

1. Corvel is able to offer a dedicated adjuster - the fee to add a dedicated WC Adjuster brings the \$250,000 flat rate up to \$348,078 if that option is selected over designated. We calculated the case inventory by the full time responsibility of the dedicated versus designated (125 files). Life of contract. Breaching the cap may add a 'designated' adjuster to the program as needed.
2. CorVel's Liability Adjusters average over 20 years of experience and our Workers' Compensation Adjusters average 10 years of experience with public entity claims. Combined with the utilization of our proven best practices, we achieve great results.
3. CorVel's best practices requires three point contacts with our Client, the injured worker and the physician within one business day of receipt of an indemnity claim or medical claim with lost time potential. However, our claims staff regularly exceeds this expectation and performs three point contacts within four business hours of the receipt of the claim.
4. CorVel defines a "Record Only" Report as an event where no medical attention is obtained by the injured worker and no time is missed from work.

A "Medical Only" Claim is when the injured worker only needs medical attention and does not miss work beyond the initial waiting period and paid medical expenses are either below \$3,000 or the claim has not been open for more than 120 days. When a medical only claim remains open for more than 120 days, or reaches payment threshold of \$3,000, it is reviewed by a Claims Supervisor for a possible re-assignment as an indemnity claim if medical management or additional intervention is needed to move the claim toward closure.

A "Loss Time" Claim is when an injured worker loses time at work for more than the initial waiting period. A claim is also classified as indemnity if it meets any of the following criteria:

- The indemnity is more than zero
- Paid medical meets or exceeds \$3,000
- The claim is open for more than 120 days
- Allocated loss adjustment expenses are incurred or paid
- The claim requires investigation for purposes of determining compensability, apportionment, medical causation or subrogation
- The claim requires a denial
- There is litigation, a legal proceeding or a regulatory hearing

5. Yes
6. Corvel offers field adjusting as a part of the investigation, (included in the fee) however, if there is a special investigative requirement for a specialty need we retain field vendors as a pass on fee to the city. We are also open to using the field adjusting specialty service the city would recommend.
7. All the work-comp take-over is included in annualized. Liability all lines includes 55 take-over annualized for tail. The- per claim Liability fee is \$250 per file any liability line after cap to take over. We are able to stagger the takeover Liability fees for a year paid monthly. Include a free file review to close files before take over.
8. We will provide claim reviews as required by the city.
9. Loss control service is outsourced and negotiated for a fee by vendor selected.
10. Yes our reports are available for all the items.

11. Yes
12. Yes designated Account Manager and VP Regional Executive
13. Yes
14. No fee
15. *The number in the nation is 750K the Network is made up of Facilities, Providers and Hospitals all experienced in Workers Compensation. 53,200 in Florida Providers are managed by Local Florida Network Developer in Sunrise FL and Network Relations Representatives in each market.*
16. CorVel works closely with its customers to ensure maximum usage of the PPO network. Network channeling occurs along all points of the managed care continuum, beginning having adequate provider panels posted at the City's locations. We work with all treating physicians to make sure all specialty referrals are directed to an in-network provider. Each time provider channeling occurs during the course of treatment, it is noted within the system. CorVel also has directed care networks in specific states to direct care to the most appropriate provider, along with achieving maximum savings.
17. Yes
18. *Credentialing is done at time of contracting and again every three years, CorVel's Credentialing Standards follows that of NCQA.* Providers are selected from a demanding criteria based on quality, range of services and location. Each provider is thoroughly evaluated and credentialed, then re-credentialed every three years. Through this extensive evaluation process, we are able to provide significant hospital, physician and ancillary medical savings while maintaining high quality care. The City can also request that providers be added to the network in a variety of formats including an internet nomination form (found on the CorVel website or system website), a faxed or emailed provider nomination form, or by telephonic request. Once a provider is nominated, CorVel's local PPO Developer will begin immediate recruitment of the provider. This process can take 4-8 weeks due to the credentialing requirements; however, CorVel will work diligently to make sure the credentialing and application processes of the existing the City preferred providers is expedited to ensure enrollment by the program start date. As CorVel owns and maintains its own provider network, addition of providers is an easy process for us to complete.
19. New arising General Liability all line included in the flat rate cap at 55 cases. The new arising Work comp has caps 25 indemnity & 70 MO. Please refer to the caps attached fee schedule beyond the annualized if they are achieved. This is a designated adjuster model and the above #1 is the dedicated (1) adjuster model.