Workers' Comp

Better Network Care Starts with the Right Provider Direction

October 19, 2026
5 MIN READ

Guiding Injured Employees to Network Care

A practical guide to compliant provider direction, network access and coordinated recovery in workers' compensation.

Why Network Care Matters

Network care connects injured employees with participating providers and coordinated treatment resources. Early provider selection can influence access to care, medical utilization and overall claim outcomes.

What the Research Shows About Network Care

WCRI's March 2026 study, Impact of Networks on Claim Outcomes, found that in-network workers' compensation claims were associated with lower costs and faster access to treatment than comparable out-of-network claims. Its matched analysis compared claims with more than seven days of lost work time across 34 states.

Key figures reported in WCRI-hosted coverage of the study*:

- 26% lower total claim costs
- 27% lower medical payments
- 5 weeks shorter disability
- 20% faster initial care
- 12% fewer litigated claims
- 40% lower litigated costs

What Network Care Helps Improve

An appropriately managed provider network can support timely referrals, coordinated treatment and communication among the injured employee, adjuster, employer and care team. Network use also creates

opportunities to monitor medical utilization, billing and return-to-work planning.

How Enlyte Helps Guide the Right Care

Enlyte connects ClinicalCare24® Nurse Triage, its Outcomes-based Network (OBN) and Case Management services to support injury intake, provider selection and a coordinated recovery path. The appropriate combination depends on the injury, network availability and applicable state requirements.

How Can Teams Guide Care Before Network Leakage Happens?

Network leakage occurs when treatment takes place outside the applicable provider network. Teams can reduce avoidable leakage by making compliant provider information available at the first report of injury and verifying network participation before appointments where practical.

- Supervisors: share permitted first-touch provider guidance and escalation contacts.
- Adjusters: confirm state direction-of-care rules and network status.
- Case managers: coordinate provider selection, referrals and ongoing care when appropriate.
- Employees: receive clear information about choices, access and next steps.

What Risks Can Out-of-Network Care Create?

Out-of-network treatment may increase cost uncertainty, limit network coordination and complicate referrals or billing. Balance-billing exposure and the right to direct treatment vary by state and claim circumstances, so teams should review applicable compliance guidance rather than assume one rule applies everywhere.

Making Network Access Easy

Provider access is easier when teams combine reliable search tools, clear workflows and state-specific instructions at first notice of loss. These practices help employees find available, clinically appropriate care without overstating an employer's right to select a provider.

How Can Adjusters Find the Right Provider?

Adjusters can use Enlyte provider locator resources to search for participating providers by geography and relevant clinical needs. Provider availability, specialty, workplace-injury experience and state rules should inform the final selection.

- Bookmark approved provider locator tools for intake and first notice of loss.
- Search by location, injury type and medical specialty.
- Confirm participation and appointment availability before providing information.
- Maintain worksite panels or digital directories only where permitted.
- Refresh posted information and confirm state-specific posting rules.

How Do State Rules Affect Provider Channeling?

Provider channeling is the process of guiding an injured employee toward an appropriate provider within a network, within the limits of applicable law. Depending on the state and program, the employer or carrier may

direct initial care, direct care for a limited period or provide information while the employee exercises provider choice.

Verify employer, carrier and jurisdiction-specific requirements before issuing scripts, posting panels or directing treatment.

How Should Channeling Work at First Notice of Loss?

First-touch workflows should make network information and compliance checks part of intake rather than an afterthought. Adjusters can use documented scripts and provider tools while tracking whether care begins outside the applicable network.

- Keep approved provider-search tools available to the intake team.
- Train adjusters on state-specific direction-of-care boundaries.
- Use compliant intake scripts and document the information provided.
- Verify participation when practicable before treatment begins.
- Track out-of-network starts and investigate avoidable access gaps.

Tools and Guidance to Support Provider Selection

Enlyte offers provider search tools, educational resources and direction-of-care guidance to help adjusters connect injured employees with appropriate network care. Use these resources to support team training alongside current jurisdiction-specific compliance guidance.

Watch: Direction of Care for Adjusters ?

Read: How Can You Find the Right Provider for the Best Care? ?

When Care Goes Out of Network

When treatment starts outside the network or participating providers are unavailable, early assessment can clarify next steps. Decisions to authorize, continue or redirect care should account for clinical appropriateness, continuity and state requirements.

How Should Teams Assess an Out-of-Network Situation?

If no participating provider is available, expand the search area and evaluate appropriate urgent-care or telehealth options; determine whether out-of-network authorization is required. If treatment already began, assess the stage of care, medical needs and whether a clinically suitable transition is possible.

What Is Provider Nomination?

Provider nomination is a request to consider adding a provider to a network, often to address an access gap, continuity-of-care issue or specialized need. For Enlyte-related nominations, teams should follow the applicable customer process and supply enough information to evaluate the provider.

- Contact the dedicated Enlyte Customer Service Manager about the nomination process.

- Provide provider name, location, specialty and tax identification number (TIN), as appropriate.
- Document the reason, such as an access gap, continuity of care or language need.

When Is Redirecting Care Appropriate?

A transition to an available network provider may be appropriate when it is legally permitted, clinically suitable and does not unnecessarily interrupt care. The adjuster and nurse case manager can coordinate the assessment, messaging, appointments and record transfer.

- Assess whether treatment is early-stage, complex or ongoing.
- Identify an appropriate participating provider and confirm availability.
- Coordinate required approvals and continuity arrangements.
- Explain the next steps to the employee without implying a choice restriction that does not apply.

The Network Care First-Touch Checklist

Use this checklist to guide first-touch decisions, confirm compliant network access and address potential care gaps early.

? Confirm the applicable direction-of-care rules.

? Identify clinically appropriate providers and verify network participation.

? Communicate care options and document the first-touch conversation.

? Check referrals and follow-up visits for access barriers or network leakage.

? Escalate access gaps, nomination needs and complex transitions early.

Effective network care starts with timely, compliant provider guidance and continues through coordinated treatment, communication and follow-up. By verifying network participation, applying state-specific requirements and addressing access gaps early, teams can help injured employees reach appropriate care while supporting better claim outcomes.

*Study: https://www.wcrinet.org/reports/impact-of-networks-on-claim-outcomes



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