

Date: [Insert Date]

To: [Insert Name of Medical Provider/Clinic Director]

Facility: [Insert Facility Name]

Address: [Insert Address]

Subject: Strategic Partnership for Experience Modification Rate (EMR) Reduction

Dear [Insert Name],

I am writing to outline our strategic initiative to improve our organization's Experience Modification Rate (EMR) through a collaborative medical management approach. As our preferred medical provider, your role is critical in helping us minimize the impact of workplace injuries on our workers' compensation premiums.

To achieve a lower EMR, we are requesting your cooperation with the following protocols:

- **Early Return-to-Work (RTW):** We maintain a robust light-duty program. We request that you prioritize "Released with Restrictions" over "Total Disability" whenever clinically possible.
- **Immediate Communication:** Please provide a Work Status Report immediately following each patient visit, outlining specific physical limitations.
- **Conservative Care Pathways:** We encourage evidence-based, conservative treatment plans that focus on functional restoration and timely recovery.
- **Specialist Referrals:** Please consult with our claims administrator prior to referring patients to outside specialists or for advanced diagnostic imaging (MRI/CT), unless it is an emergency.

Our goal is to ensure our employees receive high-quality care while maintaining an efficient recovery timeline that reflects positively on our safety experience rating.

We look forward to working closely with your clinical team. Please contact [Insert Name/Contact Info] to discuss these protocols in further detail.

Sincerely,

[Your Name]

[Your Title]

[Your Company Name]