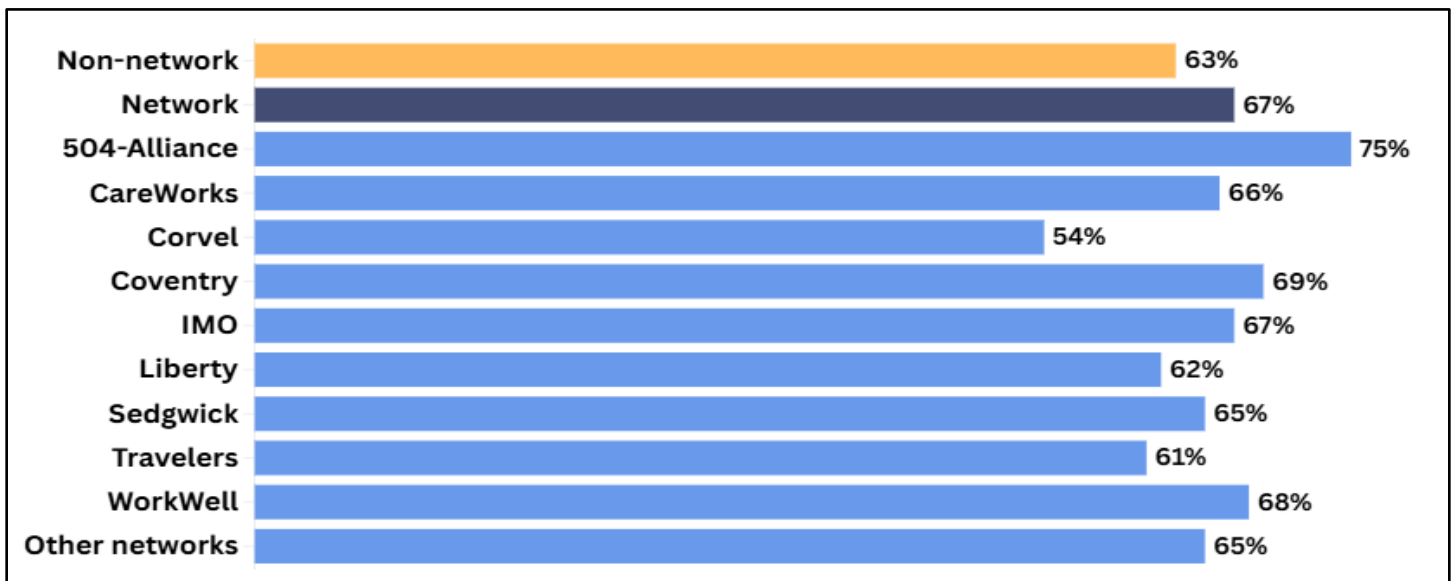
**Figure 18: Percentage of overall satisfaction of care**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Injured employees were asked about their satisfaction with their treating doctor. The percentage of satisfaction for network treating doctors was higher than non-network. Network satisfaction was 67% and non-network satisfaction was 63%. The difference between these two percentages is statistically significant (Figure 19).

**Figure 19: Percentage of satisfaction for treating doctor**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Injured employees were asked about the care they received from their treating doctor and if they agreed or strongly agreed that their treating doctor:

- Took their medical condition seriously.
- Gave them a thorough exam.
- Explained their medical condition to them.

- Was willing to answer questions.
- Talked about a return-to-work date.
- Provided good medical care that met their needs.
- Provided care from specialists.

Injured employees using network treating doctors resulted in 78% agreed or strongly agreed that their treating doctor met these needs whereas non-network results were at 75% (Figure 20).

**Figure 20: Percentage of agreement with care received from treating doctor**



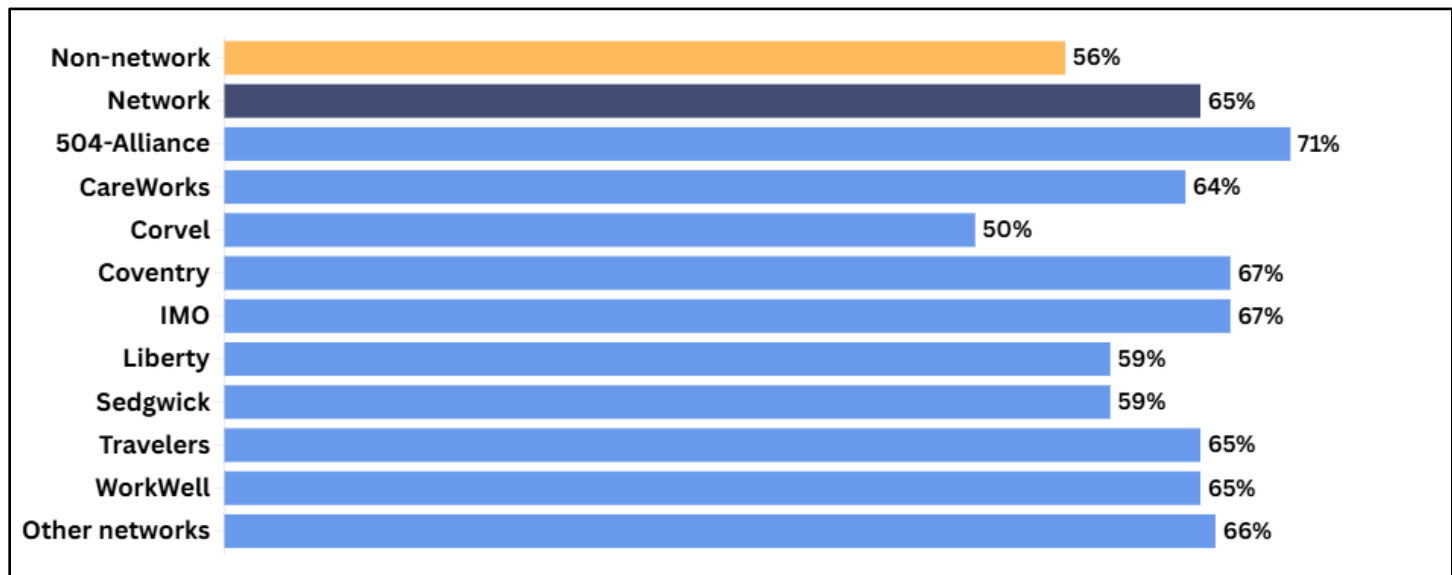
Source: Workers' Compensation Research and Evaluation Group, 2026.

## Access to care

Injured employees were asked if there were any issues getting the care they needed. There were 65% of injured employees using network health care services that reported they have no problem getting a treating doctor they liked, were able to see a specialist, receive the necessary tests or treatments, and

had timely approvals for their care. There were 56% of injured employees using non-network health care services who reported they had no problem getting the care they needed (Figure 21).

**Figure 21: Percentage of injured employees with no problem accessing necessary care**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Being able to receive care quickly is important for an injured employee. Injured employees were asked if they had no issue always receiving care as soon as they wanted, getting an appointment as soon as they wanted, and if they were taken to the exam room within reasonable time of their appointment. Network results were that 51% of injured employees had no problems getting health care quickly and non-network results were 46% (Figure 22).

**Figure 22: Percentage of injured employees stating no issues receiving timely care**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Injured employees were asked how quickly they received care after their date of injury. For both network and non-network, the majority of claims received treatment the same day. There were 58% of network

claims which received treatment the same day and 54% of non-network claims received treatment the same day. More than 82% of network claims received treatment within 7 days as compared to non-network at 77%. Network results are tested against non-network results at a 5% level of significance; any data with an asterisk is statistically significant (See Table 1).

**Table 1: Percentage of claims and timeframe for when the injured employee received care from date of injury**

|                       | Same day   | 1 - 7 days | 8-14 Days | 15 - 21 Days | 22+ Days  |
|-----------------------|------------|------------|-----------|--------------|-----------|
| <b>Non-Network</b>    | <b>54%</b> | <b>23%</b> | <b>9%</b> | <b>5%</b>    | <b>9%</b> |
| <b>Network</b>        | <b>58%</b> | <b>24%</b> | <b>7%</b> | <b>4%</b>    | <b>6%</b> |
| <b>504-Alliance</b>   | 57%        | *28%       | 8%        | 4%           | *3%       |
| <b>CareWorks</b>      | 60%        | 25%        | *5%       | 4%           | 5%        |
| <b>Corvel</b>         | 54%        | 24%        | 10%       | 1%           | 11%       |
| <b>Coventry</b>       | *61%       | 20%        | 9%        | 4%           | 7%        |
| <b>IMO</b>            | 56%        | 23%        | 10%       | 4%           | 7%        |
| <b>Liberty</b>        | 59%        | 22%        | 8%        | 6%           | 4%        |
| <b>Sedgwick</b>       | *70%       | 21%        | *3%       | 3%           | *3%       |
| <b>Travelers</b>      | 54%        | 27%        | 6%        | 4%           | 10%       |
| <b>WorkWell</b>       | *59%       | 21%        | 7%        | 6%           | *7%       |
| <b>Other Networks</b> | 53%        | 25%        | 7%        | 4%           | 1%        |

Source: Workers' Compensation Research and Evaluation Group, 2026.

Injured employees were asked to compare how easy it was to schedule a doctor's appointment for a work-related injury or illness versus scheduling an appointment for a non-work-related injury or illness. Injured employees were asked if getting an appointment was better, about the same or worse. On average, network, non-network, and the individual networks had the highest percentage for about the same. Non-network had 53% for about the same, and network had 58%. Network results are tested against non-network results at a 5% level of significance; any data with an asterisk is statistically significant (See Table 2).

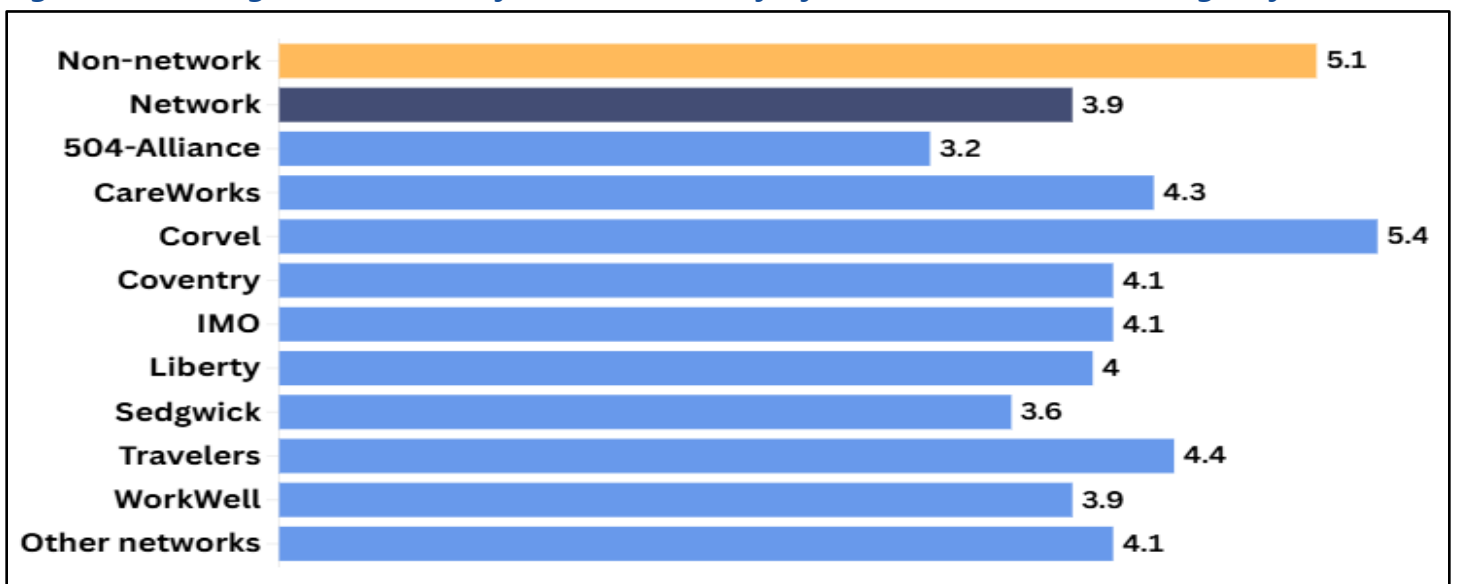
**Table 2: Percentage of ability to schedule a doctor's appointment for work-related injury or illness compared to non-work-related appointments**

|                       | Better     | About the same | Worse      |
|-----------------------|------------|----------------|------------|
| <b>Non-Network</b>    | <b>26%</b> | <b>53%</b>     | <b>21%</b> |
| <b>Network</b>        | <b>24%</b> | <b>58%</b>     | <b>18%</b> |
| <b>504-Alliance</b>   | *19%       | *70%           | *11%       |
| <b>CareWorks</b>      | 23%        | 57%            | 20%        |
| <b>Corvel</b>         | 19%        | 49%            | *32%       |
| <b>Coventry</b>       | 25%        | 57%            | 18%        |
| <b>IMO</b>            | 23%        | 57%            | 20%        |
| <b>Liberty</b>        | 24%        | 51%            | 24%        |
| <b>Sedgwick</b>       | 25%        | 58%            | 17%        |
| <b>Travelers</b>      | 25%        | *64%           | *11%       |
| <b>WorkWell</b>       | *31%       | 51%            | *18%       |
| <b>Other Networks</b> | 26%        | 56%            | 18%        |

Source: Workers' Compensation Research and Evaluation Group, 2026.

An injured employee should receive care as quickly as possible after the date of injury. The average amount of time from the date of injury to the date of the first non-emergency treatment was calculated with administrative data. The average number of days was higher for non-network claims at 5.1 days. Network claims had an average of 3.9 days (Figure 23).

**Figure 23: Average number of days from date of injury to date of first non-emergency treatment**

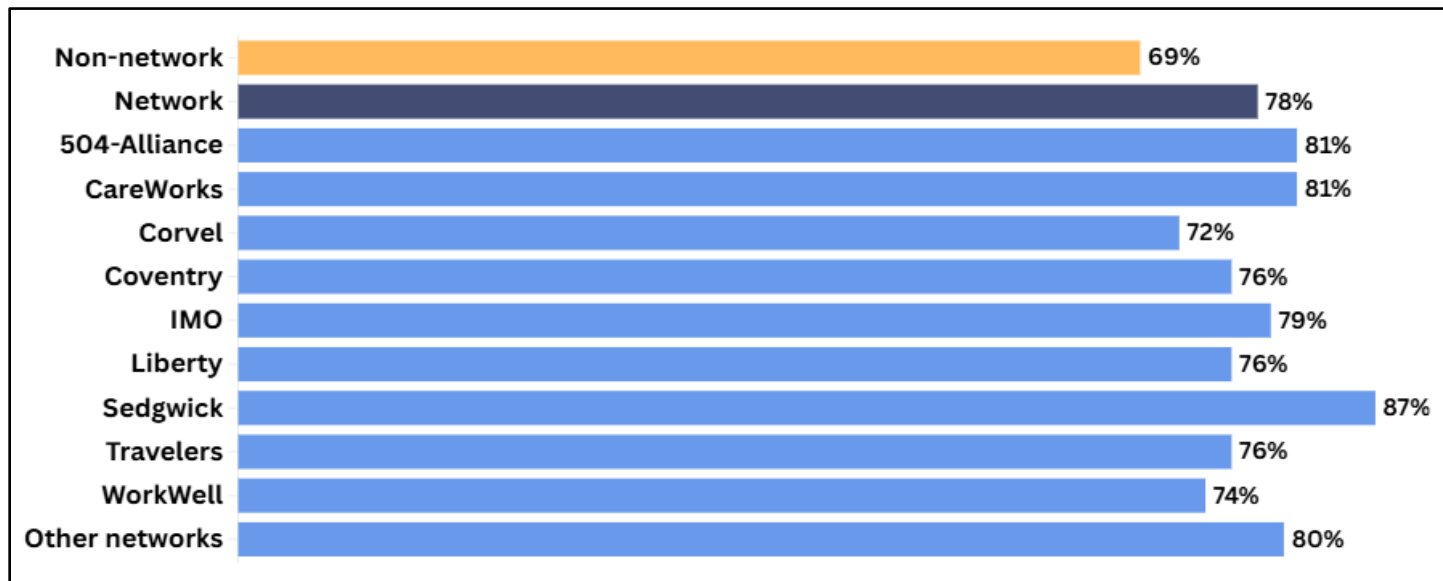


Source: Workers' Compensation Research and Evaluation Group, 2026.

## Return to work outcomes

As part of the survey, injured employees were asked if they were working at the time they were completing the survey. Within network, there were 78% of injured employees who said they were working at the time of the survey. Within non-network, there were 69% of injured employees who said they were working at the time of the survey (Figure 24).

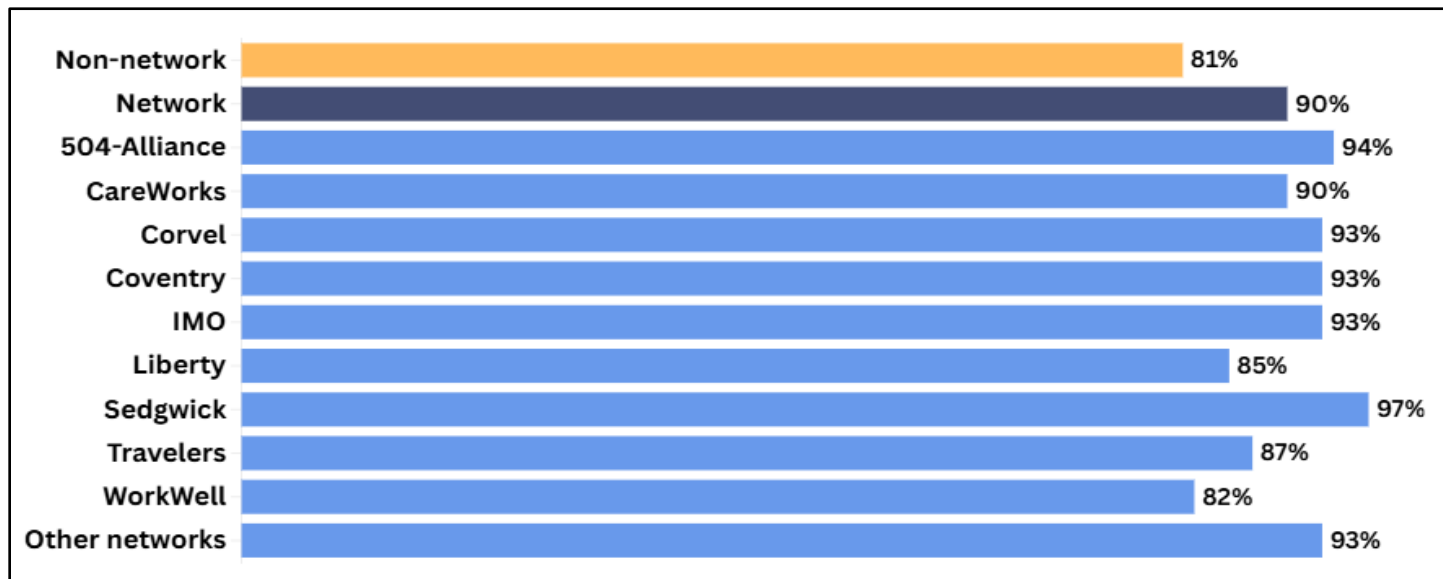
**Figure 24: Percentage of injured employees working at the time of the survey**



Source: Workers' Compensation Research and Evaluation Group, 2026.

Injured employees were asked if they went back to work at some point after their injury. Within network, 90% of injured employees stated they had gone back to work at some point while 81% of non-network injured employees stated the same (Figure 25).

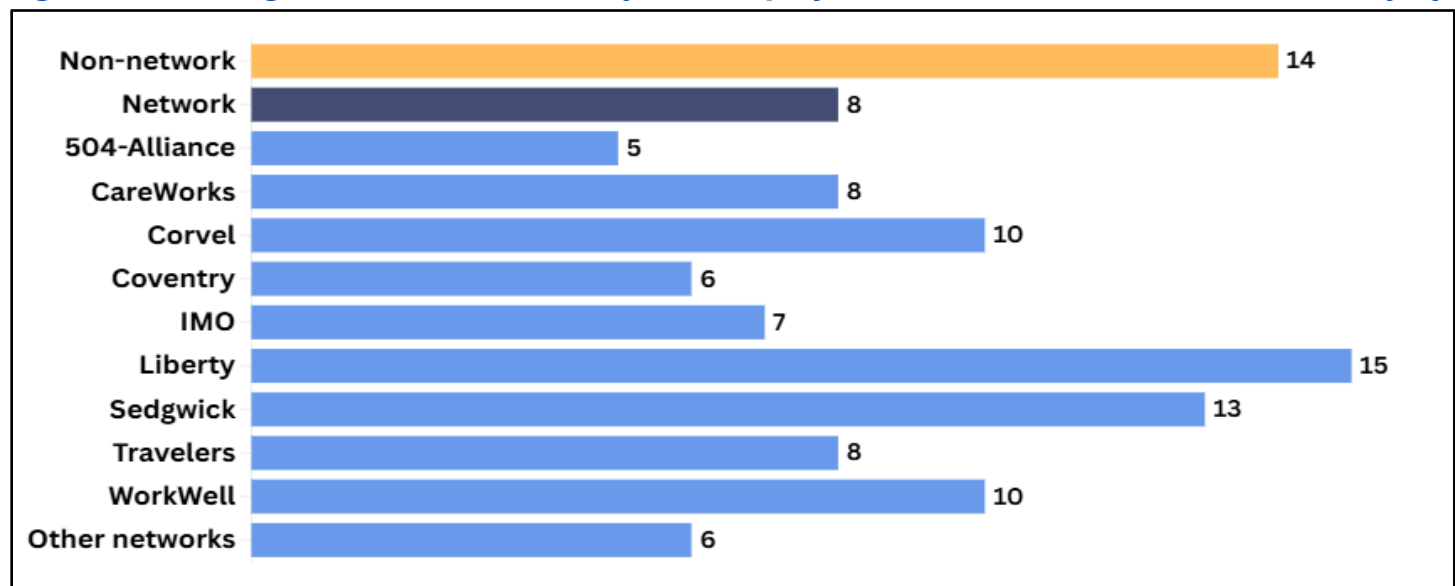
**Figure 25: Percentage of injured employees who went back to work**



Source: Workers' Compensation Research and Evaluation Group, 2026.

The average number of weeks an injured employee reported they were off work because of their work-related injury or illness was higher for non-network than network. Non-network injured employees reported on average, they missed 14 weeks of work due to their injury or illness, and network injured employees reported an average of 8 weeks (Figure 26).

**Figure 26: Average number of weeks injured employee did not work because of their injury**



Source: Workers' Compensation Research and Evaluation Group, 2026.

## Conclusions and key takeaways

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This report card shows comparative data for cost and utilization of network and non-network health care services. Network results were tested against non-network results at a 5% level of significance. A network's average is marked with an asterisk in the figures and tables when the difference is statistically significant from the non-network average. Percentages in some categories may not add up to 100 due to rounding or because respondents chose multiple options. Overall, injured employees within network had lower health care costs, received care faster, were more satisfied with their care, and returned to work sooner.

On average, network costs were lower than non-network costs for all health care services: professional, hospital, and pharmacy. Network costs were lower than non-network costs for all claims, lost-time claims, and medical-only claims. On average, network utilization of professional and pharmacy services was higher than non-network. Non-network utilization of hospital services was higher than network utilization. The average number of prescriptions per injured employee was the same for both network and non-network.

The injured employee survey reported that injured employees receiving health care services within network were more satisfied with their care and more satisfied with their treating doctor. Injured employees within network had higher percentages for agreeing or strongly agreeing that their treating doctor was meeting their medical needs. Network percentages were higher for injured employees reporting they had no issues getting the care they needed and getting care quickly.

Injured employees receiving medical treatment within network reported quicker treatment after the date of injury, higher percentages of working at the time of the survey, and higher percentages of going back to work at some point after their injury. The average number of weeks missed by the injured employee due to their work-related injury or illness was less within network than non-network.