



White Paper

Guiding Recovery When It Matters Most

How Care Advocates Improve Outcomes
Through Targeted Early Clinical Intervention

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Changing the Trajectory of Recovery

A workers' compensation claim can start to become more complex within days of an injury. Treatment decisions are being made, work status is being determined, and early barriers to recovery can begin to surface. While many claims progress as expected, others become increasingly complex, resulting in prolonged disability, higher medical costs, delayed claim resolution, and greater administrative burden.

The first 30 days represent an important opportunity to influence what happens next. During those early days, injured workers are also forming perceptions about their recovery, the support they are receiving, and their

job security. Building trust, setting clear recovery expectations, and keeping the injured worker engaged can help establish a stronger foundation for both recovery and the claim. Identifying claims that need added clinical attention during this window can help address concerns before they begin to create barriers to recovery.

That is the role of Care Advocacy. Registered nurse Care Advocates provide added clinical support to selected claims early in recovery, helping injured workers understand what to expect and giving claim professionals clinical insight as treatment decisions are made.



The first 30 days can be critical to the outcome of a workers' compensation claim.

A Closer Look at Care Advocacy

CorVel analyzed more than 170,000 closed workers' compensation claims from calendar years 2024–2025, comparing outcomes for clients utilizing Care Advocacy with those that did not. The analysis focused on moderate and severe injuries and examined how outcomes differed when Care Advocacy was used.



How Care Advocacy Works

Care Advocacy provides participating clients with registered nurse support for up to 30 days on selected claims. During that time, Care Advocates help injured workers understand their diagnosis and treatment, navigate the claim process, address barriers to recovery, and consider return-to-work options.

Not every injury requires the same level of clinical support. Care Advocacy allows clients to customize early intervention criteria based on factors such as injury type and severity, helping focus nurse involvement on claims that may benefit from added clinical attention.

How Claims Are Identified for Care Advocacy

Once the criteria are established, claims that meet those rules are routed to a registered nurse Care Advocate within 24 hours of the initial report. This helps focus nurse involvement on claims where added clinical support may be most useful early in recovery.

What May Trigger a Care Advocacy Referral

- ✓ **Injury Severity:** Moderate or severe injuries may warrant early nurse involvement.
- ✓ **Treatment Setting:** Hospital treatment or other care needs may trigger referral based on program criteria.
- ✓ **Work Status:** No return to work following the initial report may indicate a need for added clinical support.
- ✓ **Client-Specific Criteria:** Referral rules can be tailored to the needs of the client's program.

How Care Advocates Guide Recovery

Once connected with an injured worker, the Care Advocate reviews the claim, current treatment, and what may be needed next.

CARE ADVOCATES MAY:

- ✓ Review available medical information and treatment plans, establishing a clinical action plan when needed.
- ✓ Contact treating providers when more information or clarification is needed.
- ✓ Help injured workers understand their diagnosis, treatment, recovery expectations, and return-to-work options.
- ✓ Identify barriers that could delay recovery or return to work, including fear of movement or re-injury, limited participation in recovery, concerns about returning to work, loss of motivation, catastrophizing, or gaps in communication across the claim.
- ✓ Coordinate clinical resources including Telehealth Services, behavioral health, pharmacy, and ancillary care when appropriate.
- ✓ Support return-to-work planning with providers, employers, and claim professionals when medically appropriate.
- ✓ Document clinical observations, recommendations, and updates in CareMC®, giving the claim team access to current clinical information



One Strategy. Better Outcomes.

CorVel's 2024–2025 analysis shows how Care Advocacy translates into measurable claim outcomes.

Clients utilizing Care Advocacy had better results across every major claim outcome evaluated. Total Cost of Risk was **25% lower**, litigated claims were **33% lower**, and injured workers experienced **17% fewer lost workdays, or approximately six fewer days away from work**. Claim duration was **13% shorter, an average of 18 days**, while indemnity claims decreased **8%** and medical-only claims decreased **12%**.

Measured Improvements Across the Claim Lifecycle

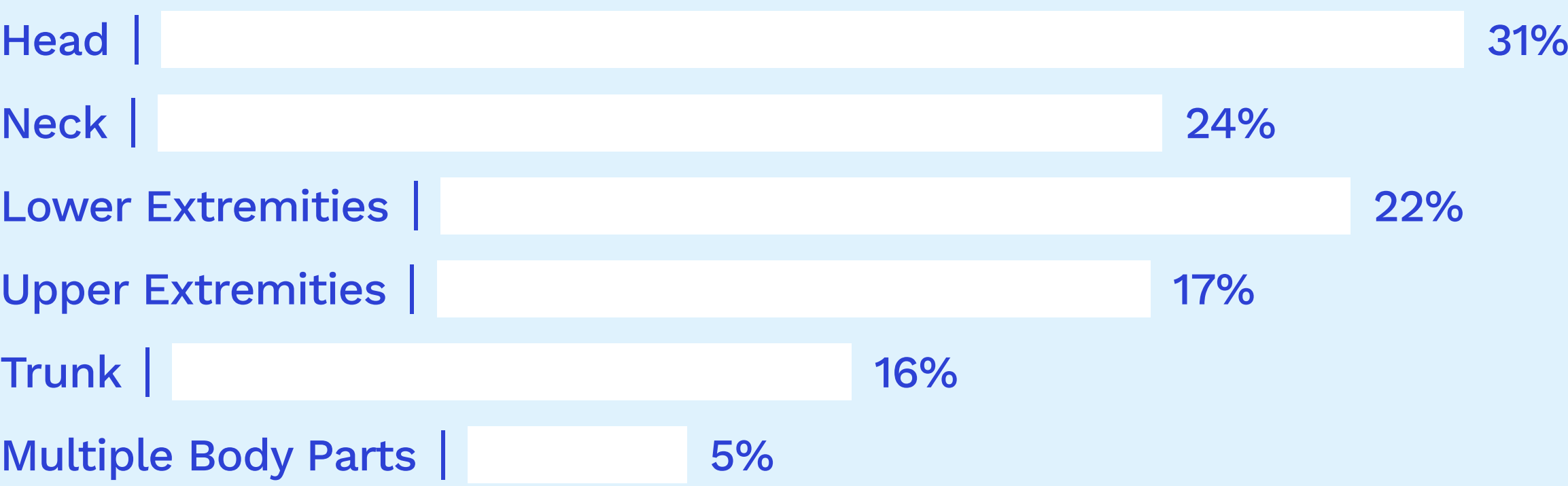
25%	Lower Total Cost of Risk	33%	Fewer Litigated Claims
17%	Fewer Lost Workdays	13%	Shorter Claim Duration
8%	Reduction in Indemnity Claims	12%	Reduction in Medical-Only Claims



Consistent Results Across Injury Types

The results were also consistent across injury types. Total Cost of Risk was lower across every injury category evaluated, although the size of the improvement varied.

Reduction in Total Cost of Risk by Injury Category



Different Injuries. Consistent Results.

The size of the improvement varied, but every injury category evaluated showed lower Total Cost of Risk for clients utilizing Care Advocacy.

Care Advocacy is not built around a single diagnosis or treatment pathway. What the nurse does depends on what the claim requires.

For one injured worker, that may mean getting clarification from a provider.

For another, it could mean arranging a telehealth visit, connecting the worker with behavioral health support, addressing a return-to-work barrier, or providing closer clinical follow-up.

The Value of an Integrated Model

Care Advocates work within CorVel's integrated model, where clinical information, claims activity, and access to additional resources are connected. The nurse has access to information and services as recovery progresses, while the claim team has visibility into the clinical side of the claim.

When an injured worker needs support beyond the Care Advocate's direct involvement, additional resources can be brought in based on the needs of the claim.

Care^{MC}®, CorVel's integrated claims system, brings clinical and claims information into the same environment. Care Advocates document clinical information and recommendations within the platform, making updates available to claim professionals as part of their existing workflow without relying on separate communication channels or disconnected processes.

The result is fewer handoffs between clinical support, claims information, and the services involved in recovery.

Looking Ahead

CorVel's analysis makes a strong case for Care Advocacy. Across the measures evaluated, clients utilizing the program experienced better claim outcomes. The findings also reinforce the value of focusing nurse involvement on the claims that need it.

That approach will continue to evolve as CorVel brings more information and decision support into the claims process. Embedded AI across claims workflows can help claim professionals surface relevant information sooner and focus their time on the decisions that require their expertise.

For organizations looking to improve claim outcomes, the findings offer a compelling reason to consider Care Advocacy. Getting a Care Advocate involved in the right claims early can help set recovery on a better course, with benefits that extend well beyond the first 30 days.



Better recovery starts with
the right clinical support and
the information to act on it.