

January 1, 2008

Effective Date

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**C O R V E L**

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**MINNESOTA CERTIFIED  
MANAGED CARE PLAN  
INSTRUCTION BROCHURE**

**City of Saint Paul  
And  
SPRWS**

## **ATTENTION: ALL EMPLOYEES REGARDING WORK-RELATED INJURIES**

Your employer has enrolled with CorVel, a Minnesota Certified Managed Care Plan, to provide all necessary medical management for workers' compensation injuries.

### **How To Obtain Medical Care Through CorVel Managed Care Plan**

You are entitled to receive an initial evaluation from a participating medical provider within 24 hours of your initial request for medical care. If you live within the 7-county metro area, the provider must be geographically convenient and within a 30-mile radius of your workplace or residence. If you live in rural Minnesota, the provider must be geographically convenient and within a 50-mile radius of your workplace or residence. CorVel has a complete provider network which includes the following medical specialties: medical doctor; chiropractor; podiatrist; osteopath; or dentist. You may obtain medical care from a doctor within any of these specialties provided the treatment is available within your community and is appropriate for the injury or illness being reported.

### **24 HOUR INFORMATION LINE 612-436-2500 or 877-703-4241**

CorVel has a 24 hour information line to assist in providing access to medical services under the Managed Care Plan and to address any questions or complaints regarding managed care services. The CorVel 24 hour information line is answered by CorVel staff during regular business hours (8 a.m. to 5 p.m., Monday through Friday, except holidays) and a nurse is available after hours. In addition, employees may locate a network provider by utilizing the provider look-up at [www.corvel.com](http://www.corvel.com) and selecting the MN Certified Managed Care Network. Employees may also obtain information about access to providers by calling the 24 hour information line.

#### ***How to Obtain an Initial Appointment:***

1. Prior to obtaining an appointment, report your injury to the person or department at your employer that has been designated to receive reports of work-related injuries. Upon reporting your injury, you will be provided with a Patient Identification Card and Managed Care Instruction Brochure.
2. Your employer has chosen a designated medical facility to provide you with an initial evaluating appointment within 24 hours of your request for care. See the Workplace Poster for your designated clinic's name and location.
3. Please present the Patient Identification Card to the medical provider when you begin treatment.

### **IF YOU ARE UNABLE TO OBTAIN AN INITIAL APPOINTMENT WITHIN 24 HOURS AT THE DESIGNATED FACILITY, CALL THE CORVEL 24 HOUR INFORMATION LINE**

#### ***How to Obtain Emergency Medical Care or Urgently Needed Medical Services:***

In the event of a medical emergency, seek treatment at the nearest medical facility **IMMEDIATELY**. Other urgently needed medical services may be obtained at the nearest available urgent care center. Emergency or urgently needed medical services may be obtained from any qualified provider regardless of participation in CorVel's Provider Network. Either you or your representative must call the **CorVel information line** within 48 hours of your initial emergency medical treatment. If you need additional medical care, CorVel will assist you in choosing an approved medical provider.

#### **Medical Care Following Your Initial Appointment:**

1. If you received an initial evaluation from your designated provider and you require treatment beyond your initial appointment, you may continue care with the same provider who performed your initial evaluation, as long as the required treatment is within this provider's scope of practice.
2. You also have the right to select a different treating provider following the initial evaluation. To obtain an appointment with a new provider, call the **CorVel 24 hour information line**.
3. If you received your initial evaluation under emergency conditions and the provider who performed your initial evaluation is not a member of the CorVel network and you wish to continue care with this provider, then the conditions outlined under *Medical Care Outside Of The CorVel Provider Network* must be met.

#### **Medical Care Outside of CorVel's Regular Business Hours:**

CorVel's regular business hours are 8 a.m. to 5 p.m., Monday through Friday, excluding holidays. If you require non-emergency medical care outside of regular business hours, you may obtain care through one of the following options:

1. Call the **CorVel 24 hour information line** and speak with the after hours nurse.
2. Seek care at the nearest available medical facility. Then call the CorVel information line within 48 hours. If you require further care, a member of CorVel's 24 hour information line staff will provide any necessary assistance in obtaining a medical appointment on your behalf.

#### **How to Change Treating Providers:**

If you are not satisfied with your medical treatment, you are allowed to change treating providers at least once. To change treating providers, call the **CorVel information line**.

**Note:** Selecting a different treating provider following the initial evaluation does not count as a change of treating provider unless you have seen the evaluating provider more than once for your current injury.

#### **Medical Care Outside Of The CorVel Provider Network**

If you have sustained a work-related injury prior to this notice, you may continue to receive treatment for that injury from a medical provider outside of the CorVel network until you decide to change doctors. Then you must change to a doctor within the CorVel network.

For work-related injuries occurring after this notice, you may seek medical treatment with a medical provider outside of the CorVel network in the following cases:

1. If you have established a history of treatment with a healthcare provider who maintains your medical records and you can document receiving medical care from this provider at least twice in the last two years. If your treatment history with a provider does not meet the standard (twice within the last two years), you must seek approval from CorVel or the workers' compensation insurer. The treatment for your work-related injury must also be within this provider's scope of practice.
  - You must provide CorVel with documentation of previous treatment within 10 days of notice to employer of an injury.
  - If you decide to change providers, it must be to a doctor within the CorVel network.
2. If the nearest provider available within the CorVel network is beyond the state mileage guidelines (30-mile radius in the 7-county Metro area and 50-mile radius in rural Minnesota) from your place of employment and residence.
3. If you require emergency or urgently needed medical services.



**Questions Or Concerns Regarding CorVel's Certified Managed Care Plan**

CorVel will be happy to respond to questions about its Certified Managed Care Plan - please call:

**612-436-2500 or 877-703-4241**

You may also contact the Minnesota Department of Labor & Industry with questions at:

**800-342-5354 (St. Paul)**

**800-365-4584 (Duluth)**

CorVel welcomes feedback regarding its services. To voice a comment or concern about services you have received from CorVel's Certified Managed Care Plan, call the CorVel 24 hour information line at:

**612-436-2500 or 877-703-4241**

**Formal Dispute Resolution Process Available To Employees**

If you wish to file a dispute regarding services you have received from CorVel's Certified Managed Care Plan, please make a formal written request to initiate CorVel's Dispute Resolution Process to the attention of the Managed Care Manager at:

**CorVel Corporation  
3001 NE Broadway Street, Suite 610A  
Minneapolis, MN 55413**

Upon request, CorVel will make a formal written request on your behalf to initiate the dispute resolution process. This process will be completed within 30 days after your written request is received by CorVel's Managed Care Manager.

**CorVel Does Not Determine Compensability**

**1/2008**