



Networks of Care

How CorVel's customized provider networks offer the best solutions for the best patient outcomes.



TAILOR-MADE NETWORKS

No two companies are the same, even if they're in the same industry. Each client's needs are unique, and that's why their network solution needs to be unique as well. Rather than taking a one-size-fits-all approach, CorVel uses tailored preferred provider networks (PPOs) that are truly results-based to achieve superior outcomes for both patients and companies, not just cost savings.

Our national PPO network comprises more than 1.2 million providers and service facilities — including general practitioners and specialists, surgeons, physician assistants and nurse practitioners, as well as ancillary service providers such as physical and occupational therapists, medical equipment suppliers, home health staff, and transportation and language services to address the entire continuum of care for injured workers.



BUILDING AND MANAGING NETWORKS

Rather than having a single group health network, CorVel has a team of PPO developers responsible for local recruitment, contract negotiations, credentialing and re-credentialing of providers, and developing customer-specific provider networks. Local experts in each region recruit and grow our network, but we use national benchmarks to evaluate those providers' performance with data analytics to expand and refine our networks. Our developers manage all provider-related information in Care^{MC}Edge®, our proprietary claims management platform that hosts our national database. This highly sophisticated process ensures that our networks provide cost-efficient care of the highest quality.

Networks are data-based, and we use data on each client's geographical footprint and patient injury profiles, such as the nature and severity of injuries, to identify the appropriate specialist level needed. We also gather data on measurements such as diagnosis code, time to initial treatment and follow-up treatment, total cost of the claim, and return-to-work days, and then compare them to industry guidelines. In doing so, we create a tailored solution for clients that outperforms industry averages.



CorVel has a data integrity process in place to verify all data entered into our national database. All provider data, including contact information, address, and tax identification number (TIN), is validated on an ongoing basis. This process ensures data accuracy, which allows for streamlined care delivery and improves the efficiency of bill processing.

PATIENT-CENTERED APPROACH

The best outcomes are achieved by putting the patient first — listening to their needs and advocating for the care they require. Our provider networks take a holistic approach aimed at healing the whole person, not just the injury.

We know there are social, psychological, and biological factors that affect each person's health. For example, does the patient have the transportation needed to obtain care? Do they have the educational and language abilities to understand medication regimens and other aspects of their treatment plan? Do they have mental health needs? Beyond gathering information about costs, prescriptions, and procedures, the key to a successful program is to consider all of these questions.

Our providers engage with patients in setting goals for therapy and return to work — helping them feel better emotionally as well as physically. And the patient experience data we collect — including the length of travel time to providers, wait time and time spent with them, comfort level, etc. — is used to provide the most effective care possible.

THE BEST OUTCOMES ARE COST-EFFICIENT

One might think achieving the best outcomes costs more, but this is not the case. If you're using the right processes, you're saving money in the long run. A speedy return to work, even in a modified capacity, offers a financial incentive for employers as well as the obvious psychological benefit to patients for returning to health and normal daily life.

Eliminating waste and administrative expense is also a money-saver, as is utilization review. For example, we analyze providers' prescribing patterns to see if they're prescribing appropriately or have too many denials.

Each client experience is unique and dependent on claim volume and state mix, however, CorVel's results are unparalleled across the board.

OUR RESULTS

50%

average decrease in treatment duration

Nearly

60%

decrease in average medical paid

Up To

35%

decrease in claim duration

*These results are from an analysis of closed claims between 2018-2020.



ACCESSIBILITY OF CARE

Getting care quickly and easily is vital for achieving the best results. Patients who have difficulty getting to appointments due to distance, transportation, or scheduling issues can result in delays, so CorVel makes it as easy and as seamless as possible to obtain care. Our investments in technology have allowed us to scale our suite of virtual care services to meet the increased demand.

Available virtual care services include Advocacy 24/7, home monitoring, physical therapy, and medical visits, as well as home delivery of prescriptions and durable medical equipment. TeleCBT, or virtual cognitive behavioral therapy, is also available to offer psychological intervention to injured workers struggling with pain management, coping skills, and expectations in recovery.

VIRTUAL CARE RESULTS

31%

decrease in cost per claim

26%

decrease in days open

TECHNOLOGY SERVING NETWORKS

Our networks take advantage of the latest technology to connect providers to patients and to each other. The telehealth revolution helps providers deliver the same care while tackling logistical headaches such as travel time and specialist availability. Removing these friction points speeds up care delivery and can actually improve care. For example, video and photo recordings of patients in a telehealth setting can be more accurate in documenting and demonstrating progress in range of motion and other physical capabilities than the traditional visual observation in a face-to-face visit.

CorVel's networks also leverage advances in electronic medical records integration and practice management systems with the most efficient scheduling and reminders for compliance with treatment plans. CorVel's developments in machine learning and AI-driven technology help us continually improve methods for gathering, storing, and analyzing data on claims processing and compliance reporting. This technology goes hand in hand with patient-facing technology like telehealth.

30%

greater data accuracy than industry average

80%

average network utilization

43%

decrease in medical costs



HOLISTIC CARE FOR MENTAL HEALTH AND WELLBEING

Our network treats the whole patient, not just physical health. Mental illnesses such as anxiety, depression, or post-traumatic stress disorder can arise after a work injury and profoundly impact an individual's work capability even if they're physically healthy. For employees with chronic pain, there is an even higher risk for depression.

Recognizing the importance of mental health as part of its holistic approach, CorVel's network is optimized to provide prompt and efficient diagnosis and treatment to help speed recovery and enable a faster return to work. Our network includes providers who specialize in mental health, enabling us to provide personalized care to injured workers and give special consideration to clarify any work environment needs to assist in return to work.



IN CONCLUSION

There are networks, and then there are CorVel's networks. To truly provide a superior solution, you need a level of sophistication and discipline when building network solutions that are tailored for optimum results. Our holistic, outcomes-based network model provides the best value for employers, insurers, and everyone else involved in helping injured workers return to full capacity as soon as possible.



VISIT OUR WEBSITE AT:

corvel.com

