

## Workers' Compensation Program Employee Information Packet



The information included in this packet will become important to you in the event that you seek medical attention or lose time from work due to a work-related injury or illness. The following provides a brief description of the documents included in this packet and how they are to be used:

- ***Notice of Enrollment in a Certified Managed Care Plan*** – The State of Minnesota, Workers' Compensation Program uses a managed care organization, CorVel, to provide certified managed health care services.
- ***CorVel Managed Care Instruction Brochure*** - If you must seek medical attention due to a work-related injury or illness, please refer to the following brochure to determine which clinic you should go to. You should also bring this brochure with you to your doctor appointment.
- ***CorVel Managed Care ID Card*** – If you must seek medical attention due to a work related injury or illness please carry this card with you and provide it to your medical doctor's office when asked about insurance coverage.
- ***CorCareRX Pharmacy Benefit*** letter – The State of Minnesota, Workers' Compensation Program managed care organization, CorVel administers a workers' compensation prescription pharmacy program called CorCareRx for state employees with work-related injuries. This letter explains the program and what you can expect should your doctor prescribe medications related to your injury.
- ***Report of Work Ability*** form – If you must seek medical attention for your injury, this form should be taken with you to each appointment and should be completed by the treating physician. You will need to submit the form to your supervisor prior to your return to work after each appointment.

In the near future as your workers' compensation claim is processed, you will receive further information from the Workers' Compensation Claims Specialist assigned to your claim. Please watch for this letter in your mail. If you have any questions please contact your supervisor and/or agency Workers' Compensation Coordinator.

## **Notice of Enrollment in a Certified Managed Care Plan for Workers' Compensation Injuries and Illness**

Please note a change in how necessary medical care will be provided to you in connection with your work injury. Under Minnesota Rule 5218.0250, the Minnesota Department of Administration provides this notice to inform you that:

Effective July 1, 2005, your employer (the State of Minnesota) enrolled with CorVel, a certified workers' compensation managed care plan that provides state employees and covered volunteers with all necessary medical treatment for work-related injuries and illness.

If injured in the course of your work, you may receive treatment from a medical doctor, chiropractor, podiatrist, osteopath, or dentist, if the treatment is available within the community and is appropriate for the injury or illness. You must receive all necessary medical treatment for your work injury from a health care provider who is a member of CorVel's plan, except in the following circumstances: you have already established a treating relationship with a non-participating provider (who maintains your medical records)\* prior to the work-related injury; or if you require emergency treatment; or if your place of employment and residence are beyond the mileage parameters set forth in part 5218.0100, subp. 1.F.(7).

Furthermore, if you sustained your work-related injury prior to the State's enrollment with CorVel, you may continue to receive treatment from a non-participating provider until you change doctors.

You may access care for a work-related injury or illness by going to a clinic or health care provider from CorVel's network; or by asking your agency's Workers' Compensation Coordinator to share CorVel's provider directory with you; or by accessing CorVel's provider directory on-line at: <http://www.risk-workerscomp.admin.state.mn.us/index.htm> (Click on State Employee Information; then, click on the Workers' Compensation link where you can access the CorVel Provider Directory; or by calling CorVel's 24-hour Nurse Phone Line at 612-436-2542 or 866-399-8541. You may also contact CorVel's Nurse Phone line if you have questions about managed care for workers' compensation; or direct such inquiries to the State Workers' Compensation Program at (651) 201-3001. You may also contact your agency's Workers' Compensation Coordinator if you need assistance.

Additional information may be obtained by calling the Minnesota Department of Labor and Industry (DOLI) in St. Paul at (651) 284-5005 or (800) 342-5354. In Duluth, call DOLI at (218) 733-7810 or (800) 365-4584.

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\* In accordance with part 5218.0500, subparts 1 and 2, except that if you later change doctors you must then choose a doctor who participates in CorVel's plan.

**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:

**612-436-2542 or 866-399-8541**

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:

**612-436-2542 or 866-399-8541**

**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 610  
Minneapolis, MN 55413-2658**

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**

2/2008

7-1-2005

Effective Date

**C O R V E L**

**MINNESOTA CERTIFIED  
MANAGED CARE PLAN  
INSTRUCTION BROCHURE**

*For the State of Minnesota*



## **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 612-436-2542 or 866-399-8541**

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, all employees may view a copy of the CorVel Provider Directory which is available via a link from the State of Minnesota website. 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 agency 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.

## **Managed Care ID Card Instructions:**

1. Write the employee's first and last name in the space provided.
2. Write in the date of injury (DOI) in the space provided.
3. Cut out card along dotted lines.
4. Fold the card where indicated - the final card will be wallet-sized.
5. Employee should present this card at all health care provider visits for their work-related injury.

**CorVel Corporation**  
Minnesota Certified Workers' Compensation Managed Care Plan

**24 hour Employee Information Line**  
**612-436-2542**  
**866-399-8541**

**Send all Workers Compensation bills to CorVel at:**  
MedCheck-CorVel, Suite 610  
3001 NE Broadway Street  
Minneapolis, MN 55413-2658

**CorVel Does Not Determine Compensability**

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Employee Name: \_\_\_\_\_  
DOI: \_\_\_\_\_  
Administrator: Dept. of Administration Work Comp. Program  
Administrator Phone: 651-201-3000

**Questions, Comments, Or Complaints Regarding CorVel's Certified Managed Care Services -**  
You can reach CorVel at 866-399-8541 or you may also contact the Minnesota Department of Labor & Industry at 800-342-5354 (St. Paul) or 800-365-4584 (Duluth).

**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 the attention of the Managed Care Manager at: CorVel Corporation, 3001 NE Broadway Street, #610, Minneapolis, MN 55413-2658.

← **Fold Line**

## **Workers' Compensation Program CorCareRx Pharmacy Benefit**



To: State Employee

Re: **Filling a prescription for your work injury with CorCareRx  
First-Fill Temporary ID Cards &  
CorCareRx ID Cards**

Please check with your agency workers' compensation coordinator to determine if your agency participates in the First-Fill Prescription ID cards. If your agency participates in the first-fill program, you should receive a CorCareRx First-Fill card from your agency that you should use to fill any initial prescription that a health care provider prescribes for your work-injury. This first-fill card can only be used one time.

Shortly you will receive a letter from CorVel with instructions on to how to fill workers' compensation-related prescriptions using CorCareRx, CorVel's workers' compensation pharmacy plan. The letter will include a personal identification card along with a list of pharmacies in the area where you may get your prescriptions filled. This ID card should be used for all workers' compensation-related prescriptions.

Once you receive the card, it is required that you use the card to fill prescriptions for your work injury. Use of the prescription card brings the following benefits:

- No out-of-pocket expense
- Eliminates the need for you to request reimbursement for the costs of prescriptions

The card can only be used for prescription medications related to the specific workers' compensation injury that the card is issued for. If you have questions upon receipt of the letter and card, call CorVel at (800) 275-8893.

The issuance of the card is tied to the timing of the submission of First Report of Injury forms and is automated. There is no call necessary to activate this benefit. Reimbursement requests for the cost of prescriptions filled prior to the issuance of the card may be sent to:

CorVel  
Suite 610  
3001 NE Broadway St.  
Minneapolis, MN 55413-2658

# REPORT OF WORK ABILITY

CorVel Corporation, 3001 NE Broadway St #600, Minneapolis MN 55413  
 Telephone (800)275-8893 or (612)436-2400 ~ Fax (612)436-2499

<b>1. PATIENT INFORMATION</b>		
Last Name	First	Middle Initial
Employee ID#	Date of Injury/Illness	
Job Title/Description	Home Phone	
Employer	Supervisor or Contact	Employer Phone
Work Comp Insurer	Claim Number	

<b>2. AUTHORIZATION TO RELEASE INFORMATION</b>	
I hereby authorize my medical provider to release or exchange information acquired in the course of my examination or treatment for the following medical condition to my employer or employer representative.	
Patient Signature: _____	Date: _____

<b>3. TREATING PROVIDER'S EVALUATION-COMplete IN FULL FOR EACH VISIT</b>	
Treatment Date _____ / _____ / _____	For: <input type="checkbox"/> Initial Treatment <input type="checkbox"/> Follow-up Appointment
	Nature of Visit: <input type="checkbox"/> Work Related <input type="checkbox"/> Not Work Related <input type="checkbox"/> Unknown
Describe Circumstances of the Injury/Illness	
Diagnosis (include ICD-9 code)	
Treatment	
Medication (when ordering a medication, MN Rules require the words "Work Comp" or "W.C." be included on the prescription)	
Medication Prescribed Could Cause Drowsiness or Impair Ability to Drive and/or Operate Heavy Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	
Maximum Medical Improvement Reached (see instructions on the reverse side)	
<input type="checkbox"/> Yes <input type="checkbox"/> No Date of MMI: _____	
Disability Permanency Rating (PPD) if applicable	
Referral/Consult	
Next Appointment	
Date: _____	Time: _____ Doctor: _____

<b>4. RETURN TO WORK</b>																																																																						
<input type="checkbox"/> <b>Employee is released from care and has no restrictions.</b>																																																																						
<input type="checkbox"/> <b>May return to work with no restrictions:</b> <input type="checkbox"/> Immediately, or <input type="checkbox"/> Beginning _____																																																																						
<input type="checkbox"/> Injury will result in loss of time from work: from _____ through _____																																																																						
<input type="checkbox"/> May return to work with the following restrictions: from _____ through _____ (note: schedule appointment)																																																																						
Patient's capabilities:																																																																						
Patient is able to lift up to: _____ lbs.																																																																						
Patient is able to use Hands: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both																																																																						
Hand / Wrist / Elbow / Shoulder restrictions: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both																																																																						
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Other Restrictions: _____																																																																						
***Any Restriction Given Apply to Home and Leisure Activities***																																																																						
<b>Estimated Return to Full Duty is:</b> _____ / _____ / _____ (If unable to return on full duty date, patient should return to clinic)																																																																						

<b>5. TREATING PROVIDER</b>	
Provider Name (please print)	Clinic Name
Provider Signature	Clinic Address

## **REPORT OF WORK ABILITY INSTRUCTIONS**

CorVel Corporation, 3001 NE Broadway St #600, Minneapolis MN 55413

Telephone (800)275-8893 or (612)436-2400 ~ Fax (612)436-2499

### **INSTRUCTIONS:**

This form is to be completed by the treating provider for the initial evaluation and for all follow-up visits and treatment relating to a work injury or illness. This information is required under Minnesota Workers' Compensation Rules, 5221. A "treating provider" may be a medical physician, an osteopath, a chiropractor, a podiatrist or a dentist.

#### **1. PATIENT INFORMATION:**

Patient information is to be completed by the medical secretary or nurse, in conjunction with the injured / ill employee or with the employer / supervisor.

Complete all requested information. In particular, be sure to complete information identifying the patient and injury: patient name and social security number, date of injury / illness, and employer.

#### **2. AUTHORIZATION TO RELEASE INFORMATION**

Obtain the patient's signature authorizing the release or exchange of medical records and information relating to the medical condition to the employer or employer representative. The patient's release is recommended, although not required for MN workers' compensation.

#### **3. TREATING PROVIDER'S EVALUATION – COMPLETE IN FULL FOR EACH VISIT**

Completed by the treating provider at the time of the visit. This section includes specific information based on the provider's most recent evaluation of the employee's signs, symptoms, physical and clinical findings, and functional status.

CorVel notification is required for referrals / consultations. Other services may require prior authorization or coordination with the CorVel managed care plan. Consult the CorVel provider policy and procedures manual for sections describing:

- CorVel Provider Education – for procedures used in working with the managed care plan.
- Workers' Compensation Medical Treatment Parameters – established by the Department of Labor and Industry.

Follow-up appointments should be assigned as medically necessary. In particular, follow-up appointments should be assigned:

- When the physician is unable to assess a full-duty date.
- When an employee has been seen by an Emergency Room contracting physician and the employee is unable to return to work within three (3) days. A follow-up visit is to be advised within three calendar days when it appears the disability will extend beyond the three day period.
- You must complete formal MMI information on the Health Care Report Form as required by the MN Department of Labor and Industry. Health Care Provider Report Forms are available from the MN Department of Labor & Industry.

#### **4. RETURN TO WORK**

Completed by the treating provider at the time of the visit. This section includes specific information regarding return to work instructions for the employee.

The return to work date shall be the earliest possible medically appropriate date, regardless of holidays, weekends, or regularly scheduled workdays.

Return to full duty shall be the date the employee can return to his or her normal duty job functions without restrictions.

Return to work with restrictions shall specifically indicate medical restrictions to be followed by the employee and employer.

A duration of these restrictions shall be assigned. Open-ended durations of disability or restriction may not be given.

#### **5. TREATING PROVIDER**

Completed by the treating provider at the time of the visit.

### **NOTICE TO EMPLOYEE**

**You must promptly provide a copy of this report to your employer or workers' compensation insurer, and to any assigned qualified rehabilitation consultant.**