Beaufort County School District

Solicitation Number:	25-029
Date Printed	April 1, 2025
Date Issued:	April 24, 2025
Procurement Officer:	Kaylee Yinger, NIGP-CPP, CPPB
Phone:	843-322-2349
Email:	Kaylee.Yinger@beaufort.k12.sc.us

Request for Proposal (RFP)

DESCRIPTION:	**Workers' Compensation Claims Administration Services**
SUBMIT OFFER BY (Opening Date & Time):	**May 22, 2025 @ 4:00 PM EST**
QUESTIONS MUST BE RECEIVED BY:	May 10, 2025 @ 4:00 PM EST
NUMBER OF COPIES TO BE SUBMITTED:	**One (1) Original Signed; Six (6) Signed Copies and One (1) Redacted Version on USB**

Offers must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

PHYSICAL ADDRESS:
Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

Electronic Bid Submissions will be accepted through the following web address: Here

AWARDS & AMENDMENTS:
Award will be posted at the Physical Address stated above on or after May 23, 2025. The award, this solicitation, and any amendments will be posted at the following web address:
https://www.beaufortschools.net/community/working-with-the-district/finance.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, you agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer) ENTITY TYPE:

Brentwood Services Administrators, Inc. | Third Party Administrator

Ryan G. Foley

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Ryan Foley | Executive Vice President

PRINTED NAME TITLE

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. An offer may be submitted by only one legal entity. The entity named as the Offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

PAGE TWO

(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office/ Principal place of business):	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent):
214 Centerview Drive, Suite 350, Brentwood, TN 37027	214 Centerview Drive, Suite 350, Brentwood, TN 37027
PHONE NUMBER: 615-714-6684	
EMAIL ADDRESS: solutions@bwood.com	

PAYMENT ADDRESS (Address to which payments will be sent):	ORDER ADDRESS (Address to which all purchase orders will be sent):
☑ Payment Address Same as Home Office Address	☑ Payment Address Same as Home Office Address
☐ Payment Address Same as Home Notice Address	☐ Payment Address Same as Notice Address
(Check one only)	(check one only)

ACKNOWLEDGEMENT OF AMENDMENTS:

Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.

Amendment Number	Amendment Issue Date
1	4/28/2025
2	5/6/2025
3	5/19/2025

MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes ☐ No ☑
If yes, please include a copy of your certification.

Business Utilization Report

In order to facilitate an effective monitoring system, each contractor, bidder or offeror must submit a completed and signed Utilization Report with the bid submission which lists the names, addresses and contact persons of the M/WBE and majority owned businesses, if any, to be used in the contract, the type of work each business will perform, the dollar value of the work and the scope of work. The Utilization Report submitted by the contractor shall be submitted as a part of the contract with BCSD. If the information contained in the Contractor's Utilization Report changes by the time the contract is executed, the Contractor shall amend the Utilization Report and such amended Utilization Report shall be incorporated into the contract.

Business Enterprise Utilization Report

List all vendors/subcontractors to be used on this project. All MBEs or WBEs proposed for utilization on this project must be certified by the Small and Minority Business Assistance Office through the State of South Carolina according to the criteria of the Beaufort County School District's Minority Business Enterprise Plan prior to utilization on this project.

In column 2 below, please specify ethnic/racial/gender group as follows:

- AABE – African American Business Enterprise
- HBE – Hispanic Business Enterprise
- ABE – Asian-American Business Enterprise
- WBE – Woman Business Enterprise

Sub-Contractor Name	Gender Group	Address	Phone #	Other	E-Mail
Barragan Corp. International (BCI) - Loss Control Services	MBE/VBE/SBE Certified #1420600	41707 Winchester Road, Suite 304 Temecula, CA 92590	O: 951.248.5512		david@bcsrm.com
Wright Rehabilitation Services	WBE Certified #WBE2303233	213 River Park North, Dr. Woodstock, GA 30188	678-227-2941		sarahjayne@wrightrehab.com
CompIQ	NA	6001 Indian School Rd. NE, Suite 510 Albuquerque, NM 87110	1-505-212-6860		tad@compiq.com
KeyScripts	NA	1970 Technology Parkway Mechanicsburg, PA 17050	866-446-2848		amauger@keyscriptsllc.com

Brentwood is committed to conducting future good faith outreach efforts in all projects undertaken in South Carolina.

Statement of Intent

We, the undersigned, have prepared and submitted all the documents required for this project. We have prepared these documents with a full understanding of the Beaufort County School District's goal to ensure equal opportunities in the proposed work to be undertaken in performance of this project. Specifically, the BCSD seeks to encourage and promote on an inclusionary basis contracting opportunities without regard to the race, gender, national origin or ethnicity of the ownership or management of any business and that it is an equal opportunity employer and contracting entity. We certify that the representations contained in the Minority/Woman Business Enterprise (M/WBE) Utilization Report, which we have submitted with this solicitation, are true and correct as of this date. We commit to undertake this contract with the Minority/Woman Business Utilization Report we have submitted, and to comply with all non-discrimination provisions of the Minority/Woman Business Enterprise Program in the performance of this contract.

Ryan G. Foley

Signature

4/29/25

Date

Name: Ryan Foley

Title: Executive Vice President

Project: 25029 RFP Workers' Compensation Claims Administration Services

May 19, 2025

Ms. Kaylee Yinger, NIGP-CPP, CPPB
Procurement Officer
Beaufort County School District
843-322-2349
Kaylee.Yinger@beaufort.k12.sc.us

RE: Request for Proposals, Workers' Compensation Claims Administration Services, Solicitation Number 25-029

Dear Ms. Yinger,

Thank you for giving Brentwood Services Administrators, Inc. ("Brentwood") the opportunity to provide Beaufort County School District (BCSD) with a response to your request for information for your workers' compensation claims program. It has been a pleasure serving as the TPA for BCSD since 2018, and we certainly hope to continue our relationship into the future.

Since 1991, Brentwood has built a preeminent reputation as a leading, proven provider of workers' compensation claims administration services. Over the past 35 years, more and more governmental entities, public utilities, corporations, associations and insurance companies have turned to Brentwood for solutions and support in structuring effective workers' compensation and liability programs that minimize costs and control risks while providing employees and claimants with compassionate, proactive claims handling.

On July 1, 2022, Brentwood became an Acrisure Partner. Acrisure, LLC is a top 5 worldwide broker known for acquiring successful companies and empowering additional success with strong financial backing. Brentwood has become stronger and continues to thrive with this new partnership. Further, we are excited to share that Brentwood Services Administrators is now officially part of Acrisure Claims Services! This exciting development means increased access to resources, expanded capabilities, and enhanced support — all while maintaining the same dedicated team you've come to know and trust.

Acrisure Claims Services, LLC ("Acrisure Claims") was established in November 2024 as a limited liability company formed pursuant to the laws of the State of Michigan. It is an affiliate and wholly owned subsidiary of Acrisure, LLC.

Acrisure Claims is the consolidation and alignment of Acrisure, LLC's existing and ongoing claims administration, managed care, and loss control operations, consolidated under a common brand, management, and operations. This strategy will streamline claims administration, improve claimant experience, and upgrade the delivery of claim benefits across all lines of business, including Workers' Compensation, General Liability, Auto, Property, and Transportation. Acrisure Claims will be comprised of nearly 400 employees working across the United States.

Throughout this proposal you will see we have replaced the Brentwood Services Administrators name with Acrisure Claims Services. The Brentwood, Tennessee, location remains our home; our people remain the heart of Acrisure Claim Services, and our commitment to our clients is stronger

than ever. With the backing of a broader network and added tools, we're now even better equipped to deliver the high-quality service and solutions you expect.
For our clients, this means:

- Greater capabilities without disruption
- More robust resources to support your program
- The same trusted relationships and service excellence

We're energized by what's ahead and look forward to continuing to seek ways to best serve and grow with you.

Brentwood's continued growth with Acrisure, allows us to better serve our clients from coast to coast. In addition to our partnership with BCSD, Brentwood also partners with some of the largest employers in the region, including Waffle House, Inc. (26 states, including a SC location), Netflix (nationwide), Lyft, Chick-fil-A, Omni Hotels and Resorts (Hilton Head, SC location), Eastman Chemical Company, University of Alabama at Birmingham, and Baptist Memorial Health Care Corporation. Brentwood also has extensive experience with public entities, including school systems.

To highlight our capabilities and illustrate our experience, the following is a sample of selected clients:

Name	Line/Est. Employee Count
Memphis Light Gas and Water (TN)	WC; 2,585
Eastman Chemical Company (TN)	WC; 14,000
DeKalb County School District (GA)	WC; 14,000
Cherokee County Schools (GA)	WC; 5,000
Fulton County Schools (GA)	WC; 10,000
Hall County Schools (GA)	WC; 5,000
Dougherty County Schools (GA)	WC; 2,700
University of Alabama at Birmingham (AL)	WC; 28,101
Omni Hotels & Resorts (Nationwide)	All lines; 20,000
Forsyth County Government (NC)	All lines; 2,500
City of Rocky Mount, NC	All lines; 1,000
Town of Mooresville, NC	All lines; 700
City of Washington, NC	WC; 300
Waffle House, Corporate Locations (26 states)	All lines; 50,000
Baptist Memorial Healthcare Corp. (TN/MS/AR)	WC; 10,000 in three states
TN Automobile Assoc. Self Insurance Trust	All lines; 29,000 in 320 locations
Sevier County, TN	WC; 1,000
Madison County, TN	OJI; 750
City of Jackson, TN	OJI; 1,000

Far more than just a claims administrator, our clients depend upon us to be a risk management partner. As a partner, we believe our responsibility extends beyond the day-to-day claims functions and administrative oversight duties. Our clients look to us for help in addressing complex challenges and draw upon our experience with other programs to establish best practice measures. Our claims professionals are taught that our role is not merely to wait for instructions

but rather to actively engage in seeking solutions and contributing to the continued improvement and development of each client's program.

To further the success of BCSD's program, we recommend utilizing loss control services. Although our claims handling expertise and proven performance have helped clients achieve optimal claim resolution, the most dramatic savings result from a focused and sustained loss control initiative. Brentwood's trusted loss control vendor partner is Barragan Corp. International (BCI). Together, we are firmly committed to providing professional loss control services to our client partners. Our belief in this professional function reflects the positive impact that has been achieved in delivering this service to our clients. These loss control services, performed in conjunction with effective claims handling and organizational commitment, reduces employee exposure to injury and reduces the costs of your workers' compensation program. Combined, our consultants have more than 100 years of loss control and safety experience working with city and county governments, school systems, hospitals and nursing homes. As a fully integrated risk management service provider, Brentwood has the resources and expertise to support the loss control/safety needs that may arise for BCSD.

We hope for the opportunity to continue demonstrating exemplary claims services in partnership with BCSD. We value transparency with our clients and you will see in our proposal a moderate adjustment in our pricing compared to previous years. Increased operational costs and market conditions have made it necessary for us to align our pricing accordingly. Despite this change, our pricing remains competitive in the market, and we're dedicated to ensuring you continue to receive exceptional service. We are certainly open to discussing our pricing model and rates with BCSD and exploring any adjustments or options that suit your needs best.

Ms. Yinger, please let me know if you have any questions or if you'd like to discuss any aspect of our response. We acknowledge all addendum to this RFP and take no objections or exceptions regarding the specified Services and requirements collated. Thank you again for the opportunity to provide you with this information. It has been our pleasure to serve BCSD, and we hope to continue our partnership into the future.

Sincerely,

John Smitherman

John Smitherman, CPCU, AIC, ARM
Executive Vice President
John.smitherman@bwood.com
615-714-6684

Summary Savings Report
Beaufort County School District
March 2023 - April 2025

Note: BCSD savings since CompIQ took on the account in 2023.

Savings

Review Type	Bills	Lines	Billed Charges	F/S Reductions	Audit Reductions	Negotiated Reductions	PPO Reductions	Total Reductions	Total Paid
Outpatient	121	624	$1,483,114.90	$1,195,268.89	$14,824.39	$1,162.69	$12,072.59	$1,223,328.56	$259,786.34
Provider	3,603	7,960	$1,429,680.05	$709,668.28	$8,455.74	$0.00	$92,836.81	$810,960.83	$618,719.22
Grand Total	**3,724**	**8,584**	**$2,912,794.95**	**$1,904,937.17**	**$23,280.13**	**$1,162.69**	**$104,909.40**	**$2,034,289.39**	**$878,505.56**

Fees

Review Type	Bill Fees	Audit Fees	PPO Fees	Total Fees
Outpatient	$36,412.22	$3,841.60	$3,441.20	$43,695.02
Provider	$45,162.49	$3,570.40	$23,786.86	$72,519.75
Grand Total	**$81,574.71**	**$7,412.00**	**$27,228.06**	**$116,214.77**

PPO Penetration

Review Type	Bills	Ineligible Bills	Eligible Bills	PPO Bills	Bill Penetration	Eligible Charges	PPO Charges	Charge Penetration
Outpatient	121	0	121	86	71.07%	$273,021.62	$13,235.28	4.85%
Provider	3,603	0	3,603	2,822	78.32%	$711,556.03	$92,836.81	13.05%
Grand Total	**3,724**	**0**	**3,724**	**2,908**	**78.09%**	**$984,577.65**	**$106,072.09**	**10.77%**

Gross/Net Savings %

Review Type	Gross Savings	Net Savings	ROI
Outpatient	82.48%	79.54%	28:1
Provider	56.72%	51.65%	11:1
Grand Total	**69.84%**	**65.85%**	**18:1**

TABLE OF CONTENTS - TECHNICAL PROPOSAL

INTRO
SIGNED COVER PAGE & PAGE TWO
BUSINESS UTILIZATION REPORT/STATEMENT OF INTENT
COVER LETTER & SUMMARY SAVINGS ANALYSIS FOR BCSD

TAB 1: TECHNICAL PROPOSAL
- APPROACH TO SCOPE OF WORK----------01
- ORGANIZATION & BACKGROUND----------04
- SERVICE TEAM & SERVICES PROVIDED----------08
- LOSS CONTROL & CLAIMS REPORTING RIMS REQS----------14
- FINANCIAL & ACCOUNTING SERVICES----------17
- MEDICAL CASE MANAGEMENT----------18
- PERFORMANCE MEASUREMENT & BENCHMARKING----------19
- PERFORMANCE LOCATION----------21
- QUALIFICATIONS----------22

TAB 2: FIRM INFORMATION

TAB 3: FINANCIAL STRENGTH

TAB 4: ACCOUNT SERVICING
- REFERENCES----------01
- COMPETITIVE POSITION & FUTURE COMMITMENT----------02
- SECURITY & DISASTER RECOVERY----------04
- IMPLEMENTATION----------05

TAB 5: RESPONSE TO ATTACHMENTS (A, B, C, & D)
- ATTACHMENT A – CLAIMS ADMINISTRATION
- ATTACHMENT B – MEDICAL COST CONTAINMENT
- ATTACHMENT C – SYSTEM
- ATTACHMENT D – ABOUT US

TAB 6: SUPPLEMENTAL ATTACHMENTS
- TPA SC LICENSE
- CERTIFICATES OF INSURANCE
- FINANCIAL STATEMENTS & BANK LETTER
- SAMPLE REPORTS
- CLAIM PROCESS FLOWCHART
- CYBERSECURITY SUMMARY OF PRACTICES
- WRIGHT REHAB WMBE CERTIFICATE



TAB 1: TECHNICAL PROPOSAL

TECHNICAL PROPOSAL

APPROACH TO SCOPE OF WORK

Briefly state your firm's understanding of the work to be done and make positive commitment to perform the work.

Brentwood understands BCSD's workers' compensation program, and we are fully committed to continuing to perform the work as described in the Scope of Work section in this RFP. We are also open to making adjustments to your program as BCSD sees fit.

Describe your program in detail and how it meets the needs of BCSD.

Brentwood strives to go above the status quo approach to claims handling. Our adjusters are taught Brentwood's philosophy for **proactive claims management**, and supervisory staff reinforce this approach regularly. Our ultimate goal is to resolve each claim and close it as quickly as possible.

In order to make sure this philosophy is carried out, Brentwood will promptly, thoroughly and proactively investigate each and every claim, with the goal of quickly determining compensability. There are many steps in that process, which include:

- Receipt of claim (fax, mail, email, telephonic or through our online system)
- Claim entered into system (typically same day or next day if received after hours)
- Acknowledgement letters/emails sent to client/Benefit Letter sent to claimant
- Scan any documents received into Brentwood's system
- Timely completion of 24-hour, 3-point contact. This would include the injured employee, witnesses, local hospital or physician contact, and employer representative and/or employee supervisor. 24-hour contact is crucial to enable the adjuster to gather and document key claim information and preserve an accurate record of accident facts. This also provides an opportunity to develop a rapport with the injured worker and to explain benefits if compensability is not questioned. 24-hour contact can help reduce or avoid attorney representation and potential associated legal expenses. In the event that claimant contact is not successful, Brentwood requires its adjusters to continue the contact attempt for 3 consecutive days. If, at the end of that time, contact has still not been completed, the adjusters are required to send the claimant a "contact letter" via certified mail requesting that they call the particular adjuster. Once contacts have been completed, they are documented in our claim log system and labeled under the headings of "three point contact – claimant", "three point contact – physician", and "three point contact – employer". Once compensability is determined, the reasons are documented in our "log" or adjuster notes under the heading of "Compensability". If the claim is denied, the rationale behind the denial is documented in the log notes and the appropriate forms are filed and the claimant is notified in writing.
- Discussion with employer representative and any witnesses to corroborate facts.
- Take recorded statement from claimant on indemnity claims, questionable claims, and witnesses when warranted. Brentwood believes that recorded statements are a very

effective investigative tool and utilizes recorded statements on the majority of indemnity claims that we receive. Our adjusters are required to document the reasons why a recorded statement would not be needed in the claim file, otherwise, the recorded statement will be expected by the supervisor.

- Review medical records for diagnosis and relatedness to stated injury. Request records needed to assist in compensability determination.
- Utilize index bureau for indemnity claims.
- Roundtable with client: On questionable cases, findings will be discussed with our clients prior to the determination of compensability.
- Document compensability: Once compensability is determined, the reasons will be documented in our "log" or adjuster notes under the heading of "Compensability". If the claim is denied, the appropriate forms will be filed and the claimant will be notified in writing.
- Action Plan: Once the investigation is completed, an action plan is developed and documented in the adjuster notes, and labeled with the heading, "Action Plan".
- Proactive, ongoing management: Brentwood adjusters review each indemnity claim at least every 2 weeks, before indemnity payments are made, or as activity warrants. Clients are kept updated on the progress of the case. Diaries are set for follow up for return to work, early return to work to restricted duty, etc. Claims must be managed with the ultimate goal in mind, which is to bring the claim to closure.
- All investigative efforts are documented. Brentwood's electronic claim system is the foundation on which proactive claims handling is supported. Files are meticulously maintained, and adjusters are held accountable to the standard of "if it is not documented it didn't happen". Important documents are "flagged" and labeled to make them easy to locate. Each adjuster is trained to document the electronic file in a manner that would allow anyone, at any time, to read the file and be able to determine what has occurred to date and what is planned to bring the file to a conclusion. Claim notes, including supervisor reviews and case management documentation are maintained in the system. Information and rationale behind each reserve change is thoroughly documented along with communications with each vendor. Email communications are copied and pasted into file notes, increasing efficiency and maintaining integrity and accountability in the documentation process. All claim-related discussions are summarized and documented by the adjuster or supervisor in the electronic notes.

Brentwood actively **manages caseloads** per adjuster and limits caseloads to ensure claims are managed proactively. Adjusters who have too many cases cannot manage claims proactively and simply "put out fires". Brentwood limits indemnity adjuster caseloads to 150 claims and medical only caseloads to 200 cases. Supervisors also review adjuster diaries to ensure that they are worked each day and kept current, and review closing ratios for each adjuster to ensure claims are being close timely and the adjusters are working efficiently and effectively.

Brentwood provides all adjusters with a **claim assistant**. The claim assistant inputs new claims, makes copies, inputs payments, and files state forms on behalf of each adjuster. This administrative

support ensures that the adjusters can remain focused on managing claims.

Brentwood provides **active supervision** on ALL claims. Providing proactive, high quality, hands-on claims service has been key to the success of Brentwood. Supervisors review ALL claims on a 30, 45 or 60-day basis depending on the complexity of the claim to ensure that the claim is being handled proactively and in a detailed and timely manner. To ensure that our quality standards are being met, Brentwood requires its claim supervisors to perform supervisory reviews and document their findings in the following categories on all of its claims:

- Timely completion of 24-hour, 3-point contact (contact with the employer, employee, doctor) and measure the quality of those contacts. If initial contact was not successful, were additional attempts made and documented, and were contact letters sent at the appropriate time?
- The investigation of the claim, its adequacy, timeliness, and determine if there are any investigation areas that need to be addressed.
- Determination of compensability. Is there a complete explanation for accepting/denying the claim?
- File documentation. Were all activity, conversations and investigative work documented properly?
- Medical management. Did the adjuster proactively direct medical care?
- Follow up. Has the adjuster set a current diary and established a future-handling plan for the claim?
- Legal management. The adjuster is required to direct all legal activity after litigation occurs. Has the adjuster documented the current legal status?
- Reserving. Were the reserves set within our 15-day required time period? Do they adequately reflect the exposure?
- Has the adjuster developed a plan for the proactive management of the claim? Is the plan being followed?

All new claims are **reviewed by a management-level employee** prior to assignment. This ensures that a seasoned claims professional reviews all incoming claims. In this review, the manager has the opportunity to provide detailed instructions on how the claim should be investigated and handled.

Documented Plan of Action. Brentwood requires adjusters to provide a documented plan of action on all claims. This helps to ensure that claims are managed proactively. To that end, Brentwood's system, ClaimsXPress (CXP) has a Plan of Action Screen that adjusters use to document the claim history, current treatment, and plan for future handling of the claim.

All notices, reports and admissions required by state statutes relating to workers' compensation claims will be compiled and filed timely.

Our medical cost containment program is client-centered and is in line with BCSD's mentioned requirements to include: Fee schedule; Hospital UR; Hospital bill audit; and Hospital/Physician

discounts.

A quarterly medical cost containment report can be generated and sent to whomever BCSD would like to receive the report and in the format/frequency requested.

ORGANIZATION AND BACKGROUND:

a) Briefly describe your organization, the year it was founded, location of its headquarters and other offices, its ownership structure (e.g., publically held, employee-owned), and any affiliations with other companies, including any parent corporation(s).

Celebrating 35 years of excellence in service, Brentwood has earned a reputation for providing unequaled claims administration and professional loss control services. As with any true partnership, our performance is measured by the success we achieve in assisting our clients to minimize losses, prevent injuries, and maximize control of claims costs. Our company's continued growth is the direct result of each employee's passion, enthusiasm, and accountability for client satisfaction. Corporations, governmental entities, insurance companies, captives and self-insured funds utilize our services.

In 1990, Brentwood Services Administrators was founded in Brentwood, Tennessee, where our current headquarters office is still located. The company implemented an Employee Stock Ownership Plan (ESOP) in 1997 and remained privately owned until its acquisition by Acrisure on July 1, 2022. Acrisure is a top 5 worldwide broker known for acquiring successful companies and empowering additional success with strong financial backing. Furthering our growth, as of May 2025, Brentwood officially joined Acrisure Claims Services, LLC ("Acrisure Claims"). Acrisure Claims was established in November 2024 as a limited liability company formed pursuant to the laws of the State of Michigan. It is an affiliate and wholly owned subsidiary of Acrisure, LLC.

Acrisure Claims is the consolidation and alignment of Acrisure, LLC's existing and ongoing claims administration, managed care, and loss control operations, consolidated under a common brand, management, and operations. This strategy will streamline claims administration, improve claimant experience, and upgrade the delivery of claim benefits across all lines of business including Workers' Compensation, General Liability, Auto, Property, and Transportation. Acrisure Claims will be comprised of nearly 400 employees working across the United States. Brentwood has become stronger and continues to thrive with this partnership.

Senior Management is committed to client satisfaction and service excellence. Brentwood welcomed Jeff Kuss into the role of president in July 2024. With over 25 years of senior leadership experience in the workers' compensation insurance industry,

Jeff Kuss aims to leverage his knowledge of claims administration to develop operational efficiencies and further support the quality of claims administration provided by Brentwood. Amidst Brentwood's continual growth, Jeff aims to scale operations effectively by implementing best practices and leveraging technology.

The distinct expertise of Brentwood provides our clients with focused and specialized service in all areas of self-insurance. The company has a flat hierarchy structure, creating empowerment and accountability at each level while enabling us to be flexible and responsive to the unique needs of each client. Backed by a strong leadership team, our people make a difference. We provide a professional work environment and treat each employee with respect, allowing us to maintain a stable and high-quality staff committed to customer satisfaction.

We have staffing across the country and offices located in: Birmingham, AL; Florence, AL; St. Louis, MO; Brentwood, TN (headquarters); Culver City, CA; and East Lyme, CT.

b) Describe your company's customer service philosophy and management style.
Brentwood understands that helping our clients achieve success is built on personal customer service provided in a professional and caring manner. Brentwood's claims management philosophy is simple: apply experience and technical claims competency with compassion and respect for injured employees to achieve optimal outcomes in every injury on duty claim. To achieve this objective, we investigate each claim promptly, quickly determine compensability or liability, and ensure proper medical services are provided as soon as possible. Throughout the claim management process, Brentwood proactively provides communication with the employer, employee, and medical providers so that there is timely and effective handling of each claim.

c) Describe your company's expertise in each area as it relates to Workers' Compensation administration including but not limited to the following:

1. Designated customer service and account management staff including email addresses.
John Smitherman, EVP, is BCSD's designated account manager. Brentwood believes that communication is the most important issue in the claim process. We provide premier customer service and direct access to your service team, who are available at all times. Brentwood has an emergency claim reporting system that alerts supervisors in the event of a call or notification about a claim. These supervisors rotate the emergency cell phone after hours. After-hours callers are automatically routed to this cell phone number, which gives Brentwood clients access to staff 24 hours a day, 7 days a week. Consistent and open communication allows for an efficient workflow, resulting in the high-quality service Brentwood promises.

John Smitherman keeps in close contact with the claims supervisor to ensure Brentwood's quality standards are being met and that every claim is positioned for the best possible outcome. John.smitherman@bwood.com

Beth Olson is BCSD's current Claims Manager and point of contact regarding all communication pertaining to the overall development, implementation and monitoring of the service delivery, monitoring the claim service and quality assurance compliance, addressing questions, issues, concerns and requests relating to the program, communicating special account instructions to the claim service offices, working with the carrier(s), as required, coordination of periodic meetings, claim file reviews/audits and renewal activities and information system issues.

Beth is a motivated, skilled and personable claim manager with over 15 years of providing consistent, superior customer service and problem-solving skills. Her work ethic is unmatched and hard to find. Beth has years of experience in handling Auto Property Damage, General Liability, Bodily Injury and Workers' Compensation claims.

Beth came to Brentwood Services Administrators in January 2020 as a Claims Representative. She has handled claims in multiple jurisdictions including South Carolina, North Carolina, Maryland, and Virginia, in addition to supervising claims for those states. Beth was soon after promoted to Supervisor, due to her thorough and detailed investigation process and team attitude. She is dedicated to her work and has a great work ethic. Beth has experience supervising other municipality accounts for Brentwood and reviews claims each time they are assigned, and regularly thereafter. In April 2025, Beth was promoted to WC Claims Manager. Beth.olson@bwood.com

2. Secure, web-based application.

   Our CXP claims system is a secure web-based application that can be accessed 24/7 via wifi.

   Additionally, Brentwood has partnered with Gain Life to deliver the most comprehensive and innovative solution in the industry to elevate injured worker advocacy. The software, called Jarvis, is an engagement platform to help improve communication between injured workers and claims teams and reduce negative claim outcomes. Jarvis offers several features to mitigate negative psychosocial issues that drive up claim costs and recovery time.

   The software (Jarvis) is an engagement platform to help improve communication between injured workers and claims teams and reduce negative claim outcomes. Jarvis offers several features to mitigate negative psychosocial issues that drive up claim costs and recovery time.

   Jarvis can deliver the following benefits to injured workers (IW's):

- Reduce IW anxiety with empathetic expectation-setting content and jurisdictionally specific FAQs
- Communicate with the IW in their preferred medium and language from within the adjuster email inbox
- Identify potential psychosocial issues with evidence-based automated text and/or email check-ins
- Mitigate psychosocial issues with evidence-based resources covering the most common wellbeing barriers
- Expedite paperwork completion by enabling injured workers to electronically complete and sign documents

Jarvis Features

- Expectation setting content
- Jurisdictionally specific FAQs
- Evidence-based psychosocial resources
- Complete and e-Sign documents
- Download audit trail
- Auto-translation of text/emails between IWs and claims professionals
- Enable lawyer mode if necessary
- Automated psycho-social check-ins
- Add medical appointments, get reminders, download appointments and directions to calendars
- Upload documents by phone or computer (patient visit summaries, Rx, mileage reimbursement forms)
- Check payment status

3. Monthly/quarterly reporting and payment options.
   We offer numerous reporting and payment options. We offer over 65 standard reports that can be downloaded in several formats for immediate viewing. Please see our pricing proposal for payment options that BCSD currently uses.

4. Problem resolution methodology.
   Disciplinary action is taken when Best Practices are not followed. Supervisors review each claim at regular intervals and address any issues that arise with the claims adjuster for BCSD. We will also address with BCSD if an item of concern should be discussed in a formal format. Brentwood understands the importance and value of open and continuous communication. Good customer relations are driven by open communication, responsive actions, and devotion to assisting our clients achieve success. Our staff holds paramount the needs of our customers and understands that by only providing great customer service

and solutions we will be able to create a mutually rewarding relationship.

5. New coverage process.
   New claims are treated with the highest priority, with the goal of determining compensability or liability as quickly as possible. All new claims are delivered to the claim manager immediately, either by fax, mail, email and telephonic transmission or electronically through our client web access system. The manager reviews the new claims and assigns them based on client requirements, severity of injury, and investigation needs of the particular claim. For each claim, the supervisor or manager will provide specific instructions on how the claim should be investigated, triaged for early intervention, and managed initially. Once the assignment takes place, the claims are then input into our claim system immediately by our support staff and delivered to the specified adjuster as soon as they are set up. Acknowledgment letters or emails are sent to the client, and a Benefit Letter is sent to the claimant. The Benefit Letter explains the claims process, how to submit claims for mileage reimbursement, identifies the pharmacy benefit manager, and generally describes benefits that may due. Once the claims is entered into the system, all related claims information entered into our system is available for immediate viewing by our clients in real time.
6. Claims process.
   Please see attached Claims Process FlowChart.

7. Termination of coverage process.
   Per our contract terms, during the Term of Agreement, either Party may terminate the Agreement by providing one hundred twenty (120) days' prior written notice of termination to the other Party.

d) Within the last 5 years, has your company in any capacity been a party to any litigation, including any administration or self-regulatory proceeding, directly or indirectly related to the conduct of your business.
   No.
e) Describe any merger/acquisition plans or other major organizational changes under consideration by your company. None at this time.
f) Please submit in verification that your firm is a State-approved third-party administrator for self-insured workers' compensation programs.
   See attached TPA license for SC.
g) What is the total number of clients using your services? How many independent self-funded government employers do you have as customers?
   Brentwood has 160 clients, with over 50 of them being self-funded government employers.

SERVICE TEAM AND SERVICES PROVIDED:

a) List the personnel you would propose to assign to this relationship and their responsibilities. Provide brief biographical information on each individual, including their positions in the company, education, licenses held (noting if they are licensed SC adjusters), training, years and type of experience and major clients served by the individual (including the period of service for each client). Please elaborate on how many mediations and hearings the adjusters to our account have attended within the past twelve months.
Please see Tab 5, Attachment A (Claims Administration), Section A for BCSD's current claims team.
They have attended zero mediations and hearings in the past 12 months.

b) What is the caseload of open files that would be managed by the adjuster(s) assigned to the School District? Break down into incoming claims, outstanding claims, medical-only and lost-time cases. What is the annual turnover of your adjusters? What is your typical process on assigning claims?
Please see Tab 5, Attachment A (Claims Administration), Section B for adjuster caseloads. Our annual turnover is less than 10% for adjusters.

New claims are treated with the highest priority, with the goal of determining compensability or liability as quickly as possible. All new claims are delivered to the claim manager immediately, either by fax, mail, email and telephonic transmission or electronically through our client web access system. The manager reviews the new claims and assigns them based on client requirements, severity of injury, and investigation needs of the particular claim. For each claim, the supervisor or manager will provide specific instructions on how the claim should be investigated, triaged for early intervention, and managed initially. Once the assignment takes place, the claims are then input into our claim system immediately by our support staff and delivered to the specified adjuster as soon as they are set up. Acknowledgment letters or emails are sent to the client, and a Benefit Letter is sent to the claimant. The Benefit Letter explains the claims process, how to submit claims for mileage reimbursement, identifies the pharmacy benefit manager, and generally describes benefits that may due. Once the claims is entered into the system, all related claims information entered into our system is available for immediate viewing by our clients in real time.

c) Do you have legal counsel, worker's compensation specializing attorneys on staff?Other specialty personnel? Indicate any additional fees that may be associated with the use of this staff.
No. We work with the defense counsel our client prefers. Attorney fees fall under

allocated loss expenses.

d) Describe your process for understanding the plan's business, culture and participants needs.

Brentwood is very experienced with public entity claims, especially school districts and we understand the needs of our clients in this industry. We serve some of the largest employers in the region and have been selected by several other school systems, including Hamilton, Henry, DeKalb, Cherokee, Columbia, Dougherty, Hall, Houston, Fulton, and Walton. Brentwood feels its adjusters have a solid understanding of the BCSD account and preferences, but are open to making adjustments and improvements that BCSD sees fit in their claims handling process.

e) How often do you typically meet with the client to discuss plan utilization/compliance; services, etc.?

This varies by client as it is a client-based preference, but can range from quarterly to annually. As for BCSD, we will meet as frequently as they would like to discuss plan utilization/compliance services. We offer hosting claim reviews for BCSD, which can be an opportunity to open the floor for discussing plan utilization/compliance, but we have not been taken up on the offer yet. We encourage BCSD to have regular claim reviews if they would prefer.

f) Describe your procedures for making initial and follow-up contact with injured employees, supervisors and HR designated representatives. Will you be able to perform this within 24 hours of receiving the claim? What criteria will be used to determine style of investigations?

Brentwood completes three point contact on all indemnity cases and the majority of medical only cases other than very minor injuries. This contact includes the injured employee, witnesses, local hospital or physician contact, and employer representative and/or employee supervisor. 24-hour contact is crucial to enable the adjuster to gather and document key claim information and preserve an accurate record of accident facts. This also provides an opportunity to develop a rapport with the injured worker and to explain benefits if compensability is not questioned. 24-hour contact can help reduce or avoid attorney representation and potential associated legal expenses. In the event that claimant contact is not successful, Brentwood requires its adjusters to continue the contact attempt for 3 consecutive days. If, at the end of that time, contact has still not been completed, the adjusters are required to send the claimant a "contact letter" via certified mail requesting that they call the particular adjuster. Once contacts have been completed, they are documented in our claim log system and labeled under the headings of "three point contact – claimant", "three point contact – physician", and "three point contact – employer".

g) Describe your investigative and reporting procedures. What criteria will be used to determine the extent of an investigation?

Brentwood's philosophy is to promptly, thoroughly and proactively investigate each and every claim with the goal of quickly determining compensability or liability. There are many steps in that process, which include:

- Receipt of claim (fax, mail, email, telephonic or though our online system
- Coverage Confirmation
- Claim entered into system (typically same day or next day if received after hours)
- Acknowledgement letters/emails sent to client/Benefit Letter sent to claimant
- Scan any documents received into Brentwood's system
- Timely completion of 24-hour, 3-point contact. (as described above).
- Discussion with client representative and any witnesses to corroborate facts.
- Take recorded statement from claimant on indemnity claims, questionable claims, and witnesses when warranted. Brentwood believes that recorded statements are a very effective investigative tool and utilizes recorded statements on the majority of indemnity claims that we receive. Our adjusters are required to document the reasons why a recorded statement would not be needed in the claim file, otherwise, the recorded statement will be expected by the supervisor.
- Review medical records for diagnosis and relatedness to stated injury. Request records needed to assist in compensability determination.
- Utilize index bureau for indemnity claims.
- Roundtable with client: On questionable cases, findings will be discussed with our clients prior to the determination of compensability.
- Document compensability or liability: Once compensability or liability is determined, the reasons will be documented in our "log" or adjuster notes under the heading of "Compensability or Liability Decision". If the claim is denied, the appropriate forms will be filed and the claimant will be notified in writing.
- Action Plan: Once the investigation is completed, an action plan is developed and documented in the adjuster notes, and labeled with the heading, "Action Plan". Brentwood has an Action Plan page on the electronic record of each claim that can be viewed upon viewing each claim.
- Proactive, ongoing management: Brentwood adjusters review each indemnity claim at least every 2 weeks, before indemnity payments are made, or as activity warrants. Clients are kept updated on the progress of the case. Diaries are set for follow up for return to work, early return to work to restricted duty, etc. Claims must be managed with the ultimate goal in mind, which is to bring the claim to closure.
- All investigative efforts are documented. Brentwood's electronic claim system is the foundation on which proactive claims handling is supported. Files are meticulously maintained and adjusters are held accountable to the standard of "if it is not documented it didn't happen". Important documents are scanned into the system and labeled to make them easy to locate. Each adjuster is trained to document the electronic file in a manner that would allow anyone, at any time, to read the file and be able to determine what has occurred to date and what is planned

to bring the file to a conclusion. Claim notes, including supervisor reviews and case management documentation are maintained in the system. Information and rationale behind each reserve change is thoroughly documented along with communications with each vendor. Email communications are copied and pasted into file notes, increasing efficiency and maintaining integrity and accountability in the documentation process. All claim-related discussions are summarized and documented by the adjuster or supervisor in the electronic notes.

h) What will be the frequency of status reports on any claim involving temporary total disability and/or permanent total disability?
We will send status reports at the frequency that BCSD would prefer. We have attached a sample status report for your reference.

i) Where will medical bills be processed? Where will lost wage checks be processed? What is the average length of time that it takes from receiving a provider bill to the mailing of the payment to the provider?

All medical bills are ingested through OCR into the CompIQ bill review platform, indexed, validated and matched to the correct claim. Once the bill goes through the initial process, the bill is sent to CompIQ's IQSymphony portal for the adjuster to review and make bill decisions; approve, deny, or modify. Once the bill is approved by the adjuster, the bill transmits to the appropriate PPO cascade or my be triggered for an out-of-network review or other negotiated discounts when applicable.

Lost wage checks are processed in our Brentwood, TN office. Turnaround time for bill processing is up to 8 days depending upon the complexity of the medical bill.

j) Describe criteria used for providing systematic medical/hospital bill audits?
The criteria used for successfully auditing medical/hospital bills begins with accurate data capture with all medical bills being ingested through OCR into the CompIQ bill review platform, indexed, validated and matched to the correct claim. The medical records are included with the medical bills and not only reviewed, but also summarized in each claim file. The ICD code is also captured in each individual claim file for various reporting purposes including Medicare Reporting.

Bill review will perform the standard bill review process to reduce bills to applicable state fee schedule or regulatory fee schedules and necessary edits are made by the bill review associates. Bills that hit certain criteria are pended for additional review by a nurse, certified coder, or specialty reviewer to address the nature of the rule creating the bill to pend to ensure maximum negotiated discounts are applied to each bill. Our experts' firsthand knowledge of provider billing practices combined with our processes, innovative and proprietary technology, proprietary and national databases and unique analysis methodologies enable the nurses, auditors, and certified coders to apply rules that prevent overpayment of inappropriate medical charges such as unbundling, up-coding, medical

coding errors and duplicate bills and charges.

Once the bill goes through the initial process, the bill is sent to CompIQ's IQSymphony portal for the adjuster to review and make bill decisions; approve, deny, or modify. Once the bill is approved by the adjuster, the bill transmits to the appropriate PPO cascade or my be triggered for an out-of-network review or other negotiated discounts when applicable. The explanation of benefits, original bill and payment data are then electronically transmitted to the claim system for payment. This integrated process eliminates the potential for human error from manual keying of payments and ensures turnaround time to meet client and state requirements.

Another important element in the procedure for properly auditing medical costs is the timely programming of the most current state fee schedules and jurisdictional and regulatory updates. CompIQ has a deep and experienced compliance team that oversees these updates to ensure timely and accurate updates are programmed and implemented into the CompIQ production bill review platform.

k) Please describe procedures for reviewing the adequacy of claim reserves.

Our claim system, CXP, includes a comorbidity table that adjusters may use when contemplating reserves. It also has a very robust reserve worksheet which allows the adjuster to fine-tune their reserve rationale on each claim. Brentwood's reserving philosophy requires that all files be reserved to reflect anticipated exposure, given information currently available. We also collaborate with our clients when setting reserves, and agree that very few WC claims require reserving for lifetime medical.

Initial reserves are set within 15 days of receipt of the claim. Reserves are reviewed for adequacy and appropriateness each time the file is handled (at least every 30 days) and when there are material changes in claim status. Claim supervisors review reserves every 30 to 60 days depending on the circumstances of each claim. The original reserve and subsequent changes are noted in the "claim reserve worksheet" section of the system as well as in the adjuster notepad. Adjusters must document the rationale behind changes in reserves, and all documentation is provided in the "logs" or notepad along with the claim reserve worksheet that is utilized for each change. This worksheet specifies the reserves by expense category, such as indemnity, medical, legal, etc. Adjusters and supervisors are granted reserving authority based on their respective claims handling experience and according to each client's specific handling instructions. All proposed reserve changes exceeding an adjuster's authority are reviewed by their supervisor prior to being posted. Supervisor recommendations and comments regarding reserves are documented in each claim file.

Brentwood's reserve worksheet includes macro sections for medical, indemnity, expense, case management, and legal. Each section is expandable and allows the adjuster to provide specific methodology and rationale behind each reserve change.

l) Describe your approach to claims adjusting and management, including but not limited to: scheduling independent medical evaluations, arranging rehabilitation services, securing medically approved employment; activity checks and legal assistance.

Brentwood has developed a proactive and collaborative approach to claims by ensuring that Brentwood's staff is responsive to clients and manage claims proactively with the goal of bringing the claim to closure. We emphasize early intervention, clear communication, and compliance with all jurisdictional guidelines.

- Scheduling Independent Medical Evaluations (IMEs) – We schedule IMEs through credentialed providers with expertise relevant to the injured worker's condition and ensure the worker receives proper notice in accordance with statutory timelines. All referrals are based on medical necessity and are fully documented in the claim file.

- Arranging Rehabilitation Services – We assess the need for vocational or physical rehabilitation as early as possible and work with licensed rehabilitation providers to develop return-to-work plans tailored to the employee's functional capabilities. Progress is closely monitored, with regular updates provided to our clients.

- Securing Medically Approved Employment – Through collaboration with treating physicians and vocational experts, we identify suitable modified or light-duty roles. We partner with employers to facilitate transitional work assignments that align with medical restrictions. When necessary, we explore external placement options and job retraining programs.

- Conducting Activity Checks – Activity checks are initiated when there is reason to believe the injured worker's activities may not align with reported restrictions or disability status. When warranted and at the approval of the client, we use outside investigators and ensure that all surveillance complies with privacy laws and ethical standards. Our findings are used to validate claim legitimacy and guide next steps.

- Providing Legal Assistance – We engage the client's preferred legal counsel when claims involve litigation, complex legal issues, or potential fraud. Our claims staff collaborates closely with attorneys to develop litigation strategies, attend hearings, and achieve cost-effective resolutions.

m) Detail your ability to monitor regulatory and legislative developments at both the state and federal level and how this will be communicated to Beaufort School District School District.

We have a dedicated regulatory compliance team and legal resources that actively monitor state and federal workers' compensation laws. We stay up to date on legislative changes and relevant updates are promptly shared with BCSD through the adjuster and/or supervisor via the preferred method of communication. We also provide training to our staff to ensure continued adherence and strategic alignment.

n) Talk to us about your firm's steps that have been taken to ensure dedication to compliance with the statues and rules of SC Worker's Compensation Act.
Brentwood ensures full compliance with the South Carolina Workers' Compensation Act through dedicated state-specific training, the use of licensed adjusters, and regular internal audits. We adhere strictly to SCWCC filing deadlines and ensure transparent communication with the Commission. These measures help us consistently meet all regulatory requirements and deliver compliant, high-quality claims management.

LOSS CONTROL AND CLAIMS REPORTING/RMIS REQUIREMENTS:

The selected Workers' Compensation Claim Administrator shall provide a fully integrated risk management system. In the areas of claim information, loss control information and general financial information, the firm shall have the capability to provide the following:

a) Please provide an explanation of the RMIS capabilities of your firm.
Brentwood's claim system is ClaimsXPress (CXP), an Insurity company. CXP provides flexible, comprehensive solutions and services to the insurance industry. CXP is an innovative, award-winning claims administration system, which is highly praised by clients and well recognized by industry experts as a leading claims solution. Together, CXP's team of Big 4 consulting and industry veterans, experienced software developers, and project managers deliver an architecturally strong enterprise platform, designed for superior speed, scalability, and performance. With advanced technology and focused customer service, CXP has experienced phenomenal growth and success, earning high rankings on the national Inc. 5,000 and local Fast 100 lists of fastest-growing private companies.

CXP uses cutting-edge technology and offers many advantages to Brentwood's staff and clients, which include:

- CXP can be accessed by an unlimited number of users. Data is updated constantly by adjusters and case managers and is available for reviewing and extraction in real time.
- CXP is web-based
- Includes automatic Excel conversion capability. Graphs and charts can also be immediately accessed, and reports can be bookmarked by users to be run at points in the future.
- SQL Reporting – Powerful data analysis capability
- Easy to use and navigate
- Custom fields can be added for individual clients
- Full or partial access can be granted
- Plan of Action module – appears on Summary screen and outlines detailed plan on claim
- Integration with outside vendors to expedite bill payments

- Ability to customize the system based on client needs
- Integrated Document Management to store documents electronically
- Automation – using Business Rules, Letter Generation, Scheduled Reports, Workflows and Alerts
- Payment detail – actual medical bills can be viewed, then users can drill down to see the bill review data, the actual bill and procedure codes, the review codes, check images, etc.

b) Loss run printouts by policy year (must be capable of selecting data on the basis of specified range parameters on any or all data fields.)
We can generate these loss runs by policy year.

c) Monthly loss detail and summary reports (Please provide samples)
We can provide loss run reports (Claim Cost Detail Reports). Please see attached.

d) Quarterly accident analysis detailed reports (Please provide samples)
We can produce quarterly frequency analysis reports. Additionally, we have a Loss Control folder of reports that can be run for our clients. Please see attached.

e) Monthly check register detailing financial activity, including payments issued, payee, amount of check, type of payment, claim number, date of injury and claimant name (Please provide report sample)
We can produce this report. Please see attached.

f) Please discuss online ability and access to file claims and check on status of claim along with any claim data.
Designated BCSD CXP users have 24/7 view-only access to all of their claim files and can check on a status of a claim and all accompanying information/documents attached to the file at any time, anywhere with a wifi connection.

Customized loss reports are preferred. Please comment on your firm's ability to provide reports to a variety of formats.

Brentwood's ClaimsXpress (CXP) claims system has the capability to produce all of the above.

Brentwood's information technology professionals can create virtually any ad hoc and custom report that BCSD may need in the format or application requested. Please see attachments for more example reports. Some additional reports that we can provide are listed below:

- Loss runs (Claim Cost Detail Reports) This report shows claimant name, accident description, date of loss, department, claim number and reserves, paid and total incurred for medical, indemnity, case management, legal and expense categories. This report provides totals at the end and can be run by location, department, shift, etc. It provides "as of" or rollback capability as do all our reports and can be run for calendar or fiscal year.
- Change of Incurred Report provides the client with changes in the total incurred on their claims for the selected time frame. The client may also select the level of change beginning

at .01 cent and above. The report is typically used to identify files with reserve changes in each time frame.

- Claim Summary. The Claim Summary report provides an annual total for reserves, paids and total incurred and can be run by location, department, shift, etc. It also provides a total number of indemnity, medical only, and information only claims.
- Transaction Register. This report shows the payee, claim number, date of loss, gross amount of payment, net payment, dates of service, and date the check was issued. This report also includes voids, cancellations, and refunds. Can be run by location or department and can be run daily, weekly, or monthly.
- Frequency reports. Brentwood has 3 types of frequency reports that rank injuries according to their cost by type, nature, or cause of injury. These reports can be run by department, shift, etc.
- Medical cost savings reports that detail gross amounts billed, discounts taken (fee schedule, PPO, negotiated discount, etc.).
- Stewardship report that provides summary program information.

We can customize loss reports in whatever format BCSD prefers and have not run into a report our IT couldn't produce for our clients.

In the event there is a termination of any service agreement, will the School District continue to receive periodic loss reports on open and closed claims? If so, what will be the costs for such reports? Will access to claim information via online be available after agreement termination? If so, what will be the charge and availability time?

Yes, if BCSD elects to have Brentwood handle runoff claims, Brentwood would continue providing the Services for claims reported to Brentwood during the Term until all claims are closed. Loss reports are considered standard reports and we would not charge for them. Online access will be available at no additional charge for run-off claims.

Submitted proposals should address ownership of data/loss files. Please comment on special ownership of claim file media.

Per our contract language:

To the extent legally applicable, Brentwood shall maintain and retain custody of the books, records, files, and other information ("Employer Records") as required to perform the Services. Brentwood may destroy any Employer Records after seven (7) years of file inactivity, unless ordered by Employer, in writing, to continue to maintain said Employer Records. Such Employer Records may be maintained by Brentwood in electronic format. The Employer Records shall remain the exclusive property of Employer and shall be available for review by Employer during business hours, with reasonable written notice, at the premises of Brentwood. Employer acknowledges that all software, source codes, licenses, and other intellectual property rights that are utilized by Brentwood are not the property of Employer and remain the exclusive property of Brentwood.

If this Agreement is terminated by either Party, Employer releases Brentwood from any duty and

liability for the maintenance and keeping of the Employer Records. Employer acknowledges that Brentwood may, in its exclusive discretion, retain a copy of all Employer Records upon termination of this Agreement.

FINANCIAL AND ACCOUNTING SERVICES:

Please submit an explanation of the establishment of any fund which may be required for payment of claim. Details should include, but not be limited to:

a) Any monthly requirements after initial establishment of the fund
b) Procedures under which funds are to be transferred
c) Frequency of adjustment to determine accuracy of funding level
d) Reconciliation of check issuance
e) Maintain accurate and current claim payment records to prevent the issuance of duplicated payments.

Brentwood offers numerous checking account arrangements for its clients and is flexible in regard to how BCSD desires their account to be maintained. If BCSD would like to make any adjustments to their current loss funding process, Brentwood would be more than happy to make those adjustments at the request of BCSD.

Currently, we maintain an escrow account for BCSD with Regions Bank. This account is kept at a zero balance and funded each week after checks are issued. Checks are issued and an ACH is initiated by Brentwood on Friday for the total of the weekly check issuance, deducting any voids, refunds, or recovery credits. A transaction register is sent to BCSD each Monday detailing the prior week's payment activity for their review and records. This account is reconciled monthly, and a monthly transaction register and reconciliation documents are emailed to BCSD within the first working week of each month.

Brentwood uses blank check stock and a lasering system, so blank check stock with account information is never kept on hand. The account and MICR information can only be lasered onto the check after a payment has been entered into the system. Brentwood has dedicated staff members who have the authority and security clearance to cut checks. These employees do not have authority to enter payments into our system. The employees who enter vendors may not cut checks. Adjusters have no access to checks and no access to entering vendors into the system. Full reconciliation and accounting are provided for every transaction, for every client. Payment for these services can be included in the quarterly billing.

MEDICAL CASE MANAGEMENT:

a) Please describe your medical case management program with details on who you typically work with and the criteria that is used in selecting cases. Please provide a description of the professional experience/qualifications on medical case management personnel who you would recommend to be assigned to work with the School District. Brentwood partners with KeyScripts. Please refer to Attachment B, Section 2 (Medical Case Management).

b) How often are reports on managed care cases submitted? Please provide a copy of a "typical" medical case management report. Will the managed care personnel be willing to play an active role in our critical claims' management process? If so, in what capacity would they see their role in this process?
Reports on managed care cases will be sent at the frequency BCSD requests, but can vary depending on the complexity and urgency of the case. Yes, managed care personnel are willing to play an active role in BCSD's critical claims' management process. Their level of involvement in this process is at the discretion of BCSD, but can include:

- Medical Oversight: Ensuring timely, appropriate, and evidence-based care is delivered.
- Care Coordination: Acting as a liaison between healthcare providers, the employer, and the insurer.
- Return-to-Work Planning: Developing and monitoring modified duty or transitional work plans.
- Utilization Review: Ensuring treatments are medically necessary and within guidelines.
- Patient Advocacy and Education: Helping injured workers understand their treatment plan and reduce non-compliance.
- Cost Containment: Identifying unnecessary services or delays and promoting cost-effective alternatives.

Our team of internal managed care personnel aim to accelerate recovery, reduce time away from work, and contain costs while supporting both the injured worker and BCSD.

Please see attached Managed Case Management Report with Beaufort County Schools' data.

c) Please describe the fees associate with your case management.
We typically charge a rate per hour on FCM and TCM. Mileage is reimbursed at the current IRS rate. Please see Cost Proposal for specific case management fees.

PERFORMANCE MEASUREMENT AND EVALUATION:

a) Provide a sample of the reporting utilized. Can the reports be customized?
Loss Listing, Summary reports, Transaction Register & Custom reports can be created for

BCSD. Please see attached sample reports.

b) Provide a sample of the benchmarking reports with respect to the plan's incurred utilization. Include any additional fees for this service.
Please see attached benchmarking report.

Fees: We would not charge additional fees for this service.

- What are your proposed fees on a full-service basis (e.g., commission, annual consulting fee), including all out of pocket expenses (e.g., benchmarking reports, communication materials, etc.)? Describe how all fees are proposed to be billed, paid and or received.
We are flexible and able to work with the District if the current billing arrangement needs to be adjusted.

- If you have unbundled services, describe the service and the fee or fee basis for each service.
Any unbundled services are billed at the provider's agreed rates. No surcharge to the District for using them.

- Describe all fees/commissions that may be received by your firm with respect to the program's other than those paid directly by Beaufort County School District.
Not applicable

Strategy:
Describe issues and challenges as you view them, facing Beaufort County School District in the upcoming year and describe how your organization can assist.

- Describe your vision of the transition from the current TPA program to your program. Provide a timeline of transition steps.
One challenge we see and have seen is finding appropriate care, especially when it comes to Neuro & Psych treatment, not just for the District but statewide. We'd like to explore adding providers outside of the geographical area, potential telehealth and other creative ways to help solve the lack of viable providers.

  We'd also like to look at the most common injury types and collaborate with loss control to gain any creative insights to potentially mitigate those claims.

  Additionally, adding our integrated Triage program could help minimize any lag time, eliminate unnecessary treatment and allow for intervention in the claims needing it the most at the earliest opportunity.

- Describe any additional services not outlined under your response to the scope of services that your firm would offer and how these would accomplished.
Since we are the current TPA, we envision a kickoff meeting 30 days prior to renewal. We'd take that time to discuss what's worked wonderfully and identify areas of

improvement. Evaluating all facets from vendors, providers, reporting and claims status.

a) The selected Workers' Compensation Claims Administrator will have specific personnel assigned to handle all School District claims. The expectation is the assigned personnel will have offices and will be equipped with access available by telephone, fax and email and on-site meetings with designated School District staff, as required. This claims team will handle claims with the HR designee on the day-to-day basis. The lead adjuster, which will be assigned to the School District account, should be part of any presentation team.

Brentwood agrees and will accommodate.

b) With the approval of the HR designee, arrange for independent medical examinations, rehabilitation services and other medical care, when such procedures may constructive.

Brentwood agrees and will be in constant communication with the HR designee.

c) Report claims to the School District's excess insurer in accordance with policy requirements, and monitor all recoveries due. This shall include providing notice to excess insurers of all claims or potential losses which may exceed the School District's per occurrence retention and, if requested, provide such insurers with necessary information on the current status of those claims, including total aggregate loss information for the policy year.

Brentwood will handle excess and Medicare reporting for the District and seek recovery on claims piercing the excess layer.

d) The selected Workers' Compensation Claim Administrator will need to have electronic capability for communication with School District staff, designated medical providers and attorneys. This may include claims data available through secure website access and encrypted email.

Brentwood can and does accommodate.

e) The selected Workers' Compensation Claims Administrator is expected to return phone calls and/or respond to emails from designed School District staff and calls from injured School District employees within 24 hours.

Brentwood agrees.

f) The selected Workers' Compensation Claim Administrator is expected to set an ultimate claim reserve for all lost time cases within 30 days of the receipt of the claim. This reserve would be adjusted as needed to always reflect the ultimate claim reserve.

Brentwood agrees and aligns our philosophy with that of the District.

PERFORMANCE LOCATION:

After award, all services shall be provided to the location specified by this Solicitation.
Brentwood will comply with this requirement.

QUALIFICATIONS:

a) The general history and experience of the business in providing work of similar size and scope. Five (5) year minimum.

Brentwood - TPA

Brentwood, headquartered in Brentwood, TN, has become a leading provider of risk management services to self-insured employers and continues to flourish. For 35 years, we have been in the business of providing claims management services to our ever-growing list of clients across the country. Brentwood has the South Carolina expertise and experience necessary to continue professionally managing the District's workers' compensation claims.

Our experience with public entities (especially school systems) is unmatched and spans back to 1990 when we first became a company. In addition to Beaufort County School District, we currently serve 50+ public entities, including over 20 school systems throughout the southeast for the administration of Workers' Compensation programs. A few of these clients include the City of Washington, NC, DeKalb County Schools, Dougherty County School System, Cherokee County Schools, Fulton County Schools, and Hall County Schools.

Partnering with Brentwood provides an opportunity to help further the program through our commitment to putting clients first, helping them develop an industry-leading, individualized Workers' Compensation program.

KeyScripts – Pharmacy Benefits Management

Established in 2006 as a limited liability company (LLC), KeyScripts is a privately owned and managed, Pennsylvania-based national pharmacy manager and ancillary services provider. As such, KeyScripts answers to its valued customers, not to shareholders. KeyScripts was developed through more than 45 years of experience managing workers' compensation claims for government entities and self-insured employers. KeyScripts is not a healthcare PBM – their sole focus is workers' compensation claims. Their mission is to help our customers reduce their workers' compensation costs and associated management burdens through well-designed pharmacy and ancillary service programs. KeyScripts is comprised of an interactive team of nearly 200 employees, including clinical pharmacists and medical care professionals; IT and business developers; account managers; legal and compliance officers; customer service specialists; and medical billing and coding technicians.

KeyScripts' growing list of workers' compensation pharmacy customers in both the public

and private sectors attests to their ability to offer industry-leading discounts on prescription drugs delivered with outstanding service and support. More than half of their current customers have been with KeyScripts for more than 10 years, and their customer retention rate over the last five years is 100%.

CompIQ – Bill Review, Repricing Services, & PPO Networks

CompIQ Solutions (CompIQ), aimed at providing a comprehensive savings solution for our clients, has been serving the national property and casualty market for 24 years from its base in Albuquerque, New Mexico. CompIQ supports system flexibility through two proprietary platforms in their CompIQ bill review platform and their adjuster portal IQSymphony™. CompIQ is well-versed in regulatory compliance in all states to ensure the best bill review outcomes for our clients.

With their national bill review solution, our clients receive maximized savings on their medical bills, particularly in complex cases involving high-dollar surgeries and provider billing. Through CompIQ's complete bill review program, our new clients have experienced on average an overall savings increase of 3-6% over their prior TPA's cost containment program. This increased overall savings is achieved through better compliance, auditing, certified coders, and a focus on quality versus automation. High use of automation can cause many bills to miss out on savings opportunities.

Beyond their state-of-the-art technology, CompIQ keeps our clients at the center of everything we do. This focus has allowed them to maintain long and successful partnerships, with an average client tenure of 13 years. Providing phenomenal support to their clients is always a top priority. From urgent software or solution needs to long-term strategic initiatives to help our clients solve complex problems, they are there for our clients when they need us, in the manner they deserve.

Wright Rehabilitation Services – Managed Care

Wright Rehabilitation Services has been successful in providing superior care in workers' compensation and disability-managed care since 1994. Originating in Atlanta, GA, they have grown across the US. Their staff of nationally certified professionals comes from many disciplines, providing excellence in service delivery to clients such as BCSD and other self-insured employers. Wright Rehab combines years of unparalleled experience, industry knowledge, and cutting-edge technologies to deliver optimal results for your organization and its beneficiaries. Tailoring their approach to the distinctive requirements of each client, they strive to enhance rehabilitation outcomes today and proactively address future challenges. As an industry leader in providing Workers' Compensation solutions, they have over 30 years of experience delivering products and related services that exceed their customers' expectations.

Barragan Corp. International (BCI) – Loss Control Services

When it comes to workers' compensation, public entities face unique challenges. The scale

of your projects is often very extensive, and the level of regulatory scrutiny and public visibility means that losses must be controlled.

In addition, as many government projects involve self-insurance, the project owner has great accountability for maintaining a low-loss outcome. And in today's charged political and social media climate, where a single incident can rapidly become worldwide news with disastrous consequences for educational institutions, it's even more imperative that these projects be conducted safely.

Thankfully, with decades of experience serving the American people, the BCI team is fully committed to ensuring the safety of your constituents, your employees, and the contractors you work with on your projects.

Our proven three-phase approach is the ideal fit for government and municipal projects, as we provide your team with not only the plans and the training, but the key documentation needed to ensure all your stakeholders can see that your organization is operating responsibly in managing public funds.

David F. Barragan, President and CEO of Barragan Risk Management, has over 30 years of safety experience in Strategic Risk Management. Mr. Barragan has developed and implemented a unique approach to safety and risk management that has made Barragan Corp. International a recognized industry leader in mitigating and controlling risk. Prior to heading up BCI, Mr. Barragan was the West Coast Regional Safety Director for seven Marine Corps bases and stations throughout California and Arizona. He has expertise in a broad range of safety related issues and evaluates projects for both, employers and employees. In addition, Mr. Barragan was the catalyst in changing the safety culture at Marine Corp bases, which was key in reduction of mishaps and increasing safety standards. He supervised safety awareness education and training for a half-a-million military and civilian personnel. He is a certified OSHA instructor and a Safety and Health Manager from the University of California San Diego. Additionally, Mr. Barragan is certified through the American Society of Safety Engineers for Managing the Business Aspects of Safety and holds a Bachelor's of Science in Business Management with an emphasis in Human Resources Management.

Licensing/Certificates:

- Government Contracting For Technical and Administrative Personnel
- Intro to Safety and Health Management (OSHA 7500)
- Trainer Course in OSHA standards for General Industry (OSHA 501)
- Guide to Industrial Hygiene (OSHA 521)
- Trainer Course in OSHA standards for Construction (OSHA 500)
- Principles of Ergonomics (OSHA 2250)
- Machine and Machine Guarding Standards (OSHA 2045)
- Fall Arrest Systems (OSHA 3110)

- Excavations (OSHA 3010)
- Hazardous Materials (OSHA 2015)
- Electrical Standards (OSHA 3095)

b) Information reflecting the current financial position. Include the most current audited financial statement and audited financial statements for the last three (3) fiscal years. Brentwood is in strong financial standing. Having been acquired by Acrisure, LLC in 2022, provided only further financial strength and backing. Please see attachments for our most recent audited financial statements from the past 3 years and our bank's good standing letter.

CompIQ, KeyScripts, BCI and Wright Rehab will provide this information upon award of contract.

c) A detailed, narrative statement listing the three (3) most recent, comparable contracts (including contact information) which have been performed.

- **City of Rocky Mount, NC:** Brentwood began handling all lines, including workers' compensation claims for this client on 7/1/2024. Services are ongoing. CompIQ provides bill review, repricing and PPO networks to the City.

  City of Rocky Mount, NC
  Michael Baughn, Director of Central Services
  Phone: 252-972-1588
  Michael.baughn@rockymountnc.gov

  City of Rocky Mount, NC
  Victor Lawe, Safety officer
  Phone: 252-972-1192
  Cell: 252-343-3206
  Victor.Lawe@rockymountnc.gov

- **Forsyth County Government, NC:** Brentwood began handling all lines including workers' compensation claims for this client on 7/1/2024. Services are ongoing. CompIQ provides bill review, repricing and PPO networks to the County.

  Forsyth County Government
  Christy R Byers, Risk Manager
  Direct: 336-703-2057
  byerscr@forsyth.cc

- **Hamilton County Board of Education:** Brentwood began handling workers' compensation claims for this client on 6/15/2023. Services are ongoing. CompIQ provides bill review, repricing and PPO networks to the School System.

Hamilton County Board of Education
Randy Poland, Risk Manager
423-498-7031
Poland_Randy@hcde.org

- **DeKalb County School District** (as well as many of our other GA clients) utilizes Wright Rehab for its managed care services as well as CompIQ for bill review, repricing and PPO networks.

  DeKalb County School District
  Glinton Darien
  Director of Legal Affairs
  (678) 676-0403
  Glinton_Darien@dekalbschoolsga.org

- **Alabama Auto Dealers Association** utilizes Barragan Corp. International for its loss control initiatives and CompIQ for bill review, repricing, and PPO networks.

  Alabama Auto Dealers Association
  Shana James
  O: 334-271-4625
  shana@adaaweb.com

- As KeyScripts is a fairly new partnership, we do not have any performance contacts to list at this time, but are more than happy to provide this at a later time.

d) A list of similar projects for which Offeror has performed, at any time during the past three (3) years, services substantially similar to those sought with this solicitation. Err on the side of inclusion; by submitting an Offer, Offeror represents that the list is complete. School District experience is desired.
Below is a list of projects performed over the past three (3) years that are substantially similar in scope and nature to the School District's workers' compensation program of approximately 3,200 individual employees and other services requested in this solicitation.

- Cherokee County Schools (GA)
- DeKalb County Schools (GA)
- Fulton County Schools (GA)
- Hall County Schools (GA)
- Dougherty County Schools (GA)
- Hamilton County Schools (TN)
- Henry County Schools (GA)
- Houston County BOE (GA)

- Walton County Schools (GA)

e) Must have a clear understanding of industry standards and best practices. Offeror shall provide with their proposal copies of all appropriate certifications, licenses and permits, as well as evidence to support the documentation.
We confirm to have a clear understanding of industry standards and best practices. Please see attached Brentwood's TPA license for SC and COI's. Wright Rehab's WMBE Certification is WBE2303233. Barragan Corp. International's MBE/VBE/SBE Certification is 1420600.

f) List of failed projects, suspensions, debarments, and significant litigation.
Not applicable.

g) List of at least five (5) references for similar projects for these services.
Please refer to our 5 references listed under Tab 4 – Account Servicing and subsection (c) of this Qualifications section.

h) Pictures showing implementation of vendor's equipment/solution (if applicable).
Not applicable.



TAB 2: FIRM INFORMATION

FIRM INFORMATION

- Firm Name
  Brentwood Services Administrators (powered by Acrisure Claims Services)
- Firm Address
  214 Centerview Dr. Suite 350, Brentwood, TN 37027
- Contact information for the Officer of the Firm in charge of this Proposal
  Ryan Foley
  Executive Vice President
  solutions@bwood.com

- Contact information for proposed account manager
  John Smitherman
  EVP, Sales
  John.smitherman@bwood.com
  615-714-6684



TAB 3: FINANCIAL STRENGTH

FINANCIAL STRENGTH

Safety and Soundness:

- Identify key measures of the firm's financial strength, (e.g., capital ratios, market capitalization, total assets)
  Brentwood is financially stable. Please find supporting information on our financial strength in our attached financial statements (Balance Sheets containing asset information, Statement of Operations, Statements of Changes in Equity, and Statements of Cash Flows) and a good standing letter from our bank.

Financial Statements:

- Provide a copy of your most recent annual financial report
  Please see attached copy of our most recent annual audited financial statements.



TAB 4: ACCOUNT SERVICING

ACCOUNT SERVICING

References

- Each proposer should include five (5) references from customers who have used services similar to those included in this request. Please provide name, address, telephone number, e-mail address and a contact person for each reference.

DeKalb County School System (DCSD)
Glinton Darien
Director of Legal Affairs
1701 Mountain Industrial Boulevard
Stone Mountain, GA 30083
(678) 676-0403
Glinton_Darien@dekalbschoolsga.org

City of Washington, NC
Mr. Mitch Harris, Jr., Employee Safety, Health and Risk Manager
102 East 2nd Street | Washington, NC 27889
Phone: 252-975-9335 or 252-944-6092
Fax: 252-558-0515
mharris@washingtonnc.org

City of Rocky Mount, NC
281 Hammond Street
Rocky Mount, NC 27804
Michael Baughn, Director of Central Services
Phone: 252-972-1588
Michael.baughn@rockymountnc.gov

City of Rocky Mount, NC
Victor Lawe, Safety officer
Phone: 252-972-1192
Cell: 252-343-3206
Victor.Lawe@rockymountnc.gov

Forsyth County Government, NC
201 North Chestnut Street
Winston Salem, NC 27101
Christy R Byers, Risk Manager
Direct: 336-703-2057
byerscr@forsyth.cc

Hamilton County Board of Education
3074 Hickory Valley Rd.
Chattanooga, TN 37421
Randy Poland, Risk Manager
423-498-7031

Poland_Randy@hcde.org

Hamilton County Government
317 Oak Street, 2nd Floor
Chattanooga, TN 37403
Judith Barron Songy, HCG Interim Risk Manager
JudithS@HamiltonTN.gov
Office Phone: 423-209-6122
Cell #: 423-298-8110

Competitive Position and Future Commitment

- What differentiates your products/services from other providers?
  Brentwood has positioned itself as a leader in the Third-Party Administration field by providing client-centric program development, understanding that no two programs are alike. Unparalleled customer service from professionals, committed to seeing the long-term success of our client partnerships.

  Our client list includes over 20 school systems throughout the southeast and 40 municipal partnerships for the administration of Workers' Compensation programs. Partnering with Brentwood provides an opportunity to help further the program through our commitment to putting clients first, helping them develop industry industry-leading, individualized Workers' Compensation program.

  We take our clients' needs incredibly to heart, leaving no stone unturned in the search for solutions that can make a positive impact. The suite of services offered under our parent company umbrella helps create seamless information sharing across all lines and services provided. These services can be deployed at any time. Some of the services now available under the Acrisure umbrella include:
    - Pharmacy Benefit Management
    - Claim Reporting & Triage
    - Telephonic Claims Management
    - Loss Control
    - Subrogation Assistance

  We appreciate our people and the hard work they do; we look for ways to reward and acknowledge their commitment to our clients and a job well done. By offering case loads of 125-135 claims, our adjusters can focus on the things that matter most in the process, instead of putting out fires. We build trust in our team, helping them reach their full potential and continue to grow towards their career aspirations.

- What new services or features does the firm plan to offer, and within what time frame?
  Brentwood plans to offer a new PBM (KeyScripts) immediately for our clients' programs

to position them in the best possible way, with improved favorable outcomes that reduce their workers' compensation costs through achieving optimal savings and by innovative programs delivered with dedicated service and support for their staff and injured workers. Please reference Attachment B (Medical Cost Containment) for more detailed information and benefits on KeyScripts for the BCSD program.

Additionally, Brentwood has developed Client Dashboards, which give you a visual view of your data and can be customized to show you what's most useful to you. This includes open and closed claims, graphs of reserves, cost by claim type, data trends and more. We have included samples of our Dashboard in the attached reports and can include this in BCSD's program if preferred.

Brentwood also has partnered with Gain Life to deliver the most comprehensive and innovative solution in the industry to elevate injured worker advocacy. The software, called Jarvis, is an engagement platform to help improve communication between injured workers and claims teams and reduce negative claim outcomes. Jarvis offers several features to mitigate negative psychosocial issues that drive up claim costs and recovery time.

The software (Jarvis) is an engagement platform to help improve communication between injured workers and claims teams and reduce negative claim outcomes. Jarvis offers several features to mitigate negative psychosocial issues that drive up claim costs and recovery time. **This add-on service to CXP can be incorporated into BCSD's program for immediate setup if preferred.**

Jarvis can deliver the following benefits to injured workers (IW's):

- Reduce IW anxiety with empathetic expectation-setting content and jurisdictionally specific FAQs
- Communicate with the IW in their preferred medium and language from within the adjuster email inbox
- Identify potential psychosocial issues with evidence-based automated text and/or email check-ins
- Mitigate psychosocial issues with evidence-based resources covering the most common wellbeing barriers
- Expedite paperwork completion by enabling injured workers to electronically complete and sign documents

Jarvis Features

- Expectation setting content
- Jurisdictionally specific FAQs
- Evidence-based psychosocial resources
- Complete and e-Sign documents

- Download audit trail
- Auto-translation of text/emails between IWs and claims professionals
- Enable lawyer mode if necessary
- Automated psycho-social check-ins
- Add medical appointments, get reminders, download appointments and directions to calendars
- Upload documents by phone or computer (patient visit summaries, Rx, mileage reimbursement forms)
- Check payment status

- Provide any additional information, which you believe to be relevant to this RFP, and your capabilities to provide the services requested, e.g., product brochures.

  Brentwood has grown in a good way since starting our relationship with the District. We value the partnership and think we'd both benefit from a collaborative meeting discussing the areas that are working and the areas that, together, we can make an impact in. We don't chase shiny things, we do hard work. Our team is committed to that on behalf of the District.

Security and Disaster Recovery

- Provide an overview of the firm's security and disaster recovery plan.

  Through Acrisure, Brentwood has established a written incident response plan designed to promptly respond to and recover from a Cybersecurity Event materially affecting the confidentiality, integrity, or availability of its Information Systems. As well as manage the security life cycle of in-house developed, hosted, and acquired software, as applicable, to help prevent, detect, and remediate security weaknesses before they can impact the enterprise. Acrisure does not share our cyber policies or procedures externally; however, these are verified by our SOC2 reports. Our DR/BC plan was last tested in December 2024. Please see attachments for copies of Acrisure's cybersecurity practices and regulation compliance.

  Through Acrisure, Brentwood deploys periodic penetration testing to test the effectiveness and resiliency of enterprise assets through identifying and exploiting potential weaknesses in controls and simulating the objectives and actions of an attacker. Brentwood conducts annual external and internal penetration tests and conducts routine application vulnerability scans. Brentwood leverages a third-party entity to conduct an annual SOC-1 audit. Brentwood also leverages a third party to conduct its annual cybersecurity risk assessment in accordance with New York State Department of Financial Services 23 NYCRR 500 (Cybersecurity Requirements for Financial Services Companies) and The NAIC Insurance Data Security Model Law. We also require 2-factor user authentication and require passwords to be changed every 90 days.

Implementation

- What is the average lead-time requirement for implementation.
  Typically 60-90 days for a successful implementation. Brentwood is the current TPA so there would be no implementation.



TAB 5: RESPONSE TO ATTACHMENTS A-D

ATTACHMENT A

CLAIMS ADMINISTRATION QUESTIONS AND COMMENTS

1) SERVICING OFFICES AND PERSONNEL

A. Office Locations

- Please indicate your proposed handling location(s). Provide a list and description (number of personnel, experience levels, etc.) of your servicing office or offices.

Comments:

Our Brentwood Headquarters office currently handles Beaufort County School District's claims at 214 Centerview Dr. Ste 350 | Brentwood, TN 37027. BCSD's claims team currently consists of:

Beth Olson, Workers' Compensation Claims Manager

Beth is a motivated, skilled and personable claim supervisor with over 15 years of providing consistent, superior customer service and problem-solving skills. Her work ethic is unmatched and hard to find. Beth has years of experience in handling Auto Property Damage, General Liability, Bodily Injury and Workers' Compensation claims.

Beth came to Brentwood Services Administrators in January 2020 as a Claims Representative. She has handled claims in multiple jurisdictions including South Carolina, North Carolina, Maryland, and Virginia, in addition to supervising claims for those states. Beth was soon after promoted to Supervisor, due to her thorough and detailed investigation process and team attitude. She is dedicated to her work and has a great work ethic. Beth has experience supervising other municipality accounts for Brentwood and reviews claims each time they are assigned, and regularly thereafter. In April 2025, Beth was promoted to WC Claims Manager.

Ina Davis, Medical Only Claims Professional

Ina joined Brentwood Services in July 2022 as a Claims Associate where she gained valuable experience working with claims and being Brentwood's first point of contact for claimants and bill providers. In April 2023, Ina became a Medical Only claims adjuster after having excelled in our Fast Track program in Florence, AL. She was soon after promoted to a Fast Track Adjuster II in December 2024. Ina resides in the state of Alabama and is licensed to handle claims in AL, NC, SC and GA. Ina takes pride in her work ethic and ability to handle tasks thoroughly and timely. Ina also enjoys building professional partnerships with clients and understands that communication during the claims-handling process is key. She keeps this at the forefront of her mind with each new claim she is assigned.

What Ina has to say about working on the BCSD account:

"I really enjoy working with BCSD because of their proactive communication and commitment to employee well-being. Our collaboration allows for efficient claims handling and positive outcomes, which makes the work both productive and fulfilling. I value our ongoing partnership and look forward to continuing to work together".

Mary Jo Molas, Lost Time Claims Professional

Having previously worked for other TPAs such as Sedgwick and Corvel, Mary Jo came to Brentwood in March 2025 as a Senior Claims Representative. She is a seasoned all lines adjuster who has over 49 years of experience in the workers' compensation claims industry. She is also licensed and experienced in multiple jurisdictions in the southeast region of the country. Mary Jo has an excellent work ethic and can manage multiple priorities while handling work-related stress. She has excellent verbal and written communication with Employers, injured workers and others in a professional and timely manner. Mary Jo has years of experience evaluating exposure and negotiating settlements that mitigate potential losses and strives to bring claims to closure in the most productive, timely manner. She has experience in the following states: Florida, Georgia, North Carolina, South Carolina, Arkansas, Louisiana, Mississippi, Kentucky, Tennessee, and Virginia.

What Mary Jo has to say about working on the BCSD account:

"Although I am fairly new to the BCSD account, I have jumped right in, and I am excited to work with them. I have heard great things about their strong communication from the rest of the Brentwood team who have known this account since 2018."

B. Caseloads of Adjusting Personnel

Identify the maximum caseload assignment for adjusters handling the following types of claims:

- Workers' compensation medical only claims
- Workers' compensation indemnity claims

Comments:

We are committed to maintaining adjuster caseloads well below industry average. With a lower volume of claims, adjusters have the time needed to manage every aspect of the claim. The added time and focus on each incident enable our adjusters to proactively control the costs and respond to the needs of our clients. Brentwood's overall proactive approach limits caseloads to 125-150 claims or fewer per indemnity adjuster and under 200 for primarily medical only claims. Typically, these 150 claims consist of 20% Medical Only claims. For BCSD, your current Med Only open claims

(35 claims) come nowhere close to that limit. Similarly, for BCSD's current Lost Time open claims, which are at 38 claims. Additionally, caseload is regularly monitored and BCSD's claim counts typically drop significantly during the summer months.

C. Account Management

TPA will assign an account coordinator/account manager to the program who will serve as the single point of contact for all communication, including, but not limited to, the following:

- Overall development, implementation and monitoring of the service delivery.
- Monitoring the claim service and quality assurance compliance.
- Addressing questions, issues, concerns and requests relating to the program.
- Communicating special account instructions to the claim service offices.
- Working with the carrier(s), as required.
- Coordination of periodic meetings, claim file reviews/audits and renewal activities.
- Information System issues.

Resumes of proposed account coordinators/account managers, including length of service with TPA, shall be included in your response.

Comments:

Beth Olson, Workers' Compensation Claims Manager

Beth Olson is BCSD's current Claims Manager and point of contact regarding all communication pertaining to the overall development, implementation and monitoring of the service delivery, monitoring the claim service and quality assurance compliance, addressing questions, issues, concerns and requests relating to the program, communicating special account instructions to the claim service offices, working with the carrier(s), as required, coordination of periodic meetings, claim file reviews/audits and renewal activities and information system issues.

Beth is a motivated, skilled and personable claim supervisor with over 15 years of providing consistent, superior customer service and problem-solving skills. Her work ethic is unmatched and hard to find. Beth has years of experience in handling Auto Property Damage, General Liability, Bodily Injury and Workers' Compensation claims.

Beth came to Brentwood Services Administrators in January 2020 as a Claims Representative. She has handled claims in multiple jurisdictions including South Carolina, North Carolina, Maryland, and Virginia, in addition to supervising claims for those states. Beth was soon after promoted to Supervisor, due to her thorough and detailed investigation process and team attitude. She is dedicated to her work and has

a great work ethic. Beth has experience supervising other municipality accounts for Brentwood and reviews claims each time they are assigned, and regularly thereafter. In April 2025, Beth was promoted to WC Claims Manager.

John Smitherman, Executive Vice President

John Smitherman is BSCD's current Account Executive. John provides support to the account as needed to help mitigate any potential issues and keep our claims handling process running smoothly. John is Brentwood's longest-tenured employee, beginning his career with the company in 1992 working as an adjuster, supervisor and regional claim director. John's career path changed direction in 2004, when he began marketing and selling TPA services, as well as excess and large deductible insurance. John has been instrumental in assisting Brentwood in its growth by developing and securing many high-profile clients while enhancing Brentwood's reputation throughout the marketplace. As a result of his success, John was promoted to Senior Vice President of Sales in 2015 and has been responsible for leading the sales team, client retention, business development initiatives and marketing. John was again promoted to Executive Vice President in 2022. His claims experience is invaluable in demonstrating to clients and prospective clients the capabilities and wide array of services offered by Brentwood.

John is a 1989 graduate of David Lipscomb University with a Bachelor of Science in Finance and Economics. John earned his Chartered Property Casualty Underwriter (CPCU) designation in October of 2002, a professional insurance designation awarded by the American Institute for CPCU, an independent, nonprofit educational organization. He earned his Associate in Claims (AIC) designation, given by the Insurance Institute of America, in July of 2001, and his Associate in Risk Management Designation (ARM) in February 2011. John obtained his Agents License in January 1997.

D. File Retention

Provide your standard procedures for claim file destruction.

Comments:

Through our parent company, Acrisure, and in accordance with the NAIC Market Conduct Model Regulation, we have established processes and technical controls to properly identify, classify, securely handle, retain, and dispose of claim file data. Our retention policy complies with any applicable limitation periods in the relevant jurisdiction.

For SC: Year in which claim was closed + 3 years

2) COMMUNICATION AND COORDINATION

BEAUFORT COUNTY SCHOOL DISTRICT expects the highest degree of competence and professionalism in the handling of its claims. The minimum acceptable standards for technical claims administration are outlined below and in Section 7.2.11 of the Request for Proposal.

BEAUFORT COUNTY SCHOOL DISTRICT is actively involved in the management of its claims, and requires timely communication and coordination efforts on the part of the TPA. BEAUFORT COUNTY SCHOOL DISTRICT expects TPA to obtain and communicate information that will allow for thorough and timely evaluation of the exposure presented. Where BEAUFORT COUNTY SCHOOL DISTRICT is not liable for payment, claims will be resisted and costs controlled accordingly. Where payment is owed, BEAUFORT COUNTY SCHOOL DISTRICT expects timely distribution of funds by TPA.

A. Claim Reporting

Please discuss internet, e-mail and telephone claim reporting options.

Comments:

Brentwood offers a variety of claim reporting options such as via email, fax, phone, web portal, and toll-free line. BCSD chooses to report new claims directly through the Brentwood claims web portal.

B. Settlement Authority

The selected TPA will have workers' compensation lump sum settlement authority to $10,000. BEAUFORT COUNTY SCHOOL DISTRICT authorization is required for proposed settlements of more than $10,000 (TPA will have authority to pay statutory workers' compensation benefits). When TPA feels that a settlement is warranted, TPA will provide BEAUFORT COUNTY SCHOOL DISTRICT with a written (e-mail is acceptable) evaluation and recommendations for settlement. TPA's settlement evaluation and recommendations will be provided at least 10 days prior to any critical dates that may impact the settlement, such as trials, hearings, mediation conferences, statutory time periods, time limit demands, etc.

Comments:

Per the District's instructions, Brentwood does not have settlement authority and seeks District authorization first before making any settlements.

C. Claim Review Meetings

TPA agrees to provide for, and participate in a minimum of two formal claim review meetings for each year that its service contract is in place. Please plan on reviewing indemnity claims each review. The threshold may vary. Claims currently subject to

review are open claims with an incurred value of $10,000 or greater, plus any additional claims that BEAUFORT COUNTY SCHOOL DISTRICT may elect to add to the review process, at its discretion. Meetings will be held at either Beaufort County School District, at a TPA servicing office, or other location selected by BEAUFORT COUNTY SCHOOL DISTRICT. Protocol surrounding the claim review meetings will be as follows:

BEAUFORT COUNTY SCHOOL DISTRICT, or its designated representative, will provide 30 days advance notice to TPA requesting scheduling of a claim review meeting. TPA will coordinate meeting date(s) with planned attendees, and confirm meeting date(s) and location.

TPA will prepare written summary/status reports on each claim that will be subject to review, and will provide copies of such reports to BEAUFORT COUNTY SCHOOL DISTRICT, and broker, a minimum of five (5) business days prior to the review meeting.

TPA attendees at the meeting will include all handling adjusters, with local adjusters attending in person and others attending via telephone. Each claim will be presented by the handling adjuster, or supervisor, for discussion surrounding status, reserve accuracy and disposition strategy.

Attach a specimen copy of your proposed status/summary report to be used for claim review meetings, and indicate willingness to allow a customized report format.

Comments:

Brentwood agrees to conduct a minimum of 2 claim reviews annually at the preference of BCSD. We are able and willing to customize the report format in the manner Beaufort County School District would prefer.

BCSD has not yet taken advantage of our claim review service offering yet, but Brentwood is more than willing to schedule and host one at BCSD's discretion. Please see attached sample of the District's current claim review report.

D. Claim File Audits

BEAUFORT COUNTY SCHOOL DISTRICT retains the right to conduct a physical audit of any BEAUFORT COUNTY SCHOOL DISTRICT claim files being handled by the TPA in order to determine compliance with minimum performance standards and practices. Audits will be conducted on an "as needed" basis. BEAUFORT COUNTY SCHOOL DISTRICT will provide the TPA with 30 days advance notice of intent to exercise its right to conduct a physical audit.

Comments:

Brentwood agrees to comply with the above statement if and when BCSD decides to conduct a physical audit of their claim files.

ATTACHMENT B

MEDICAL COST CONTAINMENT QUESTIONS AND COMMENTS

1) WORKERS' COMPENSATION MEDICAL MANAGEMENT AND COST CONTAINMENT

BEAUFORT COUNTY SCHOOL DISTRICT requires proficient management of medical treatment and costs associated with its workers' compensation claims. BEAUFORT COUNTY SCHOOL DISTRICT expects proactive management on the part of TPA in order to avoid unnecessary medical treatment and expedite injured worker return to work. BEAUFORT COUNTY SCHOOL DISTRICT requires prudent and effective use of medical cost containment services, to include maximizing the return on investment for costs associated with such services. All services associated with this Section, along with corresponding pricing, should be identified in ATTACHMENT D – PRICING AND COMMENTS.

A. Medical Bill Review/Audit

TPA will be responsible for review and audit of all medical bills for causal relationship, necessity of treatment, reasonableness of charge, and compliance with any applicable statutory and/or regulatory requirements. To the extent that TPA will perform any of such services through the use of a vendor or outside contractor(s), identify such vendor(s) and/or outside contractor(s), to include any affiliation with your company. Any vendor(s) or independent contractor(s) utilized for these services must be approved by BEAUFORT COUNTY SCHOOL DISTRICT.

Describe your process for medical bill review, including hospital bill review.

Quoted service fees for medical bill review services will apply for the life of the claims under contract. TPA agrees there will be no charge for duplicate, send backs, re-submissions of medical bills.

Comments: Brentwood partners with CompIQ Solutions (CompIQ) to process medical bill reviews. CompIQ is the leading national medical bill software/service provider in the property and casualty market. CompIQ is the only national bill review software platform singularly focused on the bill review market. The standard bill repricing workflow includes processing bills and reducing/repricing to the appropriate state fee schedule (or usual and customary) rates, followed by applying any appropriate clinical or nurse audit (when appropriate on bills meeting certain criteria based upon each individual bill), followed by prospective and/or retrospective negotiations for hospital and facility bills, and applying PPO network contracted discounts.

Brentwood has worked with the CompIQ bill review platform for over two years. Since the migration to CompIQ, our clients have seen a significant improvement in overall medical savings associated with their bill review programs. Unlike many other bill review platforms in the industry that tout high levels of automation, the Brentwood program focuses on outcomes

and quality. Most bills are audited by experienced bill review associates and/or certified coders, ensuring great quality, market-leading savings/accuracy, with timely processing. The average bill turnaround time from receipt to payment is about 8 days. Once the medical bills are adjudicated by CompIQ, the Brentwood claims adjuster reviews them for approval and payment.

The standard medical bill review workflow/process is as follows:

- **Fee Schedule/Regulatory Review** – Provider, hospital, and facility bills are reduced to the applicable state fee schedule or usual and customary rates and with additional nurse audit reviews when applicable for complex bills.
- **PPO Review** – Bills are transmitted to the appropriate broad-based PPO network and Specialty network as directed by the agreed-upon PPO cascade to receive the most optimal PPO bill charge utilization and maximized savings.

    - Please note, Brentwood/CompIQ's approach to PPO network strategies is a core differentiator for our clients. CompIQ does not directly own a PPO network, this is intentional. Every other national bill review provider/platform owns a PPO network and therefore utilizes their own network in the primary position for clients, this is done out of pure financial gain for that vendor and not necessarily for the best medical savings and outcomes for clients. Brentwood and CompIQ are neutral when it comes to which PPO networks to place in the primary position for clients, with PPO savings analyses performed annually to ensure the correct PPO cascade is in place. Changes are made to maximize the medical savings and outcomes of our clients, not for our financial benefit. This is a big savings improvement for our clients in most instances, usually netting a 2-3% improvement alone in PPO savings results.

- **Clinical/Specialty Review (AuditIQ)** – Bills that hit a certain dollar threshold or bill type are pended for additional review by a nurse, certified coder, specialty reviewer, or another associate as applicable to address the nature of the rule creating the bill to pend, i.e. Surgery Specialist.

- **Out-of-Network (OON) Negotiations Review** – Bills that meet an agreed upon dollar threshold and do not have a PPO discount, have a negligible PPO discount on a high-dollar bill, and/or are a negotiation eligible bill will be pended to the OON Review queue for a CompIQ associate to reach out to the provider to attempt to obtain a direct discount and signed authorization to apply such discount.

Please see Cost Proposal for bill review per bill fee and PPO savings. Brentwood does not charge for duplicates, send-backs, or resubmissions of medical bills.

2. MEDICAL CASE MANAGEMENT

Describe your company's philosophy, approach and process with respect to early intervention ("EIP"), telephonic case management ("TCM") and field case management ("FCM"), along with any other activities utilized to manage the medical component of workers' compensation claims. This should include, but is not limited to, triage procedures, methodologies and selection criteria used to identify the need for TCM and FCM, as well as the adjuster's role in the medical case management process.

Comments: Brentwood's managed care and cost containment program is client-centric and results-driven. We have integrated our claims administration program with vetted industry-leading managed care vendor partners, who are innovative and dedicated to providing outcome-driven solutions. Our integrated claims management and managed care program helps deliver appropriate and quality care to the injured employee while effectively managing medical and pharmacy costs and administrative savings. Our goal is to assist each Metro injured employee in their recovery efforts while aggressively pursuing return-to-work opportunities for them as soon as it is medically appropriate.

Our integrated claims management and managed care program helps deliver appropriate and quality care to the injured employee while effectively managing medical and pharmacy costs and administrative savings. Our goal is to assist each BCSD injured employee in their recovery efforts while aggressively pursuing return-to-work opportunities for them as soon as it is medically appropriate.

All first reports of injury are screened by the adjusters within 24 hours of receipt. Following this initial screening, the adjuster utilizes the following criteria for referral to case management:

Early Intervention/Telephonic case management:

- Cervical, lumbar, or thoracic spine injuries
- Knee injuries
- Shoulder injuries
- Carpal Tunnel syndrome
- Fractures or crush injuries
- Surgery
- Secondary diagnosis involved (diabetes, cardiovascular disease, etc.)
- Lost time greater than 10 days
- Inconsistent medical findings
- Multiple treating physicians
- Drug or alcohol abuse

Telephonic Case Management (TCM): Telephonic Case Management is a valuable, cost-effective tool that, when used early in the claim lifecycle, can yield significant reductions in medical and indemnity spend. Different studies conclude that the earlier case management is involved in a claim, the sooner the claim can be resolved. This is supported

by industry analysis showing "55% of injured workers who are referred to case management within three months of injury experience return-to-work rates within disability guidelines." **(Referrals may be made by adjuster or telephonic case manager.)**

TCM has the greatest impact when an indicator or combination of indicators are identified early in the claim life. Some of the variables that would indicate TCM assignment include:

- Injury involves a major joint that limits movement and/or functional ability
- Body Part, i.e., back, shoulder, knee, joints, multiple body parts, etc.
- History of previous workers' comp claims
- History of previous injuries or surgeries
- Narcotic(s) prescribed at risk-level thresholds

Mid-Case Triggers: Early intervention evaluation of a claim may not warrant case management, but TCM assignment should be considered when other factors occur later in the claim. TCM intervention can help resolve return to work and medical issues that arise from a co-morbid condition or psychosocial status. Some considerations for medical case management assignment include:

- Injured employee's observed lack of motivation to return to work
- Bill payments received for co-morbid conditions
- Treating with multiple physicians
- RTW is not documented and benchmark approaching
- Treatment outside of evidence-based treatment guidelines

Other Triggers:

- High dosage(s) of controlled medications prescribed - average RTW delay of 69 days
- Early MRIs - lead to unnecessary and costly medical services
- Employee obesity - 25% higher risk of a work injury or achieving RTW

Field Case Management: Brentwood has triggers in place for our claims team to utilize field case management when appropriate. A full nurse case management assignment is warranted at the onset of catastrophic injury and for specific diagnoses and complex injuries, like traumatic brain injury. Brentwood has strategic partnerships in place with the best-in-class catastrophic case management companies to manage the complexities involved in a catastrophic injury. Specifically, we have strategic partnerships in place with select vendor partners, such as Wright Rehab, to manage the entire medical portion of a catastrophic claim that includes a fixed financial contract to manage the life of the claim that includes expected recovery outcomes.

Field Case Management Triggers:

FCM Full Assignment	FCM Task Assignment – Red Flags

• Catastrophic injuries with hospital admission and/or surgery • Major Amputations • Spinal Cord Injury • Severe Burns • Multiple Trauma • Traumatic Brain Injury • Toxic / Chemical exposure or inhalation • Vision Impairment > 50%	• Catastrophic injuries (head, spinal cord, burns, amputations, crush injuries) • Unusual diseases or disorders, i.e.: Lyme, RSD, Chronic Pain Syndrome • Conflict of medical status between physician and injured worker • Medical diagnosis does not corroborate with cause of injury • Non-compliance issues that have not been resolved successfully by telephone

In most cases, a field case management task assignment will suffice and is a far more cost-effective approach to full field nurse case management. The TCM will recommend a field task assignment to the claim examiner for situations when a face-to-face meeting with the injured worker or, more often, the treating provider is necessary to move the claim forward.

The TCM acts as the liaison and the hub of information flow for the claim examiner and the case managers. Constant contact between the FCM and TCM occurs to ensure all are on the same page and to assign next steps and actions.

The TCM will document activities for both telephonic case management and field case management and report to the claim adjuster. The FCM will close their task assignment when the requested tasks have been completed.

Our UR program includes notification of UR decisions to all parties, including the telephonic case manager and when assigned to the case, the field case manager.

Other components of the medical management program utilized by the adjusters include:

- Hospital and/or elevated bill audits greater than $10,000.00 by line item
- Utilization Review according to jurisdictional requirements and also at the adjuster's discretion for questionable charges and/or compensability
- Peer reviews
- Pharmaceutical reviews for over-utilization, multiple diagnoses, and/or abuse
- Independent Medical Exams and second opinions as needed
- Pharmacy network
- DME network
- Therapy network
- Multiple PPO networks
- Medical bill review
- Vocational Rehabilitation Services
- Medicare Set Aside

Reporting is personalized for each client, providing detailed outcomes, cost savings (return on investment) and billing information. All billing is reviewed by Brentwood for integrity and value. Brentwood insists on the highest ethical standards in conducting business from our managed care partners. Our approach assures that injured workers are regarded with the utmost respect, as we assist in meeting the challenges of rehabilitation.

3. PREFERRED PROVIDER ORGANIZATION (PPO)

Describe the PPO networks available to BEAUFORT COUNTY SCHOOL DISTRICT through your company

TPA must be able to provide a match for each BEAUFORT COUNTY SCHOOL DISTRICT location with an adequate PPO medical provider within a 15 mile radius, along with an exception report for each location where no such match is found.

Comment: CompIQ, our Medical Bill Review provider, has access to all the national, regional, and specialty PPO networks used throughout the workers' compensation industry, including but not limited to: Coventry, Optum, Prime, Multiplan, Anthem, HealthSmart, Triton, among others. These network partners provide robust coverage for all specialty types across all geographic regions of the United States. Additionally, we have confirmed as it relates specifically to Beaufort County School District, there is ample coverage across our network partners to ensure injured claimants have multiple options for different providers and specialists with strong financial discounts allowing payers to realize medical savings while not jeopardizing provider care and availability.

The networks utilized by Brentwood for Beaufort County School District currently are:

CareWorks
Carisk
Coventry Integrated Network
ForzaCare
Multiplan
Networks By Design
ONECALL
Prime Health
Procura
Triton

Brentwood agrees to provide a match for each BCSD location with an adequate PPO medical provider within a 15 mile radius, along with an exception report for each location where no such match is found.

ATTACHMENT C

RISK MANAGEMENT INFORMATION SYSTEMS QUESTIONS AND COMMENTS

1) DATA REPORTING AND RISK MANAGEMENT INFORMATION SYSTEMS

A. LOSS RUN FORMAT/CODING FLEXIBILITY

TPA agrees to accurately capture and report detailed claim information to BEAUFORT COUNTY SCHOOL DISTRICT on a monthly basis for all open and closed claims. Claim information will be provided to BEAUFORT COUNTY SCHOOL DISTRICT via hard copy loss runs, and will be accessible through electronic download in .pdf or Excel format. The loss runs should break out losses by line of coverage according to the location structure provided by BEAUFORT COUNTY SCHOOL DISTRICT.

Describe your ability to accommodate BEAUFORT COUNTY SCHOOL DISTRICT location coding (up to 5 or more levels), and your ability to capture additional data elements through optional/miscellaneous data fields. Indicate ability to allow customized injury codes for cause, result or body part.

Comments: Brentwood agrees to accurately capture and report detailed claim information to BCSD on a monthly basis in the format requested for all open and closed claims. Brentwood's ClaimsXpress (CXP) claim system provides over 65 "standard reports" in the CXP "Report" module. All are available to our clients for no additional charge. All reports are available to download in numerous formats such as XML, CSV, PDF, MHTML, EXCEL, TIFF, and WORD. The following are some of our more commonly requested standard reports and will not only be provided but are available online anytime:

- Loss runs (Claim Cost Detail Reports) show claimant name, accident description, date of loss, department, claim number and reserves, paid and total incurred for medical, indemnity, case management, legal and expense categories. This report provides totals at the end and can be run by location, department, shift, etc. It provides "as of" or rollback capability as do all our reports and can be run for calendar or fiscal year.

- Change of Incurred Report provides the client with changes in the total incurred on their claims for the selected time frame. The client may also select the level of change beginning at .01 cent and above. The report is typically used to identify files with reserve changes in each time frame.

- Claim Summary Report provides an annual total for reserves, paid and total incurred, and can be run by location, department, shift, etc. It also provides a total number of indemnity, medical only, and information only claims.

- Transaction Register Report shows the payee, claim number, date of loss, gross amount of payment, net payment, dates of service, and date the check was issued. This report also includes voids, cancellations and refunds. Can be run by location or department and can be run daily, weekly or monthly.

- Frequency Reports (Brentwood has 3 types) that rank injuries according to their cost by type, nature, or cause of injury. These reports allow customized injury codes for cause, result or body part and can be run by department, shift, etc.

- Medical cost savings reports that detail gross amounts billed, discounts taken (fee schedule, PPO, negotiated discount, etc.).

- Stewardship report that provides summary program information.

Brentwood provides BCSD with full view-only access to CXP, where designated staff can view adjuster notes, any documents related to the claim, reserve information and history, payments, and anything else that is attached to the claim as documentation.

BCSD's staff can also run these 65 standard reports themselves, and any special reports built by Brentwood will be made available in their report menu, so they can be run at your convenience. If BCSD would prefer, Brentwood information technology staff can run these reports in the format requested and send them in the frequency requested on behalf of BCSD. Since CXP is web-based, your reports can be accessed anytime, anywhere.

As Brentwood is BCSD's current TPA, you are already set up in our claims system, but if BCSD would prefer to make location coding level changes, or add reporting elements, we will happily accommodate. Additional data elements can be captured through our custom fields that Brentwood's IT team can customize for BCSD.

2. RISK MANAGEMENT INFORMATION SYSTEM (RMIS)

Describe all related services including installation, training, support/help desk, hours of operation (accessibility), different levels of access, etc.

Describe RMIS platform/accessibility and BEAUFORT COUNTY SCHOOL DISTRICT system requirements.

Describe capabilities of your RMIS product, to include:

- Frequency of financial data updates ("real time"?)
  All information is available in realtime.

- Ad hoc/custom report writing, including "point in time" analysis
  Ad hoc/custom report writing is available, including "point in time" or "as of date" Analysis.
- Access to adjuster notes ("real time")?
  CXP is web-based, providing access to adjuster notes 24/7 and in "real time".
- Ability of user to perform edits of non-financial information
  View-only users can rearrange columns in the Search result screen, Payment result screens, etc., but they cannot add/remove fields or edit information.
- Lost work day reports
  Brentwood's claims system has the ability to track lost time and report the number of lost time days in the form of OSHA logs as long as we are made aware in advance.
- OSHA reporting
  We can provide and maintain OSHA 300 logs and reporting through our system if tracking is requested in advance by the client.
- E-mail alerts
  Email alerts, reminders, or diaries can be set
- Ability to create loss triangles
  CXP has the ability to create loss triangle reports.
- Ability to upload/consolidate historical data from other sources
  Yes, our system has the ability to upload/consolidate historical data from other sources. We did this successfully back in 2018 when we were first awarded this account.

Comments: Brentwood's claim system is ClaimsXPress (CXP), an Insurity company. CXP provides flexible, comprehensive solutions and services to the insurance industry. CXP is an innovative, award-winning claims administration system, which is highly praised by clients and well-recognized by industry experts as a leading claims solution. Together, CXP's team of Big 4 consulting and industry veterans, experienced software developers, and project managers deliver an architecturally strong enterprise platform, designed for superior speed, scalability, and performance. With advanced technology and focused customer service, CXP has experienced phenomenal growth and success, earning high rankings on the national Inc. 5,000 and local Fast 100 lists of fastest-growing private companies.

CXP uses cutting-edge technology and offers many advantages to Brentwood's staff and clients, which include:

- CXP can be accessed by an unlimited number of users. Data and adjuster notes are updated constantly by adjusters and case managers and are available for reviewing and extraction in real time.
- CXP is web-based
- Includes automatic Excel conversion capability. Graphs and charts can also be immediately accessed, and reports can be bookmarked by users to be run at points in the future.
- SQL Reporting – Powerful data analysis capability

- Provides more than 65 standard reports, and virtually an unlimited number of ad hoc reports, that Brentwood clients use to help them manage their programs.
- Easy to use and navigate
- Custom fields can be added for individual clients
- Full or partial access can be granted
- View-only users can rearrange columns in the Search result screen, Payment result screens, etc. but they cannot add or remove fields.
- Plan of Action module – appears on Summary screen and outlines detailed plan on claim
- Integration with outside vendors to expedite bill payments
- Ability to customize the system based on client needs
- Integrated Document Management to store documents electronically
- Automation – using Business Rules, Letter Generation, Scheduled Reports, Workflows and Alerts
- Payment detail – actual medical bills can be viewed, then users can drill down to see the bill review data, the actual bill and procedure codes, the review codes, check images, etc.

3. DATA TRANSFERS

TPA agrees to provide a monthly data feed to Beaufort County School District's excess insurer(s). The tape must contain both the current claim activity and historical information with respect to Beaufort County School District's claims.

Comments: Brentwood will comply with this request.

ATTACHMENT D

ABOUT YOUR FIRM

Please answer the following to the best of your ability.

- What differentiates your firm from industry competitors? Identify your differentiated services?

  Brentwood has positioned itself as a leader in the Third-Party Administration field by providing client-centric program development, understanding that no two programs are alike. Unparalleled customer service from professionals, committed to seeing the long-term success of our client partnerships.

  Our client list includes over 20 school systems throughout the southeast and 40 municipal partnerships for the administration of Workers' Compensation programs. Partnering with Brentwood provides an opportunity to help further the program through our commitment to putting clients first, helping them develop an industry-leading, individualized Workers' Compensation program.

  We take our clients' needs incredibly to heart, leaving no stone unturned in the search for solutions that can make a positive impact. The suite of services offered under our parent company umbrella helps create seamless information sharing across all lines and services provided. These services can be deployed at any time. Some of the services now available under the Acrisure umbrella include:

  - Pharmacy Benefit Management
  - Claim Reporting & Triage
  - Telephonic Claims Management
  - Loss Control
  - Subrogation Assistance

  We appreciate our people and the hard work they do; we look for ways to reward and acknowledge their commitment to our clients and a job well done. Brentwood has developed a proactive strategy and approach to claims. The following components ensure that Brentwood's staff is responsive to clients and manage claims proactively:

  - Brentwood limits caseloads to 125-135 open claims or less per adjuster. Typically, these consist of 20% medical only claims. By limiting caseloads, our adjusters can focus on the things that matter most in the process, instead of putting out fires. We build trust in our team, helping them reach their full potential and continue to grow towards their career aspirations.
  - Brentwood requires adjusters to develop, document and update an Action Plan on claims that can be viewed by clients.
  - Brentwood has a 1 to 5 supervisor to adjuster ratio and all claims are assigned to a supervisor. Supervisors ensure claims are being managed proactively and closed promptly.

- All adjusters have administrative support that performs day-to-day tasks such as State filings, making copies, making payments, scanning documents, etc. This support helps ensure the adjusters remain focused on claims.
- All adjusters have a "work buddy" or backup adjuster who handles calls and requests when there is an absence.

Brentwood has established a reputation for flexibility in the way we structure our services and transparency with our vendor relationships and fee structures. Brentwood negotiates rates with vendors to make sure they are competitive and often, well below industry pricing. These providers have been vetted to meet Brentwood's high standards of service excellence.

Our experience with workers' compensation claims sets us apart from our competitors. We manage claims for 50+ public entities. Combined, we handle more than 25,000 workers' compensation claims for our clients per year.

For BCSD, we will continue providing modern technology platforms with robust analytics and reporting capabilities while ensuring that all data and other digital resources are thoroughly protected from a cybersecurity standpoint. New products/solutions are evaluated regularly and implemented where applicable; an example of this is our current initiative to further enhance our reporting and analytics capabilities through artificial intelligence.

- How many clients do you have?
  160
- Describe your firm's Business Continuity Plans?
  A Business Continuity Plan is essential to ensure uninterrupted claim processing, data integrity, and client support—even during disasters or disruptions. Acrisure has established and maintains data recovery practices sufficient to restore its enterprise assets to a pre-incident and trusted state. Acrisure performs periodic backups and data replication to help maintain a high availability environment. Acrisure does not share our cyber policies or procedures externally, due to the confidential nature of the Plan, but please see attached summary copies of our cybersecurity practices.

- Please describe your firm's Disaster Recovery Plans?
  Through Acrisure, Brentwood has established a written incident response plan designed to promptly respond to and recover from a Cybersecurity Event materially affecting the confidentiality, integrity, or availability of its Information Systems. As well as manage the security life cycle of in-house developed, hosted, and acquired software, as applicable, to help prevent, detect, and remediate security weaknesses before they can impact the enterprise. Acrisure does not share our cyber policies or procedures externally; however, these are verified by our SOC2 reports. Our DR/BC plan was last tested in December 2024. Please see attachments for summary copies of Acrisure's cybersecurity practices and regulation compliance.

- Please describe your TPA firm's Cyber Security Program?

Brentwood places a high priority on cybersecurity. Through Acrisure, Brentwood deploys periodic penetration testing to test the effectiveness and resiliency of enterprise assets through identifying and exploiting potential weaknesses in controls and simulating the objectives and actions of an attacker. Brentwood conducts annual external and internal penetration tests and conducts routine application vulnerability scans. Brentwood leverages a third-party entity to conduct an annual SOC-1 audit. Brentwood also leverages a third party to conduct its annual cybersecurity risk assessment in accordance with New York State Department of Financial Services 23 NYCRR 500 (Cybersecurity Requirements for Financial Services Companies) and The NAIC Insurance Data Security Model Law. We also require 2-factor user authentication and require passwords to be changed every 90 days.

- Explain your internal audit procedures to eliminate fraudulent activities that could be committed by your TPA firm's own staff?

  All claim payments are subject to a 3-level audit procedure that takes place once queued. It searches for duplicates, not registered payee's and conflicts.

  Additionally, Brentwood performs internal audits on an annual basis on each Brentwood office. We review areas such as file organization, investigation, 3-point contacts (thoroughness and timeliness), medical management, legal management, subrogation management, reserving, supervisory direction, compliance with EDI/state filings, follow-up, etc. Brentwood performs internal audits on each of its offices to ensure that our adjusters are meeting and exceeding client expectations and to ensure that our claims management process is consistent in each office and identifies any fraudulent activities.

  Various supervisors and senior level adjusters perform internal audits. To ensure objectivity, Brentwood chooses not to use a separate audit team, but involves regional claim managers, claim supervisors, and the most experienced adjusters to measure claim handling effectiveness and efficiency compared to established performance standards.

  The objective of the audit process is to ensure that claims are consistently managed to achieve optimal outcome and that client expectations are exceeded. Using internal performance standards and client specific instructions, audit results are used to determine what aspects of the claim handling process require improvement. Audit results are shared with the supervisor and adjusters responsible for the specific files along with a written action plan and timeline for improvement. Brentwood's Regional Directors follow up at specific time intervals to ensure that the action plan is being properly addressed and improvements are being achieved.

  Brentwood has also established a Quality Assurance Program that provides for ongoing, random review of claims managed by Brentwood. The objective of this review is to audit the compliance with Best Practice claims handling standards, including compliance with timelines, required documentation, supervisory input, reserving and proactive follow up. This process provides Brentwood the opportunity to identify any steps in the claims process that need to be reinforced with training or supervision.

  The Quality Assurance (QA) process is outlined as follows:

- On a regular basis, the QA Coordinator randomly selects closed claims for review.
- Medical Only or Indemnity QA worksheets, as appropriate, are prepared for each reviewed claim. The Indemnity worksheet contains 24 elements including timely file setup, contacts documented, timely bill review, timely supervisory review and documentation of treatment. The Medical Only worksheet contains 12 elements.
- Any individual element that is achieved is graded as "1." An element that does not meet the requirements is graded as "0"
- Any individual claim file that receives a rating of below 91.5 % is referred to the Claim Manager to review the file and prepare a response for the QA Coordinator
- A log is kept, reflecting the cumulative results of the program and including the individual reviewed claims that have been referred for further evaluation.

- Implementation is key to the start of a new TPA program. Explain your implementation process.
  NA. Brentwood is the incumbent TPA, so there is no formal implementation process necessary. However, we are more than happy to set up a kick-off meeting for the new Agreement Term where we can discuss feedback and areas for improvement in the BCSD program.

- Do you have predictive modeling capabilities? If yes, what do you predict?
  No, but our system can provide recommendations when setting reserves through ODG models. However, our adjusters are trained to use this tool as a guide only and to rely more heavily on their knowledge/training and experience to set reserves.

- If yes, provide the results your predictive modeling is generating. Demonstrate that your use of predictive analytics is attributing to better outcomes.
  NA. Brentwood believes human interaction is superior to artificial intelligence and will never replace the compassionate approach our clients' injured employees receive from our adjusters.

- Explain your ability to benchmark clients against their peers by state and by industry?
  We can provide benchmarking data for similar clients and through our relationships with excess carriers.

- Accidents don't always happen from 9 a.m. to 5 p.m. Monday thru Friday. How does your firm prepare for 24-hour intake of claims and serious catastrophic claims?
  Our intake team works around the clock to make sure claims are reviewed, assigned and escalated appropriately. Claims can be reported at any time, 24/7. Our claims managers are also available via phone and text should a catastrophic event take place.

  Although not currently deployed on the District's claims, we do offer a Triage Reporting Service that incorporates a nurse in the claims reporting process, available 24/7, 365 days

per year. This service has been shown to not only limit unnecessary ER visits but to help expedite proper care and treatment of serious and catastrophic claims.

- Describe your process and/or ability to customize intake scripts for clients to collect data?
  Brentwood has this ability and would discuss with BCSD the script questions they prefer to use that meet legal, regulatory, and BCSD requirements, while ensuring clarity, empathy, and efficiency during the data collection process.

- Turnover is always a major concern for clients. What is your annual retention rate for claim representatives NOT INCLUDING internal movement: promotions or reassignments?
  Less than 10%.

- How do you ensure timely return of phone calls as well as meaningful claim representative discussions?
  We place a tremendous amount of energy and effort into doing the little things right because we believe that by stacking lots of the little things together, it allows us to do the big things even easier. Our Best Practice of 24-hour response time is the back stop, but everyone at any level of our organization understands the importance of a prompt return call or response and doing so prepared to facilitate meaningful conversation. Calls are fact-driven and courteous at all times.

- How often are training sessions provided to your claim representatives?
  Brentwood recognizes the importance of consistency with our teams, many of which have served the same clients for more than 10 years. This is why we foster a forward-thinking, team-oriented work environment. Brentwood provides initial training for claims staff and promotes continuing education by requiring attendance at educational webinars, team meetings and virtual training sessions regarding updates to state filing systems or state/federal legal guidelines. These sessions are offered quarterly to our claims representatives.

  Periodically, classes to earn the Associate in Claims designation from the Insurance Institute of America have been taught onsite by members of our staff. Brentwood provides ample opportunity for learning internally, evidenced by multiple designations earned, including AIC (Associate in Claims), CPCU (Chartered Property Casualty Underwriter) and CWCP (Certified Workers Compensation Professional). Brentwood coordinates periodic training classes with medical professionals to educate the claims staff on medical issues that are impacting claims. In addition, the claims department has monthly meetings and guest speakers (attorneys, vendors, etc.) are invited to discuss claims handling strategy, interrogation skills, etc. Finally, we encourage our staff to attend outside seminars and meetings to enable them to network with others in the insurance community.

  Brentwood has also implemented a Fast Track Unit, which will allow for relief to lost time adjusters of the less severe claims and will help alleviate a lot of heavy caseloads. This unit will also provide a training ground for others by allowing them to handle more advanced issues to be better prepared for the transition to a Lost Time position. We are

very excited to promote more from within and train our own staff for more challenging positions in the future.

- How often are your supervisors engaged in reviewing claim representative's files?
  Brentwood provides active supervision on ALL claims. Providing proactive, high quality, hands-on claims service has been key to the success of Brentwood. Supervisors review ALL claims on a 30, 45 or 60-day basis depending on the complexity of the claim to ensure that the claim is being handled proactively and in a detailed and timely manner. To ensure that our quality standards are being met, Brentwood requires its claim supervisors to perform initial supervisory reviews within 30 days of claim assignment and document their findings in the following important elements on all of its claims:
    - Contacts: timely completion of 24-hour, 3-point contact (contact with the employer, employee, and doctor) and measuring the quality of those contacts.
    - Investigation: the investigation of the claim, its adequacy, and determine if there are any investigation areas that need to be addressed.
    - Compensability or liability: determination of compensability - is there a complete explanation for accepting/denying the claim? Is there subrogation potential?
    - File documentation: were all activity, conversations and investigative work documented properly?
    - Medical management: did the adjuster proactively direct medical care and look for cost savings opportunities?
    - Follow up: has the adjuster set a current diary and established a future-handling plan for the claim?
    - Legal management: the adjuster should direct and document all legal activity after litigation occurs.
    - Reserving: were the reserves set within our 15-day required time period? Do they adequately reflect the exposure?
    - Action Plans: has the adjuster developed an action plan demonstrating proactive management of the claim and setting timelines? Is the plan being followed?
      - Subsequent supervisory reviews are completed at appropriate intervals based on the nature and activity level of the claim, and focus on ongoing investigation, management of the claim and reserving.
      - Appropriate feedback and direction should be given to the adjuster to assist them in managing the claim and ensuring a viable action plan is developed and followed.
      - Claims should contain a supervisor action plan which documents the categories listed above, notes when the file will be reviewed again and addresses issues that need to be followed up on at the next review
      - Supervisors are also expected to be available for questions and discussion with the adjusters on their respective teams, so they can

provide ongoing feedback and monitor performance, and to actively participate in continuing education and team-building opportunities.

- Does your TPA firm offer any rewards to your staff for exceptional service or outcomes that are generated for your clients?
  At Brentwood, we always look for ways to recognize a job well done. A small "thank you" goes a long way in building a strong relationship with a team. Staff can also earn recognition through "Shout Outs" in our company-wide newsletter and gift cards for a job well done.

- How is compliance handled to ensure claim representatives adhere to Special Claim Handling Instructions?
  Compliance with Special Handling Instructions is monitored through direct supervisor review and the annual or semi-annual claim review process. Claims professionals are expected to work within the instructions. In cases where handling doesn't align with the instructions, a discussion should be documented in the claim note with appropriate reasoning. Deviations not noted and justified could result in administrative discipline.

- Has your TPA firm been fined by any regulatory body in the last 3 years? Explain. Please provide number and amount of fines.
  No.
- Has your TPA firm been a part of any bad faith actions over the last 5 years? Explain.
  No.
- Provide your TPA firm's process for reviewing the accuracy and timeliness of financial reserves.
  Our Best Practices state that initial reserves must be established within 10 days of receipt of the claim and must be reviewed every 30 days and upon receipt of new information. With new information readily available, our claims professionals will adjust reserves or make recommendations for changes that could either increase or decrease the financial reserves.

- What differentiates your TPA firm from industry competitors and what services do you provide which are unique with regards to Managed Care Services?
  A key difference between Brentwood & the industry is our ability to provide agile responses to both clients and their employees. We do this by providing our team with appropriate caseloads significantly lower than the industry norm. Allowing them to manage claims, instead of their work being dictated by the most current fire. Couple this with robust leadership from our claims supervisors and area directors, and you've got a team committed to helping your program.

  Brentwood's Managed Care Services are provided by industry-leading experts in their field helping our clients and employer partners realize top-notch services and savings. We do offer flexibility in our service providers, something most TPA's wont even entertain. Our team is also committed to finding the best medical providers to help meet the treatment needs for employees of The District across all facets of care. Our provider development

team will then work to add any non-network providers to the network helping The District realize the most cost savings.

- What recourse would our client have if the services provided by your TPA firm were not satisfactory in relation to your billing regarding any of the following charges: field based case management, telephonic case management, prescription services and benefit manager, medical bill re-pricing, network access fees, medical bill savings charges, and durable medical equipment?
  Identifying what it is to be determined to be satisfactory would be the first step. Some options and courses of action could include independent or 3rd party review, changes in provider or refusal of service/ payment. Any formal disputes would be handled as per terms of the contract.

- What managed services do you allow clients to unbundle?
  Field Case Management and DME.

- Who is your Pharmacy Benefit Manager (PBM)?
  Brentwood partners with KeyScripts, a privately owned and managed, national pharmacy benefits manager. KeyScripts was developed through more than 45 years of experience managing workers' compensation claims in nearly every U.S. state for government entities, commercial insurance carriers and their agents, third-party administrators (TPAs), and self-insured employers.

  KeyScripts offers a national network of nearly 67,000 pharmacies, including all major retail and supermarket pharmacy chains, plus many independent and neighborhood pharmacies, with over 1,500 pharmacies in Tennessee. KeyScripts offers a convenient pharmacy lookup tool (at https://www.keyscriptsllc.com/pharmacyLookup/) where users can search for KeyScripts Network pharmacies by city and state. Users may also call KeyScripts' in-house customer service at (866) 446-2848 for immediate assistance in finding a pharmacy, or for help with their pharmacy questions or support needs.

  KeyScripts' approach to program design and implementation is customer-centered, with all programs and services tailored to each customer's individual needs, rather than offering a "one size fits all" service model. KeyScripts employs highly specific and customizable formularies directed at workers' compensation claims designed to maximize generic medication use and reduce costs. The process involves the immediate electronic activation of the KeyScripts Prescription Benefit Card, which reduces third-party billing and prevents injured workers from experiencing delays at the pharmacy. With highly competitive discounted pricing and proven ability to limit third-party drug spend, customers enjoy unmatched savings on prescription drugs.

  KeyScripts is dedicated to ensuring safe and clinically appropriate medications are provided to injured workers. In-house pharmacists are directly accessible to answer claim-related medication questions, such as indication for use, relatedness to the work injury, dosing, duplicate therapy, and safety or cost concerns. KeyScripts' pharmacists also offer

optional clinical services, including comprehensive pharmacy reviews, therapeutic alternatives recommendations, drug screening reviews, and medication reconciliations.

The many service features that distinguish KeyScripts from other PBMs include:

- An interactive team of pharmacists, nurse case managers, cost containment specialists, data analysts, information technologists, and legal professionals with workers' compensation industry expertise
- 24/7/365 live representative telephone support
- Wholly provided by KeyScripts representatives based in the U.S.
- Call wait-times average less than 11 seconds
- Written and telephonic translation services available in over 200 languages
- In-house clinical and customer service specialists directly available
- Designated account representatives providing immediate personal assistance
- Easy-to-use online claims management and reporting through KeyLink
- National network of nearly 67,000 retail, independent, and specialty pharmacies
- No out-of-pocket expense to injured workers at point-of-fill
- Superior savings below fee schedule or usual and customary charges
- Workers' compensation-specific formularies focused on optimizing injured worker outcomes, and jurisdiction-specific formularies maintained for compliance
- 100% generic equivalent substitution (where a generic drug exists and the physician has not designated the brand drug must be dispensed as prescribed)
- Customizable First Fill Program to reduce third-party billing
- Flexible Prior Authorization Program to prevent unrelated medication fills
- Clinical pharmacy solutions, including medication monitoring, drug screening, clinical pharmacy reviews, and therapeutic recommendations
- Drug utilization review (DUR) programs and customizable edits at the account, plan, jurisdiction, or injured worker-specific level
- Real-time opioid alert notifications
- Third-party conversion services dedicated to reducing out-of-network fills
- Cost-saving, convenient home delivery/mail-order options

- Do you have a complex Rx review to address opioids and other narcotic usage? Explain the process.
  Yes. Our PBM partner, KeyScripts, offers the following Rx review and process.

  Prospective Opioid Utilization Review
  KeyScripts works closely with our clients to design drug utilization review (DUR) edits that prevent opioid medication waste and abuse and improve injured worker outcomes. KeyScripts' claims processing system can automatically reject opioid prescriptions based on duplicate medications, excessive utilization, high daily dose, multiple pharmacies, or early refills. These rejections occur in real-time so that the prescription will not be filled. Additional controls are available to lock injured workers into specific pharmacies and/or physicians. If any provider is used other than those locked in, the prescription will reject at the pharmacy, preventing the drug from being dispensed.

  Opioid Alerts

KeyScripts offers integrated strategies for controlling opioid utilization, including system alerts and reports to identify potential red flags, such as high daily morphine milligram equivalents (MME), multiple prescribers or pharmacies, refill too soon/fast refills, and drug interactions. Customizable point-of-sale alerts and retrospective utilization data can be evaluated to notify adjusters of at-risk opioid use on a scheduled or as-needed basis. KeyScripts' clinical team sends information to prescribers and recommends next steps to manage opioid use. KeyScripts' opioid alert program identifies injured workers at a high risk for abuse or addiction based on potential red flags present in network prescription fill history. KeyScripts develops criteria based on current clinical practice guidelines to flag injured workers at an elevated risk for misuse or abuse. If the criteria are met, a KeyScripts clinical pharmacist reviews the flagged claim for medication safety and appropriateness.

Opioid Monitoring

KeyScripts partners with a laboratory network to offer comprehensive toxicology testing using state-of-the-art technology and evidence-based guidelines to deliver results at a fraction of the cost industry-wide. With emphasis on opioid monitoring, drug screening has become a useful tool to payers, helping them evaluate injured workers' compliance with prescription drug treatment. Additionally, drug screening can detect potential safety issues by identifying illicit drug use or potential drug-drug interactions.

Educational Presentations

KeyScripts' clinical services team monitors the pharmacy landscape to enhance existing strategies and create new solutions to both anticipate and respond to pharmacy and medical treatment industry trends. Recent topics explored by KeyScripts' clinical services team have addressed a clinical approach to pain management and various treatment modalities, the importance of opioid reversal agents amid the opioid epidemic, and the rise of other pharmacologic agents as alternatives to opioids.



TAB 6: ATTACHMENTS

BRENTWOOD SERVICES ADMINISTRATORS, INC
104 CONTINENTAL PLACE SUITE #200
BRENTWOOD TN 37027

State of South Carolina

Department of Insurance

License No: 1900683042

Henry McMaster
Governor
Michael Wise
Director

BRENTWOOD SERVICES ADMINISTRATORS, INC

LICENSE TYPE	LICENSE FIRST ACTIVE DATE	LICENSE EXPIRATION DATE
Third Party Administrator	03/12/2011	03/01/2026

The above named Administrator, by complying with Act No. 133 of 1985, is hereby licensed as an Insurance Administrator. This license shall remain in effect for an indefinite term unless said license is amended or revoked in accordance with the laws of the State of South Carolina.

Certificate of Compliance / Good Standing

I, Michael Wise, Director of Insurance of South Carolina, do hereby certify this company is licensed in South Carolina, has filed all required documents, paid all applicable fees and taxes, and is in good standing with the South Carolina Department of Insurance as of today's date.

By order of the Director of Insurance on May 14, 2025.

Michael Wise

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Acrisure Corporate 100 Ottawa Avenue SW Grand Rapids, MI 49503	**CONTACT NAME:** Angela Sweeney **PHONE (A/C, No, Ext):** 616-265-1684 **FAX (A/C, No):** 800-847-3129 **E-MAIL ADDRESS:** asweeney@acrisure.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #**
	INSURER A : Great American Insurance Company — 16691
INSURED ACRILLC-09 Acrisure Holdings Inc. Acrisure, LLC 100 Ottawa Avenue SW Grand Rapids, MI 49503	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 738384114 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Crime			SAA 047905912	10/1/2024	10/1/2025	Employee Dishonesty Deductible - Ea Claim	$30,000,000 $500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Brentwood Services Administrators, Inc. Effective 07/01/2022

CERTIFICATE HOLDER

Insurance Verification

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Randy Amyuni

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/27/2024

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PRODUCER Acrisure Corporate 100 Ottawa Avenue SW Grand Rapids, MI 49503	**CONTACT NAME:** Angela Sweeney **PHONE (A/C, No, Ext):** 616-265-1684 **FAX (A/C, No):** 800-847-3129 **E-MAIL ADDRESS:** asweeney@acrisure.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #**
	INSURER A : Underwriters at Lloyd's, London — 15792
INSURED ACRILLC-09 Acrisure Holdings Inc. Acrisure, LLC 100 Ottawa Avenue SW Grand Rapids, MI 49503	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1804624494 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB ☐ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Cyber Liability			CCN0240070394	10/1/2024	10/1/2025	Limit: $10,000,000	Deduct: $1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Brentwood Services Administrators, Inc. Effective 07/01/2022

CERTIFICATE HOLDER

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AUTHORIZED REPRESENTATIVE

Randy Amyuni

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 9/27/2024

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PRODUCER Acrisure Corporate 100 Ottawa Avenue SW Grand Rapids, MI 49503	**CONTACT NAME:** Angela Sweeney **PHONE (A/C, No, Ext):** 616-265-1684 **FAX (A/C, No):** 800-847-3129 **E-MAIL ADDRESS:** asweeney@acrisure.com
	INSURER(S) AFFORDING COVERAGE / **NAIC #** **INSURER A :** Evanston Insurance Company / 35378
INSURED ACRILLC-09 Acrisure Holdings Inc. Acrisure, LLC 100 Ottawa Avenue SW Grand Rapids, MI 49503	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 702633723 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	☐ **UMBRELLA LIAB** ☐ OCCUR ☐ **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Errors & Omissions			MKLV7PL0006555	10/1/2024	10/1/2025	Each Claim Aggregate Deductible - Ea Claim	$10,000,000 $10,000,000 $6,500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured: Acrisure Holdings, Inc., and any majority owned affiliate, now or hereafter created.
RE: Brentwood Services Administrators, Inc. Effective 07/01/2022

CERTIFICATE HOLDER

Insurance Verification

CANCELLATION

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AUTHORIZED REPRESENTATIVE

Randy Amyuni

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CERTIFICATE OF LIABILITY INSURANCE

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PRODUCER Acrisure Corporate 100 Ottawa Avenue SW Grand Rapids, MI 49503	**CONTACT NAME:** Angela Sweeney **PHONE (A/C, No, Ext):** 616-265-1684 **FAX (A/C, No):** 800-847-3129 **E-MAIL ADDRESS:** asweeney@acrisure.com
	INSURER(S) AFFORDING COVERAGE — **NAIC #** **INSURER A :** Underwriters at Lloyd's, London — 15792
INSURED ACRILLC-09 Acrisure Holdings Inc. Acrisure, LLC 100 Ottawa Avenue SW Grand Rapids, MI 49503	**INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 788888603 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ $ $ $ $ $
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	UMBRELLA LIAB ☐ OCCUR **EXCESS LIAB** ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE AGGREGATE	$ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Management Liability			B1820WLS24A170	10/1/2024	10/1/2025	EPLI & Fiduciary	$10,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Named Insured: Acrisure Holdings, Inc., and any majority owned affiliate, now or hereafter created.
RE: Brentwood Services Administrators, Inc. Effective 07/01/2022

CERTIFICATE HOLDER

Insurance Verification

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Randy Amyuni

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 3/24/2025

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PRODUCER
Acrisure Corporate
100 Ottawa Avenue SW
Grand Rapids, MI 49503

CONTACT NAME: Angela Sweeney
PHONE (A/C, No, Ext): 616-265-1684 **FAX (A/C, No):** 800-847-3129
E-MAIL ADDRESS: asweeney@acrisure.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Accident Fund Insurance Company of America	10166
INSURER B : Great Northern Insurance Company	20303
INSURER C : Federal Insurance Company	20281
INSURER D :	
INSURER E :	
INSURER F :	

INSURED ACRILLC-09
Acrisure Holdings, Inc.
Acrisure, LLC
100 Ottawa Avenue SW
Grand Rapids, MI 49503

COVERAGES **CERTIFICATE NUMBER:** 899210013 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
B	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y	Y	30040671	10/1/2024	10/1/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Empl Benefits - Aggr	$ 1000000 $ 500000 $ 10000 $ 1000000 $ 2000000 $ 1000000 $ 2,000,000
B	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y	Y	73630155	10/1/2024	10/1/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Comp/Coll Deduct	$ 1000000 $ $ $ $ 1,000
C	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $	Y	Y	78197478	10/1/2024	10/1/2025	EACH OCCURRENCE AGGREGATE 	$ 20000000 $ 20000000 $
A	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A	Y	0400191339	3/1/2025	3/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A A	CA Workers Comp. HI / WI Workers Comp.	N N	Y Y	1400024333 1400024320	3/1/2025 3/1/2025	3/1/2026 3/1/2026	1,000,000 / 1,000,000 1,000,000 / 1,000,000	1,000,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Named Insured: Acrisure Holdings, Inc., and any majority owned affiliate, now or hereafter created.
RE: Brentwood Services, Inc. and its affiliated entities Effective 07/01/2022

CERTIFICATE HOLDER

Insurance Verification

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Brentwood
services administrators
ACRISURE® PARTNER

CONFIDENTIAL

The enclosed documents are "Trade Secret" financial data information that is not commonly known by or available to the public which:

(a) Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and
(b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

Please see an enclosed recap of the most recent internal financial statements.

Brentwood Services Administrators, Inc.

(a Wholly Owned Subsidiary
of Brentwood Services, Inc.)

Financial Statements
For the Years Ended December 31, 2024 and 2023

CONFIDENTIAL

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Financial Statements
For the Years Ended December 31, 2024 and 2023

Contents

Independent Auditor's Report	1
Financial Statements	
Balance Sheets	3
Statements of Operations	4
Statements of Changes in Stockholder's Equity	5
Statements of Cash Flows	6
Notes to Financial Statements	7 - 17

BLANKENSHIP

Independent Auditor's Report

Board of Directors
Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)

Opinion
We have audited the financial statements of Brentwood Services Administrators, Inc. (a wholly owned subsidiary of Brentwood Services, Inc.) (the Company), which comprise the balance sheets as of December 31, 2024 and 2023, the related statements of operations, changes in stockholder's equity, and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion
We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

Auditor's Responsibilities for the Audit of the Financial Statements
Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control–related matters that we identified during the audit.

Blankenship CPA Group, PLLC

Blankenship CPA Group, PLLC
Brentwood, Tennessee
March 11, 2025

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Balance Sheets
December 31, 2024 and 2023

	2024	2023
Assets		
Current assets		
Cash	$ 171,615	$ 301,430
Accounts receivable	3,980,379	3,645,909
Deferred expenses	89,939	103,191
Prepaid expenses	120,147	69,890
Total current assets	4,362,080	4,120,420
Operating lease right-of-use assets	1,744,518	1,329,719
Property and equipment, net	490,841	480,693
Security deposits	77,636	98,769
Total assets	**$ 6,675,075**	**$ 6,029,601**
Liabilities and Stockholder's Equity		
Current liabilities		
Accounts payable	$ 263,620	$ 121,037
Accrued expenses	971,332	722,450
Deferred income	501,613	511,633
Operating lease right-of-use liabilities, current portion	460,248	286,150
Taxes payable	168,242	480,291
Total current liabilities	2,365,055	2,121,561
Long-term liabilities		
Operating lease right-of-use liabilities, net of current portion	1,324,067	1,085,697
Due to related party	-	246,361
Deferred taxes	-	74,948
Total long-term liabilities	1,324,067	1,407,006
Total liabilities	3,689,122	3,528,567
Stockholder's equity		
Common stock, no par value, 2,000 shares authorized, 100 shares issued and outstanding	1,000	1,000
Retained earnings	2,984,953	2,500,034
Total stockholder's equity	2,985,953	2,501,034
Total liabilities and stockholder's equity	**$ 6,675,075**	**$ 6,029,601**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Operations
For the Years Ended December 31, 2024 and 2023

	2024	2023
Revenues		
TPA services	$ 18,817,691	$ 15,666,146
Bill review	7,298,156	6,245,914
Loss control	517,647	606,204
Miscellaneous	1,012,556	647,109
Total revenues	27,646,050	23,165,373
Operating expenses	26,983,841	20,782,832
Income from operations	662,209	2,382,541
Other income (expenses)		
Loss on disposals of property and equipment	(7,290)	(301,133)
Income before taxes	654,919	2,081,408
Income tax expense	170,000	482,049
Net income (loss)	**$ 484,919**	**$ 1,599,359**

See notes to financial statements

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Changes in Stockholder's Equity
For the Years Ended December 31, 2024 and 2023

	Common stock	Retained earnings	Total
Balance, December 31, 2022	$ 1,000	$ 900,675	$ 901,675
Net income (loss)	-	1,599,359	1,599,359
Balance, December 31, 2023	1,000	2,500,034	2,501,034
Net income (loss)	-	484,919	484,919
Balance, December 31, 2024	**$ 1,000**	**$ 2,984,953**	**$ 2,985,953**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Cash Flows
For the Years Ended December 31, 2024 and 2023

	2024	2023
Cash, beginning of year	$ 301,430	$ 915,458
Cash flows from operating activities		
Net income (loss)	484,919	1,599,359
Adjustments to reconcile net income (loss) to net cash provided (used) by operating activities:		
Depreciation	181,759	212,215
Noncash lease expense	(2,331)	(112,893)
Credit losses	9,715	-
Deferred taxes	(74,948)	(59,117)
Loss on disposals of property and equipment	7,290	301,133
Change in:		
Accounts receivable	(344,185)	(2,039,022)
Deferred expenses	13,252	51,071
Prepaid expenses	(50,257)	99,860
Security deposits	21,133	(47,006)
Accounts payable	142,583	18,418
Accrued expenses	248,882	209,419
Deferred income	(10,020)	23,092
Taxes payable	(312,049)	166,864
Due to related party	(246,361)	(802,232)
Net cash provided (used) by operating activities	69,382	(378,839)
Cash flows from investing activities		
Purchases of property and equipment	(199,197)	(235,189)
Net change in cash	(129,815)	(614,028)
Cash, end of year	**$ 171,615**	**$ 301,430**
Supplemental disclosures of cash flow information		
Noncash disposals of property and equipment	$ -	$ 562,872

Note 1. **Business and Company**

Brentwood Services Administrators, Inc. (the Company), a Tennessee Corporation, is a provider of workers' compensation and property and casualty solutions for insurance companies, self-insured companies and municipal entities throughout the United States, primarily in the Southeast. The Company applies technology, intelligence, and a human touch to the challenges of risk management so that their clients can proactively manage risk.

The Company's services include claims administration, case management, bill review, loss control, underwriting, and other various risk management services. The Company offers its services as a bundled solution, as a standalone service, or as add-on services to existing customers.

The Company is a wholly owned subsidiary of Brentwood Services, Inc. (the Parent). The Company was incorporated in Tennessee in 1993.

Note 2. **Summary of Significant Accounting Policies**

Basis of Presentation
The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Use of Estimates
The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions. This will affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

When recognizing revenues, management makes certain estimates associated with revenues earned, but unbilled at the balance sheet date. These estimates are based on subsequent events, individual and historical account analysis, and other procedures management deems appropriate based on the circumstances. Because of these factors, it is reasonably possible that the estimated amounts may change materially in the near term. However, the amount of the change that is reasonably possible cannot be estimated.

Cash
Cash consists of cash on deposit at financial institutions.

Accounts Receivable and Allowance for Credit Losses
The Company provides services to customers using credit terms customary in the industry. Interest is not normally charged on receivables. The Company adopted Financial Accounting Standards Board Accounting Standards Codification 326, *Financial Instruments – Credit Losses* as of January 1, 2023, with the cumulative-effect transition method with the required prospective approach. The measurement of expected credit losses under the current expected credit loss (CECL) methodology is applicable to financial assets measured at amortized cost, which include trade receivables, contract assets, and non-current receivables.

Note 2. **Summary of Significant Accounting Policies**

Accounts Receivable and Allowance for Credit Losses

An allowance for credit losses under the CECL methodology is determined using the loss-rate approach and measured on a collective (pool) basis when similar risk characteristics exist. Where financial instruments do not share risk characteristics, they are evaluated on an individual basis. The CECL allowance is based on relevant available information, from internal and external sources, relating to past events, current conditions, and reasonable and supportable forecasts. The allowance for credit losses for 2024 and 2023, and changes in the allowance for credit losses for 2024 and 2023, was not material to the financial statements.

Leases

The Company determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the customer obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Company also considers whether its service arrangements include the right to control the use of an asset.

The Company recognizes most leases on its balance sheets as a right-of-use (ROU) asset representing the right to use an underlying asset and a lease liability representing the obligation to make lease payments over the lease term, measured on a discounted basis. Leases are classified as either finance leases or operating leases based on certain criteria. Classification of the lease affects the pattern of expense recognition in the statements of operations.

The Company made an accounting policy election available not to recognize ROU assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or January 1, 2022, for existing leases upon the adoption of Topic 842, *Leases*). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives received. To determine the present value of lease payments, the Company made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Future lease payments may include fixed-rent escalation clauses or payments that depend on an index (such as the consumer price index), which is initially measured using the index or rate at lease commencement. Subsequent changes of an index and other periodic market-rate adjustments to base rent are recorded in variable lease expense in the period incurred. Residual value guarantees or payments for terminating the lease are included in the lease payments only when it is probable they will be incurred.

Property and Equipment

Property and equipment are carried at cost net of accumulated depreciation. Depreciation is computed primarily by the straight-line and double-declining balance methods over the estimated useful lives of the related assets. Gain or loss on items retired and otherwise disposed of is credited or charged to earnings and cost and related accumulated depreciation are removed from the asset and accumulated depreciation accounts. Expenditures for major renewals and improvements of property and equipment are capitalized and those for maintenance and repairs are charged to expense when incurred.

Note 2. **Summary of Significant Accounting Policies**

Deferred Income
Deferred income consists primarily of pre-billed administration fees that will be recognized as income over the term of the related contract.

Income Taxes
Income tax expense consists of current and deferred components. Current income tax expense reflects taxes to be paid or refunded for the current period by applying the provisions of the enacted tax law to the taxable income or excess of deductions over revenues. The Company determines deferred income taxes using the liability (or balance sheet) method. Under this method, the net deferred tax assets or liabilities is based on the tax effects of the differences between the book and tax bases of assets and liabilities, and enacted changes in tax rates and laws are recognized in the period in which they occur.

Deferred income tax expense results from changes in deferred tax assets and liabilities between periods. Deferred tax assets are recognized if it is "more likely than not," based on the technical merits, that the tax position will be realized or sustained upon examination. The term "more likely than not" means a likelihood of more than 50%; the terms examined and upon examination also include resolution of the related appeals or litigation processes, if any. A tax position that meets the more likely than not recognition threshold is initially and subsequently measured as the largest amount of tax benefit that has a greater than 50% likelihood of being realized upon settlement with a taxing authority that has full knowledge of all relevant information. The determination of whether or not a tax position has met the "more likely than not" recognition threshold considers the facts, circumstances, and information available at the reporting date and is subject to management's judgment. Deferred tax assets are reduced by a valuation allowance if, based on the weight of evidence available, it is "more likely than not" that some portion or all of a deferred tax asset will not be realized.

US GAAP requires management to evaluate tax positions taken by the Company and recognize a tax liability (or asset) if management has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Company and has concluded that as of December 31, 2024, no uncertain positions have been taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Company is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Company is no longer subject to US Federal or state income tax examinations by tax authorities for the years ended before 2021.

The operations of the Company are included in the consolidated federal income tax return with its Parent. Therefore, the provision arising from the operations of the Company is payable to its Parent as the amounts are utilized in the consolidated income tax returns. The Company is required to file separate state returns for most states.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Revenue from Contracts with Customers

Revenue is recognized when control of the promised services is transferred to the Company's customers in an amount that reflects the consideration expected to be entitled to in exchange for those services. As the Company completes its performance obligations which are identified below, it has an unconditional right to consideration as outlined in the Company's contracts. Generally, the Company's accounts receivable are expected to be collected in 30 days in accordance with the underlying payment terms.

For many of the Company's services, the Company typically has one performance obligation; however, it also provides the customer with an option to acquire additional services. The Company offers multiple services as a third party administrator, which includes policy management, bill review, claims management, loss control, and accounting services. The Company typically provides a menu of offerings from which the customer may choose to purchase. The price of each service is separate and distinct and provides a separate and distinct value to the customer. Pricing is generally consistent for each service irrespective of the other services or quantities requested by the customer.

Revenue from Contracts with Customers

In transactions related to third party service revenues, which includes bill review, nurse case management, pharmacy, and other services provided by the Company's integrated network solutions services, in most cases, the Company is considered the principal. Claim adjusters direct clients to contracted third party services, perform utilization review of services, and directs payment to the provider. Contract terms can include the Company receiving a retail fee from the client and remitting a wholesale fee to the provider. In other instances, the provider is paid directly by the client and pays the Company a predetermined fee for utilization. The Company has the ability to influence contractual fees with customers and possesses the financial risk of loss in certain contractual obligations. These factors indicate the Company is the principal and, as such, required to recognize gross revenue and service partner vendor fees in the operating expense in the Company's statements of operations.

The Company generates revenues through its main service lines described below:

Claims Management

The Company's primary line of business, claims management, provides staffing necessary to manage claims reported on behalf of the client related to property and casualty claims, including workers' compensation, general liability, property, and automobile claims. The transaction price is readily available from the contract and is fixed for each service. Revenues are recognized over time as services are provided as the performance obligations are satisfied through the effort expended to research, investigate, evaluate, document, manage and report the claim, and control of these services is transferred to the customer.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Revenues are recognized based on historical claim closure rates and claim type applied utilizing a portfolio approach based on time elapsed for these claims, generally between 3 and 15 months. The Company believes this approach reasonably reflects the transfer of the claims management services to its customer.

The Company's obligation to manage claims and cases under the claims management service line can range from less than one year to multi-year contracts. They are generally one year under the terms of the contract; however, many of these contracts contain auto-renewal provisions and the Company's customer relationships can span multiple years. Under certain claims management agreements, the Company receives consideration from a customer at contract inception prior to transferring services to the customer; however, it would begin performing services immediately.

The period between a customer's payment of consideration and the completion of the promised services is generally less than one year. There is no difference between the amount of promised consideration and the cash-selling price of the promised services. The fee is billed based on agreed upon contract terms with the customer.

Bill Review

An important component of claims management is the management of provider payments. The Company contracts with third party business partners to provide bill review services related to provider claim payments. Bill review includes receiving invoices from providers, auditing the bills, and adjudicating the bills to ensure the lowest price is paid for the service. To ensure the lowest price is paid, the business partner begins by reviewing the invoice to ensure prices are consistent with state fee schedules and obtaining further reductions by submitting invoices to contracted preferred provider organizations (PPO's). The Company receives income for bill review based on the specific client contract. This can be derived from a set fee per invoice reviewed and/or a percentage of savings received from payment reductions due to PPO contracts and fee schedule reductions. The Company then pays the third party business partner a contracted wholesale fee and a PPO fee. These fees are negotiated with the third party business partner per client.

Case Management

The patient management service line also offers third party business partners who employee nurse case managers who provide specialized medical services by proactively managing medical treatment for claimants while facilitating an understanding of and participation in their rehabilitation process. Invoices are technically submitted directly to the client via the claims management staff and paid by the client to the Company. Revenues for case management services are normally recognized upon payment received from the client as the performance obligations are normally satisfied prior to the submission of an invoice. Case management services are generally billed based on time incurred, are considered variable consideration, and revenues are recognized at the amount in which the Company has the right to invoice for services performed. The Company believes this approach reasonably reflects the transfer of the case management service to the customer.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Policy Management

Clients of the Company include several insurance companies as well as self-administered trusts, which legally act as an insurance company. Our policy management team provide underwriting, policy services, customer service, and premium audit services for these clients as needed. The Company receives consideration for the services elected by the individual client. The fees for policy management are normally calculated based on a percentage of premium written by the client but can also be structured based on time and material depending on the client needs. Our policy team can underwrite the carriers' policies, issue policies, send out invoices, collect cash receipts, coordinate policy audits, and handle all policy related activity.

Loss Control

Managing client loss costs is an integral part of risk management. Bill review and case management are tools to reduce our clients cost of claims. Another tool in reducing claim costs are a function of loss control. We have a team of loss control agents that visit job sites and help our clients set standards for employee safety to reduce the risk of injury.

Contract Balances

The contractual timing of billing a client can impact revenue recognition. In some instances, a contract asset (or unbilled revenues) may be recorded when the client is invoiced in arrears of the services provided. In other instances, a contract liability (reported as deferred revenues) may be recorded when a client is invoiced in advance for a service. Contract assets and liabilities are reported on the Company's balance sheets and impact revenues. Billing requirements vary by contract but substantially all unbilled revenues are billed within one year.

Certain services, such as claims management, are provided under fixed-fee service agreements and require the Company to manage claims over a contract period, typically for one year with the option for auto renewal, with the fixed-fee renewing on the anniversary date of such contracts. The Company recognizes deferred revenues as revenues when it performs services and transfers control of the services to the customer and satisfies the performance obligation which it determines utilizing a portfolio approach. For all fixed-fee service agreements, revenues are recognized over the expected service periods by type of claim.

Costs to Obtain a Contract

The Company has an internal sales force compensation program where remuneration is based solely on the revenues recognized in the period and does not represent an incremental cost to the Company which provides a future benefit expected to be longer than one year and would meet the criteria to be capitalized and presented as a contract asset on the Company's balance sheets.

Practical Expedients Elected

As a practical expedient, the Company does not adjust the consideration in a contract for the effects of a significant financing component. It expects, at contract inception, the period between a customer's payment of consideration and the transfer of promised services to the customer will be one year or less.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Practical Expedients Elected

For patient management services billed on a time-and-expense incurred or per unit basis and revenues are recognized over time, the Company recognizes revenues at the amount to which it has the right to invoice for services performed.

The Company does not disclose the value of remaining performance obligations for (i) contracts for which it recognizes revenues at the amount to which it has the right to invoice for services performed, and (ii) contracts with variable consideration allocated entirely to a single performance obligation.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

Note 3. **Accounts Receivable**

Accounts receivable are comprised of the following:

	2024	2023
Accounts receivable	$ 1,315,869	$ 1,518,450
Unbilled revenue	2,664,510	2,127,459
	$ 3,980,379	**$ 3,645,909**

Accounts receivable balances at the beginning of the year 2024 and 2023 were $3,645,909 and $1,606,887, respectively.

Note 4. **Property and Equipment**

Property and equipment consist of the following:

	2024	2023
Equipment	$ 735,705	$ 719,016
Software	1,578,849	1,440,603
Furniture and fixtures	351,447	351,447
Leasehold improvements	163,985	165,597
Less: accumulated depreciation	(2,430,590)	(2,261,310)
	399,396	415,353
Projects in process	91,445	65,340
Property and equipment, net	**$ 490,841**	**$ 480,693**

Note 5. **Leases**

The Company leases real estate and copiers under operating lease agreements that have initial terms ranging from one to 10 years.

Operating lease cost is recognized on a straight-line basis over the lease term and was $569,119 and $1,138,488, respectively, for 2024 and 2023.

Supplemental cash flow information related to leases is as follows:

	2024	2023
Operating cash outflows – payments on operating leases	$ 571,450	$ 1,135,567
Operating lease assets obtained in exchange for new lease obligations	$ 893,208	$ 305,457

Supplemental balance sheet information related to leases is as follows:

	2024	2023
Operating leases		
Operating lease right-of-use assets	$ 1,744,518	$ 1,329,719
Operating lease liabilities, current portion	$ 460,248	$ 286,150
Operating lease liabilities, net of current portion	1,324,067	1,085,697
Total operating lease liabilities	**$ 1,784,315**	**$ 1,371,847**

	2024	2023
Weighted-average remaining lease term	3.81 years	5.06 years
Weighted-average discount rate	3.10%	3.10%

Future undiscounted cash flows for the next five years and a reconciliation to the lease liabilities recognized on the balance sheet are as follows:

Years ending December 31,	Operating Leases
2025	$ 508,992
2026	477,182
2027	448,629
2028	365,985
2029	95,329
Total lease payments	1,896,117
Less imputed interest	(111,802)
Total present value of lease liabilities	**$ 1,784,315**

Note 6. **Operating Expenses**

Operating expenses are as follows:

	2024	2023
Salaries	$ 13,559,241	$ 12,216,475
Employee benefits	2,519,729	1,349,887
Payroll taxes	998,575	901,622
Bad debt	9,715	-
Bank charges	140,889	129,197
Bill review services	3,120,825	2,240,911
Claims management services	42,475	102,459
Contributions	17,500	10,994
Depreciation	181,759	212,215
Dues, subscriptions, and education	20,724	19,027
Insurance	367,118	30,364
Management fee/cost sharing	2,458,837	41,520
Marketing	32,648	30,263
Occupancy	922,579	1,553,335
Office technology	863,336	875,030
Outside services	478,316	580,226
Postage and freight	206,092	167,208
Professional fees	273,192	205,058
Taxes and licenses	95,971	17,531
Travel	474,004	98,316
Other	200,316	1,194
Total operating expenses	**$ 26,983,841**	**$ 20,782,832**

Note 7. **Employee Benefit Plans**

The Company has a 401(k) defined contribution plan. All employees meeting certain age and length of service requirements are eligible to participate on a voluntary basis. The Company has discretion in establishing the amount of its matching contribution. The Company recognized $95,062 for December 31, 2024. There was no matching contribution for December 31, 2023.

Note 8. **Income Taxes**

The provision for income tax expense (benefit) consists of the following as of December 31, 2024:

	Federal	State	Total
Current	$ 137,400	$ 32,600	$ 170,000
Deferred	-	-	-
	$ 137,370	**$ 32,630**	**$ 170,000**

Note 8. **Income Taxes**

The provision for income tax expense (benefit) consists of the following as of December 31, 2023:

	Federal	State	Total
Current	$ 437,096	$ 104,070	$ 541,166
Deferred	(59,117)	-	(59,117)
	$ 377,979	**$ 104,070**	**$ 482,049**

A reconciliation of the income tax expense as shown in the statements of operations would be computed by applying the statutory federal tax rate of 21% and the statutory state rate of 5% to income before income taxes is as follows:

	2024	2023
Tax expense at statutory rate	$ 170,000	$ 541,166
Decrease in taxes resulting from depreciation	-	(59,117)
	$ 170,000	**$ 482,049**

Note 9. **Related Party Transactions**

The Company incurred management fees/cost sharing expense fees due to its Parent and its parent in the amount of $2,458,837 and $41,520, respectively, for the years ended December 31, 2024 and 2023. These fees are assessed by the Parent and its parent to cover shared expenses which it incurs, such as general insurance and benefits. The respective amounts are charged by the Parent and its parent based upon a percentage of the profits of month end cash position. If the Company incurred these expenses directly, it is possible these expenses would vary significantly.

The Company advanced and was advanced funds to and by the Parent and other related entities for various amounts during the year. As of December 31, 2023, the amount owed to the Parent was $246,361. There were no amounts owed as of December 31, 2024.

Note 10. **Concentrations**

In 2023, two customers accounted for 22% of accounts receivable, and one customer accounted for 11% of total revenues. There were no customers with an account receivable or revenue greater than 10% in 2024. The Company had deposits of approximately $353,000 in excess of the applicable Federal Deposit Insurance Corporation limits as of December 31, 2023. There were no deposit in excess of the applicable Federal Deposit Insurance Corporation limits as of December 31, 2024.

Note 11. **Contingencies**

The Company is named in various claims and legal actions in the normal course of its activities. Based upon management's opinion, the outcome of such matters is not expected to have a material adverse effect on the Company's financial position.

Note 12. **Subsequent Events**

Management has evaluated subsequent events through March 11, 2025, the date on which the financial statements were available to be issued.

Brentwood
services administrators
ACRISURE® PARTNER

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The enclosed documents are "Trade Secret" financial data information that is not commonly known by or available to the public which:

(a) Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and
(b) Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.

Please see an enclosed recap of the most recent internal financial statements.

Brentwood Services Administrators, Inc.

(a Wholly Owned Subsidiary
of Brentwood Services, Inc.)

Financial Statements (Reviewed)
For the Years Ended December 31, 2023 and 2022

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Financial Statements
For the Years Ended December 31, 2023 and 2022

Contents

Independent Accountant's Review Report	1
Financial Statements	
Balance Sheets	2
Statements of Operations	3
Statements of Changes in Stockholder's Equity	4
Statements of Cash Flows	5
Notes to Financial Statements	6 - 17

BLANKENSHIP

Independent Accountant's Review Report

Board of Directors
Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)

We have reviewed the accompanying financial statements of Brentwood Services Administrators, Inc. (a wholly owned subsidiary of Brentwood Services, Inc.) (the Company), which comprise the balance sheet as of December 31, 2023 and 2022, the related statements of operations, changes in stockholder's equity, and cash flows for the years then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Accountant's Responsibility
Our responsibility is to conduct the review engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our reviews.

Accountant's Conclusion
Based on our reviews, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Blankenship CPA Group, PLLC

Blankenship CPA Group, PLLC
Brentwood, Tennessee
March 26, 2024

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Balance Sheets
December 31, 2023 and 2022

	2023	2022
Assets		
Current assets		
Cash	$ 301,430	$ 915,458
Accounts receivable, net	3,645,909	1,606,887
Deferred expenses	103,191	154,262
Prepaid expenses	69,890	169,750
Total current assets	4,120,420	2,846,357
Operating lease right-of-use assets	1,329,719	1,988,269
Property and equipment, net	480,693	758,852
Security deposits	98,769	51,763
Total assets	**$ 6,029,601**	**$ 5,645,241**
Liabilities and Stockholder's Equity		
Current liabilities		
Accounts payable	$ 121,037	$ 102,619
Accrued expenses	722,450	513,031
Deferred income	511,633	488,541
Operating lease right-of-use liabilities, current portion	286,150	1,098,550
Taxes payable	581,036	313,427
Total current liabilities	2,222,306	2,516,168
Long-term liabilities		
Operating lease right-of-use liabilities, net of current portion	1,085,697	1,044,740
Due to related party	-	1,048,593
Deferred taxes	74,948	134,065
Total long-term liabilities	1,160,645	2,227,398
Total liabilities	3,382,951	4,743,566
Stockholder's equity		
Common stock, no par value, 2,000 shares authorized, 100 shares issued and outstanding	1,000	1,000
Retained earnings	2,645,650	900,675
Total stockholder's equity	2,646,650	901,675
Total liabilities and stockholder's equity	**$ 6,029,601**	**$ 5,645,241**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Operations
For the Years Ended December 31, 2023 and 2022

	2023	2022
Revenues		
TPA services	$ 15,666,146	$ 14,169,139
Bill review	6,245,914	5,547,557
Loss control	606,204	543,730
Miscellaneous	647,109	545,141
Total revenues	23,165,373	20,805,567
Operating expenses	20,782,832	20,379,248
Income from operations	2,382,541	426,319
Other income (expenses)		
Interest	-	(24,184)
Loss on disposals of property and equipment	(301,133)	-
Total other income (expenses)	(301,133)	(24,184)
Income before taxes	2,081,408	402,135
Income tax expense	336,433	74,386
Net income (loss)	**$ 1,744,975**	**$ 327,749**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Changes in Stockholder's Equity
For the Years Ended December 31, 2023 and 2022

	Common stock	Retained earnings	Total
Balance, January 1, 2022	$ 1,000	$ 572,926	$ 573,926
Net income (loss)	-	327,749	327,749
Balance, December 31, 2022	1,000	900,675	901,675
Net income (loss)	-	1,744,975	1,744,975
Balance, December 31, 2023	**$ 1,000**	**$ 2,645,650**	**$ 2,646,650**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Cash Flows
For the Years Ended December 31, 2023 and 2022

	2023	2022
Cash, beginning of year	$ 915,458	$ 2,128,466
Cash flows from operating activities		
Net income (loss)	1,744,975	327,749
Adjustments to reconcile net income (loss) to net cash provided (used) by operating activities:		
Depreciation	212,215	292,944
Noncash lease expense	(112,893)	155,021
Deferred taxes	(59,117)	(45,614)
Loss on disposals of property and equipment	301,133	-
Change in:		
Accounts receivable, net	(2,039,022)	256,411
Deferred expenses	51,071	(29,841)
Prepaid expenses	99,860	332,044
Security deposits	(47,006)	8,478
Accounts payable	18,418	(99,810)
Accrued expenses	209,419	(484,762)
Deferred income	23,092	45,597
Taxes payable	267,609	246,183
Due to related party	(1,048,593)	(2,044,295)
Net cash provided (used) by operating activities	(378,839)	(1,039,895)
Cash flows from investing activities		
Purchases of property and equipment	(235,189)	(21,319)
Cash flows from financing activities		
Repayment of debt	-	(151,794)
Net change in cash	(614,028)	(1,213,008)
Cash, end of year	**$ 301,430**	**$ 915,458**
Supplemental disclosures of cash flow information		
Cash paid for:		
Interest	$ -	$ 24,184
Noncash disposals of property and equipment	$ 562,872	$ -

Note 1. **Business and Organization**

Brentwood Services Administrators, Inc. (the Company), a Tennessee Corporation, is a provider of workers' compensation and property and casualty solutions for insurance companies, self-insured companies and municipal entities throughout the United States, primarily in the Southeast. The Company applies technology, intelligence, and a human touch to the challenges of risk management so that their clients can proactively manage risk.

The Company's services include claims administration, case management, bill review, loss control, underwriting, and other various risk management services. The Company offers its services as a bundled solution, as a standalone service, or as add-on services to existing customers.

The Company is a wholly owned subsidiary of Brentwood Services, Inc. (the Parent). The Company was incorporated in Tennessee in 1993.

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenues are recognized when earned and expenses are recognized when incurred.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions. This will affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

When recognizing revenues, management makes certain estimates associated with revenues earned, but unbilled at the balance sheet date. These estimates are based on subsequent events, individual and historical account analysis, and other procedures management deems appropriate based on the circumstances. Because of these factors, it is reasonably possible that the estimated amounts may change materially in the near term. However, the amount of the change that is reasonably possible cannot be estimated.

Cash
Cash consists of cash on deposit at financial institutions. The Company had deposits of approximately $10,000 and $476,000 in excess of the applicable Federal Deposit Insurance Corporation limits as of December 31, 2023 and 2022, respectively.

Note 2. **Summary of Significant Accounting Policies**

Accounts Receivable and Allowance for Credit Losses

At December 31, 2023 and 2022, accounts receivable are stated net of a reserve for credit losses. The Company offsets gross trade accounts receivable with an allowance for credit losses. The allowance for credit losses is the Company's best estimate of the amount of probable credit losses in the Company's existing accounts receivable and is based upon historical loss patterns, the number of days that billings are past due, and an evaluation of the potential risk of loss associated with specific accounts. Account balances are charged against the allowance after all means of collection have been exhausted and the potential for recovery is considered remote. Provisions for allowances for credit losses are recorded in administrative expense.

Estimating credit losses based on risk characteristics requires significant judgment by the Company. Significant judgments include but are not limited to assessing current economic conditions and the extent to which they would be relevant to the existing characteristics of the Company's financial assets, the estimated life of financial assets and the level of reliance on historical experience in light of economic conditions. The Company reviews and updates, when necessary, its historical risk characteristics that are meaningful to estimating credit losses, any new risk characteristics that arise in the natural course of business and the estimated life of its financial assets.

Leases

The Company determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the customer obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Company also considers whether its service arrangements include the right to control the use of an asset.

The Company recognizes most leases on its balance sheets as a right-of-use (ROU) asset representing the right to use an underlying asset and a lease liability representing the obligation to make lease payments over the lease term, measured on a discounted basis. Leases are classified as either finance leases or operating leases based on certain criteria. Classification of the lease affects the pattern of expense recognition in the statements of operations.

The Company made an accounting policy election available not to recognize ROU assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or January 1, 2022, for existing leases upon the adoption of Financial Accounting Standards Board Accounting Standards Codification Topic 842, *Leases*). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives received. To determine the present value of lease payments, the Company made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Future lease payments may include fixed-rent escalation clauses or payments that depend on an index (such as the consumer price index), which is initially measured using the index or rate at lease commencement. Subsequent changes of an index and other periodic market-rate adjustments to base rent are recorded in variable lease expense in the period incurred. Residual value guarantees or payments for terminating the lease are included in the lease payments only when it is probable they will be incurred.

Note 2. **Summary of Significant Accounting Policies**

Property and Equipment

Property and equipment are carried at cost net of accumulated depreciation. Depreciation is computed primarily by the straight-line and double-declining balance methods over the estimated useful lives of the related assets. Gain or loss on items retired and otherwise disposed of is credited or charged to earnings and cost and related accumulated depreciation are removed from the asset and accumulated depreciation accounts. Expenditures for major renewals and improvements of property and equipment are capitalized and those for maintenance and repairs are charged to expense when incurred.

Intangibles and Other Long-lived Assets

When events, circumstances, or operating results indicate the carrying values of certain long-lived assets and related identifiable intangible assets are expected to be held and used might be impaired, the Company prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition.

If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analysis of revenues and cash flows, reviews of recent sales of similar assets, and independent appraisals.

Deferred Income

Deferred income consists primarily of pre-billed administration fees that will be recognized as income over the term of the related contract.

Income Taxes

Income tax expense consists of current and deferred components. Current income tax expense reflects taxes to be paid or refunded for the current period by applying the provisions of the enacted tax law to the taxable income or excess of deductions over revenues. The Company determines deferred income taxes using the liability (or balance sheet) method.

Under this method, the net deferred tax assets or liabilities is based on the tax effects of the differences between the book and tax bases of assets and liabilities, and enacted changes in tax rates and laws are recognized in the period in which they occur.

Note 2. **Summary of Significant Accounting Policies**

Income Taxes

Deferred income tax expense results from changes in deferred tax assets and liabilities between periods. Deferred tax assets are recognized if it is "more likely than not," based on the technical merits, that the tax position will be realized or sustained upon examination. The term "more likely than not" means a likelihood of more than 50%; the terms examined and upon examination also include resolution of the related appeals or litigation processes, if any. A tax position that meets the more likely than not recognition threshold is initially and subsequently measured as the largest amount of tax benefit that has a greater than 50% likelihood of being realized upon settlement with a taxing authority that has full knowledge of all relevant information. The determination of whether or not a tax position has met the "more likely than not" recognition threshold considers the facts, circumstances, and information available at the reporting date and is subject to management's judgment. Deferred tax assets are reduced by a valuation allowance if, based on the weight of evidence available, it is "more likely than not" that some portion or all of a deferred tax asset will not be realized.

US GAAP requires management to evaluate tax positions taken by the Company and recognize a tax liability (or asset) if management has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Company and has concluded that as of December 31, 2023, no uncertain positions have been taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Company is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Company is no longer subject to US Federal or state income tax examinations by tax authorities for the years ended before 2020.

The operations of the Company are included in the consolidated federal income tax return with its Parent. Therefore, the provision arising from the operations of the Company is payable to its Parent as the amounts are utilized in the consolidated income tax returns. The Company is required to file separate state returns for most states.

Revenue Recognition

Revenue from Contracts with Customers

Revenue is recognized when control of the promised services is transferred to the Company's customers in an amount that reflects the consideration expected to be entitled to in exchange for those services. As the Company completes its performance obligations which are identified below, it has an unconditional right to consideration as outlined in the Company's contracts. Generally, the Company's accounts receivable are expected to be collected in 30 days in accordance with the underlying payment terms.

For many of the Company's services, the Company typically has one performance obligation; however, it also provides the customer with an option to acquire additional services. The Company offers multiple services as a third party administrator, which includes policy management, bill review, claims management, loss control, and accounting services. The Company typically provides a menu of offerings from which the customer may choose to purchase. The price of each service is separate and distinct and provides a separate and distinct value to the customer. Pricing is generally consistent for each service irrespective of the other services or quantities requested by the customer.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Revenue from Contracts with Customers

In transactions related to third party service revenues, which includes bill review, nurse case management, pharmacy, and other services provided by the Company's integrated network solutions services, in most cases, the Company is considered the principal. Claim adjusters direct clients to contracted third party services, perform utilization review of services, and directs payment to the provider. Contract terms can include the Company receiving a retail fee from the client and remitting a wholesale fee to the provider. In other instances, the provider is paid directly by the client and pays the Company a predetermined fee for utilization. The Company has the ability to influence contractual fees with customers and possesses the financial risk of loss in certain contractual obligations. These factors indicate the Company is the principal and, as such, required to recognize gross revenue and service partner vendor fees in the operating expense in the Company's statements of operations.

The Company generates revenues through its main service lines described below:

Claims Management

The Company's primary line of business, claims management, provides staffing necessary to manage claims reported on behalf of the client related to property and casualty claims, including workers' compensation, general liability, property, and automobile claims. The transaction price is readily available from the contract and is fixed for each service. Revenues are recognized over time as services are provided as the performance obligations are satisfied through the effort expended to research, investigate, evaluate, document, manage and report the claim, and control of these services is transferred to the customer. Revenues are recognized based on historical claim closure rates and claim type applied utilizing a portfolio approach based on time elapsed for these claims, generally between 3 and 15 months. The Company believes this approach reasonably reflects the transfer of the claims management services to its customer.

The Company's obligation to manage claims and cases under the claims management service line can range from less than one year to multi-year contracts. They are generally one year under the terms of the contract; however, many of these contracts contain auto-renewal provisions and the Company's customer relationships can span multiple years. Under certain claims management agreements, the Company receives consideration from a customer at contract inception prior to transferring services to the customer; however, it would begin performing services immediately.

The period between a customer's payment of consideration and the completion of the promised services is generally less than one year. There is no difference between the amount of promised consideration and the cash-selling price of the promised services. The fee is billed based on agreed upon contract terms with the customer.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Bill Review

An important component of claims management is the management of provider payments. The Company contracts with third party business partners to provide bill review services related to provider claim payments. Bill review includes receiving invoices from providers, auditing the bills, and adjudicating the bills to ensure the lowest price is paid for the service. To ensure the lowest price is paid, the business partner begins by reviewing the invoice to ensure prices are consistent with state fee schedules and obtaining further reductions by submitting invoices to contracted preferred provider organizations (PPO's). The Company receives income for bill review based on the specific client contract. This can be derived from a set fee per invoice reviewed and/or a percentage of savings received from payment reductions due to PPO contracts and fee schedule reductions. The Company then pays the third party business partner a contracted wholesale fee and a PPO fee. These fees are negotiated with the third party business partner per client.

Case Management

The patient management service line also offers third party business partners who employee nurse case managers who provide specialized medical services by proactively managing medical treatment for claimants while facilitating an understanding of and participation in their rehabilitation process. Invoices are technically submitted directly to the client via the claims management staff and paid by the client to the Company. Revenues for case management services are normally recognized upon payment received from the client as the performance obligations are normally satisfied prior to the submission of an invoice. Case management services are generally billed based on time incurred, are considered variable consideration, and revenues are recognized at the amount in which the Company has the right to invoice for services performed. The Company believes this approach reasonably reflects the transfer of the case management service to the customer.

Policy Management

Clients of the Company include several insurance companies as well as self-administered trusts, which legally act as an insurance company. Our policy management team provide underwriting, policy services, customer service, and premium audit services for these clients as needed. The Company receives consideration for the services elected by the individual client. The fees for policy management are normally calculated based on a percentage of premium written by the client but can also be structured based on time and material depending on the client needs. Our policy team can underwrite the carriers' policies, issue policies, send out invoices, collect cash receipts, coordinate policy audits, and handle all policy related activity.

Loss Control

Managing client loss costs is an integral part of risk management. Bill review and case management are tools to reduce our clients cost of claims. Another tool in reducing claim costs are a function of loss control. We have a team of loss control agents that visit job sites and help our clients set standards for employee safety to reduce the risk of injury.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Contract Balances

The contractual timing of billing a client can impact revenue recognition. In some instances, a contract asset (or unbilled revenues) may be recorded when the client is invoiced in arrears of the services provided. In other instances, a contract liability (reported as deferred revenues) may be recorded when a client is invoiced in advance for a service. Contract assets and liabilities are reported on the company's balance sheets and impact revenues. Billing requirements vary by contract but substantially all unbilled revenues are billed within one year.

Certain services, such as claims management, are provided under fixed-fee service agreements and require the Company to manage claims over a contract period, typically for one year with the option for auto renewal, with the fixed-fee renewing on the anniversary date of such contracts. The Company recognizes deferred revenues as revenues when it performs services and transfers control of the services to the customer and satisfies the performance obligation which it determines utilizing a portfolio approach. For all fixed-fee service agreements, revenues are recognized over the expected service periods by type of claim.

Costs to Obtain a Contract

The Company has an internal sales force compensation program where remuneration is based solely on the revenues recognized in the period and does not represent an incremental cost to the Company which provides a future benefit expected to be longer than one year and would meet the criteria to be capitalized and presented as a contract asset on the Company's balance sheets.

Practical Expedients Elected

As a practical expedient, the Company does not adjust the consideration in a contract for the effects of a significant financing component. It expects, at contract inception, the period between a customer's payment of consideration and the transfer of promised services to the customer will be one year or less.

For patient management services billed on a time-and-expense incurred or per unit basis and revenues are recognized over time, the Company recognizes revenues at the amount to which it has the right to invoice for services performed.

The Company does not disclose the value of remaining performance obligations for (i) contracts for which it recognizes revenues at the amount to which it has the right to invoice for services performed, and (ii) contracts with variable consideration allocated entirely to a single performance obligation.

Trust Accounts

The Company has a number of trust accounts used in administering self-funded insurance plans. The Company has no legal title to these accounts, and therefore, they are not included in its balance sheets.

Note 3. **Property and Equipment**

Property and equipment at December 31, 2023 consist of the following:

Equipment	$	719,016
Software		1,440,603
Furniture and fixtures		351,447
Leasehold improvements		165,597
Less: accumulated depreciation		(2,261,310)
		415,353
Projects in process		65,340
Property and equipment, net	**$**	**480,693**

Property and equipment at December 31, 2022 consist of the following:

Equipment	$	640,953
Software		1,409,804
Furniture and fixtures		360,685
Leasehold improvements		658,244
Less: accumulated depreciation		(2,310,834)
Property and equipment, net	**$**	**758,852**

Note 4. **Leases**

The Company leases real estate and copiers under operating lease agreements that have initial terms ranging from one to 10 years.

Operating lease cost is recognized on a straight-line basis over the lease term and was $1,052,234 and $1,209,774 for 2023 and 2022, respectively.

Supplemental cash flow information related to leases is as follows:

	2023	2022
Operating cash outflows – payments on operating leases	$ 1,135,567	$ 1,073,000
Operating lease assets in exchange for new lease obligations	$ 305,457	-

Supplemental balance sheet information related to leases is as follows:

	2023	2022
Operating leases		
Operating lease right-of-use assets	$ 1,329,719	$ 1,988,269
Operating lease liabilities, current portion	286,150	1,098,550
Operating lease liabilities, net of current portion	1,085,697	1,044,740
Total operating lease liabilities	**$ 1,371,847**	**$ 2,143,290**
Weighted-average remaining lease term	5.06 years	3.97 years
Weighted-average discount rate	2.55%	2.34%

Future undiscounted cash flows for the next five years and thereafter, and a reconciliation to the lease liabilities recognized on the statement of financial position are as follows:

Years ending December 31,	Operating Leases
2024	$ 317,698
2025	303,053
2026	274,711
2027	250,051
2028	206,658
Thereafter	111,511
Total lease payments	1,463,682
Less imputed interest	(91,835)
Total present value of lease liabilities	**$ 1,371,847**

Note 5. **Operating Expenses**

Operating expenses are as follows:

	2023	2022
Salaries	$ 431,582	$ 10,568,721
Employee benefits	75,286	1,696,436
Payroll taxes	4,701	821,392
Bill review services	2,240,911	1,969,556
Claims management services	102,459	48,800
Contributions	10,994	15,217
Depreciation	212,215	292,944
Dues, subscriptions, and education	19,027	33,928
Insurance	30,364	198,902
Management fee/cost sharing	14,128,326	293,394
Marketing	30,263	50,640
Meals and entertainment	24,223	55,871
Occupancy	1,553,335	1,634,864
Office technology	875,030	864,334
Outside services	580,226	943,710
Postage and freight	167,208	182,959
Professional fees	205,058	264,465
Taxes and licenses	17,531	99,460
Travel	74,093	239,291
Other	-	104,364
Total operating expenses	**$ 20,782,832**	**$ 20,379,248**

Note 6. **Employee Benefit Plans**

The Company has a 401(k) defined contribution plan. All employees meeting certain age and length of service requirements are eligible to participate on a voluntary basis. The Company has discretion in establishing the amount of its matching contribution. The Company recognized contribution expense of $0 and $67,108 for 2023 and 2022, respectively.

The Parent sponsors an employee stock ownership plan and a 401(k) Plan for the Parent and its subsidiaries. The Company's portion of the expense is included in the calculation of the administrative fees paid to the Parent.

Note 7. **Self-insured Medical Plan**

The Parent had a self-insured medical plan for itself and its wholly owned subsidiaries which was closed in 2023. The Company expended approximately $2,796,929 for plan expenses for 2022. At December 31, 2022, claims of approximately $140,511 were outstanding and included in accrued expenses, respectively. The Parent carries specific excess loss coverage, which covers claims in excess of $75,000 per person per year, with an aggregating specific self-funded liability of $50,000. The Parent also carries aggregate excess loss coverage to limit exposure on total claims below $75,000. The aggregate deductible is calculated on a per employee per month basis. The aggregate deductible and limit of exposure was approximately $2,488,000 for 2022.

Note 8. **Deferred Income Taxes**

The sources of the deferred income tax expense and the tax effect of each are as follows:

	2023	2022
Accelerated depreciation	$ 59,117	$ 45,614

The components of the net deferred tax liability are as follows:

	2023	2022
Deferred income tax liability		
Accelerated depreciation	$ 74,948	$ 134,065

Note 9. **Related Party Transactions**

The Company incurred administrative fees due to its Parent in the amounts of $14,128,326 and $293,394 for 2023 and 2022, respectively. These fees are assessed by the Parent to cover shared expenses which it incurs, such as salaries, equipment lease, depreciation, etc. The respective amounts are charged by the Parent based upon a percentage of the profits of month end cash position. If the Company incurred these expenses directly, it is possible these expenses would vary significantly.

The Company advanced and was advanced funds to and by the Parent and other related entities for various amounts during 2023 and 2022. As a result, a net long-term payable of $0 and $1,048,593 was due to the related entities at December 31, 2023 and 2022, respectively.

Note 10. **Concentrations**

For 2023, two customers accounted for 22% of accounts receivable, and one customer accounted for 11% of total revenues.

For 2022, one customer accounted for 13% of accounts receivable, and one customer accounted for 21% of total revenues.

Note 11. **Contingencies**

The Company is named in various claims and legal actions in the normal course of its activities. Based upon management's opinion, the outcome of such matters is not expected to have a material adverse effect on the Company's financial position.

Note 12. **Stock Purchase**

On July 1, 2022, the Parent company to Brentwood Services Administrators, Inc., was acquired through a stock purchase by Acrisure, LLC. The financial statements reflect 12 months of activity as there was no material impact to the financial statements on a stand-alone basis to Brentwood Services Administrators, Inc.

Note 13. **Subsequent Events**

Management has evaluated subsequent events through March 26, 2024, the date on which the financial statements were available to be issued.

Brentwood Services Administrators, Inc.

(a Wholly Owned Subsidiary
of Brentwood Services, Inc.)

Financial Statements (Reviewed)
For the Years Ended December 31, 2022 and 2021

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Financial Statements
For the Years Ended December 31, 2022 and 2021

Contents

Independent Accountant's Review Report	1
Financial Statements	
Balance Sheets	2
Statements of Operations	3
Statements of Changes in Stockholder's Equity	4
Statements of Cash Flows	5
Notes to Financial Statements	6 - 18

BLANKENSHIP

Independent Accountant's Review Report

Board of Directors
Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)

We have reviewed the accompanying financial statements of Brentwood Services Administrators, Inc. (a wholly owned subsidiary of Brentwood Services, Inc.) (the Company), which comprise the balance sheet as of December 31, 2022, the related statements of operations, changes in stockholder's equity, and cash flows for the year then ended, and the related notes to the financial statements. A review includes primarily applying analytical procedures to management's financial data and making inquiries of company management. A review is substantially less in scope than an audit, the objective of which is the expression of an opinion regarding the financial statements as a whole. Accordingly, we do not express such an opinion.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Accountant's Responsibility
Our responsibility is to conduct the review engagement in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. Those standards require us to perform procedures to obtain limited assurance as a basis for reporting whether we are aware of any material modifications that should be made to the financial statements for them to be in accordance with accounting principles generally accepted in the United States of America. We believe that the results of our procedures provide a reasonable basis for our conclusion.

We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements related to our review.

Accountant's Conclusion
Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in accordance with accounting principles generally accepted in the United States of America.

Report on 2021 Financial Statements
The 2021 financial statements of the Company were audited by us, and we expressed an unmodified opinion on them in our report, dated March 17, 2022. We have not performed any auditing procedures since that date.

Blankenship CPA Group, PLLC

Blankenship CPA Group, PLLC
Brentwood, Tennessee
November 16, 2023

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Balance Sheets
December 31, 2022 and 2021

	(Reviewed) 2022	(Audited) 2021
Assets		
Current assets		
Cash	$ 915,458	$ 2,128,466
Accounts receivable, net	1,606,887	1,863,298
Deferred expenses	154,262	124,421
Prepaid expenses	169,750	501,794
Total current assets	2,846,357	4,617,979
Operating right-of-use assets	1,988,269	-
Property and equipment, net	758,852	1,030,477
Security deposits	51,763	60,241
Total assets	**$ 5,645,241**	**$ 5,708,697**
Liabilities and Stockholder's Equity		
Current liabilities		
Accounts payable	$ 102,619	$ 202,429
Accrued expenses	513,031	997,793
Deferred income	488,541	442,944
Debt, current portion	-	109,423
Operating right-of-use liabilities, current portion	1,098,550	-
Taxes payable	313,427	67,244
Total current liabilities	2,516,168	1,819,833
Long-term liabilities		
Debt, net of current portion	-	42,371
Operating right-of-use liabilities, noncurrent portion	1,044,740	-
Due to related party	1,048,593	3,092,888
Deferred taxes	134,065	179,679
Total long-term liabilities	2,227,398	3,314,938
Total liabilities	4,743,566	5,134,771
Stockholder's equity		
Common stock, no par value, 2,000 shares authorized, 100 shares issued and outstanding	1,000	1,000
Retained earnings	900,675	572,926
Total stockholder's equity	901,675	573,926
Total liabilities and stockholder's equity	**$ 5,645,241**	**$ 5,708,697**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Operations
For the Years Ended December 31, 2022 and 2021

	(Reviewed) 2022	(Audited) 2021
Revenues		
TPA services	$ 14,169,139	$ 20,786,805
Bill review	5,547,557	5,270,225
Claims management	-	46,723
Loss control	543,730	377,052
Miscellaneous	545,141	708,708
Total revenues	20,805,567	27,189,513
Operating expenses	20,379,248	26,940,724
Income from operations	426,319	248,789
Other Income (Expenses)		
Interest	(24,184)	(15,782)
Loss on disposals of property and equipment	-	(121,285)
Total other income (expenses)	(24,184)	(137,067)
Income before taxes	402,135	111,722
Income tax expense	74,386	17,446
Net income (loss)	**$ 327,749**	**$ 94,276**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Changes in Stockholder's Equity
For the Years Ended December 31, 2022 and 2021

	Common stock	Retained earnings	Total
Balance, January 1, 2021	$ 1,000	$ 978,650	$ 979,650
Dividends paid	-	(500,000)	(500,000)
Net income (loss)	-	94,276	94,276
Balance, December 31, 2021	1,000	572,926	573,926
Net income (loss)	-	327,749	327,749
Balance, December 31, 2022	**$ 1,000**	**$ 900,675**	**$ 901,675**

Brentwood Services Administrators, Inc.
(a Wholly Owned Subsidiary of Brentwood Services, Inc.)
Statements of Cash Flows
For the Years Ended December 31, 2022 and 2021

	(Reviewed) 2022	(Audited) 2021
Cash, beginning of year	$ 2,128,466	$ 2,458,132
Cash flows from operating activities		
Net income (loss)	327,749	94,276
Adjustments to reconcile net income (loss) to net cash provided (used) by operating activities:		
Depreciation	292,944	679,074
Noncash lease expense	155,021	-
Bad debt expense	-	72,717
Deferred taxes	(45,614)	(6,620)
Loss on disposals of property and equipment	-	121,285
Change in:		
Accounts receivable, net	256,411	393,245
Deferred expenses	(29,841)	(124,421)
Prepaid expenses	332,044	24,737
Security deposits	8,478	3,984
Accounts payable	(99,810)	(153,044)
Accrued expenses	(484,762)	(279,625)
Deferred income	45,597	33,405
Taxes payable	246,183	(15,314)
Due to related party	(2,044,295)	(347,882)
Net cash provided (used) by operating activities	(1,039,895)	495,817
Cash flows from investing activities		
Proceeds from disposal of asset	-	4,000
Purchases of property and equipment	(21,319)	(193,178)
Net cash provided (used) by investing activities	(21,319)	(189,178)
Cash flows from financing activities		
Repayment of debt	(151,794)	(136,305)
Dividends paid	-	(500,000)
Net cash provided (used) by financing activities	(151,794)	(636,305)
Net change in cash	(1,213,008)	(329,666)
Cash, end of year	**$ 915,458**	**$ 2,128,466**
Supplemental disclosures of cash flow information		
Cash paid for:		
Interest	$ 24,184	$ 15,782

Note 1. **Business and Organization**

Brentwood Services Administrators, Inc. (the Company), a Tennessee Corporation, is a provider of workers' compensation and property and casualty solutions for insurance companies, self-insured companies and municipal entities throughout the United States, primarily in the Southeast. The Company applies technology, intelligence, and a human touch to the challenges of risk management so that their clients can proactively manage risk.

The Company's services include claims administration, case management, bill review, loss control, underwriting, and other various risk management services. The Company offers its services as a bundled solution, as a standalone service, or as add-on services to existing customers.

The Company is a wholly owned subsidiary of Brentwood Services, Inc. (the Parent). The Company was incorporated in Tennessee in 1993.

Note 2. **Summary of Significant Accounting Policies**

Basis of Accounting
The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenues are recognized when earned and expenses are recognized when incurred.

Use of Estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions. This will affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from these estimates.

When recognizing revenues, management makes certain estimates associated with revenues earned, but unbilled at the balance sheet date. These estimates are based on subsequent events, individual and historical account analysis, and other procedures management deems appropriate based on the circumstances. Because of these factors, it is reasonably possible that the estimated amounts may change materially in the near term. However, the amount of the change that is reasonably possible cannot be estimated.

Cash
Cash consists of cash on deposit at financial institutions. The Company had deposits of approximately $476,000 and $1,839,000 in excess of the applicable Federal Deposit Insurance Corporation limits as of December 31, 2022 and 2021, respectively.

Accounts Receivable, Net
At December 31, 2022 and 2021, accounts receivable are stated net of a reserve for bad debts. The reserve is increased as estimated losses occur through a provision for bad debts charged to earnings.

Losses are charged against the reserve when management believes the collection of the receivable is unlikely. Subsequent recoveries, if any, are credited to the reserve. The reserve was $72,717 at December 31, 2021. No reserve was deemed necessary at December 31, 2022.

Note 2. **Summary of Significant Accounting Policies**

Accounts Receivable, Net

The reserve is evaluated by management and is based upon management's periodic review of the collectability of receivables. This evaluation is inherently subjective as it requires estimates that are susceptible to significant revision as more information becomes available.

Leases (New Accounting Standard Adopted in 2022)

In February 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC) Topic 842, *Leases*, to increase transparency and comparability among organizations related to their leasing arrangements. The update requires lessees to recognize most leases on balance sheets as a right-of-use (ROU) asset representing the right to use an underlying asset and a lease liability representing the obligation to make lease payments over the lease term, measured on a discounted basis. Topic 842 also requires additional disclosure of key quantitative and qualitative information for leasing arrangements. Similar to the previous lease guidance, the update retains a distinction between finance leases (similar to capital leases in Topic 840, *Leases*) and operating leases, with classification affecting the pattern of expense recognition in the statements of operations. The Company adopted Topic 842 on January 1, 2022, using the optional transition method to the modified retrospective approach, which eliminates the requirement to restate the prior-period financial statements. Under this transition provision, the Company has applied Topic 842 to reporting periods beginning on January 1, 2022, while prior periods continue to be reported and disclosed in accordance with the Company's historical accounting treatment under ASC Topic 840, *Leases*.

The Company elected the "package of practical expedients" under the transition guidance within Topic 842, in which the Company does not reassess (1) the historical lease classification, (2) whether any existing contracts at transition are or contain leases, or (3) the initial direct costs for any existing leases. The Company has not elected to adopt the "hindsight" practical expedient, and therefore will measure the ROU asset and lease liability using the remaining portion of the lease term upon adoption of ASC 842 on January 1, 2022.

The Company determines if an arrangement is or contains a lease at inception, which is the date on which the terms of the contract are agreed to, and the agreement creates enforceable rights and obligations. A contract is or contains a lease when (i) explicitly or implicitly identified assets have been deployed in the contract and (ii) the Company obtains substantially all of the economic benefits from the use of that underlying asset and directs how and for what purpose the asset is used during the term of the contract. The Company also considers whether its service arrangements include the right to control the use of an asset.

The Company made an accounting policy election available under Topic 842 not to recognize ROU assets and lease liabilities for leases with a term of 12 months or less. For all other leases, ROU assets and lease liabilities are measured based on the present value of future lease payments over the lease term at the commencement date of the lease (or January 1, 2022, for existing leases upon the adoption of Topic 842). The ROU assets also include any initial direct costs incurred and lease payments made at or before the commencement date and are reduced by any lease incentives.

Note 2. **Summary of Significant Accounting Policies**

Leases (New Accounting Standard Adopted in 2022)

To determine the present value of lease payments, the Company made an accounting policy election available to non-public companies to utilize a risk-free borrowing rate, which is aligned with the lease term at the lease commencement date (or remaining term for leases existing upon the adoption of Topic 842).

Future lease payments may include fixed rent escalation clauses or payments that depend on an index (such as the consumer price index), which is initially measured using the index or rate at lease commencement. Subsequent changes of an index and other periodic market-rate adjustments to base rent are recorded in variable lease expense in the period incurred. Residual value guarantees or payments for terminating the lease are included in the lease payments only when it is probable they will be incurred.

The Company has made an accounting policy election to use the risk-free rate as the discount rate if the rate implicit in the lease is not readily determinable. The risk-free rate is the rate of a zero coupon US Treasury instrument for the same period as the time of the lease term.

Adoption of Topic 842 resulted in the recording of additional ROU assets and lease liabilities related to the Company's operating leases of $3,370,251 at January 1, 2022. The adoption of the new lease standard did not materially impact net earnings or cash flows and did not result in a cumulative-effect adjustment to the opening balance of retained earnings.

Property and Equipment

Property and equipment are carried at cost net of accumulated depreciation. Depreciation is computed primarily by the straight-line and double-declining balance methods over the estimated useful lives of the related assets. Gain or loss on items retired and otherwise disposed of is credited or charged to earnings and cost and related accumulated depreciation are removed from the asset and accumulated depreciation accounts. Expenditures for major renewals and improvements of property and equipment are capitalized and those for maintenance and repairs are charged to expense when incurred.

Intangibles and Other Long-lived Assets

When events, circumstances, or operating results indicate the carrying values of certain long-lived assets and related identifiable intangible assets are expected to be held and used might be impaired, the Company prepares projections of the undiscounted future cash flows expected to result from the use of the assets and their eventual disposition.

If the projections indicate the recorded amounts are not expected to be recoverable, such amounts are reduced to estimated fair value. Fair value may be estimated based upon internal evaluations that include quantitative analysis of revenues and cash flows, reviews of recent sales of similar assets, and independent appraisals.

Note 2. **Summary of Significant Accounting Policies**

Deferred Income
Deferred income consists primarily of pre-billed administration fees that will be recognized as income over the term of the related contract.

Income Taxes
Income tax expense consists of current and deferred components. Current income tax expense reflects taxes to be paid or refunded for the current period by applying the provisions of the enacted tax law to the taxable income or excess of deductions over revenues. The Company determines deferred income taxes using the liability (or balance sheet) method.

Under this method, the net deferred tax assets or liabilities is based on the tax effects of the differences between the book and tax bases of assets and liabilities, and enacted changes in tax rates and laws are recognized in the period in which they occur.

Deferred income tax expense results from changes in deferred tax assets and liabilities between periods. Deferred tax assets are recognized if it is "more likely than not," based on the technical merits, that the tax position will be realized or sustained upon examination. The term "more likely than not" means a likelihood of more than 50%; the terms examined and upon examination also include resolution of the related appeals or litigation processes, if any. A tax position that meets the more likely than not recognition threshold is initially and subsequently measured as the largest amount of tax benefit that has a greater than 50% likelihood of being realized upon settlement with a taxing authority that has full knowledge of all relevant information. The determination of whether or not a tax position has met the "more likely than not" recognition threshold considers the facts, circumstances, and information available at the reporting date and is subject to management's judgment. Deferred tax assets are reduced by a valuation allowance if, based on the weight of evidence available, it is "more likely than not" that some portion or all of a deferred tax asset will not be realized.

US GAAP requires management to evaluate tax positions taken by the Company and recognize a tax liability (or asset) if management has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. Management has analyzed the tax positions taken by the Company and has concluded that as of December 31, 2022, no uncertain positions have been taken or are expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Company is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress. The Company is no longer subject to US Federal or state income tax examinations by tax authorities for the years ended before 2019.

The operations of the Company are included in the consolidated federal income tax return with its Parent. Therefore, the provision arising from the operations of the Company is payable to its Parent as the amounts are utilized in the consolidated income tax returns. The Company is required to file separate state returns for most states.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Revenue from Contracts with Customers

Revenue is recognized when control of the promised services is transferred to the Company's customers in an amount that reflects the consideration expected to be entitled to in exchange for those services. As the Company completes its performance obligations which are identified below, it has an unconditional right to consideration as outlined in the Company's contracts. Generally, the Company's accounts receivable are expected to be collected in 30 days in accordance with the underlying payment terms.

For many of the Company's services, the Company typically has one performance obligation; however, it also provides the customer with an option to acquire additional services. The Company offers multiple services as a third party administrator, which includes policy management, bill review, claims management, loss control, and accounting services. The Company typically provides a menu of offerings from which the customer may choose to purchase. The price of each service is separate and distinct and provides a separate and distinct value to the customer. Pricing is generally consistent for each service irrespective of the other services or quantities requested by the customer.

In transactions related to third party service revenues, which includes bill review, nurse case management, pharmacy, and other services provided by the Company's integrated network solutions services, in most cases, the Company is considered the principal. Claim adjusters direct clients to contracted third party services, perform utilization review of services, and directs payment to the provider. Contract terms can include the Company receiving a retail fee from the client and remitting a wholesale fee to the provider. In other instances, the provider is paid directly by the client and pays the Company a predetermined fee for utilization. The Company has the ability to influence contractual fees with customers and possesses the financial risk of loss in certain contractual obligations. These factors indicate the Company is the principal and, as such, required to recognize gross revenue and service partner vendor fees in the operating expense in the Company's statements of operations.

The Company generates revenues through its main service lines described below:

Claims Management

The Company's primary line of business, claims management, provides staffing necessary to manage claims reported on behalf of the client related to property and casualty claims, including workers' compensation, general liability, property, and automobile claims. The transaction price is readily available from the contract and is fixed for each service. Revenues are recognized over time as services are provided as the performance obligations are satisfied through the effort expended to research, investigate, evaluate, document, manage and report the claim, and control of these services is transferred to the customer. Revenues are recognized based on historical claim closure rates and claim type applied utilizing a portfolio approach based on time elapsed for these claims, generally between 3 and 15 months. The Company believes this approach reasonably reflects the transfer of the claims management services to its customer.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

The Company's obligation to manage claims and cases under the claims management service line can range from less than one year to multi-year contracts. They are generally one year under the terms of the contract; however, many of these contracts contain auto-renewal provisions and the Company's customer relationships can span multiple years. Under certain claims management agreements, the Company receives consideration from a customer at contract inception prior to transferring services to the customer; however, it would begin performing services immediately.

The period between a customer's payment of consideration and the completion of the promised services is generally less than one year. There is no difference between the amount of promised consideration and the cash-selling price of the promised services. The fee is billed based on agreed upon contract terms with the customer.

Bill Review

An important component of claims management is the management of provider payments. The Company contracts with third party business partners to provide bill review services related to provider claim payments. Bill review includes receiving invoices from providers, auditing the bills, and adjudicating the bills to ensure the lowest price is paid for the service. To ensure the lowest price is paid, the business partner begins by reviewing the invoice to ensure prices are consistent with state fee schedules and obtaining further reductions by submitting invoices to contracted preferred provider organizations (PPO's). The Company receives income for bill review based on the specific client contract. This can be derived from a set fee per invoice reviewed and/or a percentage of savings received from payment reductions due to PPO contracts and fee schedule reductions. The Company then pays the third party business partner a contracted wholesale fee and a PPO fee. These fees are negotiated with the third party business partner per client.

Case Management

The patient management service line also offers third party business partners who employee nurse case managers who provide specialized medical services by proactively managing medical treatment for claimants while facilitating an understanding of and participation in their rehabilitation process. Invoices are technically submitted directly to the client via the claims management staff and paid by the client to the Company. Revenues for case management services are normally recognized upon payment received from the client as the performance obligations are normally satisfied prior to the submission of an invoice. Case management services are generally billed based on time incurred, are considered variable consideration, and revenues are recognized at the amount in which the Company has the right to invoice for services performed. The Company believes this approach reasonably reflects the transfer of the case management service to the customer.

Policy Management

Clients of the Company include several insurance companies as well as self-administered trusts, which legally act as an insurance company. Our policy management team provide underwriting, policy services, customer service, and premium audit services for these clients as needed. The Company receives consideration for the services elected by the individual client. The fees for policy management are normally calculated based on a percentage of premium written by the client but can also be structured based on time and material depending on the client needs. Our policy team can underwrite the carriers' policies, issue policies, send out invoices, collect cash receipts, coordinate policy audits, and handle all policy related activity.

Note 2. **Summary of Significant Accounting Policies**

Revenue Recognition

Loss Control

Managing client loss costs is an integral part of risk management. Bill review and case management are tools to reduce our clients cost of claims. Another tool in reducing claim costs are a function of loss control. We have a team of loss control agents that visit job sites and help our clients set standards for employee safety to reduce the risk of injury.

Contract Balances

The contractual timing of billing a client can impact revenue recognition. In some instances, a contract asset (or unbilled revenues) may be recorded when the client is invoiced in arrears of the services provided. In other instances, a contract liability (reported as deferred revenues) may be recorded when a client is invoiced in advance for a service. Contract assets and liabilities are reported on the company's balance sheets and impact revenues. Billing requirements vary by contract but substantially all unbilled revenues are billed within one year.

Certain services, such as claims management, are provided under fixed-fee service agreements and require the Company to manage claims over a contract period, typically for one year with the option for auto renewal, with the fixed-fee renewing on the anniversary date of such contracts. The Company recognizes deferred revenues as revenues when it performs services and transfers control of the services to the customer and satisfies the performance obligation which it determines utilizing a portfolio approach. For all fixed-fee service agreements, revenues are recognized over the expected service periods by type of claim.

Costs to Obtain a Contract

The Company has an internal sales force compensation program where remuneration is based solely on the revenues recognized in the period and does not represent an incremental cost to the Company which provides a future benefit expected to be longer than one year and would meet the criteria to be capitalized and presented as a contract asset on the Company's balance sheets.

Practical Expedients Elected

As a practical expedient, the Company does not adjust the consideration in a contract for the effects of a significant financing component. It expects, at contract inception, the period between a customer's payment of consideration and the transfer of promised services to the customer will be one year or less.

For patient management services billed on a time-and-expense incurred or per unit basis and revenues are recognized over time, the Company recognizes revenues at the amount to which it has the right to invoice for services performed.

The Company does not disclose the value of remaining performance obligations for (i) contracts for which it recognizes revenues at the amount to which it has the right to invoice for services performed, and (ii) contracts with variable consideration allocated entirely to a single performance obligation.

Trust Accounts

The Company has a number of trust accounts used in administering self-funded insurance plans. The Company has no legal title to these accounts, and therefore, they are not included in its balance sheets.

Note 3. **Property and Equipment**

Property and equipment at December 31, 2022 consist of the following:

		Cost
Equipment	$	640,953
Software		1,409,804
Furniture and fixtures		360,685
Leasehold improvements		658,244
Less: accumulated depreciation		(2,310,834)
Property and equipment, net	**$**	**758,852**

Property and equipment at December 31, 2021 consist of the following:

		Cost
Capital lease equipment	$	448,064
Equipment		329,653
Software		1,393,459
Furniture and fixtures		217,685
Leasehold improvements		658,244
Less: accumulated depreciation		(2,017,453)
		1,029,652
Projects in process		825
Property and equipment, net	**$**	**1,030,477**

Note 4. **Notes Payable and Capital Leases**

Notes payable and capital leases consist of the following:

	2022	2021
The Company has a note payable with a bank and accrues interest at 5.07% and provides for monthly payments totaling $2,432. Final payment is due July 31, 2022 and is guaranteed by the Company's Parent and the majority stockholder of the Company's Parent.	$ -	$ 18,927
The Company has capital leases payable which are secured by various pieces of equipment and furniture with monthly payment requirements ranging from $1,425 to $7,311. The leases have interest rates ranging from 0% to 7.00%.	-	132,867
	-	151,794
Less: debt, current portion	-	(109,423)
Debt, net of current portion	$ -	**$ 42,371**

Note 5. **Leases**

The Company leases real estate and copiers under operating lease agreements that have initial terms ranging from one to 10 years.

Operating lease cost is recognized on a straight-line basis over the lease term and was $1,209,774 for 2022. Total rent expense for operating leases was $1,219,564 for 202.

Supplemental cash flow information related to leases is as follows for 2022:

Operating cash outflows – payments on operating leases	$ 1,073,000

Supplemental balance sheet information related to leases is as follows as of December 31, 2022:

Operating leases	
Operating lease right-of-use assets	$ 1,988,269
Operating lease liabilities, current portion	1,098,550
Operating lease liabilities, net of current portion	1,044,740
Total operating lease liabilities	$ 2,143,290

Note 5. **Leases**

Weighted-average remaining lease term	
Operating leases	3.97 years
Weighted-average discount rate	
Operating leases	2.34%

Future undiscounted cash flows for the next five years and thereafter, and a reconciliation to the lease liabilities recognized on the statement of financial position are as follows as of December 31, 2022:

Years ending December 31,	**Operating Leases**
2023	$ 1,135,567
2024	219,747
2025	223,547
2026	199,312
2027	184,800
Thereafter	280,314
Total lease payments	2,243,107
Less imputed interest	(99,817)
Total present value of lease liabilities	$ **2,143,290**

Future minimum lease commitments, as determined under Topic 840, for all noncancelable leases are as follows as of December 31, 2021:

Years Ended December 31,	**Real property**	**Equipment**	**Total**
2022	$ 1,043,761	$ 30,080	$ 1,073,841
2023	974,047	23,888	997,935
2024	31,958	18,509	50,467
2025	32,784	10,072	42,856
Thereafter	11,020	4,028	15,048
	$ 2,093,570	**$ 86,577**	**$ 2,180,147**

Note 6. **Operating Expenses**

Operating expenses are as follows:

	2022	2021
Salaries	$ 10,568,721	$ 14,426,279
Employee benefits	1,696,436	2,808,865
Payroll taxes	821,392	1,075,283
Administration	293,394	526,849
Bill review services	1,969,556	2,508,488
Claims management services	48,800	96,413
Contributions	15,217	15,099
Depreciation	292,944	679,074
Dues, subscriptions, and education	33,928	45,183
Insurance	198,902	329,821
Marketing	50,640	40,285
Meals and entertainment	55,871	81,630
Occupancy	1,634,864	1,598,028
Office technology	864,334	829,755
Outside services	943,710	1,185,774
Postage and freight	182,959	210,239
Professional fees	264,465	168,858
Taxes and licenses	99,460	65,827
Travel	239,291	175,448
Other	104,364	73,526
Total operating expenses	**$ 20,379,248**	**$ 26,940,724**

Note 7. **Employee Benefit Plans**

The Company has a 401(k) defined contribution plan. All employees meeting certain age and length of service requirements are eligible to participate on a voluntary basis. The Company has discretion in establishing the amount of its matching contribution. The Company recognized contribution expense of $67,108 and $172,982 for 2022 and 2021, respectively.

The Parent sponsors an employee stock ownership plan and a 401(k) Plan for the Parent and its subsidiaries. The Company's portion of the expense is included in the calculation of the administrative fees paid to the Parent.

Note 8. **Self-insured Medical Plan**

The Parent has established a self-insured medical plan for itself and its wholly owned subsidiaries. The Company expended approximately $2,796,929 and $2,546,000 for plan expenses for 2022 and 2021, respectively. At December 31, 2022 and 2021, claims of approximately $140,511 and $285,000 were outstanding and included in accrued expenses, respectively. The Parent carries specific excess loss coverage, which covers claims in excess of $75,000 per person per year, with an aggregating specific self-funded liability of $50,000. The Parent also carries aggregate excess loss coverage to limit exposure on total claims below $75,000. The aggregate deductible is calculated on a per employee per month basis. The aggregate deductible and limit of exposure was approximately $2,488,000 and $2,358,000 for the years ended December 31, 2022 and 2021, respectively.

Note 9. **Deferred Income Taxes**

The sources of the deferred income tax expense and the tax effect of each are as follows:

	2022	2021
Accelerated depreciation	$ (45,614)	$ (31,316)
Contribution carry-forwards	-	24,696
	$ (45,614)	**$ (6,620)**

The components of the net deferred tax liability are as follows:

	2022	2021
Deferred income tax liability		
Accelerated depreciation	$ (134,065)	$ (190,403)
Deferred income tax asset		
Contribution carry-forwards	-	10,724
Deferred tax liability, net	**$ (134,065)**	**$ (179,679)**

Note 10. **Related Party Transactions**

The Company incurred administrative fees due to its Parent in the amounts of $293,394 and $526,849 for 2022 and 2021, respectively. These fees are assessed by the Parent to cover shared expenses which it incurs, such as officers' salaries, equipment lease, depreciation, etc. The respective amounts are charged by the Parent based upon a percentage of profits of each subsidiary. If the Company incurred these expenses directly, it is possible these expenses would vary significantly.

The Company advanced and was advanced funds to and by the Parent and other related entities for various amounts during 2022 and 2021. As a result, a net long-term payable of $1,048,593 and $3,092,888 was due to the related entities at December 31, 2022 and 2021, respectively.

Note 11. **Concentrations**

For the year ended December 31, 2021, one customer accounted for 27% of accounts receivable and 21% of total revenues.

Note 12. **Contingencies**

The Company is named in various claims and legal actions in the normal course of its activities. Based upon management’s opinion, the outcome of such matters is not expected to have a material adverse effect on the Company's financial position.

Note 13. **Stock Purchase**

On July 1, 2022, the Parent company to Brentwood Services Administrators, Inc., was acquired through a stock purchase by Acrisure, LLC. The financial statements reflect twelve months of activity as there was no material impact to the financial statements on a stand-alone basis to Brentwood Services Administrators, Inc.

Note 14. **Subsequent Events**

Management has evaluated subsequent events through November 16, 2023, the date on which the financial statements were available to be issued.

CHASE

J.P.Morgan

April 20th, 2025

RE. Brentwood Services Administrators, Inc.

To Whom it May Concern,

This letter is being delivered to you to provide information on the Company's banking relationship with JPMorgan Chase Bank, N.A (the "Bank").

We can hereby confirm that Brentwood Services Administrators, Inc. has maintained accounts at the Bank since August 2022 and has operated the accounts in a satisfactory manner.

Please be advised that this letter refers only to facts as they exist as of the date of this letter and the Bank shall have no duty or obligation to inform the addressee hereof of any future changes in such facts. This letter is solely for the benefit of the addressee hereof for the referenced purpose, and may not be relied on by any other person or for any other purpose.

Sincerely,

Amanda Bier

Amanda Bier
Executive Director
JPMorgan Chase Bank, N.A.
1116 W Long Lake Rd, Floor 02
Bloomfield Hills, MI 48302-1963
248-839-0065
12/19/2024

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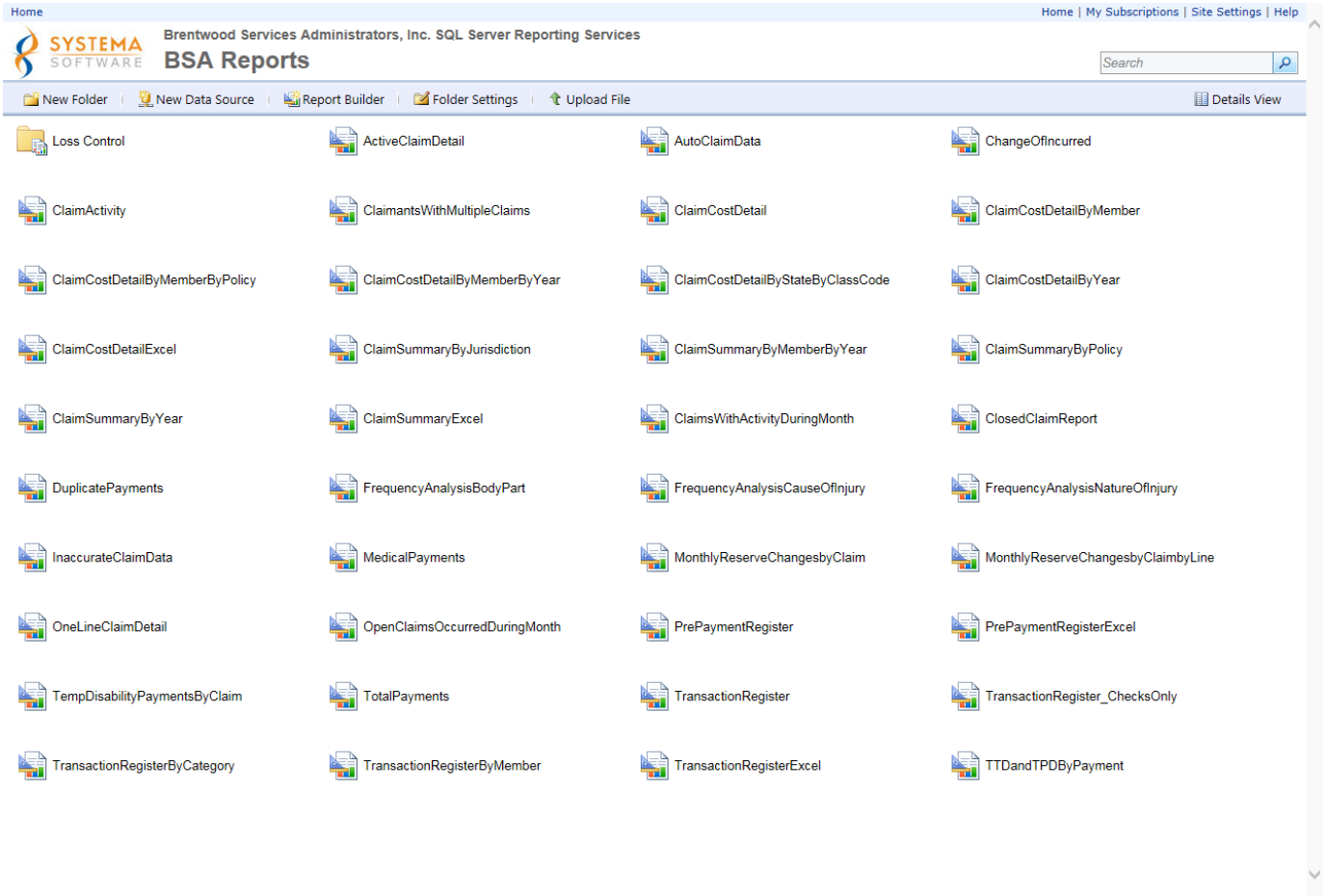
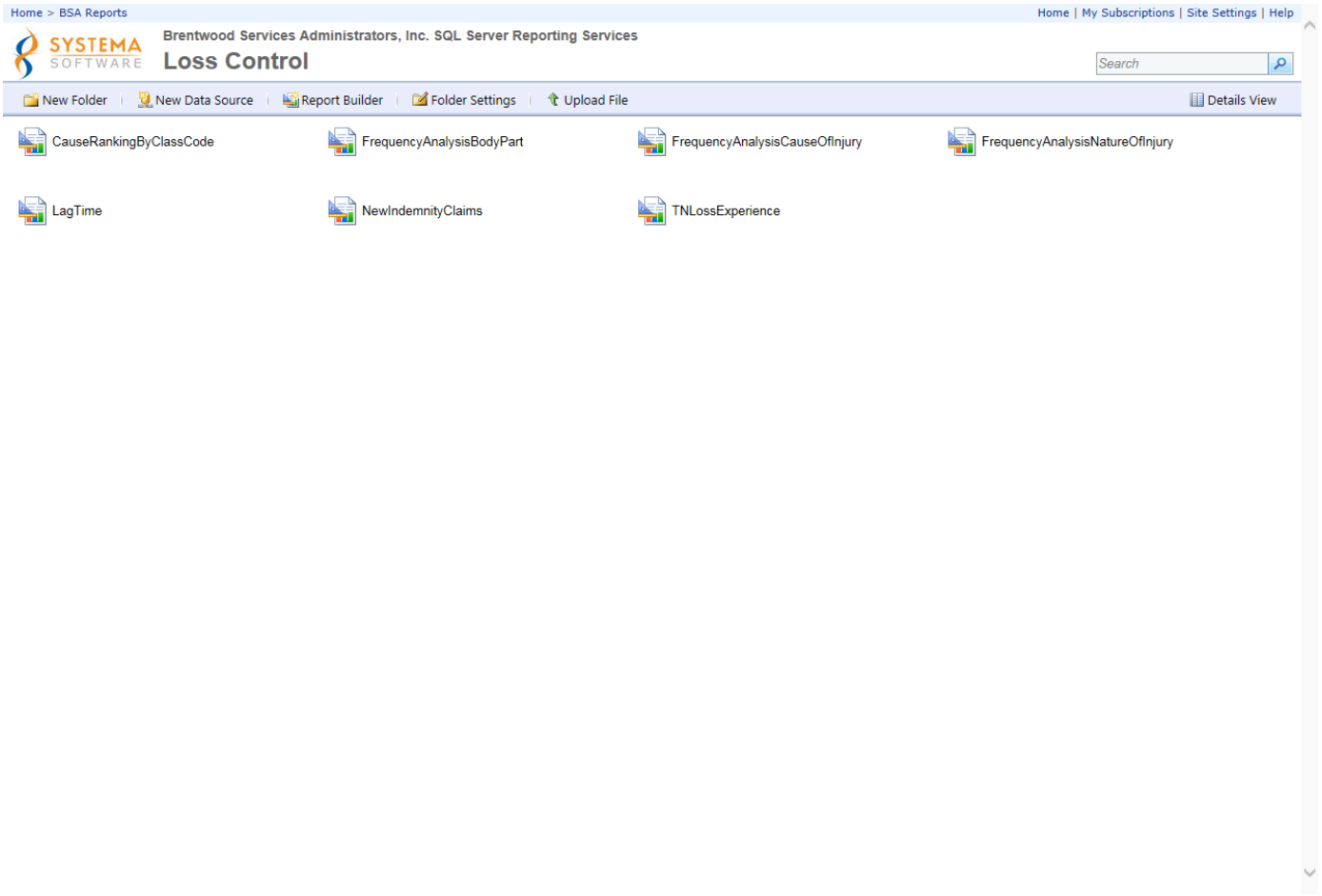
ABOUT THIS MESSAGE This letter gives you updates and information about your JPMC relationship.

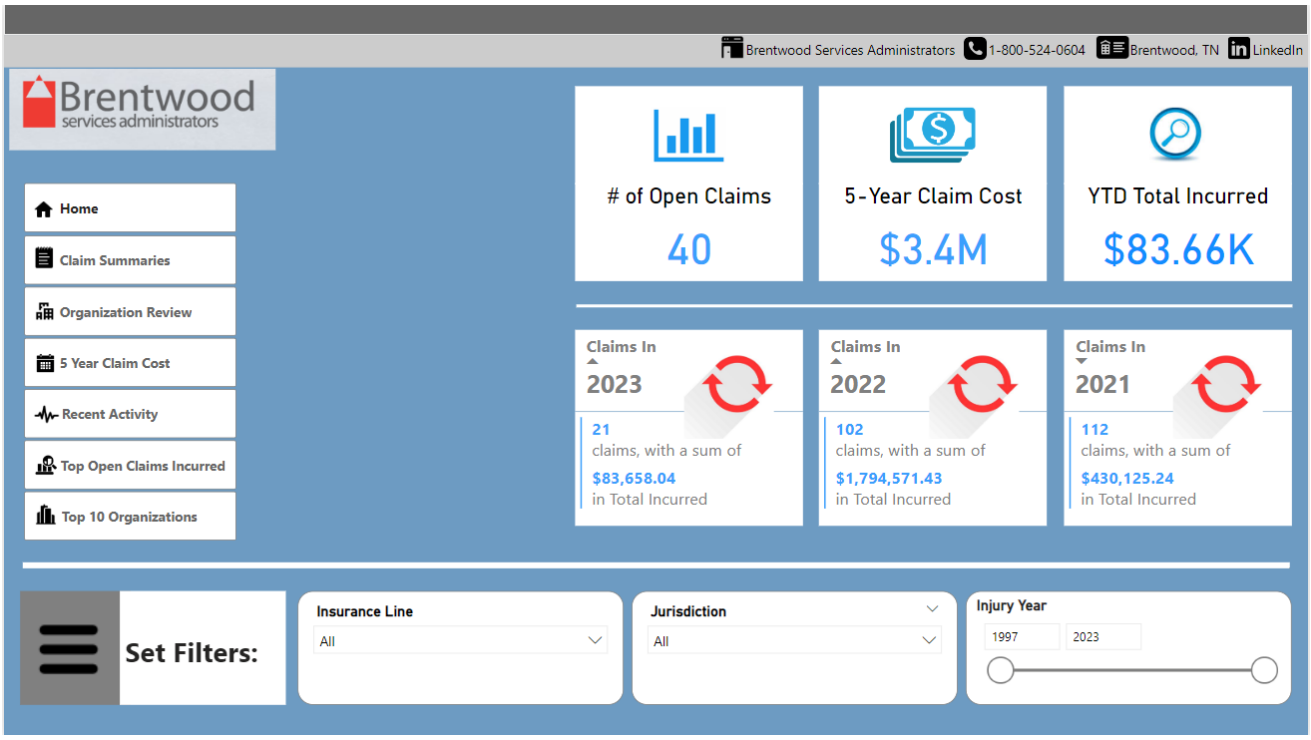


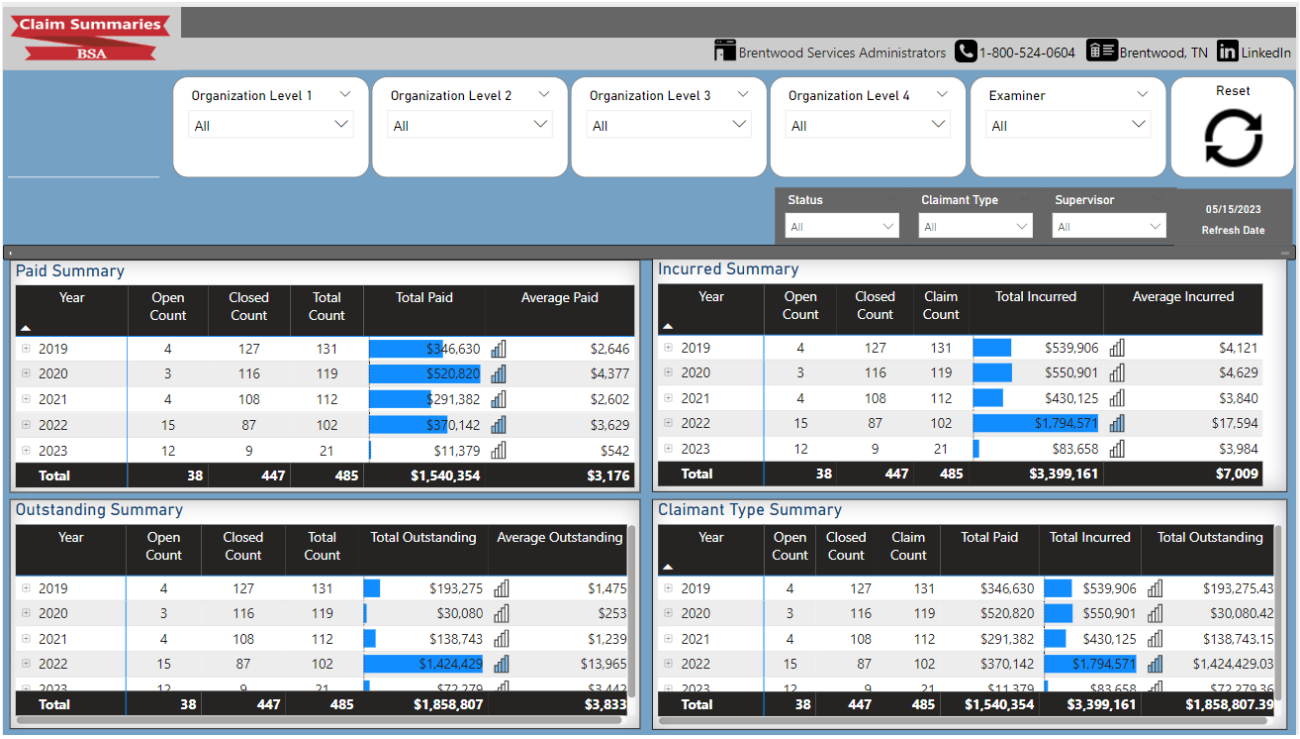
SAMPLE REPORTS

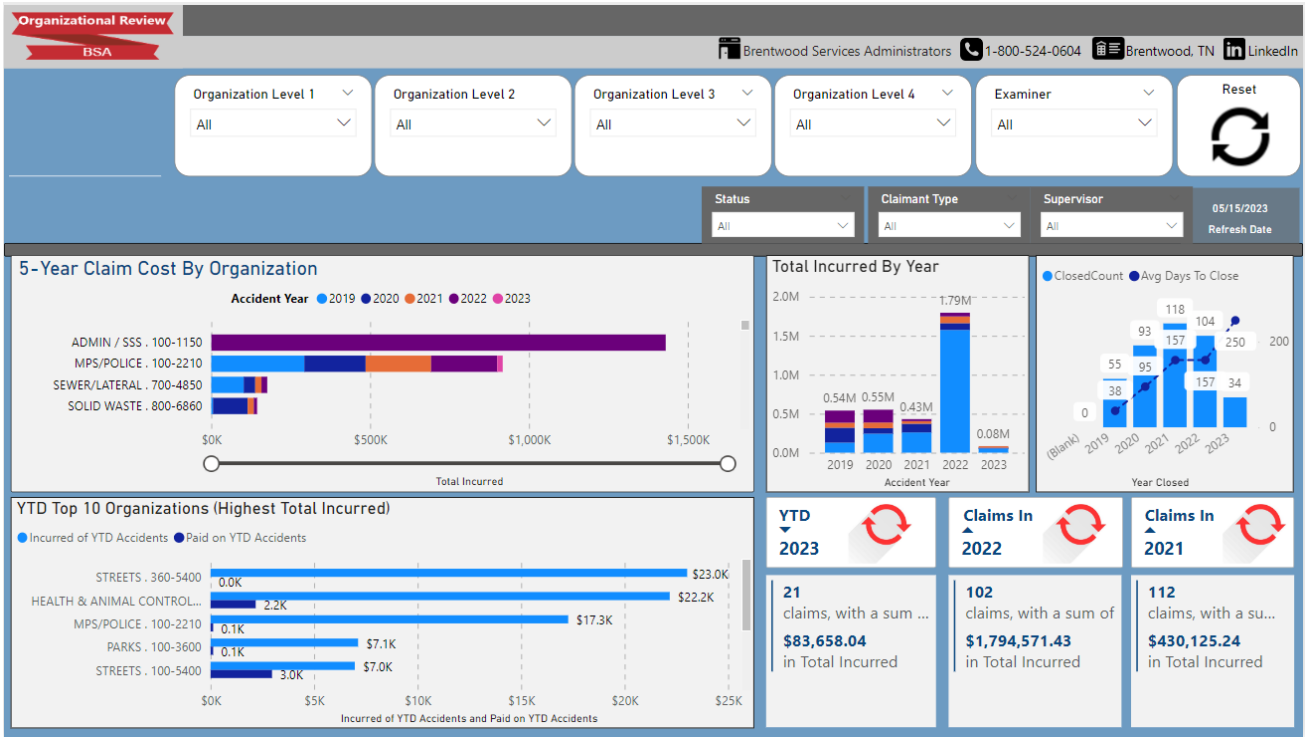
Claims Xpress Standard Reports Menu

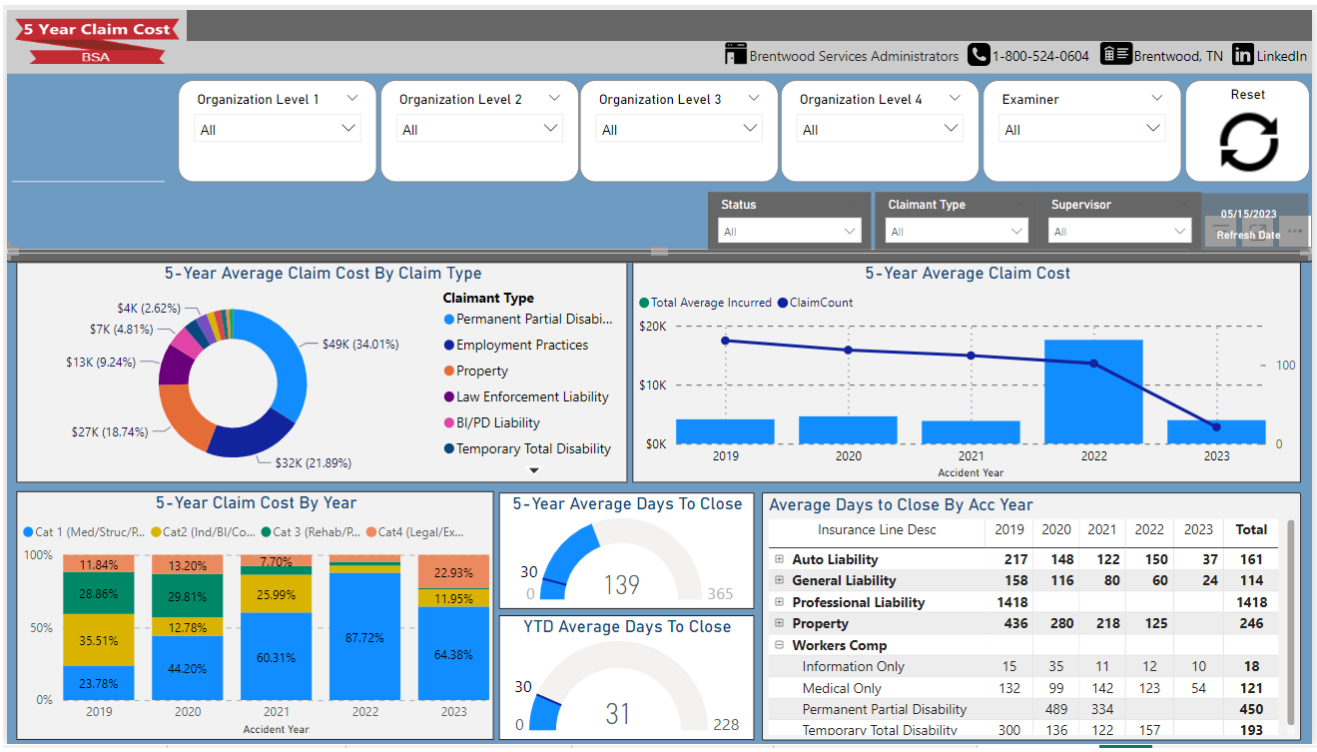


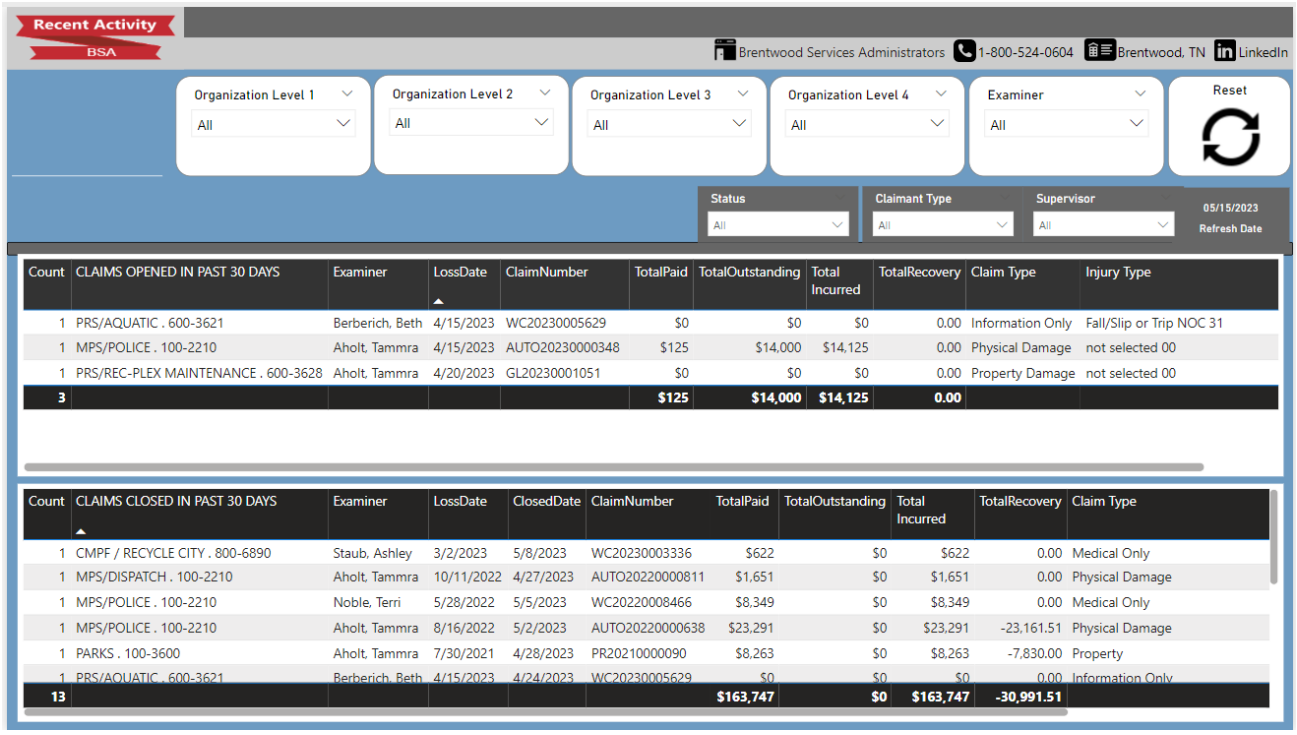

Home > BSA Reports
Home | My Subscriptions | Site Settings | Help
SYSTEMA SOFTWARE
Brentwood Services Administrators, Inc. SQL Server Reporting Services
Loss Control
Search
New Folder
New Data Source
Report Builder
Folder Settings
Upload File
Details View
CauseRankingByClassCode
FrequencyAnalysisBodyPart
FrequencyAnalysisCauseOfInjury
FrequencyAnalysisNatureOfInjury
LagTime
NewIndemnityClaims
TNLossExperience


Brentwood Services Administrators
1-800-524-0604
Brentwood, TN
LinkedIn
Brentwood
services administrators
Home
Claim Summaries
Organization Review
5 Year Claim Cost
Recent Activity
Top Open Claims Incurred
Top 10 Organizations
# of Open Claims
40
5-Year Claim Cost
$3.4M
YTD Total Incurred
$83.66K
Claims In
2023
21
claims, with a sum of
$83,658.04
in Total Incurred
Claims In
2022
102
claims, with a sum of
$1,794,571.43
in Total Incurred
Claims In
2021
112
claims, with a sum of
$430,125.24
in Total Incurred
Set Filters:
Insurance Line
All
Jurisdiction
All
Injury Year
1997
2023


Claim Summaries
BSA
Brentwood Services Administrators
1-800-524-0604
Brentwood, TN
LinkedIn
Organization Level 1
All
Organization Level 2
All
Organization Level 3
All
Organization Level 4
All
Examiner
All
Reset
Status
All
Claimant Type
All
Supervisor
All
05/15/2023
Refresh Date
Paid Summary
Year | Open Count | Closed Count | Total Count | Total Paid | Average Paid
2019 | 4 | 127 | 131 | $346,630 | $2,646
2020 | 3 | 116 | 119 | $520,820 | $4,377
2021 | 4 | 108 | 112 | $291,382 | $2,602
2022 | 15 | 87 | 102 | $370,142 | $3,629
2023 | 12 | 9 | 21 | $11,379 | $542
Total | 38 | 447 | 485 | $1,540,354 | $3,176
Incurred Summary
Year | Open Count | Closed Count | Claim Count | Total Incurred | Average Incurred
2019 | 4 | 127 | 131 | $539,906 | $4,121
2020 | 3 | 116 | 119 | $550,901 | $4,629
2021 | 4 | 108 | 112 | $430,125 | $3,840
2022 | 15 | 87 | 102 | $1,794,571 | $17,594
2023 | 12 | 9 | 21 | $83,658 | $3,984
Total | 38 | 447 | 485 | $3,399,161 | $7,009
Outstanding Summary
Year | Open Count | Closed Count | Total Count | Total Outstanding | Average Outstanding
2019 | 4 | 127 | 131 | $193,275 | $1,475
2020 | 3 | 116 | 119 | $30,080 | $253
2021 | 4 | 108 | 112 | $138,743 | $1,239
2022 | 15 | 87 | 102 | $1,424,429 | $13,965
Total | 38 | 447 | 485 | $1,858,807 | $3,833
Claimant Type Summary
Year | Open Count | Closed Count | Claim Count | Total Paid | Total Incurred | Total Outstanding
2019 | 4 | 127 | 131 | $346,630 | $539,906 | $193,275.43
2020 | 3 | 116 | 119 | $520,820 | $550,901 | $30,080.42
2021 | 4 | 108 | 112 | $291,382 | $430,125 | $138,743.15
2022 | 15 | 87 | 102 | $370,142 | $1,794,571 | $1,424,429.03
Total | 38 | 447 | 485 | $1,540,354 | $3,399,161 | $1,858,807.39

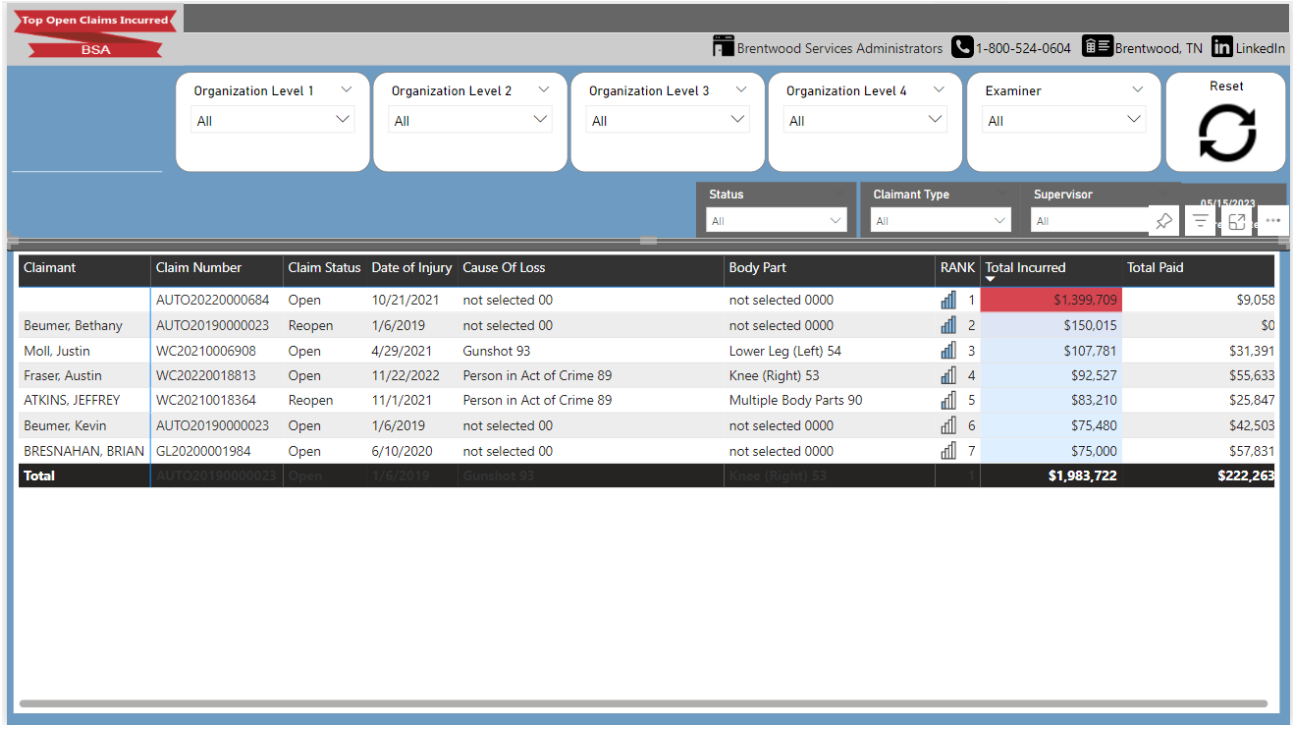

Organizational Review
BSA
Brentwood Services Administrators
1-800-524-0604
Brentwood, TN
LinkedIn
Organization Level 1
All
Organization Level 2
All
Organization Level 3
All
Organization Level 4
All
Examiner
All
Reset
Status
All
Claimant Type
All
Supervisor
All
05/15/2023
Refresh Date
5-Year Claim Cost By Organization
Accident Year 2019 2020 2021 2022 2023
ADMIN / SSS . 100-1150
MPS/POLICE . 100-2210
SEWER/LATERAL . 700-4850
SOLID WASTE . 800-6860
$0K
$500K
$1,000K
$1,500K
Total Incurred
Total Incurred By Year
2.0M
1.5M
1.0M
0.5M
0.0M
0.54M
0.55M
0.43M
1.79M
0.08M
2019
2020
2021
2022
2023
Accident Year
ClosedCount Avg Days To Close
118
104
93
157
250
200
55
95
157
38
34
0
(Blank)
2019
2020
2021
2022
2023
Year Closed
YTD Top 10 Organizations (Highest Total Incurred)
Incurred of YTD Accidents Paid on YTD Accidents
STREETS . 360-5400
HEALTH & ANIMAL CONTROL...
MPS/POLICE . 100-2210
PARKS . 100-3600
STREETS . 100-5400
0.0K
$23.0K
2.2K
$22.2K
0.1K
$17.3K
0.1K
$7.1K
3.0K
$7.0K
$0K
$5K
$10K
$15K
$20K
$25K
Incurred of YTD Accidents and Paid on YTD Accidents
YTD
2023
21
claims, with a sum ...
$83,658.04
in Total Incurred
Claims In
2022
102
claims, with a sum of
$1,794,571.43
in Total Incurred
Claims In
2021
112
claims, with a su...
$430,125.24
in Total Incurred


5 Year Claim Cost
BSA
Brentwood Services Administrators
1-800-524-0604
Brentwood, TN
LinkedIn
Organization Level 1
All
Organization Level 2
All
Organization Level 3
All
Organization Level 4
All
Examiner
All
Reset
Status
All
Claimant Type
All
Supervisor
All
05/15/2023
Refresh Date
5-Year Average Claim Cost By Claim Type
$4K (2.62%)
$7K (4.81%)
$13K (9.24%)
$27K (18.74%)
$32K (21.89%)
$49K (34.01%)
Claimant Type
Permanent Partial Disabi...
Employment Practices
Property
Law Enforcement Liability
BI/PD Liability
Temporary Total Disability
5-Year Average Claim Cost
Total Average Incurred ClaimCount
$20K
$10K
$0K
100
0
2019
2020
2021
2022
2023
Accident Year
5-Year Claim Cost By Year
Cat 1 (Med/Struc/P...
Cat2 (Ind/BI/Co...
Cat 3 (Rehab/P...
Cat4 (Legal/Ex...
100%
50%
0%
11.84%
28.86%
35.51%
23.78%
13.20%
29.81%
12.78%
44.20%
7.70%
25.99%
60.31%
87.72%
22.93%
11.95%
64.38%
2019
2020
2021
2022
2023
Accident Year
5-Year Average Days To Close
30
0
139
365
YTD Average Days To Close
30
0
31
228
Average Days to Close By Acc Year
Insurance Line Desc 2019 2020 2021 2022 2023 Total
Auto Liability 217 148 122 150 37 161
General Liability 158 116 80 60 24 114
Professional Liability 1418 1418
Property 436 280 218 125 246
Workers Comp
Information Only 15 35 11 12 10 18
Medical Only 132 99 142 123 54 121
Permanent Partial Disability 489 334 450
Temporary Total Disability 300 136 122 157 193

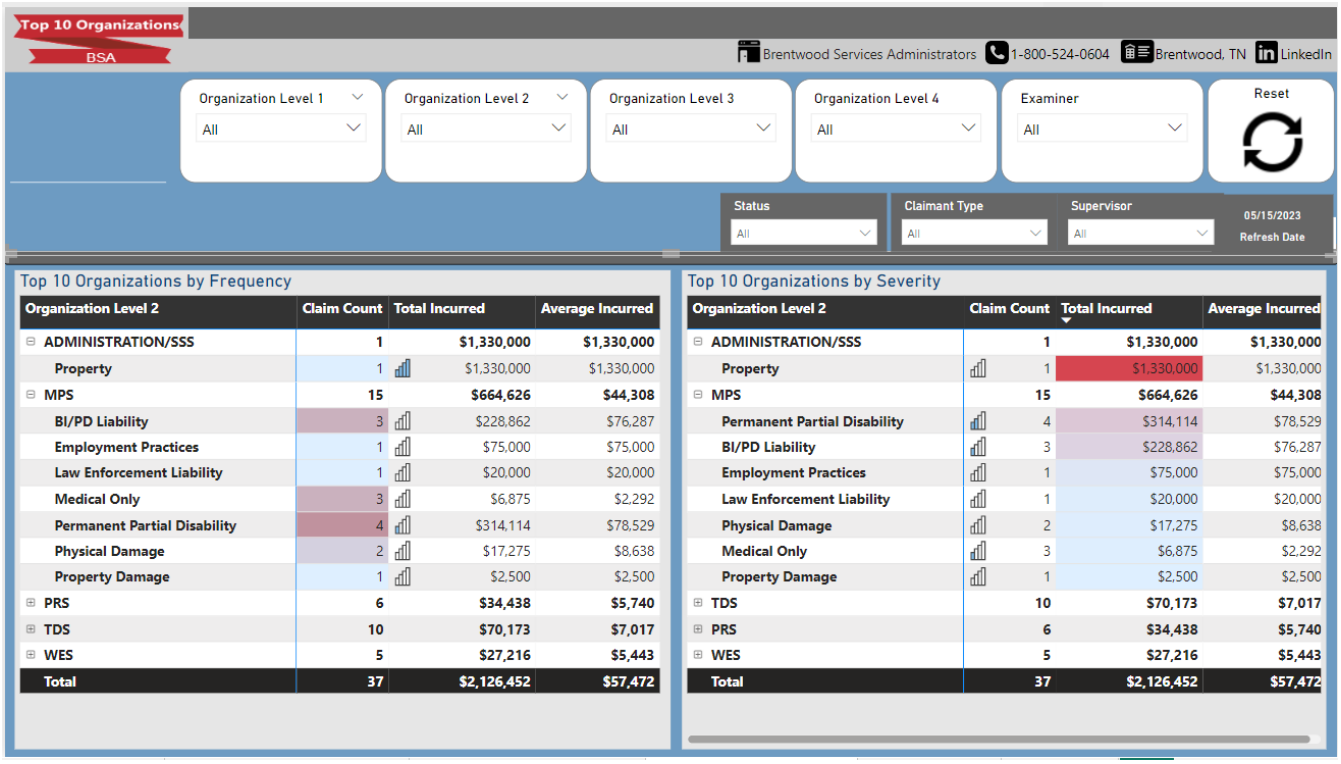


Count	CLAIMS OPENED IN PAST 30 DAYS	Examiner	LossDate	ClaimNumber	TotalPaid	TotalOutstanding	Total Incurred	TotalRecovery	Claim Type	Injury Type
1	PRS/AQUATIC . 600-3621	Berberich, Beth	4/15/2023	WC20230005629	$0	$0	$0	0.00	Information Only	Fall/Slip or Trip NOC 31
1	MPS/POLICE . 100-2210	Aholt, Tammra	4/15/2023	AUTO20230000348	$125	$14,000	$14,125	0.00	Physical Damage	not selected 00
1	PRS/REC-PLEX MAINTENANCE . 600-3628	Aholt, Tammra	4/20/2023	GL20230001051	$0	$0	$0	0.00	Property Damage	not selected 00
3					**$125**	**$14,000**	**$14,125**	**0.00**		

Count	CLAIMS CLOSED IN PAST 30 DAYS	Examiner	LossDate	ClosedDate	ClaimNumber	TotalPaid	TotalOutstanding	Total Incurred	TotalRecovery	Claim Type
1	CMPF / RECYCLE CITY . 800-6890	Staub, Ashley	3/2/2023	5/8/2023	WC20230003336	$622	$0	$622	0.00	Medical Only
1	MPS/DISPATCH . 100-2210	Aholt, Tammra	10/11/2022	4/27/2023	AUTO20220000811	$1,651	$0	$1,651	0.00	Physical Damage
1	MPS/POLICE . 100-2210	Noble, Terri	5/28/2022	5/5/2023	WC20220008466	$8,349	$0	$8,349	0.00	Medical Only
1	MPS/POLICE . 100-2210	Aholt, Tammra	8/16/2022	5/2/2023	AUTO20220000638	$23,291	$0	$23,291	-23,161.51	Physical Damage
1	PARKS . 100-3600	Aholt, Tammra	7/30/2021	4/28/2023	PR20210000090	$8,263	$0	$8,263	-7,830.00	Property
1	PRS/AQUATIC . 600-3621	Berberich, Beth	4/15/2023	4/24/2023	WC20230005629	$0	$0	$0	0.00	Information Only
13						**$163,747**	**$0**	**$163,747**	**-30,991.51**	



Claimant	Claim Number	Claim Status	Date of Injury	Cause Of Loss	Body Part	RANK	Total Incurred	Total Paid
	AUTO20220000684	Open	10/21/2021	not selected 00	not selected 0000	1	$1,399,709	$9,058
Beumer, Bethany	AUTO20190000023	Reopen	1/6/2019	not selected 00	not selected 0000	2	$150,015	$0
Moll, Justin	WC20210006908	Open	4/29/2021	Gunshot 93	Lower Leg (Left) 54	3	$107,781	$31,391
Fraser, Austin	WC20220018813	Open	11/22/2022	Person in Act of Crime 89	Knee (Right) 53	4	$92,527	$55,633
ATKINS, JEFFREY	WC20210018364	Reopen	11/1/2021	Person in Act of Crime 89	Multiple Body Parts 90	5	$83,210	$25,847
Beumer, Kevin	AUTO20190000023	Open	1/6/2019	not selected 00	not selected 0000	6	$75,480	$42,503
BRESNAHAN, BRIAN	GL20200001984	Open	6/10/2020	not selected 00	not selected 0000	7	$75,000	$57,831
Total							**$1,983,722**	**$222,263**



Top 10 Organizations by Frequency

Organization Level 2	Claim Count	Total Incurred	Average Incurred
⊟ ADMINISTRATION/SSS	1	$1,330,000	$1,330,000
Property	1	$1,330,000	$1,330,000
⊟ MPS	15	$664,626	$44,308
BI/PD Liability	3	$228,862	$76,287
Employment Practices	1	$75,000	$75,000
Law Enforcement Liability	1	$20,000	$20,000
Medical Only	3	$6,875	$2,292
Permanent Partial Disability	4	$314,114	$78,529
Physical Damage	2	$17,275	$8,638
Property Damage	1	$2,500	$2,500
⊞ PRS	6	$34,438	$5,740
⊞ TDS	10	$70,173	$7,017
⊞ WES	5	$27,216	$5,443
Total	37	$2,126,452	$57,472

Top 10 Organizations by Severity

Organization Level 2	Claim Count	Total Incurred	Average Incurred
⊟ ADMINISTRATION/SSS	1	$1,330,000	$1,330,000
Property	1	$1,330,000	$1,330,000
⊟ MPS	15	$664,626	$44,308
Permanent Partial Disability	4	$314,114	$78,529
BI/PD Liability	3	$228,862	$76,287
Employment Practices	1	$75,000	$75,000
Law Enforcement Liability	1	$20,000	$20,000
Physical Damage	2	$17,275	$8,638
Medical Only	3	$6,875	$2,292
Property Damage	1	$2,500	$2,500
⊞ TDS	10	$70,173	$7,017
⊞ PRS	6	$34,438	$5,740
⊞ WES	5	$27,216	$5,443
Total	37	$2,126,452	$57,472

Claim Number	Claim Type	Claimant	Status		Reserve	Paid	Incurred	Paid in Activity Period
Environmental Services								
WC20160231436	Temporary Total Disability	Doe, Jane	C	Medical	0.00	115.31	115.31	115.31
	Injury Date: 3/2/16	**Report Date:** 3/2/16		Indemnity/Disability	0.00	0.00	0.00	0.00
Description: States experienced breathing problems arter been near a door which had a chemical smell in the F area.				Rehab/Case Management	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00
				Expense	0.00	30.15	30.15	30.15
				Employers Liability	0.00	0.00	0.00	0.00
				Total (Gross)	0.00	145.46	145.46	145.46
				Recovery		0.00	0.00	0.00
				Total (Net)		**145.46**	**145.46**	**145.46**

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

Claim Number	Claim Type	Claimant	Status		Reserve	Paid	Incurred	Paid in Activity Period
WC20160235814	Temporary Total Disability	Doe, John	O	Medical	0.00	0.00	0.00	0.00
	Injury Date: 4/29/16	**Report Date:** 4/29/16		Indemnity/Disability	0.00	0.00	0.00	0.00
Description: EE was vacuuming a room, stepped back and stepped on the cord with right heel causing sharp pain to go up to her calf.				Rehab/Case Management	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00
				Expense	0.80	9.20	10.00	9.20
				Employers Liability	0.00	0.00	0.00	0.00
				Total (Gross)	0.80	9.20	10.00	9.20
				Recovery		0.00	0.00	0.00
				Total (Net)		**9.20**	**10.00**	**9.20**

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

Totals for Environmental Services							
			Medical	0.00	115.31	115.31	115.31
			Indemnity/Disability	0.00	0.00	0.00	0.00
			Rehab/Case Management	0.00	0.00	0.00	0.00
			Legal	0.00	0.00	0.00	0.00
			Expense	0.80	39.35	40.15	39.35
			Employers Liability	0.00	0.00	0.00	0.00
			Total (Gross)	0.80	154.66	155.46	154.66
			Recovery		0.00	0.00	0.00
			Total (Net)		**154.66**	**155.46**	**154.66**

Number Claims	Number Open	Number Closed
2	1	1

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

Claim Number	Claim Type	Claimant	Status		Reserve	Paid	Incurred	Paid in Activity Period
Security								
WC20160232204	Temporary Total Disability	Smith, John	C	Medical	0.00	429.53	429.53	429.53
	Injury Date: 3/14/16	**Report Date:** 3/14/16		Indemnity/Disability	0.00	0.00	0.00	0.00
Description: Restraining a combative patient that screamed constantly.				Rehab/Case Management	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00
				Expense	0.00	47.81	47.81	47.81
				Employers Liability	0.00	0.00	0.00	0.00
				Total (Gross)	0.00	477.34	477.34	477.34
				Recovery		0.00	0.00	0.00
				Total (Net)		**477.34**	**477.34**	**477.34**

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

Totals for Security								
				Medical	0.00	429.53	429.53	429.53
				Indemnity/Disability	0.00	0.00	0.00	0.00
				Rehab/Case Management	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00
				Expense	0.00	47.81	47.81	47.81
				Employers Liability	0.00	0.00	0.00	0.00
				Total (Gross)	0.00	477.34	477.34	477.34
				Recovery		0.00	0.00	0.00
				Total (Net)		**477.34**	**477.34**	**477.34**

Number Claims	Number Open	Number Closed
1	0	1

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

XYZ Corp *As of 6/24/2016* *Status: All Claims* *Jurisdiction: -- All States --*

Claim Cost Detail by Member - Workers Comp *Activity dates 1/1/2016 through 6/24/2016*

Injury dates 3/1/2016 through 4/30/2016 *Incurred between -$999,999,999 and $999,999,999*

Claim Number	Claim Type	Claimant	Status		Reserve	Paid	Incurred	Paid in Activity Period
Report Totals				Medical	11,911.92	5,409.93	17,321.85	5,409.93
				Indemnity/Disability	1,709.32	2,290.68	4,000.00	2,290.68
				Rehab/Case Management	0.00	0.00	0.00	0.00
				Legal	0.00	0.00	0.00	0.00
				Expense	1,181.73	616.09	1,797.82	616.09
				Employers Liability	0.00	0.00	0.00	0.00
				Total (Gross)	14,802.97	8,316.70	23,119.67	8,316.70
				Recovery		0.00	0.00	0.00
				Total (Net)		**8,316.70**	**23,119.67**	**8,316.70**

	Number Claims	Number Open	Number Closed
	15	9	6

	Recovery				
	Excess	Subrogation	Deductible	SIF	Other
To Date	0.00	0.00	0.00	0.00	0.00
Activity Period	0.00	0.00	0.00	0.00	0.00

XZY Corp

Claim Summary by Year - Workers Comp | *As of 6/24/2016* | *Fiscal period beginning 1/1/XX* | *Jurisdiction: -- All States --*

Injury dates 1/1/2014 through 6/24/2016 | *Activity dates 1/1/2016 through 6/24/2016*

Total for 2014

	Reserve	Paid	Incurred	Incurred Change from Prior Period	Paid in Activity Period
Medical	23,459.54	60,455.23	83,914.77	(19,395.59)	3,152.87
Indemnity/Disability	13,125.00	42,875.00	56,000.00	(16,000.00)	4,000.00
Rehab/Case Management	0.00	0.00	0.00	0.00	0.00
Legal	0.00	28,231.91	28,231.91	86.41	1,820.00
Expense	1,364.38	20,878.82	22,243.20	(1,943.77)	69.18
Employers Liability	0.00	0.00	0.00	0.00	0.00
Total	37,948.92	152,440.96	190,389.88	(37,252.95)	9,042.05
		Recovery	0.00		
		Net Incurred	190,389.88		

Number of Claims					
Activity Period			To Date		
New	Closed		Open	Closed	Total
0	2	**Med**	0	16	16
0	4	**Ind**	1	31	32
0	0	**Info**	0	1	1
0	6	**All**	1	48	49

Meds Zero Paid
0

	Recovery Detail				
	Reinsurance	Subrogation	Deductible	SIF	Other
Activity Period	0.00	0.00	0.00	0.00	0.00
To Date	0.00	0.00	0.00	0.00	0.00

Total for 2015

	Reserve	Paid	Incurred	Incurred Change from Prior Period	Paid in Activity Period
Medical	38,430.11	155,827.45	194,257.56	67,146.64	71,794.33
Indemnity/Disability	58,406.20	109,109.41	167,515.61	67,227.21	67,177.22
Rehab/Case Management	0.00	0.00	0.00	0.00	0.00
Legal	13,763.40	32,138.03	45,901.43	24,000.00	18,507.65
Expense	11,650.57	19,666.74	31,317.31	10,152.19	10,304.61
Employers Liability	0.00	0.00	0.00	0.00	0.00
Total	122,250.28	316,741.63	438,991.91	168,526.04	167,783.81
		Recovery	675.30		
		Net Incurred	438,316.61		

Number of Claims					
Activity Period			To Date		
New	Closed		Open	Closed	Total
1	10	**Med**	2	34	36
2	9	**Ind**	11	25	36
0	0	**Info**	0	0	0
3	19	**All**	13	59	72

Meds Zero Paid
0

	Recovery Detail				
	Reinsurance	Subrogation	Deductible	SIF	Other
Activity Period	0.00	0.00	0.00	0.00	0.00
To Date	0.00	675.30	0.00	0.00	0.00

XYZ Corp

Claim Summary by Year - Workers Comp | *As of 6/24/2016* | *Fiscal period beginning 1/1/XX* | *Jurisdiction: -- All States --*

Injury dates 1/1/2014 through 6/24/2016 | *Activity dates 1/1/2016 through 6/24/2016*

Total for 2016

	Reserve	Paid	Incurred	Incurred Change from Prior Period	Paid in Activity Period
Medical	37,952.64	12,561.17	50,513.81	50,513.81	12,561.17
Indemnity/Disability	13,543.16	6,556.84	20,100.00	20,100.00	6,556.84
Rehab/Case Management	0.00	0.00	0.00	0.00	0.00
Legal	0.00	0.00	0.00	0.00	0.00
Expense	3,311.58	2,558.10	5,869.68	5,869.68	2,558.10
Employers Liability	0.00	0.00	0.00	0.00	0.00
Total	54,807.38	21,676.11	76,483.49	76,483.49	21,676.11
		Recovery	0.00		
		Net Incurred	76,483.49		

Number of Claims					
Activity Period			**To Date**		
New	Closed		Open	Closed	Total
15	5	**Med**	10	5	15
18	7	**Ind**	11	7	18
0	0	**Info**	0	0	0
33	12	**All**	21	12	33

Meds Zero Paid	
0	

	Recovery Detail				
	Reinsurance	Subrogation	Deductible	SIF	Other
Activity Period	0.00	0.00	0.00	0.00	0.00
To Date	0.00	0.00	0.00	0.00	0.00

Total for All Years (2014-2016)

	Reserve	Paid	Incurred	Incurred Change from Prior Period	Paid in Activity Period
Medical	99,842.29	228,843.85	328,686.14	98,264.86	87,508.37
Indemnity/Disability	85,074.36	158,541.25	243,615.61	71,327.21	77,734.06
Rehab/Case Management	0.00	0.00	0.00	0.00	0.00
Legal	13,763.40	60,369.94	74,133.34	24,086.41	20,327.65
Expense	16,326.53	43,103.66	59,430.19	14,078.10	12,931.89
Employers Liability	0.00	0.00	0.00	0.00	0.00
Total	215,006.58	490,858.70	705,865.28	207,756.58	198,501.97
		Recovery	675.30		
		Net Incurred	705,189.98		

Number of Claims					
Activity Period			**To Date**		
New	Closed		Open	Closed	Total
16	17	**Med**	12	55	67
20	20	**Ind**	23	63	86
0	0	**Info**	0	1	1
36	37	**All**	35	119	154

Meds Zero Paid	
0	

	Recovery Detail				
	Reinsurance	Subrogation	Deductible	SIF	Other
Activity Period	0.00	0.00	0.00	0.00	0.00
To Date	0.00	675.30	0.00	0.00	0.00

XYZ Corp

Workers Compensation Claim Frequency by Body Area

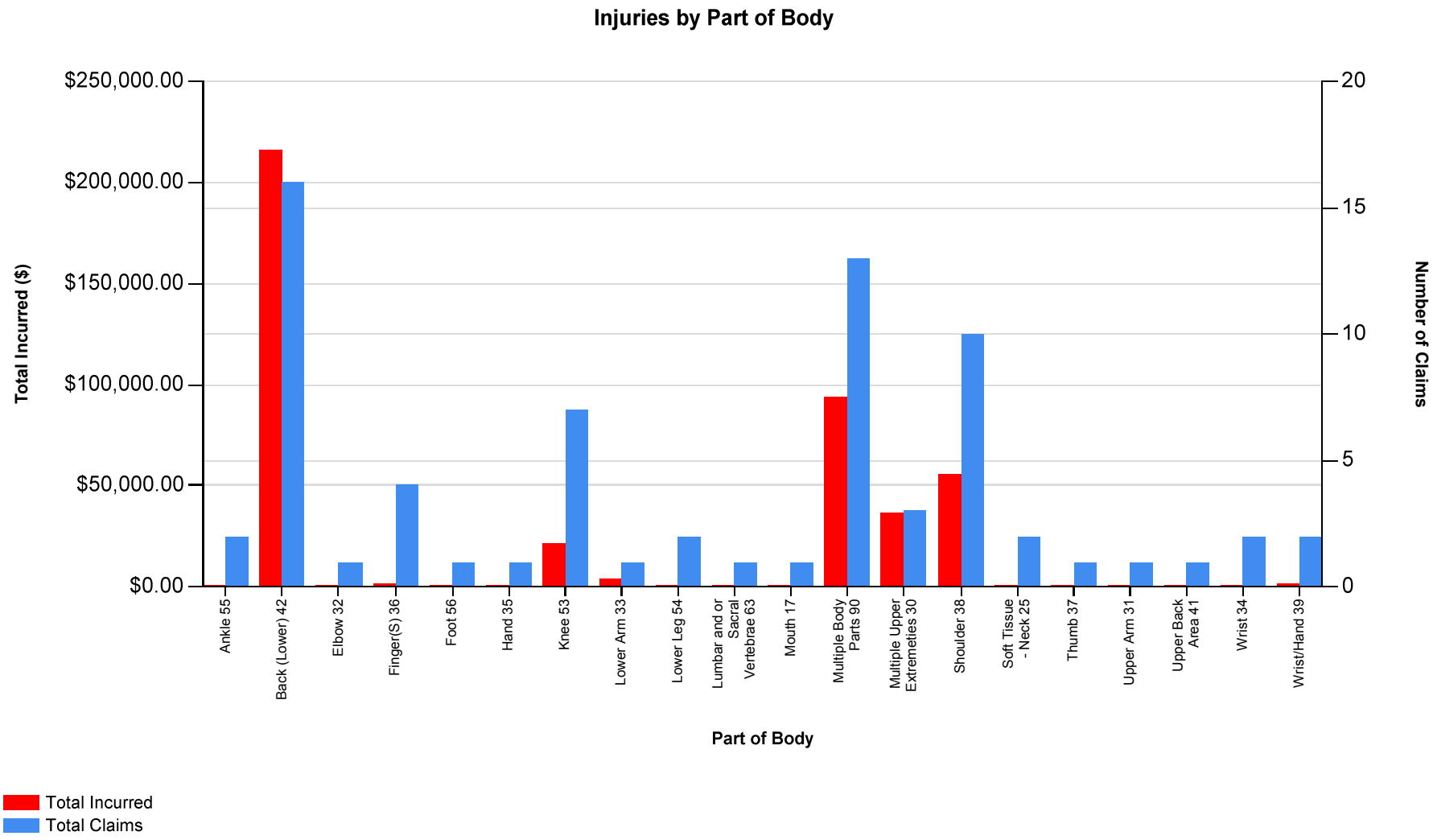
Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016

Code	Body Area	#Open Claims	Total# Claims	Lost Days #Clms	Lost Days Avg	Total Paid	Total Incurred	Average Incurred	Largest Incurred	Open Reserve	Total Recovery
42	Back (Lower) 42	5	16	6	0.4	165,079	215,825	13,489	102,550	50,746	0
90	Multiple Body Parts 90	2	13	3	0.2	69,081	94,341	7,257	64,910	25,261	-675
38	Shoulder 38	3	10	8	0.8	31,181	55,990	5,599	22,760	24,810	0
30	Multiple Upper Extremeties 30	1	3	0		21,866	37,057	12,352	35,700	15,191	0
53	Knee 53	2	7	0		15,395	21,638	3,091	9,365	6,243	0
33	Lower Arm 33	0	1	0		3,929	3,929	3,929	3,929	0	0
36	Finger(S) 36	0	4	0		2,066	2,066	517	643	0	0
39	Wrist/Hand 39	0	2	0		1,481	1,481	741	985	0	0
34	Wrist 34	0	2	0		1,347	1,347	673	707	0	0
54	Lower Leg 54	0	2	0		1,345	1,345	672	824	0	0
25	Soft Tissue - Neck 25	0	2	0		902	902	451	476	0	0
55	Ankle 55	0	2	0		650	650	325	349	0	0
31	Upper Arm 31	0	1	0		444	444	444	444	0	0
17	Mouth 17	0	1	0		438	438	438	438	0	0
56	Foot 56	0	1	0		357	357	357	357	0	0
63	Lumbar and or Sacral Vertebrae 63	0	1	0		351	351	351	351	0	0
41	Upper Back Area 41	0	1	0		342	342	342	342	0	0
37	Thumb 37	0	1	0		338	338	338	338	0	0
35	Hand 35	0	1	0		140	140	140	140	0	0
32	Elbow 32	0	1	0		9	9	9	9	0	0
	Report Total	**13**	**72**	**17**	**1.4**	**316,742**	**438,992**	**51,517**	**245,618**	**122,250**	**-675**

XYZ Corp

Workers Compensation Claim Frequency by Body Area

Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016



XYZ Corp

Workers Compensation Claim Frequency by Cause of Loss

Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016

Code	Cause of Injury	#Open Claims	Total# Claims	Lost Days #Clms	Lost Days Avg	Total Paid	Total Incurred	Average Incurred	Largest Incurred	Open Reserve	Total Recovery
10	Machine or Machinery - Caught In or Between 10	1	2	6	3.0	95,463	103,193	51,597	102,550	7,731	0
60	Strain or Injury By, Noc 60	3	9	0		47,176	83,923	9,325	69,200	36,747	0
31	Fall Slip or Trip NOC 31	1	12	3	0.3	61,085	83,508	6,959	64,910	22,422	0
56	Lifting 56	3	10	0		33,480	56,357	5,636	22,760	22,877	0
29	Slip/Fall Same Level 29	1	2	0		21,075	36,266	18,133	35,700	15,191	0
57	Pushing or Pulling 57	2	12	8	0.7	20,255	33,738	2,812	13,710	13,483	0
55	Holding or Carrying 55	0	3	0		15,251	15,251	5,084	12,622	0	0
77	Motor Vehicle 77	1	5	0		11,369	14,207	2,841	11,000	2,838	-675
53	Twisting 53	1	2	0		2,973	3,934	1,967	3,110	961	0
46	Collision With A Fixed Object 46	0	1	0		3,229	3,229	3,229	3,229	0	0
90	Other Than Physical Cause of Injury 90	0	2	0		1,072	1,072	536	596	0	0
58	Reaching 58	0	1	0		702	702	702	702	0	0
99	Other Misc Cause 99	0	1	0		640	640	640	640	0	0
12	Object Handled 12	0	2	0		548	548	274	381	0	0
94	Repetitive Motion (Callous Blister Etc) 94	0	1	0		497	497	497	497	0	0
27	Fall or Slip from Liquid or Grease Spills 27	0	1	0		426	426	426	426	0	0
81	Struck or Inj By - Miscellaneous, NOC 81	0	1	0		357	357	357	357	0	0
75	Falling or Flying Object 75	0	1	0		349	349	349	349	0	0
32	Fall or Slip on Ice or Snow 32	0	1	0		345	345	345	345	0	0

XYZ Corp

Workers Compensation Claim Frequency by Cause of Loss

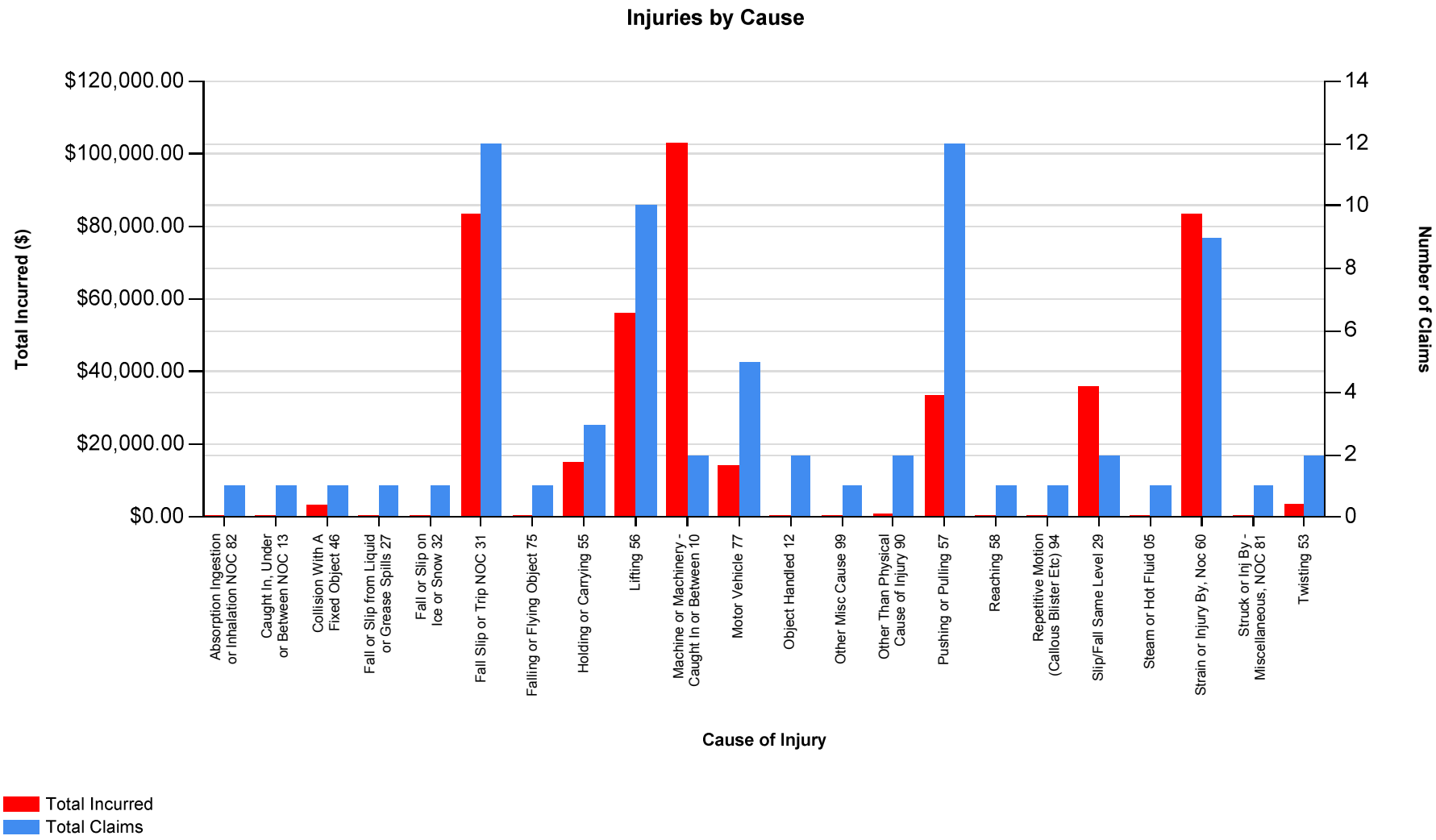
Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016

Code	Cause of Injury	#Open Claims	Total# Claims	Lost Days #Clms	Lost Days Avg	Total Paid	Total Incurred	Average Incurred	Largest Incurred	Open Reserve	Total Recovery
13	Caught In, Under or Between NOC 13	0	1	0		301	301	301	301	0	0
05	Steam or Hot Fluid 05	0	1	0		140	140	140	140	0	0
82	Absorption Ingestion or Inhalation NOC 82	0	1	0		9	9	9	9	0	0
	Report Total	**13**	**72**	**17**	**4.0**	**316,742**	**438,992**	**112,157**	**343,534**	**122,250**	**-675**

XYZ Corp

Workers Compensation Claim Frequency by Cause of Loss

Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016

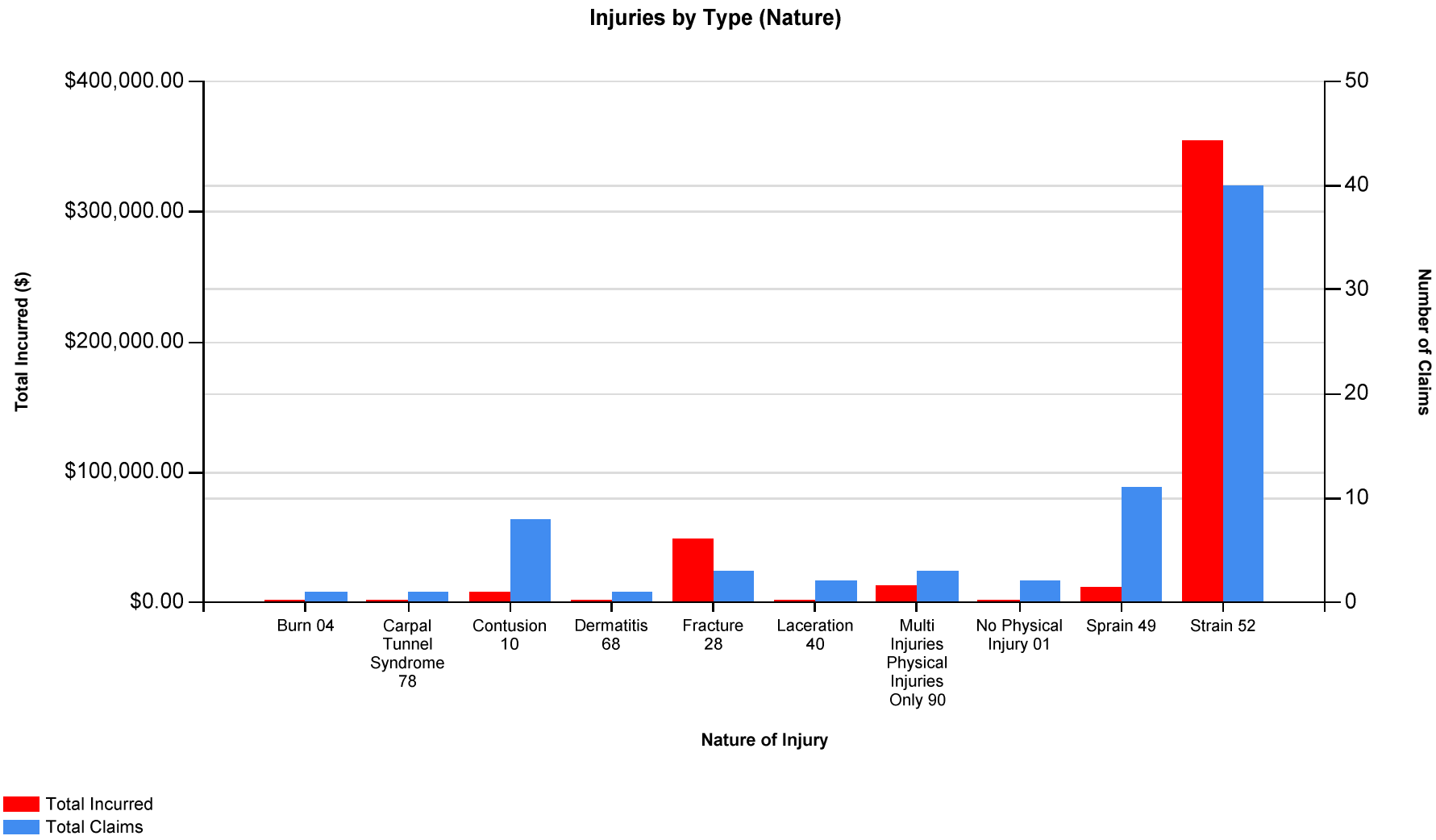


XZY Corp

Workers Compensation Claim Frequency by Nature of Injury

Injury Dates 1/1/2015 through 12/31/2015 As Of 6/24/2016

Code	Nature of Injury	#Open Claims	Total# Claims	Lost Days #Clms	Lost Days Avg	Total Paid	Total Incurred	Average Incurred	Largest Incurred	Open Reserve	Total Recovery
52	Strain 52	10	40	17	0.4	255,783	354,722	8,868	102,550	98,939	0
28	Fracture 28	1	3	0		33,803	48,994	16,331	35,700	15,191	0
90	Multi Injuries Physical Injuries Only 90	1	3	0		10,471	13,310	4,437	11,000	2,838	-675
49	Sprain 49	1	11	0		5,975	11,257	1,023	6,567	5,282	0
10	Contusion 10	0	8	0		8,253	8,253	1,032	3,229	0	0
01	No Physical Injury 01	0	2	0		1,072	1,072	536	596	0	0
40	Laceration 40	0	2	0		739	739	369	381	0	0
78	Carpal Tunnel Syndrome 78	0	1	0		497	497	497	497	0	0
04	Burn 04	0	1	0		140	140	140	140	0	0
68	Dermatitis 68	0	1	0		9	9	9	9	0	0
	Report Total	**13**	**72**	**17**	**0.4**	**316,742**	**438,992**	**33,242**	**160,670**	**122,250**	**-675**


Injuries by Type (Nature)
$400,000.00
$300,000.00
$200,000.00
$100,000.00
$0.00
Total Incurred ($)
50
40
30
20
10
0
Number of Claims
Burn 04
Carpal Tunnel Syndrome 78
Contusion 10
Dermatitis 68
Fracture 28
Laceration 40
Multi Injuries Physical Injuries Only 90
No Physical Injury 01
Sprain 49
Strain 52
Nature of Injury
Total Incurred
Total Claims

ODG Comorbidity

Target Return To Work: 7/4/2019

Risk Assessment
Status: Red (Extreme)
Score: 90.04

Adjusted Summary Guidelines
Claims Data - Mid-Range: 172
Claims Data - At Risk: 469
All Absences - Mid-Range: 108
All Absences - At Risk: 432

Adjusted Duration
Best Practice Days: 44
Claim Typical Days: 367
Claim Max Days: 431

ICD Codes
M62.531 - Muscle wasting and atrophy, not elsewhere classified, right forearm
Best Practice Days: 21
Claim Typical Days: 104
Claim Max Days: 135

G56.81 - Other specified mononeuropathies of right upper limb
Best Practice Days: 16
Claim Typical Days: 102
Claim Max Days: 132

M65.311 - Trigger thumb, right thumb
Best Practice Days: 14
Claim Typical Days: 97
Claim Max Days: 126

M18.11 - Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
Best Practice Days: 30
Claim Typical Days: 93
Claim Max Days: 121

OK

POLICY DEDUCTIBLE INFORMATION

This claim has no deductible information.

SPECIAL HANDLING INFORMATION

No Special Handling at this time.

This claim involves a 62 year old Hospital Professional Employees who was hired on 01/16/2018.The claim was Accepted on 05/23/2019

How Injury Occurred: While completing an ultrasound procedure, the claimant felt a "click" in her R hand. Sharp pain ran up forearm to R shoulder.
Body Part: Wrist/Hand (Right) 39
Nature of Injury: Strain 52
Age at Date of Claim: 62
Occupation: Hospital Professional Employees
Hire Date: 01/16/2018
Compensability: Accepted on 05/23/2019
Diagnosis: G56.01 Carpal tunnel syndrome, R upper limb M18.11 Unilateral primary osteoarthritis of first carpometacarpal joint, R hand M25.531 Pain in R wrist M62.531 Muscle wasti elsewhere classified, R forearm G56.11 Other l

MY DIARIES

Hire Date
1/16/2018

Weekly Wage
$1,666.06

PD Rating
0.00%

TD Rate
$575.00

PD Rate
$0.00

VR Rate
$246.00

Life Pension Rate
$0.00

INJURY INFORMATION - ×

Body Part
Wrist/Hand (Right) 39

Injury Nature
Strain 52

Cause of Injury
Strain or Injury By, Noc 60

Medical Control

MMI: Employee is not yet MMI
Additional MMI Information: Not yet placed at MMI
Medical Status: 4/14/21 - claimant was seen by Dr. Steenlage due to Dr. Weil's extended absence. He suggests a second opinion is needed.

Indemnity Status

Total Temporary Disability: Yes
Return To Work Status: RTW with restriction
Return To Work Restrictions: EE to wear thumb splint and wrist brace.
Accommodation of Restrictions: ER cannot accommodate
Temporary Disability: TTD extended AWW: $1,666.06 CR: $575
Permanent Disability: If surgery deemed work related and performed; estimated PIR up to 20% WP bilaterally.
Apportionment/Contribution/Second Injury Trust Fund: N/A
Vocational Rehabilitation: N/A

Recovery

Recovery Status: No Potential
Recovery Description: Injury occurred while employee was completing ultrasound procedure. No third party negligence.

Legal

Defense Attorney: DREW ECKL & FARNHAM LLP
Applicant Attorney: NATHANIEL F HANSFORD
Legal Activity: Both claims are in litigation. John Bruffey is assigned as defense. The claimant's deposition was obtained 1/11/21 where she admitted she was actively involved with knitting and quilting. IME appointment by Dr. Ratner has been requested.

Settlement

Settlement Status: Demand recently received from OC for $153,000. Mediation is scheduled for 7/7 and a hearing is currently set for 7/13/21. These are likely to be rescheduled pending IME appointment.
Reserves: Medical: $10,457.12 Indemnity: $45,045.25 Legal: $12,025.00 Expense: $3,506.50 Medical treatment has been very limited. Indemnity reserves are adequate for settlement under Medicare threshold when combined with other claim. Legal reserves may need to be increased after quarterly statement received and reviewed.
Liens: N/A
Miscellaneous: Excess $500,000 - Midwest Casualty Has been reported due to continued TTD, but threshold should not be met even with a settlement.

Plan Of Action

Additional Plan Of Action Information: 1: Schedule IME with hand specialist 2: f/u post mediation for outcome 3: monitor for FD release/MMI 4: MSA may be required if combined claims cannot be settled under Medicare threshold
Next Plan Of Action Date: 09/13/2021

Examiner: theresa.hobbs
Date: 06/15/2021

ODG Comorbidity

Target Return To Work: 7/4/2019

Risk Assessment
Status: Red (Extreme)
Score: 90.04

Adjusted Summary Guidelines
Claims Data - Mid-Range: 172
Claims Data - At Risk: 469
All Absences - Mid-Range: 108
All Absences - At Risk: 432

Adjusted Duration
Best Practice Days: 44
Claim Typical Days: 367
Claim Max Days: 431

ICD Codes
M62.531 - Muscle wasting and atrophy, not elsewhere classified, right forearm
Best Practice Days: 21
Claim Typical Days: 104
Claim Max Days: 135

G56.81 - Other specified mononeuropathies of right upper limb
Best Practice Days: 16
Claim Typical Days: 102
Claim Max Days: 132

M65.311 - Trigger thumb, right thumb
Best Practice Days: 14
Claim Typical Days: 97
Claim Max Days: 126

M18.11 - Unilateral primary osteoarthritis of first carpometacarpal joint, right hand
Best Practice Days: 30
Claim Typical Days: 93
Claim Max Days: 121

OK

POLICY DEDUCTIBLE INFORMATION

This claim has no deductible information.

SPECIAL HANDLING INFORMATION

No Special Handling at this time.

This claim involves a 62 year old Hospital Professional Employees who was hired on 01/16/2018.The claim was Accepted on 05/23/2019

How Injury Occurred: While completing an ultrasound procedure, the claimant felt a "click" in her R hand. Sharp pain ran up forearm to R shoulder.
Body Part: Wrist/Hand (Right) 39
Nature of Injury: Strain 52
Age at Date of Claim: 62
Occupation: Hospital Professional Employees
Hire Date: 01/16/2018
Compensability: Accepted on 05/23/2019
Diagnosis: G56.01 Carpal tunnel syndrome, R upper limb M18.11 Unilateral primary osteoarthritis of first carpometacarpal joint, R hand M25.531 Pain in R wrist M62.531 Muscle wasti elsewhere classified, R forearm G56.11 Other l

MY DIARIES

AD HOC REPORT SAMPLE 1

Custodian Claims - Net paid in 2015 by Claim

Claim Number	Claimant	Injury Date	Clmt DOB	Hire Date	Yrs Employed When Injured	Clmt Occupation	Location	Nature of Injury	Body Part Injured	Net Paid 2015
		09/03/13	04/21/55	07/01/09	4.18	Custodian		No Physical Injury	No Physical Injury	1.00
		09/10/13	05/25/62	11/30/03	9.78	Custodian		Laceration, Cut	Leg (Lower)	209.80
		09/13/13	07/19/59	05/14/12	1.33	Custodian		Contusion / Bruise	Knee	6,390.81
		09/24/13	01/19/62	08/09/99	14.13	Custodian		Contusion / Bruise	Hip	56,537.59
		09/25/13	11/26/65	04/24/13	0.42	Custodian		Contusion / Bruise	Multiple Body Parts	1,147.77
		09/30/13	04/07/53	08/10/12	1.14	Custodian		Contusion / Bruise	Back (Lower)	1,174.65
		10/04/13	02/01/55	07/25/94	19.20	Custodian		Contusion / Bruise	Knee	2.50
		10/07/13	01/02/52	02/01/02	11.68	Custodian		Strain	Back (Lower)	246.18
		10/07/13	11/10/71	10/21/99	13.96	Custodian		Strain	Back (Upper)	364.84
		10/15/13	03/25/56	02/02/09	4.70	Custodian		Contusion / Bruise	Shoulder	15.87
		10/15/13	07/08/57	11/15/10	2.92	Custodian		Contusion / Bruise	Leg (Lower)	1.00
		10/18/13	03/23/69	11/09/09	3.94	Custodian		Sprain	Leg (Upper)	731.90
		10/21/13	01/07/64	04/01/88	25.56	Custodian		To be DETERMINED	No Physical Injury	2.50
		10/29/13	08/08/58	06/01/09	4.41	Custodian		Strain	Hip	16.00
		10/30/13	02/16/45	06/16/97	16.37	Custodian		Concussion	Head	2,558.88
		11/08/13	07/16/59	08/09/10	3.25	Custodian		Strain	Shoulder	36,815.76
		11/08/13	08/09/58	06/04/07	6.43	Custodian		Strain	Arm (Upper)	3,403.10
		11/11/13	05/30/79	11/04/13	0.02	Custodian		Concussion	Head	786.18
		11/12/13	05/02/84	08/16/09	4.24	Custodian		Strain	Foot	123.98
		11/12/13	01/04/64	07/02/01	12.36	Custodian		Contusion / Bruise	Toe(s)	640.96
		11/14/13	10/14/56	08/14/00	13.25	Custodian		Contusion / Bruise	Finger(s)	1,186.14
		12/04/13	10/07/58	07/07/08	5.41	Custodian		Contusion / Bruise	Knee	1.50
		12/06/13	10/18/70	02/21/97	16.79	Custodian		Strain	Arm (Lower)	852.48
		12/09/13	06/07/72	07/01/05	8.44	Custodian		Strain	Arm (Lower)	54,782.30
		12/11/13	08/09/58	08/03/98	15.36	Custodian		Contusion / Bruise	Knee	442.34
		12/17/13	10/04/66	07/19/01	12.41	Custodian		Strain	Leg (Lower)	370.90
		01/10/14	08/25/64	06/20/11	2.56	Custodian		Strain	Back (Lower)	5,076.97
		01/28/14	07/14/56	08/22/01	12.44	Custodian		Contusion / Bruise	Chest / Ribs	804.25
		01/28/14	11/26/54			Custodian		Contusion / Bruise	Back (Upper)	1,279.94
		02/03/14	06/25/60	12/09/13	0.15	Custodian		Contusion / Bruise	Foot	631.36
		02/04/14	09/04/54	07/01/04	9.60	Custodian		Contusion / Bruise	Back (Lower)	625.92
		02/07/14	02/01/53	02/01/53	61.02	Custodian		Strain	Shoulder	28,565.98

02/17/14	07/16/76	04/16/12	1.84	Custodian	Strain	Back (Lower)	16,934.04
02/20/14	01/28/65	02/10/14	0.03	Custodian	Strain	Back (Lower)	1,908.28
02/25/14	10/23/53	03/16/98	15.95	Custodian	Contusion / Bruise	Leg (Lower)	1,865.87
02/25/14	03/22/57	07/05/06	7.64	Custodian	Strain	Elbow	9,038.38
03/06/14	03/19/81	03/07/10	4.00	Custodian	Strain	Back (Lower)	2.50
03/11/14	09/30/65			Custodian	Strain	Back (Lower)	68,422.12
03/12/14	04/15/62	07/17/06	7.65	Custodian	Sprain	Knee	697.07
03/13/14	01/26/63	11/30/03	10.28	Custodian	Contusion / Bruise	Knee	699.51
03/17/14	02/29/52	06/01/11	2.79	Custodian	Strain	Back (Lower)	3,039.76
03/18/14	07/17/67	08/01/05	8.63	Custodian	Contusion / Bruise	Knee	837.71
03/18/14	09/28/72	12/01/97	16.29	Custodian	Crushing	Hand	338.16
03/19/14	01/22/46	10/09/06	7.44	Custodian	Contusion / Bruise	Hip	578.00
03/20/14	04/07/69	02/24/14	0.07	Custodian	Contusion / Bruise	Elbow	357.84
03/24/14	04/13/59	03/07/11	3.05	Custodian	Strain	Knee	1,141.47
03/24/14	11/11/58	08/14/95	18.61	Custodian	Contusion / Bruise	Shoulder	15,997.28
03/27/14	11/20/48	01/06/14	0.22	Custodian	Contusion / Bruise	Back (Lower)	989.92
03/27/14	12/12/54	10/21/09	4.43	Custodian	Sprain	Shoulder	2,128.32
04/01/14	09/24/71	07/01/08	5.75	Custodian	Contusion / Bruise	Knee	1,301.06
04/01/14	12/30/67	08/08/01	12.65	Custodian	Strain	Back (Lower)	2,491.20
04/04/14	07/20/67	01/18/06	8.21	Custodian	Infection	Finger(s)	501.94
04/04/14	10/01/66	06/01/06	7.84	Custodian	Dermatitis	Foot	2,434.94
04/07/14	04/06/64	07/18/05	8.72	Custodian	Laceration, Cut	Finger(s)	677.42
04/09/14	04/10/54	07/20/00	13.72	Custodian	Sprain	Foot	2.50
04/14/14	05/27/66	10/15/02	11.50	Custodian	Sprain	Hand	1,031.05
04/16/14	01/05/71	06/01/10	3.87	Custodian	Strain	Back (Lower)	10,076.29
04/23/14	09/19/52	08/06/07	6.71	Custodian	Sprain	Leg (Upper)	261.57
04/25/14	07/23/62	01/24/03	11.25	Custodian	Contusion / Bruise	Back (Lower)	1,297.23
05/09/14	06/22/56	03/18/11	3.14	Custodian	Contusion / Bruise	Elbow	2.50
05/14/14	06/25/60	12/09/13	0.43	Custodian	Contusion / Bruise	Multiple Upper Extre	424.53
05/22/14	01/19/67	03/19/02	12.18	Custodian	Contusion / Bruise	Foot	558.06
05/23/14	07/08/43	08/10/88	25.78	Custodian	Concussion	Head	1,920.98
05/28/14	10/14/60	08/10/05	8.80	Custodian	Strain	Shoulder	33,461.83
05/30/14	10/23/58	04/15/99	15.12	Custodian	Strain	Back (Lower)	3,766.26
06/03/14	06/14/60	11/18/99	14.54	Custodian	Fracture	Arm (Upper)	28,974.74
06/04/14	06/11/59	07/01/99	14.93	Custodian	Sprain	Hand	2.50
06/09/14	02/05/60	05/01/06	8.11	Custodian	Contusion / Bruise	Chest / Ribs	1,898.33
06/09/14	10/10/67	09/18/09	4.72	Custodian	Laceration, Cut	Head	2,283.45
06/09/14	03/10/92	04/14/09	5.15	Custodian	Laceration, Cut	Hand	418.27

06/10/14	09/26/52	07/19/04	9.89	Custodian	Laceration, Cut	Finger(s)	1,861.73
06/10/14	03/25/56	02/02/09	5.35	Custodian	Fracture	Wrist and Hand	23,599.93
06/11/14	01/20/56	07/07/05	8.93	Custodian	Fracture	Arm (Lower)	21,051.21
06/16/14	05/23/53	05/28/09	5.05	Custodian	Laceration, Cut	Head	665.93
06/17/14	12/09/60	02/23/14	0.31	Custodian	Strain	Back (Lower)	657.04
06/18/14	06/18/71	08/01/12	1.88	Custodian	Puncture	Hand	648.92
06/18/14	12/21/96	06/18/14	-	Custodian SUBSTITUTE	Laceration, Cut	Head	2.50
06/18/14	04/01/61	04/28/14	0.14	Custodian	Strain	Abdomen Incl Groin	819.60
06/19/14	09/17/59	01/26/09	5.39	Custodian	Fracture	Chest / Ribs	282.59
06/30/14	03/22/45	10/18/04	9.70	Custodian	Contusion / Bruise	Head	789.84
07/01/14	07/04/53	08/10/12	1.89	Custodian	Foreign Body	Eye(s)	262.37
07/09/14	04/16/57	08/11/86	27.91	Custodian	Fracture	Hip	10,413.68
07/10/14	06/16/63	01/06/14	0.51	Custodian SUBSTITUTE	Laceration, Cut	Mouth	577.25
07/14/14	04/14/64	07/01/08	6.03	Custodian	Contusion / Bruise	Elbow	353.99
07/14/14	10/19/51	08/30/00	13.87	Custodian	Multi Injuries Physica	Multiple Body Parts	840.70
07/15/14	08/26/93	04/21/10	4.23	Custodian SUBSTITUTE	Strain	Back (Upper)	691.53
07/17/14	06/18/67	09/27/10	3.80	Custodian	Contusion / Bruise	Neck	476.61
07/21/14	09/03/37	01/27/06	8.48	Custodian	Laceration, Cut	Leg (Lower)	1,053.67
07/22/14	10/14/75	09/01/06	7.89	Custodian	Contusion / Bruise	Head	803.98
07/22/14	07/04/53	08/10/12	1.95	Custodian	Fracture	Foot	4,772.02
07/25/14	10/28/62	07/02/01	13.06	Custodian	Burn	Multiple Body Parts	1,328.39
07/29/14	08/15/56	01/01/01	13.57	Custodian	Strain	Back (Lower)	157.23
07/29/14	10/15/57	09/09/91	22.89	Custodian	Strain	Shoulder	2,364.02
07/30/14	02/27/75	10/07/13	0.81	Custodian	Crushing	Toe(s)	15,421.62
08/05/14	10/20/60	01/18/14	0.54	Custodian	Strain	Abdomen Incl Groin	6,509.23
08/06/14	12/26/76	12/05/11	2.67	Custodian	Strain	Back (Lower)	2,348.17
08/08/14	10/10/54	06/01/04	10.18	Custodian	Contusion / Bruise	Leg (Lower)	650.17
08/12/14	12/07/85	01/13/14	0.58	Custodian	Strain	Arm (Lower)	2,374.96
08/12/14	03/17/55	04/10/06	8.34	Custodian	Sprain	Knee	3,618.35
08/18/14	08/28/68	05/10/10	4.27	Custodian	Strain	Back (Lower)	3,915.53
08/19/14	05/03/57	03/27/95	19.40	Custodian	Laceration, Cut	Finger(s)	2,370.63
08/21/14	02/20/54	07/19/99	15.09	Custodian	Fracture	Wrist	13,595.96
08/22/14	02/23/52	09/14/06	7.94	Custodian	Contusion / Bruise	Hand	591.68
08/25/14	06/14/50	08/07/02	12.05	Custodian	Contusion / Bruise	Chest / Ribs	645.87
08/25/14	10/09/69	08/07/08	6.05	Custodian	Sprain	Elbow	1,997.09
09/04/14	05/11/79	09/02/14	0.01	Custodian SUBSTITUTE	Contusion / Bruise	Foot	325.05
09/09/14	09/12/42	02/17/10	4.56	Custodian SUBSTITUTE	Strain	Back (Lower)	5,131.29
09/09/14	11/22/50	11/22/04	9.80	Custodian	Strain	Knee	166.90

09/10/14	03/10/48	06/21/04	10.22	Custodian	Contusion / Bruise	Knee	2,653.35
09/10/14	09/10/60	12/05/12	1.76	Custodian	Strain	Knee	845.68
09/11/14	07/01/57	06/01/09	5.28	Custodian	Strain	Hand	290.57
09/12/14	03/24/60	01/23/06	8.64	Custodian	Contusion / Bruise	Eye(s)	2,574.11
09/15/14	06/26/64	08/25/03	11.06	Custodian	Sprain	Head	6,768.58
09/17/14	01/02/72	08/31/09	5.05	Custodian	Sprain	Wrist	4,278.02
09/29/14	08/15/75	10/28/13	0.92	Custodian	Laceration, Cut	Head	762.53
09/30/14	05/20/50	03/15/10	4.54	Custodian	Contusion / Bruise	Shoulder	1,824.94
10/03/14	08/21/72	08/28/08	6.10	Custodian	Contusion / Bruise	Knee	560.03
10/07/14	06/14/48	09/05/05	9.09	Custodian	Strain	Back (Lower)	1,510.29
10/07/14	09/01/69	02/17/14	0.64	Custodian	Laceration, Cut	Arm (Upper)	758.64
10/08/14	07/31/54	08/18/97	17.14	Custodian	Contusion / Bruise	Foot	538.80
10/10/14	12/11/60	01/22/03	11.72	Custodian	Contusion / Bruise	Toe(s)	5,067.92
10/13/14	01/17/94	08/22/14	0.14	Custodian	Contusion / Bruise	Head	166.61
10/14/14	05/22/75	07/01/09	5.29	Custodian	Sprain	Arm (Lower)	1,835.53
10/20/14	01/01/53	12/17/01	12.84	Custodian	Contusion / Bruise	Knee	604.86
10/21/14	03/12/66	03/07/07	7.62	Custodian	Crushing	Foot	393.70
10/23/14	09/15/62	08/08/11	3.21	Custodian	Contusion / Bruise	Face	252.51
10/23/14	12/11/59	04/19/99	15.51	Custodian	Laceration, Cut	Leg (Lower)	514.15
10/24/14	07/22/63	07/01/08	6.31	Custodian	Contusion / Bruise	Leg (Lower)	200.36
10/30/14	06/16/75	08/14/06	8.21	Custodian	Contusion / Bruise	Arm (Lower)	668.85
10/31/14	11/26/50	08/01/09	5.25	Custodian	Burn	Eye(s)	341.70
11/04/14	05/08/64	01/28/96	18.77	Custodian	Concussion	Head	476.73
11/04/14	11/09/56	03/20/98	16.63	Custodian	Strain	Knee	510.49
11/07/14	04/08/95	08/19/13	1.22	Custodian SUBSTITUTE	Sprain	Ankle	480.83
11/10/14	11/08/60	03/01/99	15.70	Custodian	Concussion	Head	6,042.00
11/13/14	02/23/52	09/14/06	8.16	Custodian	Fracture	Foot	565.51
11/14/14	11/07/61	12/10/07	6.93	Custodian	Strain	Elbow	403.85
11/19/14	12/28/50	09/02/14	0.21	Custodian	Contusion / Bruise	Leg (Lower)	566.95
12/03/14	09/10/62	08/13/01	13.31	Custodian	Laceration, Cut	Hand	614.45

Transaction Register

XYZ Corp

Activity Dates: 4/7/2016 through 4/7/2016

Injury Dates: 1/1/1950 through 4/7/2016

Transaction Detail

Chk No.	Date	Payee	Amount	Claim No.	Claimant	Inj Date	Category	Svc Dates
Payment								
2536	4/7/2016	Primary Care Clinic of Georgia	$302.89	WC20151044480		12/8/2015	WC Medical	3/4/2016 - 3/4/2016
2537	4/7/2016	NORTHSIDE ANESTHESIOLOGY CONS	$261.89	WC2015414595		11/15/2015	WC Medical	3/9/2016 - 3/9/2016
2538	4/7/2016	NORTHSIDE ANESTHESIOLOGY CONS	$261.89	WC2015414595		11/15/2015	WC Medical	3/9/2016 - 3/9/2016
2539	4/7/2016	Violand and McNerney PA	$110.04	C9449600055		4/18/1996	WC Medical	1/28/2016 - 1/28/2016
2540	4/7/2016	ANESTHESIA ASSOCIATES OF GAINESV	$366.42	WC2016229605		2/15/2016	WC Medical	2/19/2016 - 2/19/2016
2541	4/7/2016	ANESTHESIA ASSOCIATES OF GAINESV	$176.45	WC2016229605		2/15/2016	WC Medical	2/19/2016 - 2/19/2016
2542	4/7/2016	ANES. ASSOC. OF GAINESVILLE, LLC	$403.06	WC2015412307		9/24/2015	WC Medical	2/2/2016 - 2/2/2016
2543	4/7/2016	ANES. ASSOC. OF GAINESVILLE, LLC	$403.06	WC2015412307		9/24/2015	WC Medical	2/2/2016 - 2/2/2016
2544	4/7/2016	ANES. ASSOC. OF GAINESVILLE, LLC	$235.30	WC2015412307		9/24/2015	WC Medical	2/2/2016 - 2/2/2016
2545	4/7/2016	Gainesville Radiology Group	$156.81	WC20160230987		3/12/2016	WC Medical	3/12/2016 - 3/12/2016
2546	4/7/2016	Gainesville Radiology Group	$86.13	WC20160230987		3/12/2016	WC Medical	3/12/2016 - 3/12/2016
2547	4/7/2016	GAINESVILLE RADIOLOGY GROUP PC	$18.39	WC20160231436		3/2/2016	WC Medical	3/2/2016 - 3/2/2016
2548	4/7/2016	GAINESVILLE RADIOLOGY GROUP PC	$17.67	WC20160230866		3/9/2016	WC Medical	3/9/2016 - 3/9/2016
Total Payment			$2,800.00					

Claim Status Report

Employee Information

Claim Number:	WC20230003983	**Claim Type:**	Temporary Total Disability
Claim Status:	Open	**Employee Name:**	Smith, John
Social Security #:	XXX-XX-0937	**Sex:**	M
Date of Birth:	09/14/1971	**Employee Address:**	198 Cross Creek Cir
Employee City:	Ridgeland	**Employee State:**	SC
Employee Zip:	29936	**Employee Home Phone:**	(843) 783-9329
Position:	BATTERY CREEK HIGH		

Claim Information

Date of Loss	03/22/2023	**Date Employer Notified**	03/22/2023
Date TPA Received	03/22/2023	**Jurisdiction**	SC
Insurer Name	Beaufort County School District	**Description of Injury**	Fall/Slip or Trip NOC 31
		Examiner	maryjo.molas

Description of Injury

This claim involves a 51 year old Schools - Professional and Clerical Employees who was hired on 08/01/1999.The claim was Accepted on 05/22/2023
How Injury Occurred: EE was sitting in a chair and it fell from under him and he fell and got injured.
Body Part: Lower Back Area (Lumbar/Sacrum) 63
Nature of Injury: All Other Specific Injuries Noc 59
Age at Date of Claim: 51
Occupation: Culinary Instructor
Hire Date: 08/01/1999
Compensability: Accepted on 05/22/2023
Diagnosis: Low back pain with right-sided sciatica (ICD10-CM M54.41) Right side sciatica M54.31 Backache -M54.9: Dorsalgia. unspecified

Medical Control

MMI: Employee is MMI as of
Additional MMI Information: EE placed at MMI from an orthopedic standpoint on 4/29/2024.
Medical Status: 3.28.23 Doctors Care-Bluffton, Back Care Tips, Back Exercises, Lumbar, Back Exercises: Back Extension with Elbow Press, Back Exercises: Hip Rotator Stretch, Back Exercises: Lower Back Rotation, Back Exercises: Lower Back Stretch, Back Pain (Acute or Chronic), Sciatica, Self-Care for Low Back Pain. Naproxen 500 mg oral tablet (Prescribe): = 1 tab(s) (500 mg) , Oral x 7 days. 3.31.23- BMH- Neurology referral, PT referral 2xs per week for 4 weeks. Recommended to patient that he purchase the be active brace which is an acupuncture brace that helps with sciatica. Also recommended acupuncture. 4.6.23- Dr. Patel- ELECTROMYOGRAM + NERVE CONDUCTION STUDY, MRI, LUMBAR SPINE, W/0 CONTRAST. Celebrex, rabeprazole and diclofenac cream have been given.PT LUMBAR EVAL AND TREAT 2X4 8 VISITS AUTHORIZED. 5.22.23- CM - Melissa Jenkins has been assigned to provide services as requested. EE is treating with Dr. Nimeieir. LOV 11.1.2023. EE has had two ESI's with the last one on 11.9.23. He will follow back up with Dr. Nimeier on 12.14.23 EE treating with Dr. Nemeth pain mgmt. LOV 7/9/24-injection approved and scheduled for 8/20. F/u with Dr. Nemeth on 9/5/24. LOV 11.11.24-EE placed at MMI but will need to continue to follow up every 4 weeks for possible injections. Gabapentin discontinued and Lyrica 75 mg was prescribed. NOV 12.10.24. LOV 1.9.25reatment recommendations: Psychiatric evaluation, SCS Trial Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. MMI: 10/08/2024 Next appointment: Pending psychiatric evaluation and SCS trial authorization NCM and Mr. Lightner received a copy of the work status.

Indemnity Status

Return To Work Status: RTW with restriction
Return To Work Restrictions: Alternate between sitting and standing for at least 10 minutes every hour.
Accommodation of Restrictions: ER can accommodate
Temporary Disability: NLT
Permanent Disability: N/A

Recovery

Recovery Status: No Potential

Legal

Legal Activity: EE represented by Catherine Badgett. We have Anne Noonan DA on the file. WE took EE's deposition on 10.31.23. 11/17/23 hearing was resolved via consent order.

Settlement

Reserves: Reserves reflect current claim exposure.
Miscellaneous: We have Melissa Jenkins on the file as NCM.

Plan Of Action

Additional Plan Of Action Information: Dr. Nemeth had placed EE at MMI and at the last visit, Employee asked about a SCS. Dr. Nemeth addressed that he was no longer at MMI and referred him to psych eval and SCS trial. Defense counsel withdrew the F21 which cancelled the hearing, and we will proceed with the psych eval and SCS trial.

Next Plan Of Action Date: 05/21/2025

Summary Savings Report

Beaufort County School District

March 2023 - April 2025

Savings

Review Type	Bills	Lines	Billed Charges	F/S Reductions	Audit Reductions	Negotiated Reductions	PPO Reductions	Total Reductions	Total Paid
Outpatient	121	624	$1,483,114.90	$1,195,268.89	$14,824.39	$1,162.69	$12,072.59	$1,223,328.56	$259,786.34
Provider	3,603	7,960	$1,429,680.05	$709,668.28	$8,455.74	$0.00	$92,836.81	$810,960.83	$618,719.22
Grand Total	**3,724**	**8,584**	**$2,912,794.95**	**$1,904,937.17**	**$23,280.13**	**$1,162.69**	**$104,909.40**	**$2,034,289.39**	**$878,505.56**

Fees

Review Type	Bill Fees	Audit Fees	PPO Fees	Total Fees
Outpatient	$36,412.22	$3,841.60	$3,441.20	$43,695.02
Provider	$45,162.49	$3,570.40	$23,786.86	$72,519.75
Grand Total	**$81,574.71**	**$7,412.00**	**$27,228.06**	**$116,214.77**

PPO Penetration

Review Type	Bills	Ineligible Bills	Eligible Bills	PPO Bills	Bill Penetration	Eligible Charges	PPO Charges	Charge Penetration
Outpatient	121	0	121	86	71.07%	$273,021.62	$13,235.28	4.85%
Provider	3,603	0	3,603	2,822	78.32%	$711,556.03	$92,836.81	13.05%
Grand Total	**3,724**	**0**	**3,724**	**2,908**	**78.09%**	**$984,577.65**	**$106,072.09**	**10.77%**

Gross/Net Savings %

Review Type	Gross Savings	Net Savings	ROI
Outpatient	82.48%	79.54%	28:1
Provider	56.72%	51.65%	11:1
Grand Total	**69.84%**	**65.85%**	**18:1**

WRIGHT REHABILITATION SERVICES

Managing Cases to Successful Conclusions

EMPLOYEE: [redacted]
CLAIM NO: [redacted]
EMPLOYER: Beaufort County Schools
SSN: [redacted]
DOB: [redacted]
DOI: [redacted]

REPORT DATE: 5/6/2025
INSURER: CompPoint *
ADDRESS: POB 3236
Milwauke, WI 53201-3236
REFERRAL DATE: 5/22/2023
DIAGNOSIS: lower back

REHABILITATION PROGRESS REPORT

MEDICAL INFORMATION

Received referral from the adjuster for FCM services. Pursuant to the agreement of all parties, this case was referred to Wright Rehabilitation Services for field case management services. Services requested include attending scheduled appointments, assisting with coordination of services, reviewing medical notes, treatment plans, and diagnostics as they relate to the reported worker's compensation injury, and the coordination of medical services to facilitate a safe return to work for the claimant.

Represented by Conner Kincheloe; received permission to contact.

Extended travel/mileage authorization per adjuster/Robin Wolan.

DOB: [redacted]

DOI: [redacted]

MOI: Sat back on his rolling desk chair and it kept rolling, the back broke, and he wheeled into a wall/Fall

Medical History: Non-smoker, Drinks caffeine, Anxiety disorder, Asthma, Sleep Apnea

Surgery: Skin graft trunk/arm/leg

Allergies: Codeine, PCN, Tylox, Vicodin

Medications: Symbicort 160 mcg-4.5 mcg inhaler

Height: 6 ft

Weight: 390 lbs.

BMI: 52.9

03/22/2023 Doctors Care: Naproxen

03/23/2023 Tidewatch ER: CT scan

03/28/2023 BMH Occupational Medicine/Isabel Brodersen, PA-C: M54.31 sciatica, right side, Neurological surgeon referral

03/31/2023 BMH Occupational Medicine/Isabel Brodersen, PA-C: Right side sciatica, PT referral, light duty/restrictions

04/04/2023 Dr. Kashyap Patel/Neurologist: backache, prescribed Celebrex, Rabeprazole and Diclofenac Cream, EMG/NCS referral,

04/27/2023 MRI L-spine/Beaufort Memorial Hospital: spondylosis/most prominent L4-5 facet disease

05/01/2023 PT initial evaluation; attended 6 sessions

05/16/2023 Dr. Kashyap Patel/Neurologist: EMG, refused to continue testing after first nerve, M54.9 Dorsaligia, follow up 06/07/2023

06/23/2023 BMH ER visit; L-spine X-ray: mild degenerative changes but no acute fracture or malalignment, Contusion of lower back/pelvis, Instructed to ice x4/daily for 3-4 days then transition to heat, Ibuprofen 600 mg oral PRN x4 #30, Referred to BMH Express Care

06/24/2023 BMH ER visit; Seen yesterday for same complaint, X-ray L-spine; nothing acute, Reported initial injury was a few weeks ago and yesterday was the first time he was seen, Pain has gotten progressively worse, Reporting paresthesias of the right leg but no numbness, pain shoots down right leg, paresthesias feel worse than yesterday and causing him "pins and needle pain", Reported over the counter medications are not helping, CT L-spine; mild posterior disc bulging L4-5 and L5-S1, prominent reactive facet disease L4-5 and L5-S1 and to lesser extent superiorly, Provided Morphine and Decadron; pain improved, Prescribed Norco 5-325 mg oral PRN every 6 hours #12, Methylprednisolone 4 mg oral daily, Zofran 4 mg oral PRN every 8 hours #15, Cyclobenzaprine 10 mg TID PRN #15, Blood pressure elevated but improved from pain control, Follow up orthospine/Dr. Mark Dean, Pain management techniques at home

08/07/2023 Thomas Niemeier, MD/Optim Orthopedics: Initial evaluation. Extended wait time authorized by LaTronya Roberts. Mr. Lightner was accompanied by his spouse. Current treatments: MRIs, CT, PT, Occupational Medicine, ER visits, Neurology, EMG. Current work status: Light duty. NCM met with Dr. Niemeier and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination and X-rays. Dr. Niemeier attempted to review the MRIs on the disc that Mr. [redacted] brought from Beaufort Memorial Hospital, but he was only able to view the CT scan. He reported the MRI disc was corrupt. He requested that Mr. [redacted] request a new MRI disc and schedule a follow-up appointment. Mr. Lightner agreed to the Bluffton or Savannah office as Dr. Niemeier does not have availability in the Bluffton office until September. Work status; indoor seated activity. Treatment recommendations: MRI disc. Return to work plan: Indoor seated activity. Anticipated MMI: Pending follow up appointment/MRI disc. Next appointment: 08/24/2023 10:00 am/Savannah location.

08/24/2023 Thomas Niemeier, MD/Optim Orthopedics: MRI follow up/Dr. Mr. [redacted] was accompanied by his spouse. Current treatments: MRIs, CT, PT, Occupational Medicine, ER visits, Neurology, EMG. Current work status: Light duty. NCM met with Dr. Niemeier and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Dr. Niemeier reported Mr. [redacted] has nerve pain/L-4. He has fluid in the facets which can trigger nerve pain. He is recommending a Lumbar Transforaminal Epidural Steroid Injection/L-4 TFESI. He prescribed Ibuprofen 800 mg oral every 8 hours. Follow up 2-3 weeks after the injection is performed. If the injection does not provide relief, he may need an updated MRI and EMG. Work status to remain the same. Treatment recommendations: Lumbar Transforaminal Epidural Steroid Injection/L-4 TFESI, Ibuprofen 800 mg oral every 8 hours. Return to work plan: Indoor seated activity. Anticipated MMI: Pending injection. Next appointment: 2-3 weeks after injection.

09/07/2023 Right L4 TFESI performed

09/28/2023 Follow up Dr. Niemeier; rescheduled to 10/25/2023 per Mr. Lightner's request, rescheduled to 11/01/2023 per Dr. Niemeier's office

11/01/2023 Thomas Niemeier, MD/Optim Orthopedics: L-4 TFESI follow up/Dr. Thomas Niemeier/Orthopedist 11.01.2023 2:45 pm. Mr. Lightner was accompanied by his spouse. Current treatments: L-4 TFESI. Current work status: Light duty. NCM met with Dr. Niemeier and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Dr. Niemeier reported that the injection significantly decreased his pain. He still reports continued residual lumbar radiculopathy and back pain. Dr. Niemeier is recommending a 2nd injection that is interlaminar instead of transforaminal. He hopes the injection will also address his back pain. Dr. Niemeier also instructed Mr. [redacted] to address his weight. Follow up 2-3 weeks after the injection. Work status remains the same. Treatment recommendations: Epidural injection. Return to work plan: Full duty, no restrictions. Anticipated MMI: Pending injection. Next appointment: 2-3 weeks after injection. Extended wait time authorized by LaTronya Roberts.

11/09/2023 Lumbar radiculopathy L4-L5

12/14/2023 Dr. Niemeier appointment rescheduled to 01/24/2024 due to Mr. [redacted] employer testing, 12/14/2023 appointment rescheduled to 01/24/2024 due to death in Mr. [redacted] family, 01/24/2024 appointment rescheduled to 02/29/2024 due to Mr. [redacted] admitted to the hospital

02/29/2024 Thomas Niemeier, MD/Optim Orthopedics: Follow up 11.09.2024 Intralaminar Epidural Injection L4-L5. Mr. [redacted] was accompanied by his spouse. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023). Current work status: Full duty. NCM met with Dr. Niemeier and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Dr. Niemeier reported that the L4/L5 Intralaminar Epidural Injection did not decrease his pain, the first injection provided more relief. Dr. Niemeier is recommending a second L4/L5 Transforaminal Epidural Steroid Injection. Follow up 2-3 weeks after the injection. Depending on the results of the injection, he will place him at MMI with future medical to include injections or he may recommend a pain management referral. Dr. Niemeier explained he is a surgeon and he is not a pain management specialist. Treatment recommendations: L4/L5 Transforaminal Epidural Steroid Injection #2. Return to work plan: Full duty. Anticipated MMI: Pending injection. Next appointment: 2-3 weeks after

injection.

03/28/2024 Transforaminal epidural steroid injection L4/L5 right

04/29/2024 Thomas Niemeier, MD/Optim Orthopedics: Follow up, Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023). Current work status: Full duty. NCM met with Dr. Niemeier and Mr. [redacted] after Mr. [redacted] received a private examination. Dr. Niemeier reported that the injection went well but when Mr. [redacted] stands a long time the nerve is compressed and the pain returns. He is not a surgical candidate. He explained that Mr. [redacted] has reached MMI from a surgical standpoint. He is recommending a transfer to a pain management specialist. Future medical will include PT and injections. Full duty but he will need to be allowed to sit down for at least 10 minutes every hour. Treatment recommendations: Pain management. Return to work plan: Full duty-must be allowed to sit down for at least 10 minutes every hour. MMI: 04/29/2024. Next appointment: PRN.

06/24/2024 Michael Winter, PA/Pain Management: Initial evaluation. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023). Current work status: Full duty-must be allowed to sit down for at least 10 minutes every hour. NCM met with Michael Winter, PT and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Michael reviewed the MRI report, CT report and injection notes. Michael reported that Mr. [redacted] needs to take a holiday from injections. He is recommending a repeat MRI L-spine to re-evaluate for change or progression. Mr. [redacted] will request the CT and MRI images from Beaufort Memorial on a disc. Michael prescribed Gabapentin 300 mg oral at bedtime to increase to TID. He is also prescribing Nabumetone 750 mg oral BID. Follow up after MRI completed. Work status remains the same. Treatment recommendations: Repeat L-spine MRI, Nabumetone, Gabapentin. Return to work plan: Full duty-must be allowed to sit down for at least 10 minutes every hour. MMI: Pending MRI. Next appointment: 07/09/2024 2:30 pm.

07/08/2024 Repeat L-spine MRI

07/09/2024 Michael Winter, PA/Pain Management: MRI follow up. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024). Current work status: Full duty-must be allowed to sit down for at least 10 minutes every hour. NCM met with Michael Winter, PT and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Michael reported that Mr. [redacted] has reported some relief from the medications. However, he was taking 900 mg of Gabapentin in the morning, and it made him very drowsy. Michael instructed him that he is to take 300 mg oral three times a day or 300 mg oral in the morning and 600 mg oral at bedtime. Michael reviewed the MRI and reported that he has a small bulge at L5-SI. He has severe arthritis and stenosis at L4-L5. He is recommending an L5 diagnostic and therapeutic nerve injection. Mr. Lightner reported he is going to Barcelona for 2 weeks on 07.19.2024 and requested the injection before he leaves. NCM explained she will follow up with the insurance carrier for authorization. Michael explained he would need to follow up 2 weeks after the injection. If the injection helps

the nerve pain but not the back pain, he may recommend facet injections. However, Mr. [redacted] is not a surgical candidate. Work restrictions to remain the same. He refilled Nabumetone and Gabapentin, so he does not run out of medications on vacation. Treatment recommendations: L5 nerve injection, Nabumetone, Gabapentin. Return to work plan: Full duty-must be allowed to sit down for at least 10 minutes every hour. MMI: Pending injection. Next appointment: Pending injection.

08/05/2024 injection rescheduled to 08/19/2024 and rescheduled again to 08/28/2024; lumbar transforaminal epidural steroid injection/right L5

09/12/2024 Dr. Nemeth/Michael Winter PA, rescheduled t0 10/08/2024

10/08/2024 Dr. Nemeth/Pain Management: L5 nerve injection. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024). Current work status: Full duty-must be allowed to sit down for at least 10 minutes every hour. NCM met with Dr. Nemeth and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Dr. Nemeth explained that Mr. [redacted] received 60% relief immediately after the L5 injection for 2 hours but ended up going to bed in pain. He reported the leg pain is worse than the lower back. He spends most evenings in the tub or the bed after work. Dr. Nemeth explained that he has received 4 epidurals and does not recommend additional injections at this time. Dr. Nemeth discussed SCS trial and Mr. [redacted] declined. Dr. Nemeth reviewed medications. Mr. [redacted] reported he takes 2 tablets of Nabumetone TID and 3 capsules of Gabapentin BID. Dr. Nemeth explained Nabumetone is not to be taking that much. He asked if he was having any GI symptoms or black/tarry stool. Mr. [redacted] reported he has diarrhea and black/tarry stool. Dr. Nemeth instructed him to discontinue all NSAIDs and if the symptoms continue, he will need to be evaluated by a GI provider. Dr. Nemeth increased the Gabapentin to 900 mg TID. He demonstrated core strengthening exercises and explained that Mr. [redacted] needs to focus on losing weight to decrease the weight on his spine. Mr. [redacted] reported he has lost 40-50 lbs. since beginning Mounjaro. Dr. Nemeth explained that Mr. [redacted] had reached MMI. Future medical to include office visits and medications. Mr. [redacted] is to follow up in 4 weeks to review medications. Treatment recommendations: Gabapentin 900 mg oral TID, weight loss, core strengthening. Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. MMI: 10/08/2024. Next appointment: 11/11/2024 2:45 pm.

11/11/2024 Dr. Nemeth/Pain Management: Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024), Gabapentin. Current work status: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. NCM met with Dr. Nemeth and Mr. and Mrs. [redacted] after Mr. [redacted] received a private examination. Dr. Nemeth explained that Mr. [redacted] reported slurred speech and drowsiness with increased Gabapentin dosing, and he decreased it to 600 mg BID causing him a lot of pain. He is recommending he takes the Gabapentin tonight, discontinues it tomorrow and begins taking Lyrica 75 mg oral BID for 1-2 weeks and if he does not have any side effects, he may increase it to 75 mg oral TID. Mr. Lightner still wants to hold off on the SCS trial. Follow up 4 weeks. Work status remains the same. Treatment recommendations: Discontinue Gabapentin, Lyrica 75 mg

BID after 1-2 weeks TID. Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. MMI: 10/08/2024. Next appointment: 12/10/2024 1:45 pm.

12/10/2024 Dr. Nemeth rescheduled to 01/09/2025 3:45 pm as Mr. Lightner reported the substitute did not arrive in time to allow him travel time

01/09/2025 Dr. Nemeth/Pain Management: Lyrica Follow Up. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024), Gabapentin D/C, Lyrica. Current work status: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. NCM met with Dr. Nemeth and Mr. and Mrs. Lightner after Mr. Lightner received a private examination. Dr. Nemeth explained that Mr. Lighter reported the Lyrica made him feel "loopy" and he does not want to try the 100 mg of Lyrica. Mr. Lightner has requested to proceed with the SCS trial. Dr. Nemeth explained he will need to attend a psychiatric evaluation first. The trial will be for one week and he will need to take an antibiotic for 1 week and he will not be able to bathe for 1 week. He will follow up after 1 week and if the trial is successful, he will proceed with permanent implantation. Work status remains the same. Treatment recommendations: Psychiatric evaluation, SCS Trial. Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. MMI: 10/08/2024. Next appointment: Pending psychiatric evaluation and SCS trial authorization.

03/26/2025 Dr. Balogh/SCS Trial rescheduled to 04/14/2025 per Mr. Lightner's request, Dr. Balogh sick and appointment rescheduled to 04/15/2025

04/14/2025 Dr. Balogh/Psyschiatrist: Psychiatric clearance for SCS trial. Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024), Gabapentin D/C, Lyrica. Current work status: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour. NCM/Abby Sherrer attended appointment for NCM/Melissa Jenkins. NCM met with Dr. Balogh and Mr. Lightner after Mr. Lightner received a private examination. Dr. Balogh cleared Mr. Lightner to undergo SCS trial. He mentioned that Mr. Lightner had a friend who underwent SCS trial and did very well. His wife had a friend who had SCS placement and ended up in ICU due to infection. He suggested having Dr. Nemeth prescribe an antibiotic post SCS trial prophylactically as Mr. Lightner was anxious about infection. Treatment recommendations: Cleared for SCS Trial, suggested antibiotic post procedure prophylactically. Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.

05/15/2025 Dr. Nemeth

DIAGNOSIS: M54.9 Dorsaligia; per Dr. Patel 05/16/2023
M54.16 Radiculopathy; per Dr. Niemeier 08/24/2023

Beaufort Memorial Occupational Medicine
122 Okatie Center Blvd North
Okatie, SC 29909

Dr. Kashyap Patel, MD
East Georgia Neurology and Neurodiagnostics
1497 Fair Road
Suite 201
Statesboro, GA 30458
912-486-1140
Fax 912-486-1908

Carolina Sportscare and Physical Therapy
1900 Boundary Street
Beaufort, SC 29902
843-521-1970
Fax 843-521-0908

Dr. Thomas Niemeier, MD
Optim Orthopedics
8201 Pinellas Drive
Bluffton, SC 29910
843-705-9401

Micheal Winter, PA-C/Daniel Nemeth, MD
929 Bowman Road
Mt. Pleasant, SC 29464
843-730-4124

Coastal Imaging Solutions/MRI
503 Eisenhower Drive
Savannah, GA 31406
Phone: (912) 355-6255
Fax: (912) 355-6256

VOCATIONAL INFORMATION

Per Dr. Nemeth 01/09/2025; Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.
Per Dr. Niemeier 04/29/2024; Full duty-must be allowed to sit down for at least 10 minutes every hour.

PLAN OF ACTION

- Attend 05/15/2025 Dr. Nemeth appointment and discuss SCS Trial.
- Follow up on 04/14/2025 SCS Trial clearance.
- Liaise between all parties to assure consistent communication of new or changing developments
- Update the claims examiner within 24 hours of all new information.

Provide next report 06/06/2025 or earlier depending on case activity.

ACTIVITIES DURING THE REPORTING PERIOD

Friday, April 11, 2025

▶ **307 - Correspondence with Physician Med**

From: Melissa Jenkins
Sent: Friday, April 11, 2025 7:41 AM
To: 'Alicia Brockway' <abrockway@painchas.com>
Subject: RE: [EXTERNAL] Re: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

Good morning,

Can you please confirm the 04/14/2025 1:30 pm with Dr. Balogh?

Thank you,

From: Alicia Brockway <abrockway@painchas.com>
Sent: Friday, April 11, 2025 8:53 AM
To: Melissa Jenkins <melissa.jenkins@wrightrehab.com>
Subject: [EXTERNAL] Re: [EXTERNAL] Re: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

Good morning,

The appointment on 04/14/2025 1:30 pm with Dr. Balogh is confirmed.

Thanks!

▶ **300 - Correspondence with Attorney Med**

From: Melissa Jenkins
Sent: Friday, April 11, 2025 9:50 AM
To: Mary Jo Molas <MaryJo.Molas@bwood.com>
Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Conner Kincheloe <ckincheloe@badgettlawfirm.com>; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>
Subject: RE: [redacted] Wright #[redacted] Claim #: WC202[redacted]

Good morning,

I have confirmed the 04/14/2025 1:30 pm appointment with Dr. Balogh's office and Mrs. [redacted] My co-worker/Abby Sherrer will be attending the appointment in my absence.

- **304 - Correspondence with Insurance Company Med**

  From: Melissa Jenkins
  Sent: Friday, April 11, 2025 9:50 AM
  To: Mary Jo Molas <maryjo.molas@bwood.com>
  Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Conner Kincheloe <ckincheloe@badgettlawfirm.com>; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>
  Subject: RE: [redacted] Wright #: [redacted] Claim #: WC20[redacted]

  Good morning,

  I have confirmed the 04/14/2025 1:30 pm appointment with Dr. Balogh's office and Mrs. [redacted] My co-worker/Abby Sherrer will be attending the appointment in my absence.

- **103 - Call to Client's Family Med**

  Spoke to IW spouse; confirmed 04/14/2025 1:30 pm/Dr. Balogh

- **515 - Med Review Medical Documents**

  Received, reviewed appointment coverage information from M Jenkins.

Saturday, April 12, 2025

- **511 - Med Medical Research/Analysis**

  Update file/new adjuster

- **217 - Visit with Prepare to Conference Med**

  From: Melissa Jenkins
  Sent: Saturday, April 12, 2025 5:41 PM
  To: Abby Sherrer <abby.sherrer@wrightrehab.com>
  Subject: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

  Thank you for covering the 04/14/2025 1:30 pm appointment with Dr. Balogh:

  [redacted]: Represented; permission to contact
  [redacted]: 10-day notification letter sent
  [redacted]: Confirmed appointment with provider office/IW
  [redacted] SCS Trial evaluation/per Dr. Nemeth

Monday, April 14, 2025

- **504 - Med Coordinate Medical Services**

  From: Melissa Jenkins <melissa.jenkins@wrightrehab.com>
  Sent: Monday, April 14, 2025 10:33 AM
  To: Alicia Brockway <abrockway@painchas.com>
  Subject: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

  Hi,

I just received a call from Mr. [redacted] that his appointment today has been rescheduled to tomorrow at 12 because Dr. Balogh is sick. I was not updated and I do not have anyone to cover the appointment at 12. Is there availability from 9 am – 10 am or after 2:00 pm?

From: Alicia Brockway <abrockway@painchas.com>
Sent: Monday, April 14, 2025 10:40 AM
To: Melissa Jenkins <melissa.jenkins@wrightrehab.com>
Subject: [EXTERNAL] Re: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

So sorry we were rushing to reschedule his afternoon. We are squeezing appointments in so I don't have anything available in the afternoon. I could squeeze him in at 9:30am?

From: Melissa Jenkins <melissa.jenkins@wrightrehab.com>
Sent: Monday, April 14, 2025 10:47 AM
To: Alicia Brockway <abrockway@painchas.com>
Subject: RE: [EXTERNAL] Re: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

Thank you, I have updated Mr. [redacted] 04/15/2025 9:30 am.

From: Alicia Brockway <abrockway@painchas.com>
Sent: Monday, April 14, 2025 10:51 AM
To: Melissa Jenkins <melissa.jenkins@wrightrehab.com>
Subject: [EXTERNAL] Re: [EXTERNAL] Re: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

All set! Thanks!
</melissa.jenkins@wrightrehab.com></abrockway@painchas.com></abrockway@painchas.com></melissa.jenkins@wrightrehab.com></melissa.jenkins@wrightrehab.com></abrockway@painchas.com></abrockway@painchas.com></melissa.jenkins@wrightrehab.com>

- **301 - Correspondence with Client Med**

  Text/IW x4appointment today has been rescheduled to tomorrow at 12 because Dr. Balogh is sick.

- **102 - Call to Client Med**

  Spoke to IW/appointment rescheduled 04/15/2025 9:30 am/Abby wil attend in NCM absence

- **300 - Correspondence with Attorney Med**

  From: Melissa Jenkins
  Sent: Monday, April 14, 2025 11:14 AM
  To: Mary Jo Molas <MaryJo.Molas@bwood.com>; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
  Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>; emsenn@wjcblaw.com

Subject: RE: Gregory Lightner Wright #: [redacted] Claim #: WC202[redacted]
Importance: High

Good morning,

Dr. Balogh's office reported that he is sick today and rescheduled the appointment for tomorrow 04/15/2025 9:30 am. Abby will attend the appointment in my absence. Mr. Lightner is aware.

Mr. Kincheloe,
I am unable to meet the 10-day notification, Abby will plan to attend the appointment unless you object.

Thank you,

▶ **304 - Correspondence with Insurance Company Med**

From: Melissa Jenkins
Sent: Monday, April 14, 2025 11:14 AM
To: Mary Jo Molas <MaryJo.Molas@bwood.com>; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>; emsenn@wjcblaw.com
Subject: RE: Gregory Lightner Wright #: [redacted] Claim #: WC202[redacted]
Importance: High

Good morning,

Dr. Balogh's office reported that he is sick today and rescheduled the appointment for tomorrow 04/15/2025 9:30 am. Abby will attend the appointment in my absence. Mr. Lightner is aware.

Mr. Kincheloe,
I am unable to meet the 10-day notification, Abby will plan to attend the appointment unless you object.

Thank you,

Tuesday, April 15, 2025

▶ **218 - Visit with Other Med - Receptionist**

CM checked in with Dr. Balogh's receptionist and provided business card. iW had arrived and was already in exam room.

▶ **208 - Visit with Physician Med**

NCM met with Dr. Balogh and Mr. [redacted] after Mr. Lightner received a private examination. Dr. Balogh cleared Mr. Lightner to undergo SCS trial. He mentioned that Mr. [redacted] had a friend who underwent SCS trial and did very well. His wife had a friend who had SCS placement and ended up in ICU due to infection. He suggested having Dr. Nemeth prescribe an antibiotic post SCS trial prophylactically as Mr. [redacted] was

anxious about infection.

- **201 - Visit with Client Med**

  CM met with IW following the exam and reviewed SCS trial, recommendations, recovery period.

- **408 - Follow-up Report**

  Appointment update report completed and emailed to M Jenkins.

- **304 - Correspondence with Insurance Company Med**

  From: Melissa Jenkins
  Sent: Tuesday, April 15, 2025 11:54 AM
  To: Mary Jo Molas <MaryJo.Molas@bwood.com>
  Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>; emsenn@wjcblaw.com; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
  Subject: 04/15/2025 Appointment Update Dr. Balogh Gregory Lightner Wright #:
  Claim #: WC202

  *Follow up with Dr. Nemeth 05/15/2025 1:15 pm

  REASON FOR VISIT: Psychiatric clearance for SCS trial/Dr. Balogh 4/15/25 9:30 am

  Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024), Gabapentin D/C, Lyrica.

  Current work status: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.

  NCM/Abby Sherrer attended appointment for NCM/Melissa Jenkins. NCM met with Dr. Balogh and Mr. Lightner after Mr. Lightner received a private examination. Dr. Balogh cleared Mr. Lightner to undergo SCS trial. He mentioned that Mr. Lightner had a friend who underwent SCS trial and did very well. His wife had a friend who had SCS placement and ended up in ICU due to infection. He suggested having Dr. Nemeth prescribe an antibiotic post SCS trial prophylactically as Mr. Lightner was anxious about infection.

  Treatment recommendations: Cleared for SCS Trial, suggested antibiotic post procedure prophylactically.

  Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.

  MMI: 10/08/2024 per Dr. Nemeth

  Next appointment: None with Dr. Balogh.

- **300 - Correspondence with Attorney Med**

From: Melissa Jenkins
Sent: Tuesday, April 15, 2025 11:54 AM
To: Mary Jo Molas <MaryJo.Molas@bwood.com>
Cc: avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Latronya Roberts <latronya.roberts@bwood.com>; emsenn@wjcblaw.com; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
Subject: 04/15/2025 Appointment Update Dr. Balogh Gregory Lightner Wright #: 19336
Claim #: WC202[redacted]

*Follow up with Dr. Nemeth 05/15/2025 1:15 pm

REASON FOR VISIT: Psychiatric clearance for SCS trial/Dr. Balogh 4/15/25 9:30 am

Current treatments: L4/L5 right Transforaminal Epidural Steroid Injection (09.07.2023), L4/L5 Intralaminar Epidural Injection (11.09.2023), Repeat L-spine MRI (07.08.2024), Right L5 Transforaminal Epidural Steroid Injection (08.28.2024), Gabapentin D/C, Lyrica.

Current work status: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.

NCM/Abby Sherrer attended appointment for NCM/Melissa Jenkins. NCM met with Dr. Balogh and Mr. Lightner after Mr. Lightner received a private examination. Dr. Balogh cleared Mr. Lightner to undergo SCS trial. He mentioned that Mr. Lightner had a friend who underwent SCS trial and did very well. His wife had a friend who had SCS placement and ended up in ICU due to infection. He suggested having Dr. Nemeth prescribe an antibiotic post SCS trial prophylactically as Mr. Lightner was anxious about infection.

Treatment recommendations: Cleared for SCS Trial, suggested antibiotic post procedure prophylactically.

Return to work plan: Work as a high school teacher within his pain tolerance. Recommend alternating between sitting and standing for at least 10 minutes every hour.

MMI: 10/08/2024 per Dr. Nemeth

Next appointment: None with Dr. Balogh.

▶ **300 - Correspondence with Attorney Med**

From: Joshua Fester
Sent: Tuesday, April 15, 2025 11:21 AM
To: ckincheloe@badgettlawfirm.com
Cc: melissa.jenkins@writrehab.com
Subject: RE: 04/15/2025 Appointment Update Dr. Balogh Gregory Lightner Wright #: 19336 Claim #: WC202[redacted]

Melissa,

Please forward these updates to me as well, as I am co-counsel with Connor on this claim.

Thanks,

From: Melissa Jenkins
Sent: Tuesday, April 15, 2025 12:34 PM
To: Joshua Fester <jfester@johnsonslawoffice.com>
Cc: Mary Jo Molas <maryjo.molas@bwood.com>; LaTronya.Roberts@bwood.com; avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
Subject: 04/15/2025 Appointment Update Dr. Balogh [redacted] Wright #: [redacted]
Claim #: WC202[redacted]

Yes, I will copy you on all correspondence.</ckincheloe@badgettlawfirm.com></hbroschard@badgettlawfirm.com></maryjo.molas@bwood.com></jfester@johnsonslawoffice.com>

- **304 - Correspondence with Insurance Company Med**

From: Melissa Jenkins
Sent: Tuesday, April 15, 2025 12:34 PM
To: Joshua Fester <jfester@johnsonslawoffice.com>
Cc: Mary Jo Molas <maryjo.molas@bwood.com>; LaTronya.Roberts@bwood.com; avnoonan@wjcblaw.com; emsenn@wjcblaw.com; Hollie Broschard <hbroschard@badgettlawfirm.com>; Conner Kincheloe <ckincheloe@badgettlawfirm.com>
Subject: 04/15/2025 Appointment Update Dr. Balogh [redacted] Wright #: [redacted]
Claim #: WC202[redacted]

Yes, I will copy you on all correspondence.</ckincheloe@badgettlawfirm.com></hbroschard@badgettlawfirm.com></maryjo.molas@bwood.com></jfester@johnsonslawoffice.com>

- **113 - Call to Physician Med**

Spoke to Sara/Dr. Nemeth; scheduled follow up/Dr. Nemeth 05/15/2025 1:15 pm

- **102 - Call to Client Med**

Spoke to IW/provided apppointment details/Dr. Nemeth 05/15/2025 1:15 pm

Monday, May 5, 2025

- **300 - Correspondence with Attorney Med**

May 5, 2025

Conner B. Kincheloe
600 Third Avenue on Courthouse Square
PO Box 2020
Ridgeland, SC 29936

Re: Gregory Lightner
DOI: 03/23/2023
Insured: Beaufort County Schools

I have been asked to attend an appointment for Mr. Lightner with Dr. Daniel Nemeth. His injury occurred on 03/23/2023 which falls under the workers' compensation regulations effective for injuries after 07/01/07. Based on Section 42-15-95, Mr. Lightner's physician can discuss with me his medical history, diagnosis, causation, and course of treatment, prognosis, work restrictions and impairments. I will meet with the provider after Mr. Lightner has had a private examination.

Thursday, May 15, 2025
1:15 pm
929 Bowman Road
Suite 400
Mt. Pleasant, SC 29464
843-438-1317

Per Reg 67-1308, these dates meet the 10-day notification requirement. I plan to attend this appointment and discuss:

1. Mr. Lightner's diagnoses
2. Treatment recommendations for each diagnosis
3. Prognosis or expected outcomes of these treatments
4. Recommendations for referrals or diagnostics
5. Mr. Lightner's work status related to his injuries.
6. Projection for MMI
7. Projection for assigning permanent work restrictions related to his injuries.
8. Projection for assigning an impairment rating related to his injuries.
9. Request that a SCWC Form 14B be completed as indicated

Please give Mr. Lightner a copy of these questions and let him know I plan to discuss these questions with Dr. Nemeth. Please call me if you have any questions and at least 24 hours in advance 843-270-8897 if he will be unable to attend this appointment.

I look forward to working with you.

Best Regards,

Melissa Jenkins

Melissa Jenkins, BS, RN, CCM
Nurse Case Manager
843-270-8897

Melissa.Jenkins@wrightrehab.com

CC: maryjo.molas@bwood.com
avnoonan@wjcblaw.com

► **300 - Correspondence with Attorney Med**

From: Melissa Jenkins
Sent: Monday, May 5, 2025 2:16 PM
To: 'Mary Jo Molas' <MaryJo.Molas@bwood.com>
Cc: 'avnoonan@wjcblaw.com' <avnoonan@wjcblaw.com>; 'emsenn@wjcblaw.com' <emsenn@wjcblaw.com>; 'Hollie Broschard' <hbroschard@badgettlawfirm.com>; 'emsenn@wjcblaw.com' <emsenn@wjcblaw.com>; 'Conner Kincheloe' <ckincheloe@badgettlawfirm.com>; 'Joshua Fester' <jfester@johnsonslawoffice.com>
Subject: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

Please find the attached 10-day notification letter.

► **304 - Correspondence with Insurance Company Med**

From: Melissa Jenkins
Sent: Monday, May 5, 2025 2:16 PM
To: 'Mary Jo Molas' <maryjo.molas@bwood.com>
Cc: 'avnoonan@wjcblaw.com' <avnoonan@wjcblaw.com>; 'emsenn@wjcblaw.com' <emsenn@wjcblaw.com>; 'Hollie Broschard' <hbroschard@badgettlawfirm.com>; 'emsenn@wjcblaw.com' <emsenn@wjcblaw.com>; 'Conner Kincheloe' <ckincheloe@badgettlawfirm.com>; 'Joshua Fester' <jfester@johnsonslawoffice.com>
Subject: [redacted] Wright #: [redacted] Claim #: WC202[redacted]

Please find the attached 10-day notification letter.

Tuesday, May 6, 2025

► **401 - Amended Rehabilitation Plan**

Plan to attend 05/15/2025 Dr. Nemeth appointment and discuss SCS Trial, follow up on clearance/forward, maintain communication with IW/adjuster/employer/attorneys as indicated

► **414 - Medical Progress Report - Standard**

Respectfully submitted by,

Melissa Jenkins RN, CCM

melissa.jenkins@wrightrehab.com
Phone: (843) 270- 8897
Fax: (803) 701- 9089

Enclosures:

05/15/2025 10-day notification letter

cc:

ckincheloe@badgettlawfirm.com
avnoonan@wjcblaw.com

	XYX Corp - Workers Compensation Stewardship Benchmark Report						
Fiscal Year	Total Paid	Total Reserve	Total Incurred	Total Recoveries	Total ALAE	Net Incurred	Average Claim Cost
2011	3,771,031.33	11,788.92	3,782,820.25	-	384,325.62	3,782,820.25	13,044.21
2012	3,655,649.06	474,870.18	4,130,519.24	(28,943.93)	703,600.15	4,101,575.31	11,025.74
2013	4,251,087.90	60,142.24	4,311,230.14	-	892,431.92	4,311,230.14	7,221.49
2014	5,937,575.91	31,066.22	5,968,642.13	-	1,421,348.03	5,968,642.13	9,182.53
2015	6,902,932.50	226,870.50	7,129,803.00	-	1,547,446.02	7,129,803.00	10,531.47
2016	6,010,787.84	159,339.16	6,170,127.00	-	1,351,204.43	6,170,127.00	9,716.74
2017	6,935,778.04	187,686.08	7,123,464.12	-	1,378,377.82	7,123,464.12	12,073.67
2018	7,523,925.37	127,223.43	7,651,148.80	(15,420.34)	1,332,874.44	7,635,728.46	8,140.44
2019	7,463,135.40	762,629.49	8,225,764.89	-	1,458,447.20	8,225,764.89	8,989.91
2020	1,569,490.35	266,719.55	1,836,209.90	-	456,761.74	1,836,209.90	9,465.00
2021	4,438,622.50	474,096.44	4,912,718.94	-	1,084,392.59	4,912,718.94	8,710.49
2022	4,613,258.99	1,315,986.25	5,929,245.24	-	1,245,581.92	5,929,245.24	6,870.50
2023	4,610,368.12	1,441,444.22	6,051,812.34	-	1,402,347.04	6,051,812.34	6,451.83
2024	2,548,265.68	2,794,126.57	5,342,392.25	-	994,974.61	5,342,392.25	5,659.31

Claims Count	**Open**		**Closed**				
Fiscal Year	Medical	Indemnity	Medical	Indemnity	Info Only	Total Claims	Claims Excl. Info Only
2011	-	1	211	78	-	290	290
2012	-	3	254	115	-	372	372
2013	-	3	414	180	-	597	597
2014	-	2	454	194	-	650	650
2015	-	3	471	203	-	677	677
2016	-	3	443	189	-	635	635
2017	-	4	398	188	-	590	590
2018	-	7	416	244	271	938	667
2019	-	13	477	187	238	915	677
2020	-	5	91	51	47	194	147
2021	-	18	271	153	122	564	442

2022	3	31	436	215	178	863	685
2023	9	48	437	237	207	938	731
2024	167	97	305	53	322	944	622

Size Cat	**4/1/2019**	**4/1/2020**	**4/1/2021**	**4/1/2022**	**4/1/2023**	**4/1/2024**	**4/1/2025**
UpTo02500	299,933.30	63,668.14	165,029.85	233,268.37	295,887.23	294,866.12	-
	767	151	437	710	770	717	-
UpTo10000	312,243.35	69,930.69	309,788.70	370,089.62	402,005.05	639,672.80	-
	70	14	65	73	80	150	-
UpTo25000	352,949.70	144,435.48	281,323.90	349,007.44	467,277.60	441,648.84	-
	22	9	17	22	27	29	-
xOver25000	7,260,638.54	1,558,175.59	4,156,576.49	4,976,879.81	4,886,642.46	3,966,204.49	-
	56	20	45	58	61	48	-
Total Incurred	8,225,764.89	1,836,209.90	4,912,718.94	5,929,245.24	6,051,812.34	5,342,392.25	-
Total Claim Count	915	194	564	863	938	944	-

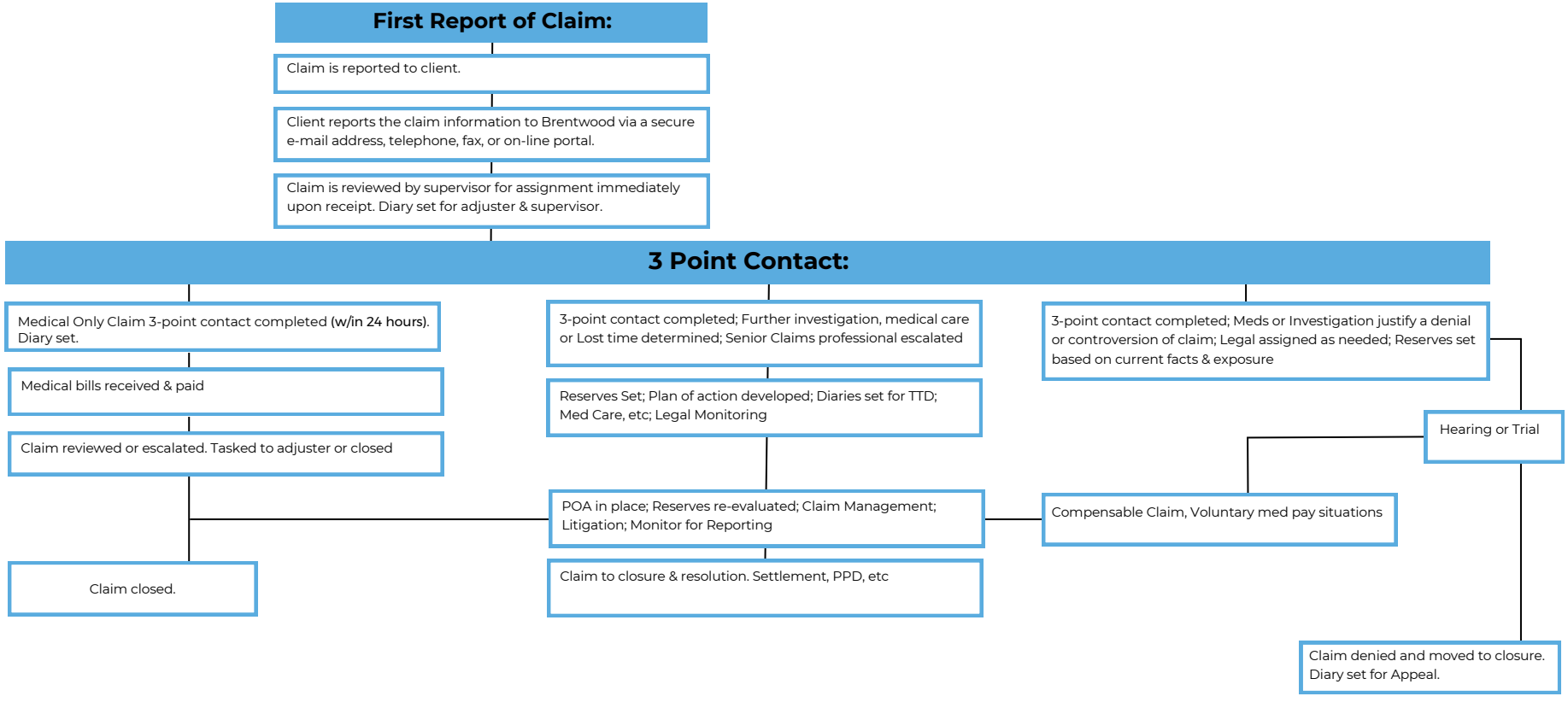
10 Largest Open Claims							
Claim Number	Claimant Name	DOL	Total Paid	Total Reserve	Total Incurred	Total Recoveries	Net Incurred
WC20120981095	SMITH, JOHN	6/8/2012	521,831.54	422,980.83	944,812.37	(28,943.93)	915,868.44
WC20151057794	SMITH, JOHN	4/30/2015	287,618.72	149,446.36	437,065.08	-	437,065.08
WC20190256137	SMITH, JOHN	11/10/2019	235,465.09	199,375.40	434,840.49	-	434,840.49
WC20240010138	SMITH, JOHN	5/31/2024	180,636.91	253,603.09	434,240.00	-	434,240.00
WC20180031412	SMITH, JOHN	2/13/2018	318,547.68	111,470.44	430,018.12	-	430,018.12
WC20161078855	SMITH, JOHN	9/29/2016	313,844.60	84,474.57	398,319.17	-	398,319.17
WC20190255693	SMITH, JOHN	6/12/2019	342,634.91	15,110.74	357,745.65	-	357,745.65
WC20220023856	SMITH, JOHN	2/1/2022	172,237.30	124,646.70	296,884.00	-	296,884.00
WC20180031397	SMITH, JOHN	1/31/2018	261,924.89	33,568.70	295,493.59	-	295,493.59
WC20190256014	SMITH, JOHN	10/2/2019	241,794.54	24,445.70	266,240.24	-	266,240.24

Top 5 Injury Causes by Count		
Injury Cause	Open Claims	Total Claims
Fall/Slip or Trip NOC 31	49	736
Cut, Scrape, Puncture NOC 19	10	723
Lifting 56	30	559
Other Misc NOC 99	24	532
Fall/Slip Same Level 29	17	493

Top 5 Injury Causes by Total Incurred				
Injury Cause	Total Paid	Total Incurred	Avg Incurred	Largest Incurred
Fall/Slip Same Level 29	8,667,087.54	9,093,125.29	18,444.47	2,007,591.02
Repetitive Motion - Strain or Injury By 97	6,487,717.58	7,318,650.62	33,266.59	573,915.06
Lifting 56	6,738,753.70	7,308,815.56	13,074.80	434,840.49

Fall/Slip or Trip NOC 31	6,156,628.44	7,144,238.62	9,706.85	357,745.65
Pushing or Pulling 57	4,681,306.07	4,977,108.52	11,285.96	301,079.49

Claim Process Flow Chart



Brentwood services administrators

ACRISURE® PARTNER

Acrisure Cybersecurity Practices – Client Disclosure

Acrisure, LLC, a Michigan limited liability company, provides the following disclosure of its and its affiliates (collectively, "Acrisure") cybersecurity practices.

1. Inventory and Control of Enterprise Assets. Acrisure actively manages all enterprise assets connected to its infrastructure physically, virtually, remotely, and those within cloud environments, to accurately understand the totality of assets that need to be monitored and protected within the enterprise.

2. Inventory and Control of Software Assets. Acrisure actively manages software on its network so that only authorized software is installed and can execute and any unauthorized and unmanaged software can be identified and prevented from installation or execution.

3. Data Protection. Acrisure has processes and technical controls to identify, classify, securely handle, retain, and dispose of data.

4. Secure Configuration and Enterprise Assets and Software. Acrisure has established and maintains a secure configuration of its enterprise assets and software.

5. Account Management. Acrisure uses processes and tools to assign and manage authorization to credentials for user accounts to its enterprise assets and software, including administrator and service accounts.

6. Access Control Management. Acrisure uses processes and tools to create, assign, manage, and revoke access credentials and privileges for user, administrator, and service accounts for its enterprise assets and software.

7. Continuous Vulnerability Management. Acrisure continuously assesses and tracks vulnerabilities on its enterprise assets within the enterprise's infrastructure to remediate, and minimize, the window of opportunity for potential attackers. Acrisure also monitors public and private industry sources for new threats and vulnerability information.

8. Audit Log Management. Acrisure collects, alerts, reviews, and retains audit logs of events that could help detect, understand, or recover from a cyber attack.

9. Email Web Browser and Protections. Acrisure uses email and web browser protections to improve its protections and detections of threats from email and web vectors.

10. Malware Defenses. Acrisure uses malware defenses to prevent and control the installation, spread, and execution of malicious applications, code, or scripts on its enterprise assets.

11. Data Recovery. Acrisure has established and maintains data recovery practices sufficient to restore its enterprise assets to a pre-incident and trusted state. Acrisure performs periodic backups and data replication to help maintain a high availability environment.

NYDFS Cybersecurity Regulation
Third Party Service Provider Compliance Disclosure

Covered Entity: _____ ("Company")

Acrisure Entity: _____ ("Acrisure")

Acrisure provides the following disclosure to Company pursuant to Section 500.11 of the New York Department of Financial Services ("NYDFS") Cybersecurity Regulation, as a Third Party Service Provider of Company. All citations herein are to the NYDFS Cybersecurity Regulation, 23 NYCRR 500.

1. Acrisure has a cybersecurity program in place that is designed to identify and assess internal and external threats to ensure the security and integrity of Nonpublic Information stored on its Information Systems. *Section 500.02*

2. Acrisure has implemented and maintains written policies to protect its Information Systems and Nonpublic Information stored on those Information Systems. *Section 500.03*

3. Acrisure has designated a qualified individual responsible for overseeing and implementing its cybersecurity program and enforcing its cybersecurity policy. *Section 500.04*

4. Acrisure's cybersecurity program includes periodic monitoring and testing, including Vulnerability Assessments and annual penetration testing, designed to assess the effectiveness of its cybersecurity program based on its assessment of risk. *Section 500.05*

5. Acrisure utilizes systems that are designed to reconstruct material financial transactions sufficient to support normal operations and obligations and include audit trails designed to detect and respond to cybersecurity events. *Section 500.06*

6. Acrisure limits user access privileges to Information Systems that provide access to Nonpublic information and periodically reviews such access privileges. *Section 500.07*

7. Acrisure's cybersecurity program includes written procedures, guidelines, and standards designed to ensure the use of secure development practices for any in-house developed applications and procedures for evaluating, assessing, or testing the security of externally developed applications. *Section 500.08*

8. Acrisure conducts a periodic Risk Assessment of its Information Systems in accordance with its written policies and procedures. *Section 500.09*

9. Acrisure utilizes qualified cybersecurity personnel or Third Party Service Providers sufficient to manage its cybersecurity risks and perform and oversee the core cybersecurity functions' performance. *Section 500.10*

10. Acrisure has implemented written policies and procedures designed to ensure the security of Information Systems and Nonpublic Information accessible to, or held by, its Third Party Service Providers. *Section 500.11*

11. Acrisure uses effective controls, including Multi-Factor Authentication or Risk-Based Authentication, to protect against unauthorized access to Nonpublic Information and Information Systems. *Section 500.12*

12. Acrisure has policies and procedures for the periodic secure disposal of any Nonpublic Information that is no longer necessary for legitimate business operations. *Section 500.13*

13. Acrisure provides cybersecurity awareness training for its employees based on its assessment of risk. *Section 500.14*

14. Acrisure has implemented risk-based policies, procedures, and controls designed to monitor authorized users' activity and detect unauthorized access or use of Nonpublic Information. *Section 500.14*

15. Acrisure has implemented controls, including encryption, to protect Nonpublic Information held or transmitted by it in transit over external networks and at rest. *Section 500.15*

16. Acrisure has established a written incident response plan designed to promptly respond to and recover from a Cybersecurity Event materially affecting the confidentiality, integrity, or availability of its Information Systems. *Section 500.16*

Last revised: April 12, 2021

12. Network Infrastructure Management. Acrisure has established and implemented and actively manages its network devices to prevent cyber attackers from exploiting potential vulnerable network services and access points.

13. Network Monitoring and Defense. Acrisure deploys processes and tools to establish and maintain network monitoring and defense against cybersecurity threats across its enterprise's network infrastructure and user base.

14. Security Awareness and Skill Training. Acrisure has established and maintains a cybersecurity awareness program to help influence behavior among its employees to be conscious of cybersecurity and understand proper skills to help reduce cybersecurity risks to the enterprise.

15. Service Provider Management. Acrisure has developed best practices to evaluate service providers who hold sensitive data or are responsible for the enterprise's critical IT platforms or processes and, in turn, ensure such service providers appropriately protect such platforms and the data stored therein.

16. Application Software Security. Acrisure manages the security life cycle of in-house developed, hosted, and acquired software, as applicable, to help prevent, detect, and remediate security weaknesses before they can impact the enterprise.

17. Incident Response Management. Acrisure has developed and implemented an incident response plan and capabilities to prepare for, detect, and quickly respond to a cybersecurity attack.

18. Penetration Testing. Acrisure deploys periodic penetration testing to test the effectiveness and resiliency of enterprise assets through identifying and exploiting potential weaknesses in controls and simulating the objectives and actions of an attacker.

Last revised: 10.2022

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WBENC
WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL
JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

The Wright Rehabilitation Service, Inc.

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: November 8, 2023
Expiration Date: November 30, 2025
WBENC National Certification Number: WBE2303233

WBENC National WBE Certification was processed and validated by Greater Women's Business Council, a WBENC Regional Partner Organization.

Authorized by Roz Lewis, President & CEO
Women's Business Center

GREATER WOMEN'S BUSINESS COUNCIL

NAICS: 624310
UNSPSC: 85101700, 85101707

Center for Women & Enterprise · Great Lakes Women's Business Council · WBDC · Women's Business Council Southwest · WBEC Metro NY · WBEC Greater DMV · WBEA · WBEC Florida · WBEC ORV · WBEC Pacific · WBEC East · WBEC South · WBEC West