







We have all felt the negative effects of the COVID-19 pandemic, but one silver lining could be the widespread shift to telehealth and virtual healthcare services, where medical providers connect with patients online instead of in person.

It's a concept that everyone can understand and rally behind—like the shift from Blockbuster Video to Netflix. Telehealth transforms an essential service that was formerly provided in-person, and takes it to new levels of speed, efficiency, convenience and safety through a new delivery mode.

CorVel has been part of this evolution. In 2014, long before a global pandemic necessitated this adoption—and long before other workers' comp claims and care administrators caught on—CorVel was already ahead of the curve, perfecting the telehealth process for patients with workers' comp injuries.

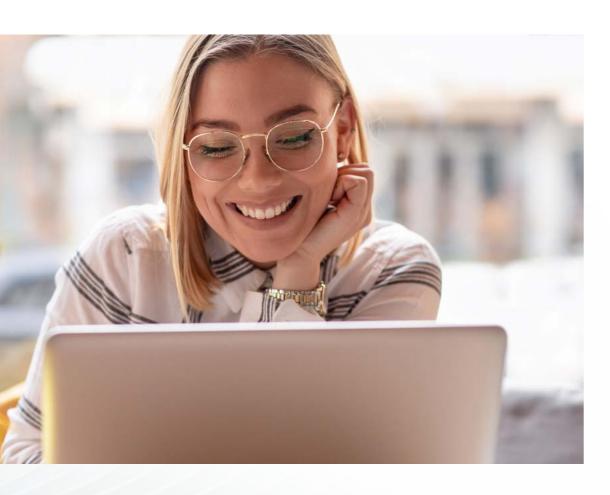
As a result of CorVel's leadership in virtual care, we continue to transform processes and relationships throughout the entire workers' comp world.

It all leads to better relationships between payors and patients, payors and providers, and ultimately, better outcomes for everyone.

BETTER PAYOR/PATIENT RELATIONSHIPS:

RISE OF THE "CARE FIRST" PHILOSOPHY

By facilitating an immediate connection between the patient and physician, one relationship that has changed significantly for CorVel is that between payors and patients.



Previous Model:

Compensability First

In the past, the standard insurance model was based on "compensability"—an injury's eligibility for compensation. The first step was to verify that an injury was real, whether or not it actually happened at work, and whether or not it occurred in the course of employment. This led to a somewhat contentious workers' comp process – fueling an underlying "us versus you" stance between payors and patients. For payors, the way to save money was simple: deny more claims. However, this only antagonized the already tenuous relationship between patients and payors. Worse, it didn't prioritize care for injured workers, often delaying care and subsequently costing the payor more.

CorVel's Integrated Model:

Patients' Care First

CorVel was the first to adopt a "care first" philosophy, prioritizing patient care over compensation. We intentionally lead with care and compassion, and put discussions about payment and compensability second. Keeping the theme of "patient-focused care and trust" throughout the course of a claim impacts the outcomes trajectory and the ongoing relationship in a positive way. For example, with CorVel's intake model, Advocacy 24/7 provides a thorough and empathetic patient evaluation within 10 minutes (on average), immediately guiding patients to care.

CorVel's "care first" philosophy not only represents a notable change in workers' comp thinking, it creates a win-win for both patients and payors. By taking care of patients—and delivering compassionate care quickly—CorVel can deliver strong outcomes and cost savings, which is a "win" for payors, too.

BETTER PAYOR/PROVIDER RELATIONSHIPS:

NEW SYNERGIES THAT BENEFIT ALL

How Billing Worked Before

In the past, providers worked on their own electronic medical records (EMRs), which served to maximize their billing revenue, only to have the bills reduced by bill review companies applying state fee schedules and rules focused on accurate billing based on the information provided. Providers would need to submit additional information and work with billing companies that would submit bills to managed care companies, who would in turn need to scan and enter the data into their system for review, then send an explanation back to the provider.

- Many touchpoints: Made the entire bill review and payment process both arduous and inefficient, leading to higher cost and revenue erosion.
- Competing priorities: Led to an "us versus them" mentality instead of a mutually beneficial one.

How it Works Now

Today, providers and payors both work within the same CorVel platform. This eliminates the need for providers to maintain their own EMRs (they use CorVel's); and the platform integrates CorVel's own billing rules at the front of the process. This leads to:

- Immediate reimbursement knowledge: Providers have visibility related to the amount of reimbursement from CorVel at the time of visit.
- No wasted cost: We prospectively review bills before they are paid to eliminate errors and duplications.

- More efficiency: Data is fed directly into CorVel's integrated system, eliminating inefficiencies, wasted time and extra cost.
- Increased synergy: All stakeholders benefit from the streamlined process and are more satisfied with the outcomes.

What's Coming in the Future:

Automated Utilization Review

Another process that CorVel seeks to streamline is the utilization review process. Currently, providers submit data to the managed care company to support their treatment requests. Those requests must be reviewed to ensure compliance with evidence-based practices, then sent back to the provider with approval or non-certification for treatment.

In the telehealth model, providers can document directly into the CorVel platform, while CorVel works to codify certain data elements that enable us to automate clinical rules at the front end of the process. This will give providers immediate feedback on certain requests, so they will know whether they have met the standards of evidence-based practices and if their treatment will be certified.

LEADING THE WAY:

CORVEL'S STRENGTH IN VIRTUAL CARE

When it comes to virtual care, CorVel has been a leader from the start—delivering tangible benefits to patients and providers alike.

First in Virtual Care

As a market leader, CorVel was the first to offer Advocacy 24/7 as a key part of patient intake. CorVel began offering telehealth in 2014, long before others entered the space. Since then, we've seen astronomical increases in usage—with a 1,000% increase in usage just since the COVID-19 pandemic onset (March 2020).

Better Visibility

Because CorVel is a third-party administrator (TPA), we have full visibility into cases from beginning to end, which allows us to continually improve processes on the front end based on what we see on the back end (the results). We continually devise systems and new processes that dramatically change the trajectory of patient outcomes in a positive way.

More Comprehensive

Unlike other telehealth platforms, CorVel's platform was purposebuilt from the start. It's not simply Advocacy 24/7 and telehealth merged together (like some competitive companies' offerings). CorVel uses these systems to merge ecosystems of Advocacy 24/7, telehealth, ancillary benefits and claims management to drive results.

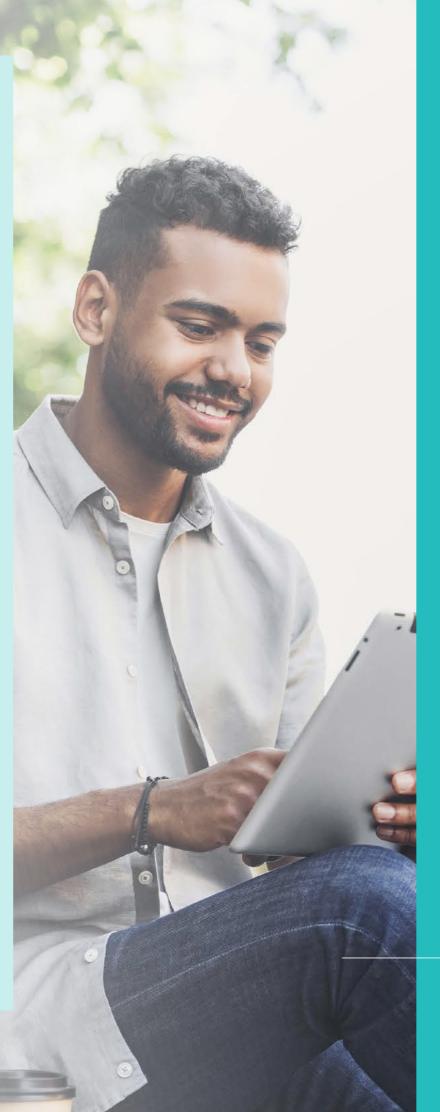
More Innovation

In September 2020, CorVel was recognized by Business Insurance as a winner of the 2020 Innovation Awards for its Virtual Care Services. The awards program recognizes leadership, inventiveness and ingenuity in products and services designed for risk management professionals.



Since 2014, CorVel has expanded its virtual care services to integrate all steps of care for the injured worker, from initial Advocacy 24/7 to return to work. The program encompasses initial care, pharmacy oversight, rehabilitation and ancillary services, behavioral health, and all other related medical services.

- Advocacy 24/7
- Telehealth
- TelePT
- TeleCBT
- DME Home Delivery
- Rx Home Delivery



CORVEL'S VIRTUAL CARE – SUCCESS AT A GLANCE

Virtual care customers experience 50% of Advocacy 24/7 calls resulting in first-aid/self-care treatment. Since the start of the COVID-19 pandemic, 32% of the calls referred to treatment are managed by telehealth, 61% referred to urgent care and occupational health, and only 7% directed to emergency rooms.

Only Telehealth Customers (During COVID)

First Aid/Self Care

50%

Of the cases referred to treatment

Telehealth	32%
Urgent Care/Occupational Health	61%
Emergency Room	7%

INTAKE MODEL RESULTS IN MORE MEDICAL-ONLY CLAIMS

Our intake model results in more claims remaining medical-only rather than becoming indemnity claims. Since medical-only claims are closed more quickly, they are less costly.

First Aid/Self Care	Claims Initiated in Advocacy 24/7	Claims Not Initiated in Advocacy 24/7	
Lost Time/Indemnity	24%	31%	
Medical Only	76%	69%	



BRICK AND MORTAR VS. VIRTUAL CARE

Compared to brick and mortar visits, virtual care results in higher patient satisfaction, faster access to care, lower costs related to prescribing trends, and no narcotics prescribed.



	Brick & Mortar	CorVel Virtual	
Travel to Location	20 minutes Job Site		
Wait Time	2 Hours	10 Minutes	
Time Away	4 Hours	30 Minutes	
Cost	\$250	\$175	
Cost (after hour)	\$1,000	\$150	
Narcotics Prescribed	30%	0%	
Medications Prescribed	65%	34%	
PT	46%	15%	
DME	74%	1%	
Patient Satisfaction	3.65	4.8	

CORVEL OUTCOMES:

24/7 VS. NON-24/7 OUTCOMES

CorVel has transformed the entire claims process, starting with Advocacy 24/7 and virtual care to change the trajectory of outcomes as measured by cost, litigation and time open, medications prescribed and higher patient satisfaction.



	with Advocacy 24/7	without Advocacy 24/7	Percentage Improvement
Average Claim Cost	\$1,738	\$3,004	42%
Litigation Frequency	1.2%	3.3%	62%
Average Days Open	60.4	93.2	35%

*Data is based on closed claims from our entire book of business

THE FUTURE:

WHERE WE'RE GOING NEXT

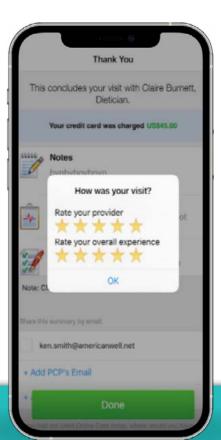
CorVel has made great strides in virtual care, but continues to develop the offering. The possibilities are endless and we are already focused on the next wave of care services for the injured worker.



STREAMLINED COMMUNICATION THROUGH MYCARE APP

The CorVel model places the patient at the center of healthcare and rehabilitation. Oftentimes, this results in overwhelming telephonic communication from multiple entities. Our vision for improved communication and an enhanced user experience includes a reintroduction of the mobile application, MyCare (CorVel's current Telehealth app will be fully integrated within the MyCare app).

- Initial telehealth visits will take place within the MyCare App – ensuring faster patient intake and initiation into the process.
- After the initial visit, the app will provide step-by-step guidance to walk patients through the often complex claims process.
- Through the app, patients will have the ability to: access their first-fill pharmacy card; schedule physical therapy or diagnostics; communicate with their adjuster or case manager through push notifications; and much more.



CorVel's telehealth app was designed to be extremely user friendly and consistently receives high star-ratings from patients.

CORVEL'S ADVANCEMENTS IN VIRTUAL CARE

KEY LEARNINGS:

- CorVel's leadership in virtual care services emerged long before the pandemic and well before other organizations moved telehealth to the forefront in workers' comp.
- Through award-winning virtual care services, CorVel has transformed relationships throughout the workers' comp process—bringing many benefits to patients and providers.
- For patients: CorVel's virtual care platform helps to speed intake, deliver compassionate care quickly, simplify communication and improve outcomes.
- For providers: CorVel's integrated platform transforms provider billing, automates utilization review, reduces unnecessary fees and optimizes provider revenue.
- 46% of Advocacy 24/7 calls result in first aid/ self care—minor injuries don't become expensive claims.
- With CorVel's intake model, average claim cost is 42% lower, litigation exposure is reduced by 62%, and claims are closed 35% more quickly.
- CorVel is continuously innovating and strategizing new ways to improve virtual care processes and interdependent relationships.



CONTACT US TODAY

To learn more about virtual care and how it can help impact your outcomes, go to **www.corvel.com/virtual-care** or contact your CorVel representative today.

