

CorVel & CERIS: **Strengthening Best-in- Class Networks Through Intelligent Oversight**

Delivering better outcomes and fraud protection through proactive, data-driven network management.



Foreword

As the landscape of workers' compensation grows more complex, organizations are challenged to contain costs, ensure quality, and mitigate fraud, waste, and abuse (FWA). Traditional approaches to provider network management no longer meet today's demands. That's why CorVel and CERIS collaborate to deliver an integrated, data-driven network solution that not only maintains a best-in-class provider network, but proactively identifies risks before they impact outcomes.

Through advanced data scanning technology, machine learning, and continuous behavioral monitoring, this partnership elevates network performance while improving claim accuracy, reducing unnecessary spending, and supporting patient-centered care. Together, we are setting a new standard for network integrity and operational excellence.

Why Proactive Network Oversight Matters

Healthcare fraud contributes to tens of billions of dollars in waste each year, and workers' compensation is not immune. From inflated billing and ghost claims to inappropriate referrals and non-compliant providers, the risks to employers and payers are significant and growing. Fraud doesn't always appear overtly. It can take the form of repeated upcoding, inappropriate use of supplies, or overutilization of services, all of which delay recovery and inflate costs.

For organizations managing injured worker care, early identification of these issues is critical. But so is maintaining provider networks that are accessible, compliant, and optimized for high-quality outcomes. CorVel and CERIS meet this challenge with an integrated, proactive solution.



A Collaborative, Tech-Driven Approach

This approach is powered by CERIS' advanced suite of FWA detection tools, seamlessly integrated into CorVel's provider network strategy. These scanners assist in evaluating provider data at multiple points: during onboarding, after credentialing, and throughout the span of a provider's participation in the network.

When a new provider is added to CorVel's network, their data is run through credentialing criteria enhanced by CERIS' FWA scanners. This step allows us to identify red flags early—such as past sanctions, mismatches in claims data, or billing patterns that may signal potential abuse. Rather than waiting for issues to surface through manual review cycles, we're proactively monitoring and responding in near real-time.

Behind the scenes, our teams leverage data from state and federal databases, as well as behavioral intelligence models to compare provider conduct against industry standards. The result is a dynamic network, constantly evolving based on the latest data and optimized to ensure injured workers receive care that is timely, compliant, and appropriate to their needs.



Results That Matter

Our network strategy extends beyond compliance. It is designed to enhance quality and outcomes. CorVel's patient-centered network strategy prioritizes both access and care appropriateness. Our technology tailors network solutions based on injury severity, care requirements, and patient profiles. We also combine in-person and telehealth access to ensure workers get the care they need, when and where they need it.

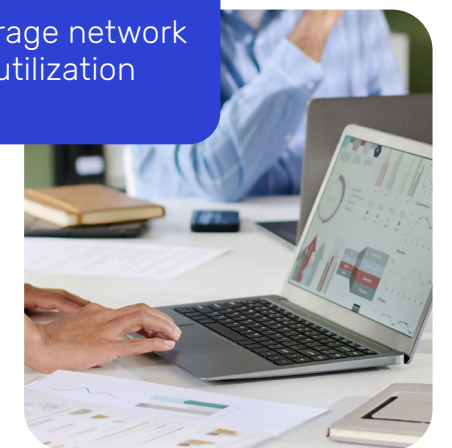
This integrated strategy delivers measurable results: a 60% reduction in medical spend, 35% shorter claim durations, and 80% average network utilization. Supported by CERIS' monitoring tools, CorVel's network continues to outperform industry benchmarks in both efficiency and care quality.

In a recent industry-wide analysis, CERIS scanners reviewed over 1.1 billion claims and flagged 1.6 million as potentially suspicious—representing more than \$700 million in questionable charges. While these findings reflect broader trends in healthcare, CorVel leverages this data to inform oversight strategies. Integrated into our claims system, these insights enable proactive, data-driven decisions that strengthen CorVel's network and contribute to a more accountable, transparent healthcare system.

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Building Networks With Integrity

CorVel's network is built with the understanding that provider relationships are central to successful claims outcomes. That's why we don't rely on a one-size-fits-all national network. Instead, we maintain a team of local PPO developers who actively recruit, credential, and manage providers in their regions. Their work is backed by national benchmarks and CERIS' scanning tools, ensuring that each provider meets standards for quality, pricing, compliance, and care delivery.

While re-credentialing is required every three years, CorVel takes a more vigilant approach and conducts ongoing monitoring to catch potential issues between cycles. If a sanction or concern arises, the provider's file is promptly escalated to our review committee for evaluation. This continuous oversight ensures our network remains compliant, current, and aligned with the highest standards of care.

Moreover, our approach is informed by automation and machine learning. These tools allow us to analyze provider behavior across time, spot outliers, and adapt our networks quickly, whether that means retraining a provider, removing them from our network, or escalating concerns for further review. Together, we create a dynamic feedback loop between data, action, and outcomes.

Continuous network oversight ensures compliance and the highest standards of care.

Our Commitment: Integrity, Accountability, and Innovation

CorVel and CERIS share a commitment to transparency and continuous improvement. As healthcare and workers' compensation continue to evolve, we believe proactive, data-driven strategies are key to navigating complexity and delivering better results.

Rather than relying solely on manual review cycles or static credentialing, our model emphasizes real-time insight and automated detection. CERIS' FWA services—from behavioral monitoring to fraud dashboards and consulting—complement CorVel's emphasis on tailored networks, quality assurance, and integrated claims management. Together, we are able to build stronger, smarter, and more resilient provider networks.



Looking Ahead

The future of provider network management isn't just about access, it's about assurance. With CorVel and CERIS working in tandem, clients gain a powerful advantage: a network that is continuously evaluated, intelligently optimized, and built on a foundation of compliance and quality. By combining local expertise, national data, and cutting-edge technology, we are redefining what it means to manage a network and delivering industry-leading outcomes.



About CorVel

CorVel Corp. applies technology, including artificial intelligence, machine learning, and natural language processing, to enhance the management of episodes of care and related health care costs. We partner with employers, third-party administrators, insurance companies, and government agencies in managing workers' compensation and health, auto, and liability services. Our diverse suite of solutions combines our integrated technologies with a human touch. CorVel's customized services, delivered locally, are backed by a national team to support our partners and their customers and patients.

About CERIS

CERIS brings over 30 years of expertise in prepay and post-pay claim review and repricing. Trusted by health plans, Medicare and Medicaid plans, and third-party administrators, our solutions deliver deep, consistent, and defensible reviews. With a foundation in clinical expertise and a commitment to partnership, CERIS adds measurable value through long-term Payment Integrity services that help our clients contain costs and optimize outcomes.