



**County Counsel
Risk Management
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: February 4, 2020-REVISED

Public Hearing Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Scheduled Public Hearing w/Clerk	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Published Notice Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Advertised Published Notice	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Meet & Confer Required	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Electronic file(s) has been sent	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Budget Transfer (Aud 308) attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Personnel Resolution attached	Yes	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s)	Yes	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
CONTACT PERSON: Susan L. Cox PHONE: 559-205-1206				

SUBJECT: Approve an Amendment to Agreement No. 24858 with CorVel Corporation

REQUEST(S):
That the Board of Supervisors:

1. Approve the third amendment to Agreement No. 24858 with CorVel Corporation to extend the term of the Agreement by three years, effective from April 1, 2020 through March 31, 2023, in an amount not to exceed \$1,771,085.70, for the continued provision of third-party workers' compensation claim administration services for the County and reporting to Centers for Medicare and Medicaid Services required under the Medicare Medicaid Schipp Extension Act, and to update the Service Instructions contained within Exhibit G to the Agreement.
2. Authorize the Chair of the Board of Supervisors to sign three copies of the amendment.

SUMMARY:
The County of Tulare has been permissibly self-insured for its workers' compensation claim program since July 1, 2004. The County utilizes a third-party claim administrator to administer benefits in accordance with California Labor code requirements. The County entered into Agreement No. 24858 with CorVel Corporation on April 1, 2011, for the purpose of providing third party workers' compensation claim administration services for the County and reporting to Centers for Medicare and Medicaid Services required under the Medicare Medicaid Schipp Extension Act.

SUBJECT: Approve an Amendment to Agreement No. 24858 with CorVel Corporation
DATE: February 4, 2020

The County and CorVel have amended the Agreement No. 24858 twice: first to extend the term of the Agreement to April 1, 2017 (Amendment No. 1) and a second time to extend the term of April 1, 2020 (Amendment No. 2)

Service delivery under this agreement has been cost effective and the claim team at CorVel has proven to be technically proficient. Risk Management has received positive feedback regarding the professionalism of the claim staff and the excellent customer service received by county agencies and their employees.

The County and CorVel now wish to amend the Agreement a third time to extend the term of the Agreement another three years to March 31, 2023, to set the Claim Administration Fees for each of the additional three years, and to update the Service Instructions contained within Exhibit G to the Agreement.

The Claim Administration Fees for each of the three additional years will be as follows:

- Effective April 1, 2020 through March 31, 2021, the Annual Claim Administration Service Fee shall remain at \$573,000.00 (no pricing increase).
- Effective April 1, 2021 through March 31, 2022, the Annual Claim Administration Service Fee shall be \$590,190.00 (a three percent increase).
- Effective April 1, 2022 through March 31, 2023, the Annual Claim Administration Service Fee shall be \$607,895.70 (a three percent increase).

The Amendment will also update the Service Instructions (Exhibit G) to add additional language regarding the claims investigation procedure.

This Amendment deviates from County Contract Protocol in that the term is for multiple years.

FISCAL IMPACT/FINANCING:

The amendment to the agreement with CorVel will extend the agreement period from March 31, 2020 through March 31, 2023 in an amount not to exceed \$1,771,085.70. The agreement expenses of \$143,250 were budgeted for in Fiscal Year 2019/20 and the remaining agreement expense will be budgeted in subsequent fiscal years through Fiscal Year 2022/23. Workers' Compensation Claim administration services are budgeted in the Workers' Compensation internal service fund. There is no additional net County cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year strategic plan initiative 1: Safety and Security provides for promotion of countywide loss prevention and workplace safety. This extension of this agreement provides continuity of services through our third-party claim administrator to administer benefits in accordance with California Labor Code

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requirements for affected County employees. CorVel Corporation has provided County Agencies and their employees with excellent customer service.

The current contract provides for efficient and effective service at a reasonable cost.

ADMINISTRATIVE SIGN-OFF:



Susan Cox
Risk Manager

cc: County Administrative Office
County Counsel
Auditor/Controller

Attachment(s) Amendment No. 3 to Claim Administration Agreement No. 24858

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN)
AMENDMENT TO AGREEMENT NO. 24858) Resolution No. _____
WITH CORVEL CORPORATION) Agreement No. _____
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

* * * * *

1. Approved the third amendment to agreement No. 24858 with CorVel Corporation to extend the term of the agreement by three years, effective from April 1, 2020 through March 31, 2023, in an amount not to exceed \$1,771,085.70, for the continued provision of third-party workers' compensation claim administration services for the County and reporting to Centers for Medicare and Medicaid Services required under the Medicare Medicaid Schipp Extension Act, and to update the Service Instructions contained within Exhibit G to the Agreement.
2. Authorized the Chair of the Board of Supervisors to sign three copies of the amendment.

County of Tulare



Worker's Compensation Service Instructions for County of Tulare

December 2019

Introduction

The Service Instructions are a compilation of information and customer requirements that pertain to the service components agreed to as part of CorVel's administration of the worker's compensation claims program on behalf of the County of Tulare.

The Service Instructions documents the key elements of the standard and additional services provided. It is designed to be used as an easy reference guide by County of Tulare and representatives of CorVel whenever questions arise regarding specific issues, requirements or procedures affecting the overall program, the injured employee, or either party. Any jurisdiction requirements or statues would supersede the service instructions.

Company Overview:

CorVel partnered with the County of Tulare effective April 1, 2011.

The County of Tulare is centrally located within the State of California. The County includes an area of 4,863 square miles. Tulare County has become the second-leading producer of agricultural commodities in the United States. In addition to substantial packing / shipping operations, light and medium manufacturing plants are increasing in number and are becoming an important factor in the County's total economic picture. The County has a growing population of 451,977. The Eastern half of the County is comprised primarily of public lands within the Sequoia National Park, National Forest, and the Mineral King, Golden Trout, and Domelands Wilderness areas. Find more information about the County of Tulare on the Internet at: www.tularecounty.ca.gov/county

Program Details:

Lines of Coverage Handled:	<input checked="" type="checkbox"/> WC <input type="checkbox"/> GL <input type="checkbox"/> Auto <input type="checkbox"/> Property <input type="checkbox"/> Other _____
Original Effective Date:	As of 04/01/2011.
	Tail Claims Included <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Current Service Period	04/01/2020-4/1/2023
States Serviced	California
TIN(S)	County of Tulare TX ID#: 94-6000545
Client Fiscal Year	Calendar year: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 07/01 -06/30
Subsidiaries / Acquisitions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Account Manager	Name: Kellee Meyer Mobile Phone: 916-605-3871 Email : Kellee_meyer@corvel.com

Company Contact Details:

CorVel Corporation
P.O. Box 277550
Sacramento, CA 95827

County of Tulare Contact Listing:

First Name	Last Name	Title	Email address	Phone number
Susan	Cox	Risk Manager	SLCox@co.tulare.ca.us	(559) 205-1206
Angela	Rose	Fiscal Manager	ARose@co.tulare.ca.us	(559) 636-4956
Arahbella	Wharton	Accountant	AHWharton@co.tulare.ca.us	(559) 636-4957
Rob	Anderson	Supervising Risk Analyst	RAnderson@co.tulare.ca.us	(559) 205-1207
Nancy	Chavira	Supervising Risk Analyst	NDChavira@co.tulare.ca.us	(559) 205-1208
Kami	Rhinehart	Risk Analyst	KDRhinehart@co.tulare.ca.us	(559) 205-1213
Danny	Mendes	Risk Analyst	DMendes@co.tulare.ca.us	(559) 205-1214
Kim	Starr-Raheb	Risk Safety Analyst	KStarr@co.tulare.ca.us	(559) 205-1209
Bobby	Hernandez	Risk Safety Analyst	RHernandez5@co.tulare.ca.us	(559) 205-1210
Karen	Lara	Risk Technician	KALara@co.tulare.ca.us	(559) 205-1217
Dana	Berner	Risk Technician	DBerner@co.tulare.ca.us	(559) 205-1218
Main Office			Riskmail@co.tulare.ca.us	(559) 636-4950

CorVel Contact Listing:

First Name	Last Name	Title	Email address	Phone number
Bunny	Carter	Area Vice President	Bunny_Carter@corvel.com	(916) 605-3805
Kellee	Meyer	Account Manager	Kellee_Meyer@corvel.com	(916) 605-3871
Lori	Pugh	Claims Manager	Lori_Pugh@corvel.com	(916) 605-3861
Jennifer	Kneeland	Claim Supervisor	Jennifer_Kneeland@corvel.com	(916) 605-5152

CorVel Handling Locations:

CorVel Corporation
Sacramento, CA 95827

*See attachment: County of Tulare-Team Contacts



Tulare Claim
Contact Card.docx

CorVel Account Information:

Umbrella # 009819
PS # 112861
Pay Customer ID 38292662
Claim System ID 365
Main BU 9819
BU Customer ID 8385578
ECM ID 186996
SIC Codes 5812

Claim Reporting (first Report of Incident):

Intake Method:

All claims will be entered into CareMC. The County will enter new injuries through CorVel's web based CareMC program. Each Department has a Workers Compensation Representative who will enter claims for their agency. Risk Management can enter a claim for any agency.

County of Tulare utilizes:

- CareMC to enter their claims
- CorVel's FNOL team via toll free number 800-906-4461
- CorVel's FNOL team via FNOL_FAX@CorVel.com
- CorVel's Advocacy 247 Program – Dedicated Number 844-296-5160

State Notification and Reporting Requirements:

CorVel Corporation will prepare all data related to the claims files in the form necessary to satisfy the State of California requirements for quarterly and/or annual reports, notify the State of change of TPA and MPN, file the County's UR plan with the state, provide the required bill review EDI to the state, and assist the County in completing other state reporting requirements as needed.

Insurance Coverage:

CSAC Excess Insurance Authority
75 Iron Point Circle, Suite 200
Folsom, CA 95630

Telephone: (916) 850-7300

Fax: (916) 850-7800

Policy Effective Dates: July 1, 2008 – June 30, 2020

Retention Level: \$125,000

Notification Level: \$ 62,500

LC4850 Benefits are no longer included in reimbursement from CSAC as of 7/1/2011.

CorVel Corporation will report claims to the excess carrier in accordance with policy requirements and will monitor all recoveries due. Claims to be reported immediately to the EXCESS Carrier Include:

Death

Injury to the Spinal Cord

Serious Head Injury

Amputation of a major extremity

Severe Burns

Any occurrence involving serious injury to two or more employees including claims like Scabies or occupational diseases.

Prior Excess Insurance:

Policy Effective Dates: July 1, 2004 – June 30, 2006 ACE
 July 1, 2006 – June 30, 2007 AIG
 July 1, 2007 – June 30, 2008 ARCH
 Retention Level: \$1,000,000
 Notification Level: \$500,000.

*See attachment: CSAC-Worker's Compensation Claims Administration Guidelines (Page 24)

Claim Reviews and Audits:

Semi Annual Claim Reviews will be held with the County of Tulare and CorVel claims to go over an agreed-upon list. The main goal of this review is to focus on high exposure and or sensitive files to ensure a plan is in place to address exposure and ensure all parties agree with the plan of action to bring the claim to resolution.

Legal Review/Medical Case Management reviews will be completed as needed 1-2 times per year with Defense Attorney's, CorVel Managed Care team, CorVel claims team and the County of Tulare. The goal of these reviews will be to be sure, there is a litigation plan in place and obtain updates on high exposure or sensitive files. The main goal of the Medical Case Management review is to focus on the referral goals and provide an update on what has been accomplished with the assignment of the Nurse Case Manager.

Semi-Annual conference call to discuss CSAC/Claim Allocations on files with multiple claims requiring allocation of payments. We will provide the County with a spreadsheet of the files with allocations on them and will reviewed during these calls.

Claim Review Instructions:

All Claim Reviews must be coordinated through the Account Manager.

Participants: County of Tulare Risk Management, CorVel Claims Supervisor, CorVel Claims Specialists, and Defense attorneys as needed for each review.
 Location: To be determined as coordinated by the Account Manager
 Notification: Minimum 30 day notice to claim team, identifying files for review and timeframe for status report completion. The County will be provided with a list of potential claims for the review 45 days prior to the review date and will be returned to the CorVel Account Manager no less than 30 days prior to the review.
 Calendar: All claim reviews must be logged into the CorVel File Review Calendar
 Status Report: CorVel's Claim Status report will be used claim reviews

Client Audits:

The claim files will be available for audit during normal business hours. We request a minimum of 90-days' notice. Please contact your account manager to coordinate an audit. All audits are done electronically as CorVel is paperless. If a third party will be conducting an audit, we will need a CareMC agreement executed 30 days prior to actual audit start date so CareMC ID's can be issued. Upon initial notification, the account manager will immediately notify any claims managers that are involved in the audit. If the Audit will occur on-site, the account manager will work with the claims manager to have a computer workstation set up and access to the office coordinated.

Carrier and state audits will be coordinated through the operations manager per state/carrier guidelines.

Claim Team Changes:

CorVel will include Susan Cox, Risk Manager at County of Tulare, if a change in examiner is to occur. If there is going to be a change the designated the CorVel Account Manager will notify Susan prior to the change.

Claims Management:**Expectations and Time Frames:**

County of Tulare will forward each new claim to CorVel via the FNOL system to begin the initial claim set-up and investigation.

In addition to CorVel's standard best practices for claims handling, it will be the responsibility of the CorVel Claims Supervisor to evaluate and assign each new claim to the appropriate Claims Specialist to then initiate the following claims activity:

- Commence an initial review of the claim and note any special handling / investigative needs.
- Complete 3-point contact within one business day on all indemnity claims.
- Document 3-point contacts, including number of telephonic attempts and contact letters in the claims notes. Contact letters need to be copied to riskmail@co.tulare.ca.us.
- Document file with the information obtained and formulate a claims management plan of action within 7 days of gathering the information.
- Examiner will notify the Risk Manager of any check that goes out over \$25000, in addition, signatures required for checks over \$25000.
- Plan of Actions will be updated every 45 days for Indemnity claims and 90 days for Future Medical/Maintenance claims.

Initial Contact:

Contact to discuss the claim is to be made with the contact provided by the County on the FNOL. The County will enter the name and number of the person most knowledgeable of the facts associated with the loss.

Three Point Contact:

The time frames and responsibilities for making three point contacts are detailed below:

- Indemnity Claims - Within 1 business day of receipt of the claim, CorVel Corporation will initiate contact with the employer contact listed on the FNOL, injured employee, and the treating physician to determine return to work status and compensability of the claim.

If the injured employee is unable to be contacted due to the lack of an available phone number or when 3 attempted contacts, over 3 consecutive business days, are unsuccessful, CorVel will contact the employee by written correspondence requesting that the employee contact the appropriate Claims Specialist and note attempts in CareMc. The examiner will notify the Risk Management Technician who will make inquiry to the Agency to assist in facilitation of a return call from the employee or County contact.

ISO Claim Search:

ISO Claim search are performed on all claims within 14 days of receipt of the claim. ISO Claim search provides automatic updates to the reporting entity on all WC and Casualty claims for 12 months after the initial

reporting of the claim. CorVel will resubmit any claims that remain open 18 months, and continue to resubmit those claims on an annual basis thereafter until closing.

Claim Supervision:

Supervisor involvement, review, and value added recommendations will be evident on all claims. Supervisors will review all lost time claims during the first 14 days will maintain claims on a regular diary for the life of all lost time at a maximum of 90 day intervals. Future Medical files will be reviewed every 180 days.

Claim Supervisors will document claim files at diary commenting on current plan of action, reserves, and any other relevant issue requiring instruction. The supervisor documentation will include direction to the claim handler when necessary, and acknowledgement of that direction will be documented by the claim handler.

Return to Work - Information Sharing:

- ✓ Within 24 hours of receipt of any medical report or information regarding work restrictions, either temporary or permanent, contact will be made by email to Risk Management Staff.
 - Temporary restrictions are to be sent to the appropriate department contact and Risk Analyst, Karen Lara.
 - Permanent restrictions are to be sent to the appropriate leave analyst with a copy to the Risk Management Technician. Provide the name and specialty of the doctor and the specific restrictions. The County of Tulare will complete an interactive process and will let CorVel know the results.
 - Any delays in response regarding the availability of an accommodation from the Agency or Disability Management Staff will be immediately escalated to the Risk Manager.
- ✓ In accordance with LC 3762, departments will be given information necessary to facilitate business needs and analyze the availability of accommodation. Departments will be given information regarding work restrictions only. Medical information is only to be discussed, distributed, and otherwise provided to the Risk Management Department.
- ✓ The County Risk Management staff will provide a job description to the medical provider on each new loss. This will be sent to the claims examiner.
- ✓ WC representatives and payroll clerks report claims and assist their agency with the technical aspects of individual claims. The Risk Manager is the contact for all issues related to program coordination or procedures for the County.
- ✓ All excess reports and requests for reimbursement shall be copied to the County of Tulare Risk Manager at Riskmail@co.tulare.ca.us.

Serious Injury Reporting:

CorVel claims specialists shall notify the County when hospitalization of greater than 24 hours occurs to a County of Tulare employee (N/A if retired or terminated). In accordance with AB 2774 OSHA is redefining the meaning of a serious incident. Claim staff will make effort to advise Risk Manager of serious incidents. The County is required to report any case that results in admittance of 8 hrs. or more for care other than observation.

Please note: Over-reporting does not hurt the County, but under-reporting can as that is where the OSHA penalty liability exists.

Email notification shall go to the Safety Analyst, Kim Starr-Raheb/Bobby Hernandez, with a copy to the Risk Manager.

Applicable regulations and links can be found below:

CCR Title 8 section 342 Reporting of Work Connected Fatalities and Serious Injuries

<http://www.dir.ca.gov/title8/342.html>

CCR Title 8 section 330 Definitions

<http://www.dir.ca.gov/title8/330.html>

Excerpt.

(h) "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, but does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

CCR Title 8 section 336 Assessment of Civil Penalties

<http://www.dir.ca.gov/title8/336.html>

Excerpt.

(6) For Failure to Report Serious Injury or Illness, or Death of an Employee - Any employer who fails to timely report an employee's injury or illness, or death, in violation of section 342(a) of Title 8 of the California Code of Regulations, shall be assessed a minimum penalty of \$5,000.

E-Mail Status Reports for Catastrophic Losses to CSAC, Susan Cox and a cc to the County of Tulare Safety Analyst.

Catastrophic losses/injuries are defined as follows;

- ✓ Fatalities
- ✓ Major amputations (arm or any portion thereof, leg or any portion thereof, two or more fingers or toes)
- ✓ Paralysis or alleged paralysis (i.e., paraplegia, quadriplegia)
- ✓ Any spinal cord injury involving allegations of serious functional impairment
- ✓ Brain damage or any serious head injury where there is an indication or allegation of residual loss of function due to brain damage or alleged behavioral disorders, personality disorientation or changes, seizures or unconsciousness affecting mentality
- ✓ Serious burns covering 25% or more of body surface, severe facial scarring, severe scarring resulting in loss of function of a major limb or portion thereof, or third degree burns covering 10% of body surface or more
- ✓ Crushing type injuries to major limbs, major joints or trunk
- ✓ Injuries to internal organs
- ✓ Serious eye injuries involving loss of sight in one eye or both eyes, or serious partial loss of sight impairing vision by 50% or more
- ✓ Permanent and total disability
- ✓ Myocardial infarctions or other cardiovascular injuries
- ✓ AIDS claims or other serious communicable transmitted disease claims

- Suits involving allegations of bad faith arising out of claims
- Incidents involving two or more employees or chemical exposure.

Investigation Services:

The CorVel Corporation Claims Specialist will review all First Reports of Injury to ensure the alleged facts and supporting documentation meet the compensability requirements of the State of California. To the extent the Claims Specialist determines there is need for additional clarification, an appropriate on-site investigation will commence.

During the course of investigating a claim, if the Claims Specialist determines that it is necessary to review the injured employee's personnel file, the Claims Specialist shall submit a request in writing to Susan Cox, Risk Manager. The request shall contain a description of the records requested, along with an explanation of their relevance to the investigation. The County of Tulare shall have the right to deny a request for personnel records where there is not a sufficient showing of relevancy.

CorVel Corporation will recommend the use of external investigation services as the need arises on a per claim basis. All external investigations (e.g., surveillance, AOE/COE subrogation, etc.) are coordinated by the risk management technician assigned to workers compensation. Documentation will be made in the claim file prior to initiating the service.

Compensability Investigation and Denials:

All claims will include a prompt and thorough investigation of coverage, liability and exposure. The scope of the investigation will be determined by the facts and circumstances of the claim. Upon completion of the investigation, a determination of compensability will be documented.

Questionable claims involving Mental Stress, Presumptions or have any Sensitive issues require a compensability analysis to be submitted to the client at the onset of claim as well a full analysis of the investigation and our recommendations 5 days prior to the 90th day. This documentation should be done via e-mail and directed to Susan Cox with the County of Tulare.

Claims Supervisor approval is required before any denial can be issued on a claim. Denial letters will be sent timely and all denials will be clearly documented and statutory requirements regarding claim denials will be adhered to.

Post Denial acceptance of a claim needs to be discussed with the client. The adjuster will complete a full analysis of the claim and basis for acceptance after denial.

All communication regarding potential fraud or fraud investigations is communicated to the Risk Manager only to preserve investigation.

Preferred Investigator for AOE/COE Statements:

Shawn Patty or G4S.

Preferred Investigator for Surveillance:

Shawn Patty

Defense Counsel/Litigation:

CorVel Corporation will utilize the County of Tulare selected panel of defense attorneys. CorVel Corporation will work closely with defense counsel in defense of litigated or subrogated claims by providing records,
December 27, 2019

medical reports, or pertinent assistance when necessary. The Risk Manager will rely upon the technical expertise of the examiner and claim supervisor in referring cases for representation. The County requests that proactive case management techniques be utilized so that legal services are used most effectively. County wishes to be copied with all legal correspondence, notice of filings or hearings.

CorVel will comply with the excess insurance guidelines when cases may proceed to trial. In addition, CorVel will discuss options with the County prior to proceeding to trial. CorVel will submit a request for authorization to proceed to trial 30 days in advance for the County to seek the approval of its Board of Supervisors.

The County wishes to evaluate the effectiveness of Counsel in terms of cost and claim settlements and technical knowledge and expertise. CorVel will provide reports to the County to analyze results achieved by each counsel.

Current approved defense counsel includes:

Law Offices of Tobin, Lucks

Jesse Perez

Law Offices of Mullen & Filippi

Tamane Armstrong

Law Offices of Richard Yruegui

Richard Yruegui and Stephen Roberts

Parker, Kern, Nard & Wenzel

David Parker/Richard Kern

Sullivan and Associates

Michael Sullivan and Josh Kruger

Litigation Budget:

Defense plan and budget will be secured within 30 calendar days of referral, defense counsel activities are to be managed to assure only approved activities are performed and costs are controlled. Any changes to defense plan or budget are documented in the case notes. The anticipated cost of defense is to be reflected in the expense reserves and considered when establishing settlement value. All defense attorney invoices will be reviewed for accuracy to ensure compliance with budget.

All Legal budgets need to be copied to Susan Cox and Riskmail at the County.

Litigation File Documentation:

Contact with defense counsel should be maintained at a minimum of every 30 days and more frequent contact may be required during active periods of litigation. Defense Attorneys will provide a status report within 5 days of a significant legal event. Defense plan, budget, and activity is to be documented in case notes. CareMC Litigation profile will be current on all litigated claims and document defense counsel, plaintiff counsel, and trial dates.

Legal correspondence needs to be copied to Susan Cox and Riskmail at the County.

Subpoenas and Notice of Hearings or Trials:

All hearing or subpoena notices are to be loaded to claim documents in CareMC and noted in case notes. Susan Cox is to be sent copy of any and all suits, complaints, summons, hearing notices, etc.

CorVel will comply with the excess insurance guidelines when cases may proceed to trial. In addition, CorVel will discuss options with the County prior to proceeding to trial. CorVel will submit a request for authorization to proceed to trial 30 days in advance for the County to seek the approval of its Board of Supervisors.

Ergonomic Specialist:

County of Tulare Safety and Claims staff will perform all ergonomic evaluations. Priority will be given to requests from medical providers.

Wage Information:

EDI feed – Sent to CorVel every Wednesday.

County of Tulare Payroll/Wage/SI/4850 Protocol:

CorVel adjusters will contact the appropriate Payroll Coordinator via e-mail to advise when an employee is off work and temporary totally disabled or is returned to work with limited work hours and placed on temporary partial disability.

- The adjuster or claims assistant will request wage information from the injured workers Payroll Coordinator for their department via e-mail.
- Once the wage statement is received and calculated, the adjuster will contact the Payroll Coordinator to advise what is owed under workers compensation benefits and confirm accrued hours. The adjuster will e-mail the department regarding beginning and ending of benefits and will copy Karen Lara on all benefit communications to ensure both the Department and Risk are aware of benefit status.
- Once the leave balances are exhausted, the Payroll Coordinators are asked to advise the adjusters via e-mail so they can re-address wages, benefit notices etc. Once salary integration benefits are exhausted, we will initiate temporary disability benefits to the employees. Benefits shall continue up to a maximum of 104 weeks.
- The County of Tulare employees participate in a salary integration plan. Vouchers will be placed on the files for any active employees participating in Salary Continuation and LC 4850 benefits. Monthly reporting for both species of benefits will be sent to the County of Tulare Payroll Department. Injured workers who are not active with the County and require temporary disability benefits will have a check issued directly to them.
- 4850 Payroll Coordinators are reaching out to the adjusters directly and advising of when they are paying 4850 benefits to the employees. We maintain an accounting of the benefits marrying what is being paid by the county in 4850. We are separating temporary disability benefits from 4850 benefits for excess reporting and reimbursement.
- No communication other than wages/accruals/loss time benefits are to be addressed.
- DWC Notices for 4850 and TTD benefits, beginning and ending, will be copied to the RiskMail (Riskmail@co.tulare.ca.us) as well as the appropriate department contacts. Contact listing provided by the County, see attached below.
- Statutory COLA increases are done in July of each year. Adjusters should be following up with each departments payroll contact to determine if any employee receiving benefits would be eligible for COLA.



Dept. Contacts
DWC Letters 9.19.xls

Pay codes:

5304	A-SalCntNt4850	Adj-SALARY CONTINUATION-NOT 4850
5306	A-LC 4850 PAYME	Adj-LC 4850 PAYMENT

Reserving:

All claims will be reserved for the most probable outcome based upon both known and reasonable foreseeable factors. A reserve calculation worksheet should be completed on 100% of all Indemnity claims. Reserves should be set as soon as supporting medical/legal information is received, and within 7 days after receiving notice of a claim. Reserves should be reviewed and updated, if necessary, every 60 days. Reserve changes over \$25,000.00 must be approved by the Claims Supervisor. Reserve changes over \$150,000.00 must be approved by the Branch Manager.

The County currently utilizes a \$125,000 SIR for its workers' compensation program and receives excess reports for cases with reserves of \$62,500. This is sufficient notice to the Risk Manager. Changes in the SIR may affect this service instruction. If the SIR were to be increased CorVel Corporation will copy the County of Tulare for any reserve changes involving CSAC reporting. This may be modified if the SIR changes.

Internal System Reserve Authority

The ability to establish reserves in our system is set at the following authority. System reserve authority are in addition to those agreed to with our clients.

Claims Specialists Up to \$25,000

Claims Supervisors Up to \$150,000

Claims Managers Up to \$250,000

Reserves in excess of \$250,000 require the approval of either the Senior Vice President of Enterprise Comp or the Vice President of Enterprise Comp Quality Assurance.

Claims Manager Diary Oversight is required on all claims which pierce their reserving authority, with exceptions clearly documented.

Settlements:

Settlement evaluation will be made promptly, based on information included in the file, and any other relevant information. Where warranted, settlement will be pursued in a timely and aggressive manner and all negotiations will be handled or managed internally by the CorVel Corporation Claims Specialist for all cases.

A written analysis of the case, including settlement options and recommendations must be submitted to Risk Management 30 days in advance of any settlement offers or conferences and before negotiations with employees regarding settlement. The examiner must obtain written authority to settle from the County in regard to any case over \$25,000. The examiner should submit the request for authority to the Risk Management Technician assigned to the workers' compensation program. The Risk Management Division will request authority from the CAO for cases over \$25,000 and from the Board of Supervisors for cases over \$50,000. No authority may be extended by any member of the Risk Management Division unless in written form.

Settlement authority requests as noted above will be sent to Susan Cox (SLCox@co.tulare.ca.us), Rob Anderson (RAnderson@co.tulare.ca.us) and cc Riskmail@co.tulare.ca.us.

CorVel examiners have the authority to settle cases without County authority up to \$25000. An exception applies to claims with political implications. These types of settlements must be reviewed with the Risk Manager prior to negotiation. No claim may be compromised and released for a current employee unless authority is received from the Risk Manager. Documentation of such approval should be received in writing and clearly noted in the claim file.

\$0 settlement authority on politically indicated claims.

\$0 settlement authority on Compromise and Release.

CorVel will request authority from the Excess Insurer in accordance with the current guidelines from the Excess Insurer that covers the particular loss.

Subrogation:

All claims will be immediately evaluated and monitored for subrogation potential and/or second injury fund recoveries. County of Tulare claim contact will be contacted by the CorVel Claims Specialist for approval of any subrogation efforts made with a third party. County of Tulare may direct CorVel Corporation not to pursue subrogation in specific instances. Documentation of such will be clearly made in the claims file.

All referrals are sent via e-mail to GM-SDCA-Subro_Referrals@Corvel.com

Managed Care:

Bill Review:

CorVel Corporation will provide a complete and comprehensive bill review and bill reduction services.

Prescription Program (Pharmacy Benefit Management):

CorCare Rx (CCRx) may be used for the County's workers' compensation pharmaceutical needs.

Utilization Review Referral Criteria:

DME

- ✓ Durable Medical Equipment with a purchase price over \$250.00 or proposed rental period beyond two months in duration.
- ✓ TENS Units

Diagnostics

- ✓ All repeat diagnostic procedures over \$350.00
- ✓ Diagnostic MRI – CT Scans prior to 6 weeks post injury; without significant neurological deficits.
- ✓ Myelograms
- ✓ Discograms
- ✓ Surface electromyograms
- ✓ Nerve conduction studies
- ✓ Diagnostic procedures that may be questionable or not clearly defined

Surgery / Hospitalization

- ✓ Inpatient Hospitalization
- ✓ All surgical requests

Injections and Invasive Procedures

- ✓ Epidural Steroid Injections
- ✓ Facet Injections
- ✓ Nerve blocks
- ✓ Chemonucleolysis
- ✓ Trigger point injections
- ✓ IDET
- ✓ Spinal cord stimulators
- ✓ Bone growth stimulators
- ✓ Pain pumps
- ✓ Disc replacement

- Invasive procedures that may be questionable or not clearly defined

Specialty Treatment

- Pain Clinic
- Home Health Services
- Non-emergent dental treatment
- Specialty referrals that may be questionable or not clearly defined

Physical Medicine

- Physical therapy or occupational therapy in excess of 12 sessions
- Chiropractic treatment in excess of 12 sessions for diagnosis of sprain/strain
- All chiropractic treatment requests for diagnosis other than sprain or strain of cervical or lumbar.
- Other therapies including , massage, nature therapy, alternative treatments and gym memberships
- Chronic pain management/interdisciplinary pain rehab, weight loss, drug dependency, work hardening/conditioning, or other outpatient rehabilitation programs.
- Biofeedback, except as part of a pre-authorized rehabilitation program.
- Acupuncture in excess of 3 sessions for low back injuries
- Acupuncture for other than low back injuries

Pharmaceuticals

- Botox injections
- Morphine, Oxycontin, Actiq, Actiq with Fentanyl – refer to UR. If the UR physician certifies the requested medication he will also indicate a length of time for the medication to be continued prior to the next UR review.
- Vicodin, Dilaudid, Norco and Darvocet, refer to UR following one initial prescription and one refill.
- Any questionable prescription

Other

- All treatment requests that exceed or are not recommended in the California MTUS
- Any treatment that may be questionable or not clearly defined

Initial Nurse Triage:

All new claims are received by a triage nurse and the adjuster, simultaneously, within 24 hours of reporting. A nurse reviews the claim and triage is performed, within 48 hours of receipt, on all lost time claims and medical only claims that have one or more of the following:

- Injured Worker has another claim
- Injured Worker has a noted co-morbidity factors such as diabetes, cardiac disease, etc
- Injured Worker does not appear motivated towards recovery or RTW as noted on the injury report
- Medical Treatment appears to be questionable based on initial injury report information

If the claim meets triage criteria the Triage Nurse will:

- Assess the severity of injury, injured worker's response to injury and co-morbidity factors.
- Review the treatment plan and compare to ACOEM and / or nationally recognized treatment guidelines.
- Identify barriers to recovery and optimal duration of medical care and disability based on diagnosis and nationally recognized disability duration guidelines.
- Make a recommendation for assignment to TCM or FCM based on documented triggers or close the case if appropriate.

Document all findings in the claim notes.

Telephonic Nurse Case Management:

TCM Referral Criteria

A TCM assignment will be considered in the following cases

- ✓ Injured worker remains off work for more than 14 days and the treating medical provider will not release to modified duty
- ✓ Injured worker is on Transitional Duty for 45 days or longer
- ✓ Injured worker with any scheduled surgery
- ✓ Prolonged and/or excessive treatment
- ✓ History of prior injuries and/or extended lost time from an injury
- ✓ Injured worker returns to work and then goes off work again due to inability to do his/her job or exacerbation of symptoms
- ✓ Multiple treating physicians with no cohesive treatment plan/lack of communication among physicians involved
- ✓ Pre-existing condition that may complicate work injury and recovery
- ✓ Any complex medical treatment
- ✓ Injured worker is non-compliant with treatment plan and avoids contact with the adjuster and/or employer
- ✓ Multiple diagnosis/ body parts involved
- ✓ General Restrictions such as “no inmate contact” will trigger NCM involvement to facilitate early return to work.

TCM Protocols

- ✓ TCM will initiate services within 24 hours of referral
- ✓ TCM will contact the medical provider, injured worker, workers compensation specialist and adjuster within 48 hours of receipt of referral
- ✓ TCM will provide an initial report with recommendations and disability duration and anticipated duration of medical treatment, based on ACOEM and/or other nationally recognized guidelines within 5 business days of receipt of referral.
- ✓ TCM will follow up with the Provider and Injured Worker within 24 hours of every appointment.
- ✓ TCM will maintain ongoing communication with the adjuster to inform of changes in treatment or work status and to discuss case management plan of action.
- ✓ TCM will maintain ongoing communication with Disability Management Specialists/Risk Management to facilitate RTW, monitor transitional RTW and identify barriers to RTW.
- ✓ TCM assignments should be staffed by the TCM, supervisor and adjuster when the case exceeds 60 days of TCM service or \$1,500 in TCM charges. The staffing must include a discussion of TCM goals, action plans and expected outcomes as well as plans for closure. The TCM will document all case staffings in the claim notes.
- ✓ TCM activities will show evidence of aggressive RTW activities. If full duty is not possible then transitional work is to be sought and documented in notes.

TCM Closure Criteria

- ✓ Injured Worker has successfully RTW Modified Duty.
- ✓ Injured Worker has RTW in a permanent modified position.
- ✓ Injured Worker and/or medical provider not communicating with TCM.

- ✓ Injured worker is declared MMI
- ✓ Claim is denied.

Adjuster and/or TCM requests closure after a review determines that further TCM will not significantly impact the claim.

Field Nurse Case Management:

All FCM referrals will be discussed and approved with the County prior to assignment.

FCM Referral Criteria

FCM referrals are recommended for any of the following disabilities or conditions. FCM task assignments are preferable.

- ✓ Initial stages of a catastrophic or serious Injuries
- ✓ Difficulty diagnosing condition.
- ✓ Multiple specialists
- ✓ Medications prescribed that inhibit or delay return to work
- ✓ Surgical cases with serious complicating factors, such as diabetes, infections, blood clots
- ✓ Amputations, other than digits
- ✓ Spinal Cord Injuries
- ✓ Head Injuries
- ✓ Burns, third degree
- ✓ Prolonged recovery or extended disability

FCM Process and Protocols

- ✓ Task FCM assignments are preferable and will include participation of the TCM
- ✓ Full FCM assignments will NOT include participation of TCM
- ✓ First progress report must include:
 - Brief description of the accident / injury
 - Date of next medical exam, diagnostic testing, surgeries, etc...
 - Current work status to include any restrictions
 - Medical notes substantiating off-work status
 - Medical Provider's anticipated RTW date
 - Diagnosis, prognosis, and treatment plan
 - Specific nurse case management action plan with target dates
 - Identification of unrelated treatments, conditions and barriers to RTW
- ✓ Initial contact with the adjuster, injured worker, medical provider and employer will be made within 48 hours of receipt of referral
- ✓ The initial evaluation is completed within 15 business days from referral
- ✓ Progress Reports will be completed every 30 days
- ✓ Appointment updates are used to document every on-site visit

Closure Report to be completed upon file closure.

Directed Care Networks:

The following services are to be coordinated through CareIQ Directed Networks:

- ✓ Diagnostic Testing
- ✓ Transportation & Translation

- ✓ Durable Medical Equipment
- ✓ Physical Therapy
- ✓ Functional Capacity Evaluations
- ✓ Independent Medical Exams
- ✓ Peer Review / Medical Record Review

Financial:

Positive Pay Account:

- ✓ A bank account will be set up by the County of Tulare with the assistance of CorVel at Wells Fargo and will comply with Government Section 53652
- ✓ Account to be pre-funded for \$500,000 each.
- ✓ County of Tulare and CorVel will have two signers on this account.
- ✓ County of Tulare will also have full online access to the account.
- ✓ Positive Pay will be set up on the account.
- ✓ The County and CorVel will establish a regular interval and invoice procedure to provide for replenishment of the account.

Program Management:

Audits:

The claim files will be available for audit during normal business hours. It is requested that a minimum of thirty (30) working days advance notification be given to the affected claim office prior to the visitation for audit purposes. The advance notice will provide sufficient time to prepare the necessary claim records for the audit.

Claim Reviews:

See Claim review section on page 5.

Reporting:

Monthly reports to include:

1. Open claims by count and type
2. Closed Claims
3. Claims summary including claim caption and financials
4. Medical case management savings report
5. Loss run.
6. Payment Register
7. Penalty Log
8. UR Cost Savings
9. Excess Report

Also, CorVel will copy the County on all excess claim reports.

Invoicing:

Claims Administration Fees:

CorVel will bill monthly claims administration fees to the County at the contracted rate.

Utilization Review:

Utilization review log will be attached to monthly invoice, detailing UR referrals, dates received, dates of decision, decision, savings etc. UR invoicing is to be approved by the County and then paid off the claim by the Sacramento claims team.

Bill Review:

CorVel will provide monthly bill savings detail on all bills reviewed by the CorVel bill review team and attach the monthly invoice.

MMSEA:

We will provide agent services for The County as the Responsible Reporting Entity (RRE) and will electronically submit files to the Center for Medicare and Medicaid Services (CMS) in compliance with timelines and reporting requirements. Agent services include receiving data both through electronic file transfer and manual entry integrating the data into web based form. We will handle all ongoing responsibility for medical claims appropriately, re-queuing them for the eligibility query through the duration of the claim (if they are not immediately eligible).

Recovery & Refunds:

Any refund or recovery payment received by a provider or 3rd party payer needs to be deposited into the appropriate client bank account & reflected in the claim file.

Recovery are payments from a 3rd party such as insurance carrier or 2nd injury fund reimbursing based on policy or statutory guidelines for claim costs.

Refunds are overpayments or duplicate payments from providers

The appropriate refund or recovery form must be completed & the refund form and live check sent to:

CorVel Treasury Department
4120 SE International Way
Suite A108
Milwaukie, OR 97222

Penalty Payments:

Upon receipt of a penalty notice the claim handler must refer the penalty to the supervisor for proper calculation and coding. The claim supervisor will identify the correct payment code, based on both reserve bucket and party at fault, and record the penalty on the penalty log.

The claim handler will pay the penalty by directly entering it on the individual claim file. The penalty check will then be issued directly to the penalizing entity in the normal check cycle (or as a rush if necessary for statutory purposes).

The claim handler will notify the client and/or Account Manager of any penalty payment, regardless of who is at fault. Penalties coded as CorVel's responsibility must be reimbursed to the client's bank account at no less than a monthly interval

Care Connected:

Pain Questionnaire

If conditions are appropriate as determined by the team, the injured worker is called at 2 weeks of TTD or 45 days of modified duty.

Cases that score High Risk or above will be assigned a physician case manager and Round Table Teleconference will be set up between claim handler, physician case manager, nurse case manager (if assigned) to ensure appropriate plan of action

Clinical Modeling:

All claims will have an established clinical modeling score noted in CareMC based upon clinical modeling flags. All clinical modeling flags require validation & action. Action to be taken depends on the flags noted for the claim. Actions can include:

Treating Provider contact & letter documenting the issue & seeking resolution.

Medication Management Review, a peer physician review the medical records and formulates an opinion regarding appropriateness of prescribed medications use and recommendations for intervention.

Wellness Program to include referral to a network of cognitive behavioral therapists who function to help the injured worker improve their pain coping skills, change their perception of disability and decrease fear-avoidance behaviors that are often a significant barrier for return to work.

Physician Case Management referral to review the patient records, generate opinions on factors contributing to the delay in recovery and come up with recommendations for care. The initial recommendations are discussed at a team conference.

Medicare Compliance:

Medicare Set Asides (MSA)

Prior to initiating settlement discussions for workers compensation claims a MSA projection will be secured if the following triggers are present:

- ✓ Claimant is a Medicare Beneficiary
- ✓ Claimant is anticipated to be a Medicare beneficiary within 24 months or has applied for SSDI
- ✓ Claimant is Medicare eligible and the settlement is greater than \$25,000
- ✓ Settlement exceeds \$250,000 and there is a reasonable expectation of Medicare enrollment within 30 months of settlement

Unless carrier requirements dictate a service provider, All MSA's are to be handled by CorVel Medicare Service Team in Davenport, IA and initiated by CareMC referral.

Medicare Secondary Payor

Medicare beneficiaries will be documented within Care^{MC} based upon the outcome of the query to the CMS database. Prior to entering into a settlement with any Medicare beneficiary, CorVel claim handler will request verification of any conditional payments thru CorVel Medicare Service team.

CMS Conditional Payment Letters

When the County or CorVel receives a CMS letter, it will be sent directly to the Claim Supervisor. The Supervisor will then distribute the notice to the appropriate adjuster and copy the County if they had not been provided notice.

The adjuster will submit a referral to the MSA Hub, within five business days of their receipt, who assigns a nurse to review the letter and request for a conditional payment. They will review for possible dispute of any payment being owed. The MSA Hub has been set up to assist in responding to these letters for our clients. The Hub will notify the adjuster of any possible conditional payment that may be owed to Medicare and send an appeal letter to Medicare within 30 days (this is timeframe is set by Medicare). If it is found that there is a

conditional payment owed to Medicare, a “Letter of Authority” will be sent to the County of Tulare to sign and date, this advises Medicare that Corvel may act in their behalf and pay any conditional payment amount owed or dispute it. Within 30 days of the appeal letter being sent to Medicare, Medicare will respond with a Demand letter to Corvel for the conditional payment amount. At that time, Corvel will make the conditional payment to Medicare.

In the event CorVel receives, a letter and we do not have the referenced claim in CareMC, the adjuster will reachout to the County, Karen Lara with a CC to Susan Cox and Claim Supervisor, to assist with retrieval of the claim information and verify if a claim was ever reported for the injured employee. The adjuster will also contact the CorVel Office Manager to have our storage facility review all paper files for any records needed to respond to the letter.

When the COT receives, a Treasury notice the county must call them right away to find out if it is related to a worker’s compensation claim. If it is related to a claim, Corvel will need the employee name, claim number, date of injury, and any other information that the Treasury department provided. Send this information directly to the Team Supervisor. The Supervisor will then distribute the notice to the appropriate adjuster and it will be referred to our MSA Hub as described above. However, at this point, most of the time has run out to dispute the demand for payment. Corvel will still do their best to mitigate any loss.

Section 111 Reporting

The Following RRE’s will be utilized:

RRE ID	Company Name	TIN	Defining Criteria	Reporting Window
34366	County of Tulare	94-6000545	Insured States	Week 2

The CorVel claim handler will certify the following fields within the Care^{MC} MSP record for those claims in which the claimant is identified as a Medicare beneficiary thru the query process:

- o CMS Date of Incident
- o Cause of Injury Code
- o Injured Party Representation Indicator and associated fields
- o Ongoing Responsibility of Medical (ORM) indicator
- o If no ORM then TPOC Date and Amount Details

Claim Service Fee Invoicing:

Claims administration and FNOI invoicing is sent to, SLCox@co.tulare.ca.us, AWarton@co.tulare.ca.us and RMoore@co.tulare.ca.us.

Claims Administration Fees:

CorVel will bill monthly claims administration fees to the County at the contracted rate.

Utilization Review:

Utilization review log will be attached to monthly invoice, detailing UR referrals, dates received, dates of decision, decision, savings etc. UR invoicing is to be approved by the County and then paid off the claim by the Sacramento claims team.

Bill Review:

CorVel will provide monthly bill savings detail on all bills reviewed by the CorVel bill review team and attach the monthly invoice.

Account Management Reporting

The following CareMC reports are generated by the account manager:

Report Name	Frequency	Due Date	Submitted To	Created By
LOSS RUN	MONTHLY	5 nd of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
PAYMENT REGISTER	MONTHLY	5 nd of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
PENALTY LOG	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
NCM Log	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
COST SAVINGS	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
CLAIMS RECEIVED BY JURISDICTION	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
CLOSED CLAIMS LOG	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
EXCESS REPORT	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER
OPEN CLAIMS LOG	MONTHLY	5 th of Month	SLCox@co.tulare.ca.us ; riskmail@co.tulare.ca.us	ACCOUNT MANAGER

Service Instruction Updates & Approval:

[Account Instruction Changes](#)

County of Tulare

Workers' Compensation Banking Service Instructions

Client	County of Tulare 3530 W. Mineral King, Ste. E Visalia, CA 93291-5600
Service Contract Period	April 1, 2011 – current
Check Run Schedule	Daily beginning 4/1/2011
Authorized signers	CorVel staff: Scott McCloud, Gordon Clemons JR and Brandon O'Brien Tulare County staff: Deanne Peterson, Jennifer Flores and Susan Cox
Funding Type	Historically by EFT
Pre-Funding Account	\$500K, Initial deposit. If any other prefund requests, CorVel needs to e-mail an invoice (attachment 7) to Susan Cox, Arahbella Wharton and Rainbow Moore as soon as the need arises. E-mail also needs to include a brief explanation to why. Note: During Tulare County Risk Management mandatory office closure days, we might need to especially consider prefunding option to prevent an overdraft.
Replenishment Request	By 5 th and 20 th day of each month, CorVel needs to e-mail replenishment requests to Arahbella Wharton, Susan Cox and Rainbow Moore. Replenishment requests should have the following: <ol style="list-style-type: none">1) ATTACHMENT (7): Invoice in PDF format2) ATTACHMENT (8): Transactions register in Excel format. The register needs to include check dates, amounts, payee name, payment description, payment categories (medical payments, indemnity payments, legal defense payments, or others such as penalties), check activities (issued, voided, reversed, etc)3) ATTACHMENT (6): Transaction register/details in PDF
Banking Reconciliation	By 15 th of each month, e-mail bank reconciliation documents to Rainbow Moore, and Arahbella Wharton. The reconciliation documents need to include: <ol style="list-style-type: none">1) ATTACHMENT (1): Check register summary and balance sheet in Excel2) ATTACHMENT (2): Report summary in PDF3) ATTACHMENT (3): Bank statement from WellsFargo4) ATTACHMENT (4): Check reconciliation in PDF Exception: June bank reconciliation needs to be submitted by July 5 th to meet fiscal year end reporting deadline.

Provider Refunds	By credit to the file by CorVel. CorVel will include an explanation within the transaction file to explain the reason so that County doesn't have to initiate research. This needs to reduce the reimbursement amounts and noted on bank reconciliation.
Void/Stop Payment Credits	Handled by action taken and then CorVel will include an explanation within the transaction file to explain the reason so that County doesn't have to initiate research. Any refunds/voids/reversals should have the invoice amount reduced at the time of occurrence (not later as adjustment items as they would be hard to track).
Contact Procedure	Questions regarding needed funding, funding details, etc. is an email to Rainbow Moore and Arahbella Wharton and copy to Susan Cox.
Return Mailing Procedure	Return mailing address and phone number on the checks should be CorVel's address so that we can re-issue if needed.
Check Register Reporting Requirements	The following column headings and also a column to explain the reason for a credit, stop pay or void and a penalty log that is current. check_datecheck_number amount_insurer_nameprocessed_dateclaim_numberclaimant_namepayee_name1payment_transaction_descpayment_method_descreserve_transaction_descpolicy_numberfrom_date through_date
Check Issuance	All checks that are issued to the County for the Workers' Compensation Program are made out to the County and mailed to Risk Management Office for deposit instructions. Once there are no accruals to integrate, the checks are issued by CorVel directly to the employee's address
Invoicing	<p><u>Claims Administration Fees:</u> By 10th of each month, CorVel will submit invoices for administration fees to the County at the contracted rates.</p> <p><u>Utilization Review:</u> Utilization review log will be attached to monthly invoice, detailing UR referrals, dates received, dates of decision, decision, savings etc. UR invoicing is to be approved by the County and then paid off the claim by the Sacramento claims team.</p> <p><u>Bill Review:</u> CorVel will provide monthly bill savings detail on all bills reviewed by the CorVel bill review team and attach the monthly invoice.</p>

Telephonic/Field Case Management Service Report Template



SACRAM_TULAREC
MRPT.DOT

CSAC-Worker's Compensation Claims Administration Guidelines



CSAC Requirements
Updated June 2019.

County of Tulare-Team Contacts



County of
Tulare-Contact Card