



**TECHNICAL PROPOSAL PACKET  
FOR  
STATE OF ARKANSAS SP-19-0095**

## PROPOSAL SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION				
Company:	Company Nurse LLC			
Address:	8360 E. Via De Ventura Boulevard, Suite L200			
City:	Scottsdale	State:	AZ	Zip Code: 85258
Business Designation:	<input type="checkbox"/> Individual <input type="checkbox"/> Partnership		<input checked="" type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation	
Minority and Women-Owned Designation*:	<input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> American Indian <input type="checkbox"/> Asian American <input type="checkbox"/> Service Disabled Veteran <input type="checkbox"/> African American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Pacific Islander American <input type="checkbox"/> Women-Owned			
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>	
PROSPECTIVE CONTRACTOR CONTACT INFORMATION				
<i>Provide contact information to be used for bid solicitation related matters.</i>				
Contact Person:	Debra Spamer	Title:	Vice President	
Phone:	480-374-2443	Alternate Phone:	480-371-4635	
Email:	dspamer@companynurse.com			
CONFIRMATION OF REDACTED COPY				
<input type="checkbox"/> YES, a redacted copy of submission documents is enclosed. <input checked="" type="checkbox"/> NO, a redacted copy of submission documents is <u>not</u> enclosed. I understand a full copy of non-redacted submission documents will be released if requested.				
<i>Note: If a redacted copy of the submission documents is not provided with Prospective Contractor's response packet, and neither box is checked, a copy of the non-redacted documents, with the exception of financial data (other than pricing), will be released in response to any request made under the Arkansas Freedom of Information Act (FOIA). See Bid Solicitation for additional information.</i>				
ILLEGAL IMMIGRANT CONFIRMATION				
By signing and submitting a response to this <i>Bid Solicitation</i> , a Prospective Contractor agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the Prospective Contractor certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.				
ISRAEL BOYCOTT RESTRICTION CONFIRMATION				
By checking the box below, a Prospective Contractor agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.				
<input checked="" type="checkbox"/> Prospective Contractor does not and will not boycott Israel.				

**An official authorized to bind the Prospective Contractor to a resultant contract shall sign below.**

The signature below signifies agreement that any exception that conflicts with a Requirement of this *Bid Solicitation* will cause the Prospective Contractor's proposal to be rejected.

Authorized Signature:  Title: Vice President  
Use Ink Only.

Printed/Typed Name: Debra Spamer Date: 11/21/19

## **PROPOSED SUBCONTRACTORS FORM**

**Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

**PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.**

*Type or Print the following information*

<b>Subcontractor's Company Name</b>	<b>Street Address</b>	<b>City, State, ZIP</b>
Team Health	1431 Centerpoint Blvd, Suite 100	Knoxville, TN 37932

**PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.**

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:  Yes  No

SUBCONTRACTOR NAME: \_\_\_\_\_

TAXPAYER ID NAME: Company Nurse, LLC IS THIS FOR:  Goods?  Services?  Both?

YOUR LAST NAME: Binsfeld FIRST NAME: PAUL M.I.: F

ADDRESS: 8360 E. Via de Ventura Blvd, L 200

CITY: Scottsdale STATE: AZ ZIP CODE: 85258 COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee								

None of the above applies

## Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

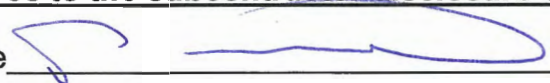
1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.

2. I will include the following language as a part of any agreement with a subcontractor:

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*

3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature  Title President Date 11/19/19  
Vendor Contact Person Debra Spamev Title VP Business Development Phone No. 480-374-2443

*Agency use only*

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_



## **Equal Employment Opportunity / Reasonable Accommodation**

To ensure equal employment and advancement opportunities to all employees and applicants, our employment decisions are based on merit, qualifications, and abilities. We do not discriminate in employment opportunities or practices on the basis of race, color, religion, sex, pregnancy, family care status, national origin, ethnicity, age, disability, genetic information, veteran status, military service obligation, lawful medical marijuana use, sexual orientation or gender identity, reporting a work-related injury or illness or any other legally protected classification. This policy governs all aspects of employment, including selection, job assignment, promotion, compensation, discipline, termination, and access to benefits and training.

Consistent with our commitment to EEO principles, we recognize that if you suffer from a disability as recognized under the law, you may be entitled to a reasonable accommodation that will enable you to perform the essential functions of your job. If you believe you are entitled to such an accommodation, you should consult with your supervisor or Accounting/HR. Such requests will be considered on a case-by-case basis and consistent with applicable state and federal law. We may request documentation from your treating medical provider substantiating the existence of a medical condition and need for the requested accommodation. We will engage in an interactive process in an effort to identify a reasonable accommodation that will enable you to perform your essential job functions without creating an undue hardship on the company. Requests for accommodations will be treated as strictly confidential and any medical documentation shared with us will be maintained in a separate medical file.

Suspected violations of our EEO policy should be immediately reported in accordance with the Complaint Procedures described below.

## **BUSINESS AGREEMENT**

This Business Agreement (“BA”) is entered into by and between the *Arkansas Department of Insurance, Public Employee Claims Division* (hereinafter “Division”) and Company Nurse, LLC, (hereinafter “Contractor”).

### **WITNESSETH:**

WHEREAS, the parties to this Business Agreement have entered into an arrangement under which the Contractor provides certain services to the Division as more fully described in the Agreement between the parties; and

WHEREAS, the Division will disclose certain information to the Contractor during the course of the latter’s provision of such services, some of which may constitute “Confidential Personal Information”.

WHEREAS, both the Contractor and the Division intend to comply with applicable Arkansas law and protect the privacy of injured employees and to provide for the security of “Confidential Personal Information” disclosed to the Contractor; and

WHEREAS, both the Contractor and the Division wish to set forth the terms and the conditions pursuant to which Confidential Personal Information received by the Contractor in the performance of services for the Division will be handled by and between themselves and with third parties;

NOW, THEREFORE, in consideration of the mutual promises, covenants, terms, and conditions contained herein, and intending to be legally bound, the Contractor and the Division agree as follows:

#### **1. Definitions.**

The following terms shall be defined as set forth below.

(a) For purposes of this Agreement, “Breach” shall mean failure, without legal excuse, to perform any promise or duty contained in or contemplated by this Business Agreement.

(b) For purposes of this Agreement, “Contractor” shall mean the named Contractor hereinabove. For purposes of this Agreement, “Division” shall include the named Public Employee Claims Division hereinabove, as well as any other entity specifically identified in any joint notice of privacy practices.

- (c) “Confidential Personal Information” shall include social security numbers, dates of birth, home telephone numbers, home addresses, and “Health Information” and “Electronic Health Information” of an “Individual.”
- (d) “Electronic Health Information” or “eHI” shall include health information transmitted by electronic media or maintained in electronic media received by the Contractor from or on behalf of the Division.
- (e) “Individual” means the person who is the subject of the Confidential Personal Information” and shall include a person who qualifies as a personal representative of the individual.
- (f) “Health Information” or “HI” means individually identifiable health information, limited to the information received or created by the Contractor from or on behalf of the Division. Unless otherwise stated in this Agreement, any provision, restriction, or obligation in this Agreement related to the use or disclosure of HI shall apply equally to eHI.
- (g) “Security Breach” shall mean the acquisition, access, use, or disclosure of Confidential Personal Information in a manner which compromises the security or privacy of the information.
- (h) “Security Incident” shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, except that “Security Incident” shall not include unsuccessful spam emails, viruses, phishing scams, firewall attacks, DOS or DDOS attacks, or any other unsuccessful attempted unauthorized activity or interference if such activity or interference is sufficiently common or routine to be successfully neutralized in the ordinary course of providing data security.
- (i) “Unsecured HI” shall mean HI or eHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals.

## **2. Background of the Agreement**

The Contractor and the Division have entered into an Agreement for services. In the performance of these services, the Division may disclose Confidential Personal Information to the Contractor and the Contractor may disclose Confidential Personal Information to the Division. Both parties are committed to protecting Confidential Personal Information and accordingly, have entered into this Agreement to set forth the terms and conditions of how such Confidential Personal Information shall be handled by and between the Contractor, the Division, and third parties. The parties have entered into this Business Agreement in order to set forth the terms and conditions for access to and use of Confidential Personal Information.



### **3. Permitted Uses and Disclosures by the Contractor**

- (a) Except as otherwise limited in this Agreement, the Contractor may use or disclose Confidential Personal Information on behalf of the Division for purposes of providing the services described herein and as described in any written agreement between the parties. The Contractor may use Confidential Personal Information for the proper management and administration of the Contractor, or to carry out the legal responsibilities of the Contractor contained herein, except as otherwise limited in this Agreement or as described or limited in any written agreement between the parties.
- (b) Except as otherwise limited in this Business Agreement, the Contractor may disclose Confidential Personal Information to a third party for the proper management and administration of the Contractor, provided that such disclosures are required by law, or the Contractor obtains reasonable assurances from the third party to whom the information is disclosed that it will remain confidential and may only be used or further disclosed as required by law, or for the purpose for which it was disclosed to the third party, and the third party notifies the Contractor of any instances of which it becomes aware in which the confidentiality of the information has been the subject of a Security Breach.
- (c) The Contractor may use Confidential Personal Information to report violations of law to appropriate federal and state authorities.
- (d) The Contractor may disclose Confidential Personal Information to the Arkansas Workers' Compensation Commission if required to comply with state law or Workers' Compensation Rules and Regulations.
- (e) The Contractor may disclose Confidential Personal Information to the Division, medical providers, the software vendor with whom the Division has a contract, and vocational rehabilitation personnel for purposes of processing bills, importing and exporting of data, performing data conversions and reports, obtaining any needed clarification of bills or medical records, obtaining peer reviews, independent medical evaluations, impairment ratings, disability status of individuals, or determining the reasonableness and/or necessity of medical services and procedures.

### **4. Obligations of the Contractor**

- (a) The Contractor agrees not to use or disclose Personal Confidential Information other than as permitted or required by this Business Agreement or as required by law.
- (b) The Contractor agrees to use appropriate safeguards to prevent disclosure of Confidential Personal Information other than as provided for by this Business Agreement, and to implement administrative, physical, and technical safeguards in order to protect the confidentiality,

integrity, and availability of Confidential Personal Information that the Contractor receives, maintains, or transmits.

(c) The Contractor agrees to report to the Division within five (5) business days of becoming aware of any use or disclosure of Confidential Personal Information not provided for by this Agreement. In addition, the Contractor shall notify the Division of any Security Incident or Security Breach. This notice shall include the identification of each Individual whose Unsecured Confidential Personal Information has been, or is reasonably believed by the Contractor to have been accessed, acquired or disclosed during the Security Breach, analysis of the storage mechanisms for the Confidential Personal Information, the data elements that have been compromised, and all details regarding the circumstances by which the Confidential Personal Information came to be compromised. The Contractor agrees to cooperate with the Division in mitigating, to the extent practicable, any harmful effect that is known to exist as a result of such unauthorized use or disclosure of Confidential Personal Information, such Security Incident, or Security Breach. The Contractor further agrees to cooperate with the Division in complying with all state and federal public notification requirements arising therefrom.

(d) If the Security Breach is the result of negligence on the part of the Contractor, the Contractor will indemnify the Division for actual costs for the following:

1. Notification to affected individuals; and
2. Purchasing of one year of credit monitoring for individuals affected if social security numbers or dates of birth information are involved in the security breach.

(e) The Contractor agrees to ensure that any agent, including a subcontractor, to whom it provides Confidential Personal Information received from or received by the Contractor on behalf of the Division, agrees to the same restrictions and conditions that apply in this Business Agreement to the Contractor with respect to such information, including but not limited to, the requirement that such agent or subcontractor implement reasonable and appropriate safeguards to protect such information.

(f) The Contractor shall only request, use, or disclose Confidential Personal Information necessary to accomplish the intended purpose of the request, use, or disclosure.

**5. Term.**

The term of this Agreement shall remain in force and effect until terminated pursuant to Section 6 herein below.

**6. Termination.**

(a) If the Division determines that the Contractor has breached a material term of this Business Agreement, the Division shall provide written notice of the material breach to the Contractor, after which the Contractor shall have thirty (30) days to take reasonable steps to cure the breach. If the Contractor does not cure the breach within this specified time, the Division may terminate this Business Agreement and any related agreements covering the services provided or to be provided by the Contractor to or on behalf of the Division.

**7. Survival.**

The respective rights and obligations of this Business Agreement shall survive the termination of services.

**8. No Third-Party Beneficiaries.**

Nothing express or implied in this Business Agreement is intended to confer, nor shall anything herein confer, upon any person, other than the parties and their respective successors and assigns, any rights, remedies, obligations, or liabilities whatsoever.

**9. Disputes.**

If any dispute or claim arises between the parties with respect to this Business Agreement, the parties will make a good faith effort to resolve such matters informally, it being the intention of the parties that they reasonably cooperate with each other in the performance of the mutual obligations under this Business Agreement.

**10. Amendment.**

The parties agree to take such action as is necessary to amend this Business Agreement from time to time in order for the Division and the Contractor to comply with the requirements of state or federal law or regulation, as statutes and implementing regulations may be implemented or changed. No amendment to this Business Agreement shall be effective until reduced to writing and duly signed by the authorized representatives of the parties.

**11. Non-Waiver.**

A waiver with respect to one event shall not be construed as continuing, or as a bar to or waiver of any other right or remedy as to any subsequent events.

**12. Assignment.**

Neither party may assign any of its rights or obligations under this Business Agreement without the prior written consent of the other party.

**13. Nature of Agreement.**

Nothing in this Business Agreement shall be construed to create a partnership, joint venture, or other joint business relationship between the parties or any of their affiliates, or a relationship of employer and employee between the parties. Rather, it is the intention of the parties that their relationship shall be that of independent contractors.

**14. Entire Agreement.**

This Business Agreement constitutes the entire agreement between the Contractor and the Division relating to the matters specified in this Agreement, and supersedes all prior representations or agreements, whether oral or written, with respect to such matters.

**15. Severability.**

Any provision of this Business Agreement that is determined to be invalid or unenforceable will be ineffective to the extent of such determination without invalidating the remaining provisions of this Agreement or affecting the validity of enforceability of such remaining provisions.

**16. Notices.**

All notices, requests, demands, and other communications required or permitted to be given under this Agreement shall be in writing, and shall be effective upon receipt. Such notice may be made by personal delivery, by overnight delivery service with proof of delivery, or by certified or registered United States mail, return receipt requested. All such communications shall be sent to the addresses of the other party as set out in the signature blocks below. Neither party shall refuse delivery of any notice hereunder.

**17. Interpretation.**

Any ambiguity in this Agreement shall be resolved to permit the parties to comply with any statute or regulation. The provisions of this Agreement shall prevail over any provision of any other agreement between the Contractor and the Division that may conflict or be inconsistent with any provisions in this Agreement.

**18. Governing Law, Jurisdiction and Venue.**

This Business Agreement and the rights and obligations of the parties hereunder shall be construed, interpreted, and enforced with, and shall be governed by, the laws of Arkansas.

**19. Counterparts.**

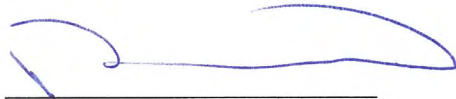
This Agreement may be executed in one or more counterparts, each of which shall be deemed

an original, but all of which together shall constitute one and the same document.

**The parties have executed this Agreement as of the date signed below.**

**For Contractor:**

**For Division:**



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**Signature**

**Signature**

**Paul Binsfeld**

---

**Printed Name**

**Printed Name**

**President**

---

**Title**

**Title**

**8360 # Via de Ventura Blvd**

**Address**

**L-200**

**Scottsdale, AZ 85258**

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**City, State, Zip Code**

**480-222-0801**

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**Phone Number**

**Phone Number**

**11/20/19**

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**Date Signed**

**Date Signed**

# Company Nurse Accessibility Conformance Report

VPAT® Version 2.3 (Revised)

**Name of Product/Version: Company Nurse Contact  
Center Nurse Triage Services**

## **Product Description:**

Company Contact Center Nurse Triage Services are service solution designed to meet the workers' compensation reporting and triage needs for customers.

**Date: 11/20/2019**

**Contact Information: [service@companynurse.com](mailto:service@companynurse.com)**

## **Notes:**

The statements in this document apply to the functionality offered by the services provided.

## **Evaluation Methods Used:**

Testing is based on general product knowledge

## Applicable Standards/Guidelines:

This report covers the degree of conformance for the following accessibility standard/guidelines:

Standard/Guideline	Included In Report
<a href="#">Web Content Accessibility Guidelines 2.0</a>	Level A (Yes) Level AA (Yes) Level AAA (No)
<a href="#">Revised Section 508 standards</a> – the U.S. Federal accessibility standard, published by the U.S. Access Board in the Federal Register on January 18, 2017 and corrected on January 22, 2018	(Yes / No)

## Terms

The terms used in the Conformance Level information are defined as follows:

- **Supports:** The functionality of the product has at least one method that meets the criterion without known defects or meets with equivalent facilitation.
- **Supports with Exceptions:** Some functionality of the product does not meet the criterion.
- **Does Not Support:** The majority of product functionality does not meet the criterion.
- **Not Applicable:** The criterion is not relevant to the product.
- **Not Evaluated:** The product has not been evaluated against the criterion. This can be used only in WCAG 2.0 Level AAA.

# Revised Section 508 Report

## Chapter 3: Functional Performance Criteria (FPC)

Criteria	Conformance Level	Remarks and Explanations
<b>302.1 Without Vision.</b> Where a visual mode of operation is provided, ICT shall provide at least one mode of operation that does not require user vision.	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones.
<b>302.2 With Limited Vision.</b> Where a visual mode of operation is provided, ICT shall provide at least one mode of operation that enables users to make use of limited vision.	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones.
<b>302.3 Without Perception of Color.</b> Where a visual mode of operation is provided, ICT shall provide at least one visual mode of operation that does not require user perception of color.	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones.
<b>302.4 Without Hearing.</b> Where an audible mode of operation is provided, ICT shall provide at least one mode of operation that does not require user hearing.	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. webchat or SMS



Criteria	Conformance Level	Remarks and Explanations
<p><b>302.5 With Limited Hearing.</b> Where an audible mode of operation is provided, ICT shall provide at least one mode of operation that enables users to make use of limited hearing.</p>	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services.
<p><b>302.6 Without Speech.</b> Where speech is used for input, control, or operation, ICT shall provide at least one mode of operation that does not require user speech.</p>	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. webchat or SMS
<p><b>302.7 With Limited Manipulation.</b> Where a manual mode of operation is provided, ICT shall provide at least one mode of operation that does not require fine motor control or simultaneous manual operations.</p>	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones.
<p><b>302.8 With Limited Reach and Strength.</b> Where a manual mode of operation is provided, ICT shall provide at least one mode of operation that is operable with limited reach and limited strength.</p>	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones.
<p><b>302.9 With Limited Language, Cognitive, and Learning Abilities.</b> ICT shall provide features making its use by individuals with limited cognitive, language, and learning abilities simpler and easier.</p>	<b>Not Applicable</b>	This requirement does not apply to the Nurse Triage Services. There is nothing in Nurse Triage Services that will interfere with otherwise compliant end points. e.g. telephones, webchat, or SMS.

## **Chapter 5: Software**

NOTES: Chapter 5 is not applicable. The Company Contact Center Nurse Triage Services platform is provided as a service. The levels of support provided by the platform, including those that are software-controlled, are detailed in the Chapter 4 responses.

## Chapter 6: Support Documentation and Services

Criteria	Conformance Level	Remarks and Explanations
<b>601.1 Scope</b>	Heading cell – no response required	Heading cell – no response required
<b>602 Support Documentation</b>	Heading cell – no response required	Heading cell – no response required
<p><b>602.2 Accessibility and Compatibility Features.</b> Documentation shall list and explain how to use the accessibility and compatibility features required by Chapters 4 and 5. Documentation shall include accessibility features that are builtin and accessibility features that provide compatibility with assistive technology.</p>	<b>Supports</b>	Documentation that explains how to use the accessibility and compatibility features will be provided upon request.
<p><b>602.3 Electronic Support Documentation.</b> Documentation in electronic format, including Web-based self-service support, shall conform to Level A and Level AA Success Criteria and Conformance Requirements in WCAG 2.0 (incorporated by reference, see 702.10.1).</p>	<b>Supports with exceptions</b>	Most Company Nurse electronic support documentation is available as PDFs. The basic text in these documents is accessible, but the support for tables, videos, and images is often inadequate.
<p><b>602.4 Alternate Formats for Non-Electronic Support Documentation.</b> Where support documentation is only provided in non-electronic formats, alternate formats usable by individuals with disabilities shall be provided upon request.</p>	<b>Supports</b>	Will provide upon request.
<b>603 Support Services</b>	Heading cell – no response required	Heading cell – no response required

<p><b>603.2 Information on Accessibility and Compatibility Features.</b> ICT support services shall include information on the accessibility and compatibility features required by 602.2.</p>	<p><b>Supports with exceptions</b></p>	<p>Services are available through webchat and SMS.</p>
<p><b>Criteria</b></p>	<p><b>Conformance Level</b></p>	<p><b>Remarks and Explanations</b></p>
<p><b>603.3 Accommodation of Communication Needs.</b> Support services shall be provided directly to the user or through a referral to a point of contact. Such ICT support services shall accommodate the communication needs of individuals with disabilities.</p>	<p><b>Supports with exceptions</b></p>	<p>Company Nurse support services may be contacted via WebChat and SMS.</p>

## Legal Disclaimer (Company)

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All rights reserved. Except as specifically stated, none of the material may be copied, reproduced, distributed, republished, downloaded, displayed, posted, or transmitted in any form without authorized, prior written permission from Company Nurse Inc. Permission is granted for you to make a single copy of Company Nurse Inc. "Section 508" documents, solely for informational and non-commercial use within your organization, provided that you keep intact all copyright and other proprietary notices. No other use of the information provided is authorized.

This market information is provided, pursuant to FAR Part 39.2, to be used by Requiring Officers. It is not intended to represent a certification for compliance. Any statement of compliance or conformance indicated on this document is an indication that the product shall be capable, at the time of its delivery, when used in accordance with Company Nurse's associated documents, and other written information provided to the government, of providing comparable access to individuals with disabilities consistent with the designated provision of the Standards, provided that any assistive technologies used with the product properly interoperates with it and other assistive technologies.



# **Company Nurse Technical Response**

**STATE OF ARKANSAS  
TECHNICAL PROPOSAL PACKET  
SP-19-0095**

	Maximum RAW Score Available
<p><b>E1: Key Personnel Requirements</b></p>	
<p>A. Provide an overview of your company’s previous experience in implementing and operating telephonic reporting and/or nurse Triage programs.</p> <p>Founded in 1997, Company Nurse is a privately held boutique specialty provider of nurse triage services for workers’ comp. We were built on a single mission: to lessen the pain of workers’ compensation.</p> <p>Before starting Company Nurse, President Paul Binsfeld worked as a consultant, helping employers manage workers’ compensation costs. This included implementing a process to help these companies manage workplace injury claims. To properly manage these claims, he needed to be immediately notified of these injuries and know exactly what happened. Whether through turnover, confusion, or just plain forgetting, there was a lack of communication. As you can imagine, it was difficult to manage workers’ comp claims when these workplace injuries weren’t reported.</p> <p>That’s why he started Company Nurse. Managing workers’ comp can be a pain. A pain for workers who are suffering from injuries and don’t know what to do next. A pain for supervisors who are left to make medical decisions that they cannot and should not be making. For safety managers who need to know why each accident happened and how they can prevent it from occurring again. The pain continues for organizations facing increased insurance premiums because their claims get out of control. On top of that, employers must deal with the inevitable paperwork, management of medical providers, claims investigations, and more. They’re left spending a lot of time and money.</p> <p>Company Nurse was created to lessen the pain for all these stakeholders. Here we are, over 22 years later, and that mission hasn’t changed. By specializing in nurse triage for workplace injuries, our service receives an unparalleled level of dedication, resources and support.</p> <p>And we’re constantly evolving our methods to enhance the experience for all stakeholders. Our omnichannel Contact Center can interact with injured workers via phone, text, webchat via mobile app. Our intake and triage platform allows for high configurability for unique customer needs and highly directed reporting. Along with flexibility built into our platform, we have built flexibility into our processes and decision-making which allows us to be agile and react swiftly to client and market needs.</p> <p>While some competitors consider triage an add-on, our strategy to maintain complete focus on nurse triage and reporting services proves our commitment to continually enhance our service offering to meet and exceed the expectations of our clients, without the dilution of resources and competing objectives when managing other work comp service operations.</p> <p>Company Nurse uses proprietary triage protocols designed specifically for workplace injuries. In addition, RNs use these guidelines <i>along with their deep medical experience and common sense</i> to recommend the most appropriate level of care.</p> <p>Not only is the injured worker well taken care of, our reports are highly detailed and accurately reflect the information gathered on the call. Reports are then sent through a highly configurable/conditional distribution engine, in a variety of formats or data feeds.</p> <p>While our technology and services are top-notch, importantly, it is our Core Values that drive everything we do, both externally with our partners, clients and their employees and internally in collaboration with each other.</p> <p>Company Nurse is unique and the services we provide are delivered with the highest quality and with the highest of integrity. Our focus on nurse triage and reporting means that all research and development is invested in improving these services to lessen the pain of workers’ comp.</p>	<p>5 points</p>

B. Provide the number of staff and Requirements for the personnel that will be assigned to the State account.

5 points

In addition to the Contact Center, which will be engaged with handling the State’s injury reports, Company Nurse surrounds our Clients and partners with skilled, highly responsive Client Services professionals. **Collaboration is key!**

- **Senior Manager, Client Services**
  - Oversees all enrollment activities and ensures all timelines are met
- **Account Executive**
  - Main point of contact for Client enrollments and account maintenance
  - Handles all set up of Client information into platform including report distribution, provider network, and custom instructions
  - Day-to-day report questions
  - Account Executive is backed up by an associate Account Executive to ensure Client requirement knowledge sharing
- **Client Manager**
  - Goal setting and strategy
  - Monitors program utilization, metrics and results through scheduled stewardship
  - Performance improvement recommendations
  - Communications and training
  - Audits utilizations of extended services including telemedicine, transportation, recommending training/communications to enhance results
- **Provider Assurance Manager/Team**
  - Verifies providers via 22-point checklist (i.e. hours, services, and much more)
- **Marketing Manager**
  - Liaison with Client to consult on educational material needs and development
  - Training portal management

Additional interdepartmental resources, including Contact Center and Clinical Management, IT, Finance, and Leadership will be engaged as necessary.

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**C. Describe your process for ensuring that staffing levels to will meet or exceed efficiently and effectively handling persons reporting claims.**

Company Nurse utilizes a projection model based upon client mix, history and seasonality and sometimes weather, adjusting projections, as necessary on a daily basis.

Our Contact Centers workforce management features simplify the process of forecasting interactions and scheduling our agents. The procedures for adjusting for volume include:

- A. Dynamic scheduling and monitoring for call volume;
- B. Full and/or part-time staff scheduled for "on-demand" work from home duty (to jump
- C. on calls when needed);
- D. Company Nurse overflow call center partner extended on-demand deployment;
- E. Offer overtime to staff for additional coverage as needed;
- F. Increase contact center staff – continuing indefinitely.

Our phone system allows for continual monitoring and alert contact center leadership of spikes in volume. Company Nurse clientele and volume continue to grow, so projections and adjustments are made regularly.

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E2: General Requirements	
<p>A. Describe how your company will meet each Requirement set out in Section 2.4 of the RFP.</p> <p>A. Yes, Company Nurse shall perform all services within the United States.</p> <p>B. Yes, Company Nurse can comply with all applicable rules and regulations of the Arkansas Workers' Compensation Commission and State laws.</p> <p>C. Company Nurse shall maintain and have in force at all times during the duration of the agreement the following types of insurance and coverage limits:</p> <ul style="list-style-type: none"> <li>• Comprehensive General Liability Insurance with coverage limits of one million dollars (\$1,000,000) single limit coverage.</li> <li>• Professional Liability Insurance coverage of five million dollars (\$5,000,000) aggregate and three million dollars (\$3,000,000) per each occurrence.</li> <li>• Cyber Liability Insurance coverage of ten million dollars (\$10,000,000)</li> </ul> <p>If additional coverages or limits are needed, Company Nurse is open to discuss.</p> <p>D. Company Nurse services are available 24/7/365. A unique toll-free number is available for all State employees.</p> <p>E. Company Nurse has assigned a Client Manager and Account Executive as primary and secondary contacts. Additional resources are assigned to the State for escalation purposes</p> <ol style="list-style-type: none"> <li>1. Calls/messages will be responded to within 4 hours.</li> <li>2. Resolution solution will be presented within 24 hours.</li> <li>3. Resolutions will be agreed upon to satisfaction of both parties.</li> </ol> <p>F. Company Nurse maintains and updates Designated Medical Facilities at the direction of PECD.</p> <p>G. Phone and intake/triage platform are cloud-based allowing our Contact Center team to work remotely. In the event of a headquarters outage, staff can easily shift to a remote environment with current remote staff handling calls.</p> <p>In 2017 Company Nurse launched a Cyber Security program that included Business Continuity (BCP) and Disaster Recovery (DRP) plans. As a result of this initiative, we completely re-architected our systems to leverage enterprise cloud services, the result is what we refer to as our Triage Stack. October 2018, marked a significant milestone in our program as we completed the migration of our core infrastructure to Amazon Web Services (AWS). Our Genesys Contact Center Platform and Enspiri Triage and Distribution systems are all now hosted at AWS and leverage the concept of availability zones (distinct locations) to guard against natural disasters and system failures. In addition to this, we also use hybrid session border control (SBC) devices in our Scottsdale headquarters with multiple carriers to protect against cloud or network service disruptions.</p> <p>H. Any call made in error by a State employee to the WC nurse triage number which is not an injury report will be directed to the proper channel and report not developed. In the event the caller makes it through the intake and/or triage process inadvertently, report will be voided and not billed.</p> <p>I. Company Nurse only accepts reports of workplace injuries.</p> <p>J. All information gathered during the injury report or triage process is reflected in the report of injury, including reported limitations, are recorded, and are available to the State. Diagnosis and return-to-work status will be provided by the treating physician.</p> <p style="text-align: center;">This space left intentionally blank</p>	<p>5 points</p>

<p><b>B. Provide your company's process for transferring calls to a backup location in the event the primary location is down.</b></p> <p>As stated in E.2.G., phone and intake/triage platform are cloud-based allowing our Contact Center team to work remotely. In the event of a headquarters location outage, staff can easily shift to a remote environment with current remote staff handling calls. In the event of a system or platform outage, calls are immediately routed to our overflow partner, Team Health for intake and triage.</p> <p style="text-align: center;">This space left intentionally blank</p>	<p>5 points</p>
<p><b>E3: Initial Triage Process and Direction Requirements</b></p>	
<p><b>A. Provide the number of staff and Requirements for the personnel that will be assigned to the State account.</b></p> <p>Company Nurse employs 17 Injury Care Coordinators whose requirements include contact center experience, compassion, accuracy and typing speed. The job of the ICC is to complete information for the Report of Injury and for population of the required State forms, and to set up the chart for the RN.</p> <p>Currently, Company Nurse employs 17 nurses, all RNs. Each RN must have a BSN or equivalent from a two-year college plus 10 years of practical experience in Ambulatory Care, Acute Care or Clinical Nursing. All must have, at minimum, NLC licensure, which includes Arkansas. Our system allows for the capability to route calls to RNs based on their appropriate licensure. Still, Company Nurse works with our RNs to expand licensure across other states, with the near-term goal of each RN being licensed in all 50 states.</p> <p>Company Nurse employs our own full- and part-time nursing staff. However, we do also contract with a third-party nurse call center for overflow. Contract partner utilizes the Company Nurse intake and triage platform (Enspiri Solutions) and is held to Company Nurse high service standards.</p> <p>Company Nurse continues to grow and expand our Contact Center team in advance of projected reporting volume to ensure adequate and appropriate coverage for all customers at all times.</p>	<p>5 points</p>

B. Describe your company's process to ensure all Requirements set out in Section 2.7.A are obtained and appropriately documented on the State required forms.

5 points

Company Nurse ensures that all Requirements in Section 2.7.A. are obtained and appropriately documented in our system.

One of the Company Nurse greatest strengths is collaboration. **'Work together to work it out'** is a Core Value we live at Company Nurse. This is the key to implementation and maintenance of the relationship with our partners. The key steps to a smooth implementation process will include:

- i. Kick-Off Call: Scheduled with Company Nurse Client Management/Account Team and State Program Team, the Objectives of call are to discuss rules of engagement, agree to processes, assign roles and accountability, and begin the transition process.
- ii. Provider Assurance: Company Nurse will validate and document detailed information about your designated preferred providers. Information verified includes: address/phone/fax, hours of operation, services offered, walk-ins/appointments, and much more. This process, which is unique to Company Nurse, assures that injured workers are sent to the right provide r, for the right services, at the right time. To complete this process, State will provide Company Nurse with access to the list of preferred providers (Excel preferred).
- iii. Client/Worksite Locations: State will provide Company Nurse with full listing of client and location (physical address with zip) hierarchy for set-up into system. Location names should be easily identifiable by the employees who report the injury. As noted earlier, our system allows for configurability by location.
- iv. Directives: Company Nurse will work with State to develop directives/special instructions/custom questions that need to be included during the intake and/or triage process.
- v. Report Distribution: Establish appropriate report distribution, along with formats and conditions (when necessary) for all clients and stakeholders.
- vi. Set-Up Review: All details of set-up may be exported into report for State to review, make any necessary changes, and approve.
- vii. Communication Plan: Create a training and communication plan to educate and encourage utilization of the program. **Utilization drives results!**

Company Nurse surrounds our clients and partners with skilled, highly responsive team members during both implementation and throughout the relationship. **Collaboration is key!**

Note that State is currently set-up within the Company Nurse platform and kept up-to-date by Client Services team.

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<p><b>C. Describe your company’s process for maintaining the Designated Medical Facility list provided and updated by PECD.</b></p> <p>We maintain a database of over 22,000 verified medical providers. As a value-add, we engage a Provider Assurance process to verify that the providers are appropriate for referral. Many organizations utilize a network or aggregator referral databased and we have found that these databases are not “scrubbed” regularly to maintain accurate, up-to-date information, do not include detail service information, which would result in inappropriate or negligent referral.</p> <p>Through our unique Provider Assurance process, we call State’s Designated Medical Facility List during implementation as well as actively call all providers on a bi-annual basis to ensure acceptance of workers’ comp, hours of operation, contact information, walk-ins vs. appointments, services provided, injury types accepted, and much more. Our RNs can then share this detail information with the injured worker.</p> <p>Any additional facilities added by PECD would follow this process. For any facilities PECD would need removed from the referral list, a request (email preferred) to your Account Executive will result in its removal within 24 hours or less.</p>	<p>5 points</p>
<p><b>D. Describe your company’s process for ensuring injured workers are directed to the Designated Medical Facilities set out by PECD.</b></p> <p>There are several ways in which we can ensure your preferred providers are chosen for referrals. Within our database, Company Nurse can create a unique specific network of chosen provider relationships. Alternately, we can “root” specific providers to each State location. These network and/or rooted providers will be the list of options shown to the RN for referral recommendations based on proximity to the injured worker’s location. Note that the RN will also have facility information available – hours, services, etc. – based on Provider Assurance to ensure that the facility is available when necessary and can provide the appropriate services.</p>	<p>5 points</p>
<p><b>E. Some State agencies, public colleges and universities have specific Designated Medical Facilities which are not based purely on geographical location. Describe how your company will ensure these Requirements are met.</b></p> <p>As described above, the Designated Medical Facilities for these agencies will be “rooted” to the agency location as the appropriate list of options for that agency. In addition, we also use custom directives to guide the nurses to refer to facilities which are in the unique specific agency network based upon the type of injury.</p>	<p>5 points</p>

F. Describe your company's process in determining the appropriate level of medical care.

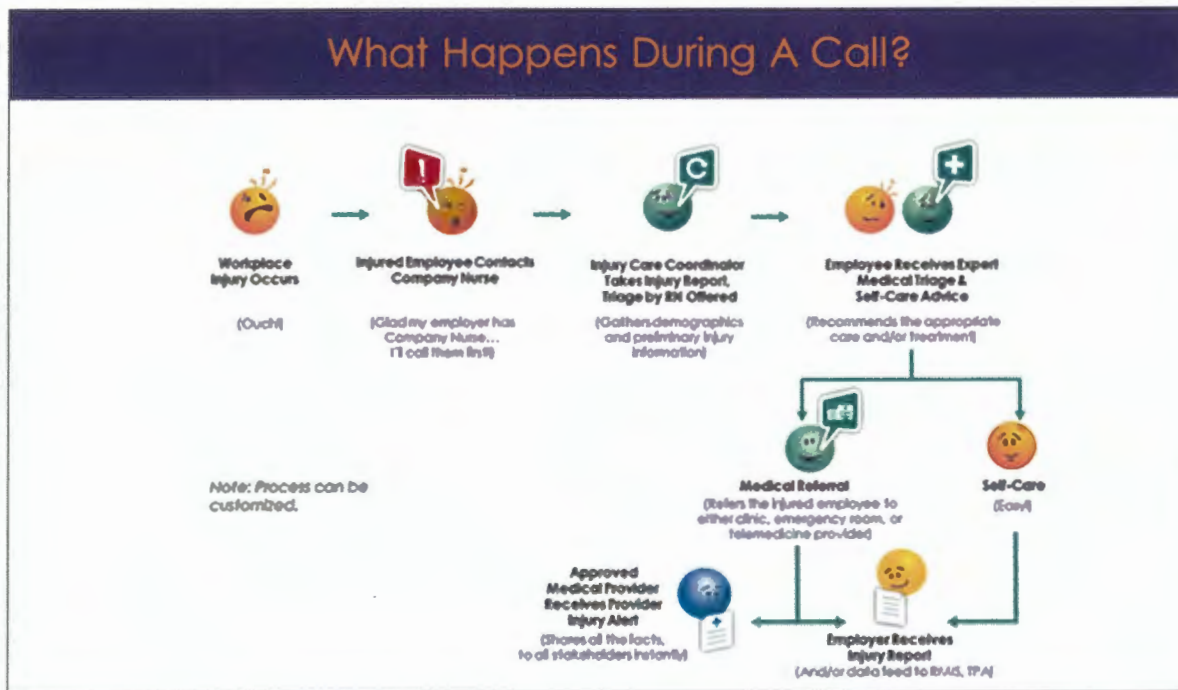
5 points

Company Nurse's proprietary evidence-based protocols were developed specifically for workplace injuries, by our Medical Director, Dr. Charles Pollack. Dr. Pollack was most recently Associate Provost of Innovation in Education for Thomas Jefferson University, Director of Jefferson Institute of Emerging Health Professions as well as a practicing Emergency physician, currently retired from the University and consulting privately. Company Nurse uses a branched-chain (Boolean) logic approach to triage in which, based on the injured worker's primary acute complaint, the RN is led through a progression of "yes/no" clinical questions that determines the acuity of the issue, thereby driving determination of the optimized disposition recommendation.

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G. Provide a description of your company’s process for handling the reporting and Triage of worker’s compensation claims from inception to conclusion.

5 points



The above diagram represents the standard call and report flow for a Company Nurse triage interaction and referral, when necessary. The interaction may be initiated via: Phone, Mobile, Chat, or Text. (Video triage to be available 2020.) Process flow customizations can be discussed if required.

1. 30 second recording which states that if injury is a life or limb threatening emergency, hang up and dial 911. Recording also states that reporting does not guarantee compensability under workers’ comp.
2. Injured worker, along with Supervisor if required, calls the State nurse triage toll-free number at the time of the incident.
3. Intake is handled by Injury Care Coordinator, non-clinical personnel. We hire compassionate, detail-oriented staff to speedily gather the demographic and injury incident specifics to “set up the chart”, allowing RNs to be more available for the actual medical triage.
4. Call is transferred to RN who confirms medical complaint, asks for any relevant medical history, and performs triage via medical protocols designed for medical complaint, guidelines, medical history while also applying her/his experience and common sense.
5. Triage will result in a recommendation for care: Self-care, non-emergency/clinic referral, telemedicine referral (if included) or ER referral.
  - a. With recommendation for Self-Care, Injured Worker will be given self-treat advice (e.g. ice, ibuprofen), told what symptoms to watch for, and told to call back if symptoms or pain worsen.
  - b. For non-emergent outcomes, Injured Worker will be given advice for prior to visit, told when they should be seen (within 4 hours, 24 hours, 72 hours), and provided with closest designated facility options and information.
  - c. If, through triage protocol, the injury is deemed appropriate for telemedicine – and the State has chosen to include telemedicine as a referral option – the option will appear as the first referral option to the RN to present to the Injured Worker. If the Injured Worker chooses the Telemedicine option, the RN will explain the process and send a test SMS (text) message to the Injured Worker to confirm that they will receive the link to the Telemedicine provider, once the call has been completed. If the Injured Worker does not choose the Telemedicine option, the reason will be documented, and the designated facility options will be made available.
  - d. Emergency situations (not identified as 911) will be referred swiftly. Note that if an injury is identified during initial intake as emergent, caller will be immediately transferred to the RN. Report can be completed after the injured worker is stabilized.

- Once call is complete and advice and/or referral has been given to Injured Worker, the RN will wrap up call with Supervisor (if available), confirm that Injured Worker agrees to plan of care, complete any additional note detail, and submits report.  
Next Steps:
- Employee Instructions Form, which is configurable by client/location, is sent via text, email and/or fax, which may include:
  - Self-care instructions
  - Referral facility address, phone
  - First fill information
  - Additional state panel facilities
  - State defined directives
  - Client-specific directives, contact information
- Report of Injury is sent via appropriate method (pdf) email, API, data feed) to designated stakeholders defined at enrollment.
- Reports can also be sent to certain stakeholders upon meeting certain conditions – e.g. level of severity of injury.
- Pre-populated State forms are sent to designated stakeholders.
- If referral is made, Provider Alert is sent to referred medical facility/telemedicine provider via preferred method – email, fax or

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H. Describe how telephone calls or internet chats are received (including guaranteed timeliness of answering the telephone or chat requests and hold times, if applicable).

5 points

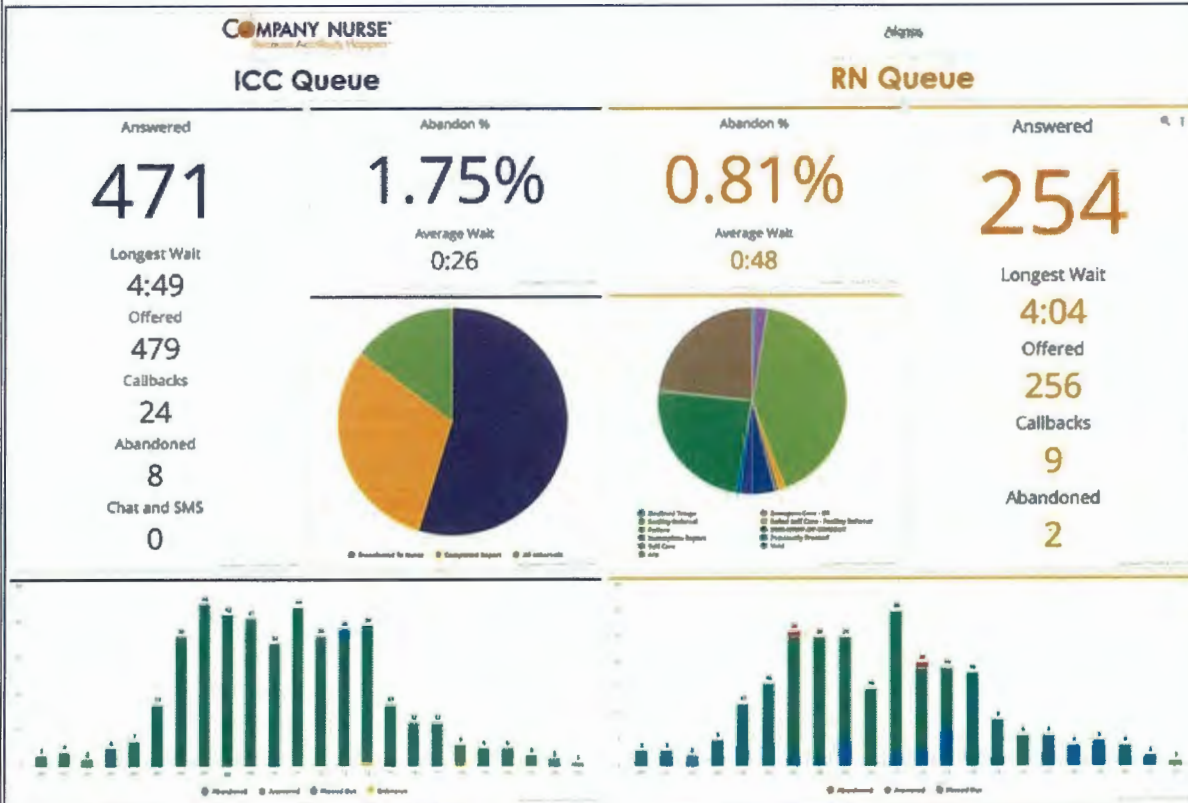
Company Nurse has partnered with Genesys PureCloud CCaaS (Contact Center as a Service) Platform for communications management. All interactions, whether telephonic, webchat or SMS/text through the Company Nurse Mobile App, are routed into our PureCloud system. PureCloud also provides high-level, high-touch quality and workforce management to ensure we continuously provide our clients with stellar service. This also allows any and all interactions regardless of method of delivery to be a part of the incident record.

Average speed of answer: 34 seconds  
 Average hold time: 1 minute 30 seconds

Injured Workers may be placed on hold briefly by the Injury Care Coordinator (ICC for intake) to: (1) dial in interpreter; (2) transfer to the RN; or (3) speak to a supervisor.

In addition, Company Nurse can provide PECD with a web dashboard to monitor call metrics for the State in real-time. Here is a link to view the current quarter to date (sample view below):

Arkansas Dashboard --> <http://bmetrics.co/tab/HyQC6G3S>





E4: Claims Reporting Requirements	
<p>A. Provide the data that your company can provide for each of the following forms:</p> <p>Information captured during intake process is prepopulated onto the State reports.</p> <ol style="list-style-type: none"> <li>1. <b>AWCC Form I-1A:</b> See sample report attached as <b>Exhibit A</b></li> <li>2. <b>AWCC Form N:</b> See sample report attached as <b>Exhibit B</b></li> <li>3. <b>PECD Form 1:</b> See sample report attached as <b>Exhibit C</b></li> <li>4. <b>PECD Form 2:</b> See sample report attached as <b>Exhibit D</b></li> </ol>	<p>5 points</p>
<p>B. Describe your company’s process for guaranteeing the timeliness from receipt of information from the initial Triage phone call to submitting information and forms to the PECD.</p> <p>Immediately following completion of the interaction, reports will be submitted via appropriate method, to appropriated stakeholders, under appropriate conditions – typically within 5 minutes of the end of the call. If a report is undeliverable, an alert is sent through our internal case management system. Member of our Client Services team will investigate non-delivery and resend.</p>	<p>5 points</p>
<p>C. Provide samples of any other forms that your company would provide in addition to the forms required in this RFP.</p> <p>Company Nurse also sends the Company Nurse <b>Report of Injury</b> form as this includes more information and additional RN notes beyond what is able to be populated on the State forms. Sample is attached as <b>Exhibit E</b></p> <p>Company Nurse partners with Origami Compliance for updated State specific forms. Over 200 Arkansas forms are available. Any relevant form can be included.</p> <p>In addition, an <b>Incident Summary Report</b> will be sent monthly, or on another requested schedule, to designated stakeholders. Sample is attached as <b>Exhibit F</b></p> <p style="text-align: center; margin-top: 200px;">This space left intentionally blank</p>	<p>5 points</p>

E5: Enrollment Preparation and Training	
<p>A. Describe how your company will setup and enroll the State agencies, public colleges, universities and Designated Medical Facilities prior to the Services Start Date with services provided under this contract.</p> <p>All current State of Arkansas locations, facilities, directives, reports and distribution contacts are setup in the Company Nurse system to date. All information would be reviewed again prior to renewal and updated as necessary.</p> <p>For reference, our standard enrollment process and timeline are as follows:</p> <p><b>IMPLEMENTATION TIMELINE: 30-45 days</b></p> <p><u>Weeks 1 &amp; 2</u>            Kick-Off Call - State collects all client enrollment information to include:</p> <ol style="list-style-type: none"> <li>1. Excel listing of Client Worksite locations (Physical Addresses with Zip Codes)</li> <li>2. Excel listing of Preferred/Designated WC Providers</li> <li>3. Listing of Client Contacts with phone number and email addresses</li> </ol> <p><u>Week 3</u>            State provides client information to Company Nurse Account Executive to review and refine. Information will begin to be added to the Company Nurse System. Provider Assurance will begin verifying providers and creating SFM custom network.</p> <p><u>Week 4</u>            Report Distribution will be created for Reports of Injury, any data feeds, and monthly Injury Summary Reports.</p> <p><u>Week 5</u>            Program Material Templates (Posters, Stickers, other) will be created and distributed including dedicated toll-free number for State locations.</p> <p><u>Week 6</u>            Fine tuning of all setup elements and testing.            The key to timeliness is receiving all necessary client and preferred provider information from State a minimum of 30 days prior to the desired Go-Live Date.</p> <p><u>Annually</u>            Each agency location set-up is reviewed with State annually for changes and/or updates, where necessary.</p>	<p>5 points</p>
<p>B. Describe your company's process for getting additional work site posters, phone badge stickers and wallet cards to State agencies, public colleges and universities that run out of supplies.</p> <p>Company Nurse customizes posters, stickers and wallet cards for the State of Arkansas program. See attached examples. We will print and send the appropriate amount to each agency, college and university location.</p> <p>Should more be required at any time during the program, a request can be made to any member of your Client Service team. We will then print and ship as requested.</p> <p>See attached as:</p> <ul style="list-style-type: none"> <li>• <b>Exhibit G - Wallet Cards</b> - AR Administrative Office of the Courts</li> <li>• <b>Exhibit H - Stickers</b> - AR Board of Pharmacy</li> <li>• <b>Exhibit I - Flyer</b> - State of AR</li> </ul>	<p>5 points</p>

<p><b>C. Describe how your company will meet the training Requirements set out in this RFP.</b></p> <p>Company Nurse is willing and able to meet the training Requirements of the State of Arkansas.</p> <ul style="list-style-type: none"> <li>• Training videos are available in both English and Spanish. Videos are short, entertaining and educate employees and supervisors on the process, what to expect and the benefits to them.</li> <li>• Client Manager and Account Executive are available to provide webinars, as needed, to educate and answer questions for HR and WC administrators.</li> <li>• Client Manager and Account Executive are available to travel onsite to Little Rock for group training on mutually agreed upon dates.</li> <li>• Your Client Team is always available for any additional conference calls or webinars as needed.</li> </ul> <p>Proper utilization of the program is key to its' success. Company Nurse does not charge any fees for any training or creating educational materials to help the State be successful.</p>	<p>5 points</p>
<p><b>E6: Stewardship Requirements</b></p>	
<p><b>A. Describe stewardship reports and meetings (including the frequency of said reports and meetings) your company will provide.</b></p> <p>Your Client Manager is your strategic partner, monitoring metrics to program goals and is responsible for Stewardship. Stewardship includes a review of all program metrics, continuous improvement recommendations including additional training or communications which may enhance results.</p> <p>Company Nurse has recently implemented Call Journey which is AI software to assist with call quality review, sentiment analysis and directive compliance. A review of these "soft" analytics will occur during Stewardship.</p> <p>Standard frequency for stewardship is: 30 days from launch, 90-day, 180-day and annual, but can be presented on any requested schedule. Many clients prefer a quarterly schedule to keep up-to-date with innovations, recommendations and driving towards best results.</p>	<p>5 points</p>
<p><b>E7: Record Retention and Access</b></p>	
<p><b>A. Describe your company's process for meeting the Requirements for record retention and access.</b></p> <p>Company Nurse retains all records including recording of call for a minimum of five (5) years or more from end of contract, depending upon State requirements.</p> <p>Records are available to the State in the event of audit, litigation or other action. For purposes of privacy, an Audio Release is required for call recording file (.wav).</p> <p>Access to records will be allowed to PECD-authorized entity upon written request.</p> <p style="text-align: center; margin-top: 20px;">This space left intentionally blank</p>	<p>5 points</p>

E8: Privacy and Security	
<p>A. Describe how your company ensures the privacy, confidentiality, and security of information received and/or transmitted as part of the services provided under this contract.</p> <p>At Company Nurse, we take privacy and security very seriously. Protecting our data and any PHI is a core value for Company Nurse employees, and at the heart of the services we provide to our customers. We also believe in the need to be transparent with what PHI data may be collected, how that data is collected and used by Company Nurse, and what protections we employ to keep it safe.</p> <p>Company Nurse maintains an active cyber security program based on continuously discovering and remediating unacceptable risks to any of Company Nurse’s SaaS infrastructure that may hold or process PHI.</p> <p>Company Nurses security policies and procedures are based on repeated internal and 3rd party risk assessments and threat modeling of our services based on the HITRUST Common Security Framework (CSF). HITRUST harmonizes the requirements applicable in the healthcare industry into a single set of controls for compliance purposes. The authoritative sources incorporated and referenced in the CSF include: HIPAA, HITECH, Payment Card Industry Data Security Standards (PCI DSS), Control Objectives for Information and Related Technology (COBIT), National Institute of Standards and Technology (NIST), International Organization for Standardization (ISO), the Federal Trade Commission (FTC), and others.</p> <p>Taking this approach allows us to ensure Company Nurse employees, our products, and services are always working in concert to maintain a secure, safe experience for all customers and stakeholders.</p> <p>As part of modeling our cyber security program we have implemented the following safeguards:</p> <ol style="list-style-type: none"> <li>1. Administrative: Policies, procedures, risk analysis, and training.</li> <li>2. Physical: Moved all our infrastructure from our office location to AWS. Implemented physical security controls in our office.</li> <li>3. Technical: Unique user accounts, automatic account logout, strong passwords, multi-factor authentication, single-sign on, encryption of data “at rest” and “in transit”, audit logs, monitoring, end-point protection, firewalls, penetration testing, and more.</li> </ol> <p>See <b>Company Nurse Security Scorecard</b> attached as <b>Exhibit J</b></p>	<p>5 points</p>
E9: Audits	
<p>A. Describe how your company will meet the Requirements in Section 2.15.</p> <p>Company Nurse allows State to access recorded phone calls upon request. We require a signed Audio Release. For purposes of security, the requested .wav file is placed on a secure site for stakeholder to access.</p>	<p>5 points</p>



## Sample Reports for State of Arkansas

- Exhibit A AWCC Form 1 First Report of Injury (4 pages)
- Exhibit B AWCC Form AR-N – EE Notice of Injury (2 pages)
- Exhibit C AR PECD-1 (1 page)
- Exhibit D AR PECD-2 (1 page)
- Exhibit E CN Report of Injury (4 pages)
- Exhibit F CN Injury Summary Report (8 pages)

**WORKERS COMPENSATION – FIRST REPORT OF INJURY OR ILLNESS**

EMPLOYER (NAME & ADDRESS INCL ZIP) TEST Acme LCC - Apple Valley 19200 Bear Valley Rd. Apple Valley, AR 92307		CARRIER/ADMINISTRATOR CLAIM NUMBER	OSHA LOG CASE #	REPORT PURPOSE CODE
INDUSTRY CODE		EMPLOYER FEIN Test	JURISDICTION AR	JURISDICTION CLAIM NUMBER
		INSURED REPORT NUMBER		
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT) TEST Acme LCC - Apple Valley 19200 Bear Valley Rd. Apple Valley, AR 92307		LOCATION # 9RJ
				PHONE # 480-999-4444
<b>CARRIER/CLAIMS ADMINISTRATOR</b>				
CARRIER (NAME, ADDRESS, & PHONE #) Smith Insurance 9512 Claims St Suite 1526 Phoenix, AZ 85001 555-555-5550		POLICY PERIOD  TO	CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)	
		CHECK IF APPROPRIATE <input type="checkbox"/> SELF INSURANCE		
CARRIER FEIN	POLICY/SELF-INSURED NUMBER 25425245			ADMINISTRATOR FEIN
<b>EMPLOYEE/WAGE</b>				
NAME (LAST, FIRST, MIDDLE) Angela, Jones		DATE OF BIRTH 02/02/1982	SOCIAL SECURITY NUMBER 3456	DATE HIRED 01/01/2001
ADDRESS (INCL ZIP) 1850 E. Elm St. Apple Valley, AR 92308		SEX <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	MARITAL STATUS <input type="checkbox"/> UNMARRIED <input checked="" type="checkbox"/> SINGLE/DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	OCCUPATION/JOB TITLE Office Assistant EMPLOYMENT STATUS
PHONE 706-707-8889		# OF DEPENDENTS	NCCI CLASS CODE	
RATE PER:	DAY WEEK	MONTH OTHER:	DAYS WORKED/WEEK	FULL PAY FOR DAY OF INJURY? DID SALARY CONTINUE?
				YES YES NO NO
<b>OCCURENCE/TREATMENT</b>				
TIME EMPLOYEE BEGAN WORK	AM PM	DATE OF INJURY/ILLNESS 02/28/2018	TIME OF OCCURRENCE 11:30 ( ) CANNOT BE DETERMINED	AM PM
CONTACT NAME/PHONE NUMBER Tiffany Tiemeyer		TYPE OF INJURY/ILLNESS Laceration		PART OF BODY AFFECTED Finger(s)(UpperExtremities)
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY/ILLNESS CODE 40		PART OF BODY AFFECTED CODE
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED 12555 Navajo Rd Apple Valley, AR 92308		ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED A paper cutter.		
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED Cutting paper.		WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED		
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL Angela was cutting paper with a large paper cutter. The blade sliced her left index finger.				CAUSE OF INJURY CODE
DATE RETURN(ED) TO WORK	IF FATAL, GIVE DATE OF DEATH	WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? WERE THEY USED?		YES YES NO NO
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)		HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS) Care Spot - Test Facility 1300 E. Woodfield Rd Suite 301 Apple Valley, AR 92307		INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT <input type="checkbox"/> MINOR: BY EMPLOYER <input type="checkbox"/> MINOR CLINIC/HOSP <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> HOSPITALIZED > 24 HOURS <input type="checkbox"/> FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED
<b>OTHER</b>				
WITNESSES (NAME & PHONE #) Emily WilsonFranklin JacksonMark Williams				
DATE ADMINISTRATOR NOTIFIED	DATE PREPARED	PREPARER'S NAME & TITLE		PHONE NUMBER

AWCC Form 1  
(Employer's First Report of Injury or Illness)

**Ark. Code Ann. § 11-9-529** allows employers 10 days to report injuries. Those involving either more than 7 days of lost time or indemnity payments require **Form 1**. Also, a Form 1 is required for all controversions including a medical-only case. Self-insured employers file **Form 1** with the AWCC; other employers send it to their insurance representatives.

Employers do **NOT** fill in the shaded areas.

On **Form 1**, employers/carriers must:

1. In the **Occurrence Section** list the date the employer first knew of the injury. The 10 days to report begin either on the date of disability **or** the date the employer was notified, whichever date is later.
2. Give the name of the carrier. An insurance agency or third party administrator should be listed in the **Preparer's Section**. A carrier can pre-print its name and address in the **Carrier Section** to help clients properly report.
3. Specify the carrier Federal Employer Identification Number (FEIN) in the **Carrier Section**.
4. Type or print in ink. An illegible, incomplete **Form 1** will be returned.

Neglect of **Form 1**: Late employee benefits, exposing employers to fines.

Lack of **Form 1**: Delays in insurance investigation.

**General inquiries on Form 1 can be answered by the AWCC Support Services Division. Questions on a specific Form 1 may be directed to the Research and Statistics Section, which processes the accident reports. (1-800-622-4472 or 501-682-3930).**

**Ark. Code Ann. §11-9-106(a):** "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under .... this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."

(Revised 1-1-2001)

## EMPLOYER'S INSTRUCTIONS

DO NOT ENTER DATA IN SHADED FIELDS

**DATES:**

Enter all dates in MM/DD/YY format.

**INDUSTRY CODE:**

This is the code which represents the nature of the employer's business, which is contained in the Standard Industrial Classification Manual or the North American Industry Classification System, published by the Federal Office of Management and Budget.

**CARRIER:**

The licensed business entity issuing a contract of insurance and assuming financial responsibility on behalf of the employer of the claimant.

**CLAIMS ADMINISTRATOR:**

Enter the name of the carrier, third party administrator, state fund, or self-insured responsible for administering the claim.

**AGENT NAME & CODE NUMBER:**

Enter the name of your insurance agent and his/her code number if known. This information can be found on your insurance policy.

**OCCUPATION/JOB TITLE:**

This is the primary occupation of the claimant at the time of the accident or exposure.

**EMPLOYMENT STATUS:**

Indicate the employee's work status. The valid choices are:

Full-Time	On Strike	Unknown	Volunteer
Part-Time	Disabled	Apprenticeship Full-Time	Seasonal
Not Employed	Retired	Apprenticeship Part-Time	Piece Worker

**DATE DISABILITY BEGAN:**

The first day on which the claimant originally lost time from work due to the occupation injury or disease or as otherwise designated by statute.

**CONTACT NAME/PHONE NUMBER:**

Enter the name of the individual at the employer's premises to be contacted for additional information.

**TYPE OF INJURY/ILLNESS:**

Briefly describe the nature of the injury or illness, (eg. Lacerations to the forearm).

**PART OF BODY AFFECTED:**

Indicate the part of body affected by the injury/illness, (eg. Right forearm, lower back).

**DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:**

(eg. Maintenance Department or Client's office at 452 Monroe St., Washington, DC 26210)

If the accident or illness exposure did not occur on the employer's premises, enter address or location. Be specific.



## EMPLOYER'S INSTRUCTIONS – cont'd

### ALL EQUIPMENT, MATERIAL OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Acetylene cutting torch, metal plate)

List all of the equipment, materials, and/or chemicals the employee was using, applying, handling or operating when the injury or illness occurred. Be specific, for example: decorator's scaffolding, electric sander, paintbrush, and paint.

Enter "NA" for not applicable if no equipment, materials, or chemicals were being used. NOTE: The items listed do not have to be directly involved in the employee's injury or illness.

### SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

(eg. Cutting metal plate for flooring)

Describe the specific activity the employee was engaged in when the accident or illness exposure occurred, such as sanding ceiling woodwork in preparation for painting.

### WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED:

Describe the work process the employee was engaged in when the accident or illness exposure occurred, such as building maintenance. Enter "NA" for not applicable if employee was not engaged in a work process (eg. walking along a hallway).

### HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL:

(Worker stepped back to inspect work and slipped on some scrap metal. As worker fell, worker brushed against the hot metal.)

Describe how the injury or illness/abnormal health condition occurred. Include the sequence of events and name any objects or substance that directly injured the employee or made the employee ill. For example: Worker stepped to the edge of the scaffolding to inspect work, lost balance and fell six feet to the floor. The worker's right wrist was broken in the fall.

### DATE RETURN(ED) TO WORK:

Enter the date following to most recent disability period on which the employee returned to work.

<b>Form AR-N</b>	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b> 324 Spring Street, Little Rock, AR 72201 Mail: P.O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	N
Ark. Code Ann. §§ 11-9-701,508,51 AWCC Rule 099.33 Revised: 1-1-2001 Updated: 8-1-2006		

**EMPLOYEE'S NOTICE OF INJURY**

**EMPLOYEE INFORMATION (Please Print in Ink)**

Angela	Jones		3456	706-707-8889
Employee's Last Name	First Name	M I	Social Security Number	Home Phone No.
1850 E. Elm St.	Apple Valley		AR	92308
Street Address or P.O. Box	City		State	Zip Code
Child Support Obligation: <input type="checkbox"/> Current <input type="checkbox"/> Past Due    Payable to:				

**EMPLOYER INFORMATION (Please Print)**

TEST Acme LCC - Apple Valley	Denise Edwards
Employer's Name	Supervisor's Name
19200 Bear Valley Rd.	Apple Valley
Employer's Street Address or P.O. Box	Employer's City
	State
	Zip Code

**ACCIDENT INFORMATION (Please Print)**

12555 Navajo Rd Apple Valley, AR 92308	02/28/2018	11:30 AM	Date: 02/28/2018    Time: 11:35 AM
Place of Accident	Date of Accident	Time of Accident	Employer Notified of Accident

What part of your body was injured?  
Finger(s)(UpperExtremities)

Briefly discuss the cause of injury:  
Angela was cutting paper with a large paper cutter. The blade sliced her left index finger.

Name and address of witness(es):  
Emily Wilson ,  
Franklin Jackson ,  
Mark Williams ,

I hereby authorize any hospital, physician, psychotherapist or practitioner of the healing arts to furnish the bearer any information, written or oral, including, but not limited to, copies of medical records concerning my past, present or future physical, mental, or emotional condition. I hereby waive my physician- and pyschotherapist-patient privilege. A photostatic copy of this authorization shall be as effective and valid as the original. My signature below also indicates that I have been provided with my rights regarding change-of-physician. (See additional information on second page of form)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Assistance with AWCC Form N is available from the AWCC Legal Advisor Division (1-800-250-2511 or 501-682-3930). Information is supplied by the Support Services Division (1-800-622-4472 or 501-682-3930).**

**Ark. Code Ann §11-9-106** "Any person or entity who willfully and knowingly makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who willfully and knowingly employs any device, scheme, or artifice for the purpose of: obtaining any benefit or payment; defeating or wrongfully increasing or wrongfully decreasing any claim for benefit or payment; or obtaining or avoiding workers' compensation coverage or avoiding payment of the proper insurance premium, or who aids and abets for any of said purposes, under this chapter shall be guilty of a Class D felony. Fifty percent (50%) of any criminal fine imposed and collected under...this section shall be paid and allocated in accordance with applicable law to the Death and Permanent Total Disability Trust Fund administered by the Workers' Compensation Commission."

<b>Form AR-N</b>	<b>ARKANSAS WORKERS' COMPENSATION COMMISSION</b> 324 Spring Street, Little Rock, AR 72201 Mail: P.O. Box 950, Little Rock, AR 72203-0950 501-682-3930 / 1-800-622-4472	<h1>N</h1>
Ark. Code Ann. §§ 11-9-701,508,51 AWCC Rule 099.33 Revised: 1-1-2001 Updated: 8-1-2006		

## EMPLOYER'S NOTICE TO EMPLOYEE

**NOTICE TO EMPLOYEE- Fill out this form to give to your employer immediately. Employer. Be sure the employee receives a copy of this form [Ark. Code Ann. §11-9--514(c)]**

<p><b>Ark. Code Ann. § 11-9-701. Notice of injury or death.</b></p>	
<p>(a) (1) Unless an injury either renders the employee physically or mentally unable to do so, or is made known to the employer immediately after it occurs, the employee shall report the injury to the employer on a form prescribed or approved by the Workers' Compensation Commission and to a person or at a place specified by the employer, and the employer shall not be responsible for disability, medical, or other benefits prior to receipt of the employee's report of injury.</p> <p>(2) All reporting procedures specified by the employer must be reasonable and shall afford each employee reasonable notice of the reporting requirements.</p> <p>(3) The foregoing shall not apply when an employee requires emergency medical treatment outside the employer's normal business hours; however, in that event, the employee shall cause a report of the injury to be made to the employer on the employer's next regular business day.</p>	
<p>(b) (1) Failure to give the notice shall not bar any claim:</p> <p>(A) If the employer had knowledge of the injury or death;</p> <p>(B) If the employee had no knowledge that the condition or disease arose out of and in the course of the employment; or</p> <p>(C) If the commission excuses the failure on the grounds that for some satisfactory reason the notice could not be given.</p> <p>(2) Objection to failure to give notice must be made at or before the first hearing on the claim.</p>	

## CHOICE / CHANGE OF PHYSICIAN

<p><b>Rights and responsibilities. Treatment or services furnished or prescribed by any physician other than the ones selected according to the provisions below, except emergency treatment, shall be at the claimant's/employee's expense.</b></p>	
<p><b>Ark. Code Ann. § 11-9-508. Medical services and supplies.</b></p> <p>"(e)...[T]he injured employee shall have direct access to any optometric or ophthalmologic medical service provider who agrees to provide services under the rules, terms, and conditions regarding services performed by the managed care entity initially chosen by the employer for the treatment and management of eye injuries or conditions."</p>	
<p>1. Your employer shall have the right to select the initial primary care physician from among those associated with certified MCOs.</p> <p>2. You may request a change-of-physician. You should initially request a change from the insurance carrier or employer. Within five business days of your initial request for a change-of-physician, the insurance carrier or employer should notify you of its decision to grant or deny the change-of-physician.</p> <p>3. If your request for a change of physician is denied you may send a petition to the Clerk of the Arkansas Workers' Compensation Commission for a one (1) time only change-of-physician.</p> <p>4. <b>If your employer has contracted with a certified MCO,</b> you shall be allowed to change physicians by petitioning the commission one (1) time only for a change-of-physician to a physician who must also either be associated with the certified MCO chosen by your employer or who is your regular treating physician. (Your "regular treating physician" is one who maintains your medical records and with whom you have a history of regular treatment before the onset of your compensable injury.) The health care provider to whom you change must agree to refer you to the certified MCO chosen by your employer for any specialized treatment including physical therapy, and must agree to comply with all the rules, terms, and conditions regarding services performed by the MCO initially chosen by your employer.</p> <p>5. <b>If your employer does not have a contract with a certified MCO,</b> you shall be allowed to change physicians by petitioning the commission one (1) time only for a change-of-physician to a physician who must also either be associated with any certified MCO or who is your regular treating physician. (See definition above). The health care provider to whom you change must agree to refer you to a physician associated with any certified MCO for any specialized treatment, including physical therapy, and must agree to comply with all the rules, terms, and conditions regarding services performed by any certified MCO.</p>	

Back Side / Two-sided form

N

Employee's Signature

Date

FORM PECD 1
EMPLOYEE'S REPORT OF ACCIDENT

PUBLIC EMPLOYEE CLAIMS DIVISION
Arkansas Insurance Department
1200 West Third, Little Rock, Arkansas 72201-1904
Telephone 501-371-2700 Facsimile 501-371-2733

TO BE COMPLETED BY EMPLOYEE:

Name: Angela, Jones Tel # 706-707-8889

Address: 1850 E. Elm St. Apple Valley, AR 92308

Birth date: 02/02/1982 Marital Status: Married Spouse's name:

Dependent's names and ages:

Education (circle highest level completed) 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5+

Present employer: TEST Acme LCC - Apple Valley

Job title: Office Assistant Length of employment:

If less than 5 years, list employers in last 5 years:

Date of accident: 02/28/2018 Time: 11:30 AM Place: 12555 Navajo Rd Apple Valley, AR 92308

Describe activity of employment engaged in at time of injury: Cutting paper.

Describe how injury occurred: Angela was cutting paper with a large paper cutter. The blade sliced her left index finger.

To whom did you report the injury:

When: 02/28/2018 Supervisor's name: Denise Edwards

Nature and location of injury (describe part of body): Finger(s)(UpperExtremities)

Doctor's Name: Family Doctor's Name:

Who selected Doctor?: Are you still under doctor's treatment?

Date of first visit: First day unable to work:

Have you ever collected compensation for a prior injury?:

If yes, give details:

Have you ever received medical or chiropractic treatment to this part of the body before (either as a workers' compensation or a non-workers' compensation injury)? Yes No If yes, give details including date:

Do you have child support obligations? Yes No (Child support obligation questions are required by Ark Law.)

If yes, are the obligations current or past due? Current or Past Due

To whom are the child support obligations payable?

Are you enrolled in the Medicare program? Yes No (Medicare question is required by federal law.)

Have you applied for Social Security Disability? Yes No Date applied for Social Security

If you applied for Social Security Disability, was your claim approved or denied? Approved Denied

Signed: Date:

PECD 2 FORM
WORKER'S COMP INFORMATION SHEET
TO BE COMPLETED BY EMPLOYER ON EACH WORKERS COMPENSATION CLAIM
INFORMATION REQUESTED BY PUBLIC EMPLOYEE CLAIMS DIVISION

8/2007

1) Employer TEST Acme LCC - Apple Valley

2) Employee's Name Angela, Jones AASIS Employee ID No.

3) Injury Date 02 / 28 / 2018 Date Disability Began

4) Has employee returned to work? If so, date

5) Who selected initial treating physician? Employee Employer

6) Did employee's salary continue while off work? No
If so, check source and indicate time period

- Sick Form Through
Annual From Through
Other From Through

7) Employer claim recommendation: Accept - or - Deny

If recommendation is to deny, explain and attach extra page if needed:

8) Other employees injured in this accident

9) Checklist: First report of injury or illness (Form IA-1)

- Employer Name & Address (Upper Left Hand Corner)
Wage Information Date of Hire
Date Disability Began Return to Work Force
Contact Name/Phone Number (Whom we should call if we have questions)
Specific activity & work process employee was engaged in when accident occurred.
Witness ( or person having immediate knowledge )
Date prepared/signature/phone number
Attach notes & bills from medical providers if available

10) Have employee complete AR-N and refer to notices on the reverse side of the form.

Name: Title: Date:

Phone: Fax:



## Report of Injury

Confidential

INCIDENT ID # 1399024

Time: 02/28/2018 12:07 PM PST

Angela, Jones

**To:** TEST Acme LCC - Apple Valley**Primary Contact :** Tiffany Tiemeyer**Phone :****Alternate Contact :** Tiffany Tiemeyer**Employer Address :** TEST Acme LCC - Apple Valley 19200 Bear Valley Rd.  
Apple Valley, AR 92307**Re:** Jones Angela

Dear Employer:

Please find attached an injury report for an incident which occurred on 02/28/2018 11:30 AM PST

The following information was provided to Company Nurse 0 day(s) later on 02/28/2018 12:07 PM PST

**Your employee was TRIAGED by a nurse and WILL SEEK OR HAS SOUGHT TREATMENT.****Treatment Provider:**

Care Spot - Test Facility

1300 E. Woodfield Rd Suite 301

Apple Valley, AR 92307

Phone: 999-999-9999

Fax:

A Provider Alert has been sent to the above Treatment Provider with the Employer's Name & Address, Employee's Name & Address, Details of the Injury, and a Work Status Report that the medical provider may complete and return to your designated recipient.

If your company mandates POST-ACCIDENT DRUG/ALCOHOL TESTING or if you have a RETURN-TO-WORK program and you have notified Company Nurse of these programs, we have included this information on the Alert to the Provider. Please contact the Treatment Provider to obtain drug/alcohol test results and any employee work limitations.

**Claims/Medical Billing Information:***(if a Treatment Provider is populated above, we have forwarded this information to that Provider.)*

Smith Insurance

9512 Claims St Suite 1526

Phoenix, AZ 85001

Phone: 555-555-5550

Fax: 555-555-5551

Self-Care / First Aid advice provided by Company Nurse does not constitute authorization for modified duty. This injury report is being forwarded as a service to your organization; you may want to further investigate the incident.

**CONFIDENTIALITY NOTICE** - This document may contain information that is confidential or legally privileged. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that you must not read, disclose, copy, distribute or use any of the information contained in this document. If you have received this document in error, please immediately notify Company Nurse at 888-817-9282 or [service@companynurse.com](mailto:service@companynurse.com) and destroy this document in its entirety. Thank you.

INCIDENT ID # 1399024                      Time: 02/28/2018 12:07 PM PST                      Angela, Jones

Employer Corporate Location	Employer Worksite Location
TEST Acme LCC - Apple Valley 19200 Bear Valley Rd. Apple Valley, AR 92307 Phone : 480-999-4444	TEST Acme LCC - Apple Valley 19200 Bear Valley Rd. Apple Valley, AR 92307 Location #: 9RJ Policy #: 25425245

**Employee Information**

Last	First	Middle Initial	SSN	Date Of Birth	Gender	Marital Status
Angela	Jones		3456	02/02/1982	F	Married
Home Address			City	State	Zip	
1850 E. Elm St.			Apple Valley	AR	92308	
Home Phone	Work Phone	Mobile Phone	Occupation		Hire Date	
706-707-8889	706-607-8999		Office Assistant		01/01/2001	
Caller		Supervisor Name			Supervisor Phone	
Jones Angela		Denise Edwards			706-607-8999	

**Language**

Employee Speaks	Language Service Used
English	
Interpreter ID #	

**Date, Time, and Place of Incident/Report**

Date/Time (local) of Incident	Day of Week	Date/Time (local) Reported to CN	Date/Time (local) Reported to Supervisor	Injury Work Department
02/28/2018 11:30 AM PST	Wednesday	02/28/2018 12:07 PM PST	02/28/2018 11:35 AM PST	Mail Room
Injury Location			Report Taken By: Tiffany S, Nicole E	
12555 Navajo Rd Apple Valley, AR 92308				
Witnesses #1	Witness #2	Witness #3		
Emily Wilson (Co-Worker)	Franklin Jackson (Co-Worker)	Mark Williams (Co-Worker)		

**Injury and Treatment**

Nature of Incident / body part	Body Part Side	Telemed Choice: No	<input type="checkbox"/> Report Only NO TRIAGE
Finger(s)(UpperExtremities)	Left	Reason Declined: In Person	<input checked="" type="checkbox"/> Care Advice Given
Reason Alternate Chosen			
Not on file Treatment Facility /Location			
Not Applicable			

**RN Triage**

Medical Guideline	Nurse Override
SCRAPES, CUTS, & PUNCTURE WOUNDS	
Patient Response driving Medical Guideline	<input checked="" type="checkbox"/> Patient Understands <input checked="" type="checkbox"/> Supervisor Wrap-Up <input checked="" type="checkbox"/> Patient Compliant
Wound > 1 inch long AND gapes open spontaneously or when edges separated?;	
Patient Override	
Patient Reason	
Care Advice See Medical Provider within 4 hours. Wash wound with soap and water. Keep wound clean and dry, covering if may become dirty. Take OTC pain reliever as needed per label instructions. It is advised that a tetanus booster be administered within 72 hours of this injury, if last tetanus was greater than 5 years ago. May use a cloth-covered ice pack or cool compress for 15-20 minutes at a time throughout the day.	

INCIDENT ID # I399024

Time: 02/28/2018 12:07 PM PST

Angela, Jones

**Triage Notes**

1. Please describe your medical complaint.  
Laceration to left index finger.

2. How did the accident happen? (Please state all details)  
Angela was cutting paper with a large paper cutter. The blade sliced her left index finger.

3. Please specify machine, tool, substance or object most closely connected with this accident.  
A paper cutter.

4. What was the employee doing when accident occurred? (i.e. loading truck, walking down stairs, etc)  
Cutting paper.

5. Medical History:  
Last tetanus more than 5 years ago.



INCIDENT ID # I399024

Time: 02/28/2018 12:07 PM PST

Angela, Jones

**Triage Notes**

6. Essential Notes:

\*\*02/28/2018 12:12 PM PST\*\* TS Transferred to an RN.

\*\*02/28/2018 12:17 PM PST\*\* TS Left index finger washed with Dial soap and applied paper towel for pressure. The cut is a deep angled cut, creating a flap of skin. Advised to cover wound and apply ice over dressing. Advised to be seen within 4 hours.

\*\*02/28/2018 1:01 PM PST\*\* TS Called the hotline with additional information. Save and Send.

7. Employer Directives/Questions:

\* ASK: What is your Employee ID Number?: 123456

\* ASK: What is a good contact email address for the employee (can be work or personal)?: ajones@acme.com

\* DEPARTMENT: What department do you work in?: Budget & Planning (V276B069)

Date Comparison: 10/01/2019 - 10/31/2019

## AR Department of Transportation (ARDOT)

Last Name	Injury Date/Time	Incident ID	# of Calls to CN	Action	Nature of Injury	Treatment Facility
SSN (last 4)	Report Date/Time	Lag Days	ER Status		Part of Body	Injury Department
Occupation	Update Date/Time					

### QR010010 - AR Department of Transportation (ARDOT)- Paragould, AR (District 10)

Roark	10/10/2019 9:45:00 AM	523189	Calls: 2	Triaged: False	Bruises, Contusions, Other Blunt Injuries	Arkansas Methodist Medical Center ER
	10/10/2019 7:53:01 AM	0 Day(s)	ER: True	Treated: True	Neck Soft Tissue	Outside
Maintenance Aide 2	10/10/2019 8:16:51 AM					
Huey	10/24/2019 1:00:00 PM	527100	Calls: 3	Triaged: False	Sprain, Strain, Twist	Saint Bernard's Medical Center ER
4995	10/24/2019 12:21:16 PM	0 Day(s)	ER: True	Treated: True	Shoulder	Ditch
Maintenance 3	10/24/2019 2:53:53 PM					
Meridith	10/24/2019 2:30:00 PM	527123	Calls: 2	Triaged: False	Cuts, Lacerations, Scrapes, Punctures	Five Rivers Medical Center ER
4262	10/24/2019 12:43:15 PM	0 Day(s)	ER: True	Treated: True	Head	Job Site
Maintenance 2	10/28/2019 11:12:12 AM					

### QR010005 - AR Department of Transportation (ARDOT)- Batesville, AR (District 05)

Hess	10/9/2019 10:45:00 AM	522880	Calls: 2	Triaged: True	Back Pain	Sherwood Urgent Care
5605	10/9/2019 9:10:12 AM	0 Day(s)	ER: False	Treated: True	Back Lower	Truck
Maintenance Aid 2	10/10/2019 5:51:55 AM					

# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019

Wommack	10/21/2019 8:30:00 AM	526195	Calls:	1	Triaged:	True	Sprain, Strain, Twist	
4302	10/22/2019 6:39:03 AM	1 Day(s)	ER:	False	Treated:	False	Thumb	Shop
maintenance aid	10/22/2019 6:57:43 AM							
<b>QR010007 - AR Department of Transportation (ARDOT)- Camden, AR (District 07)</b>								
Womack	10/3/2019 1:15:00 PM	521444	Calls:	5	Triaged:	False	Cuts, Lacerations, Scrapes, Punctures	Jefferson Regional Medical Center ER
5044	10/3/2019 11:54:12 AM	0 Day(s)	ER:	True	Treated:	True	Head	Tractor
Maintenance Aide 1	10/7/2019 6:29:13 PM							
Strange	10/15/2019 4:00:00 PM	526795	Calls:	1	Triaged:	False	Rash	Ouachita Valley Family Clinic
3531	10/23/2019 2:12:28 PM	8 Day(s)	ER:	False	Treated:	True	Leg Calf	Outside
Crew Leader	10/23/2019 2:29:40 PM							
<b>QR010004 - AR Department of Transportation (ARDOT)- Fort Smith, AR (District 04)</b>								
Yang	9/26/2019 10:00:00 AM	521305	Calls:	1	Triaged:	False	Eye Injuries	Mercy Clinic Primary Care
6949	10/3/2019 8:19:17 AM	7 Day(s)	ER:	False	Treated:	True	Eye	Yard
Maintenance Aide	10/3/2019 8:31:11 AM							
Tankersley	10/15/2019 1:00:00 PM	524345	Calls:	2	Triaged:	True	Sprain, Strain, Twist	Mercy Clinic Primary Care
7436	10/15/2019 11:27:03 AM	0 Day(s)	ER:	False	Treated:	True	Knee	Roadside
Maintenance 1	10/16/2019 10:41:14 AM							

# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019



Elliff	9/4/2019 9:15:00 AM	524953	Calls:	1	Triaged:	False	Bruises, Contusions, Other Blunt Injuries	Baptist Health - Fort Smith
2650	10/17/2019 8:33:15 AM	43 Day(s)	ER:	True	Treated :	True	Leg Lower	Road
Maintenance Aide Grade 9	10/17/2019 8:49:16 AM							
Craig	10/15/2019 10:00:00 AM	525298	Calls:	2	Triaged:	True	Eye Injuries	Baptist Health Van Buren ER
0931	10/17/2019 5:40:09 PM	2 Day(s)	ER:	True	Treated :	True	Eye	Inside the Tunnel
Maintenance Aide Specialist	10/17/2019 6:22:58 PM							
<b>QR010009 - AR Department of Transportation (ARDOT)- Harrison, AR (District 09)</b>								
Murray	10/16/2019 9:45:00 AM	524614	Calls:	1	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	Harrison MediQuick
0267	10/16/2019 8:13:27 AM	0 Day(s)	ER:	False	Treated :	True	Shoulder	Roof
Maintenance 2	10/16/2019 8:38:51 AM							
<b>QR010003 - AR Department of Transportation (ARDOT)- Hope, AR (District 03)</b>								
Easter	7/29/2019 2:10:00 PM	504155	Calls:	4	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	Wadley Regional Medical Center at Hope ER
4942	7/29/2019 1:26:13 PM	0 Day(s)	ER:	True	Treated :	True	Thumb	Outdoors
Equipment Operator	11/8/2019 11:51:57 AM							
Lovell	9/16/2019 2:00:00 PM	516300	Calls:	3	Triaged:	False	Sprain, Strain, Twist	Dr. Randy Walker Family Clinic
5984	9/17/2019 5:14:41 AM	1 Day(s)	ER:	False	Treated :	True	Shoulder	Outside
Maintenance Specialist	10/1/2019 2:14:57 PM							

# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019

Sorrells	10/7/2019 9:45:00 AM	522210	Calls:	1	Triaged:	True	Hymenoptera	
9000	10/7/2019 10:40:39 AM	0 Day(s)	ER:	False	Treated:	False	Hand	Outside
Trainee	10/7/2019 10:59:48 AM							
Roden	10/8/2019 2:00:00 PM	522807	Calls:	1	Triaged:	False	Chest Pain	Dr. Randy Walker Family Clinic
1402	10/9/2019 5:31:52 AM	1 Day(s)	ER:	False	Treated:	True	Chest	Outside
Crew Leader	10/9/2019 5:47:58 AM							
Branham	10/15/2019 8:30:00 AM	524925	Calls:	1	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	HealthCARE Express
3819	10/17/2019 6:15:58 AM	2 Day(s)	ER:	False	Treated:	True	Foot	Shop
Maintenance Specialist	10/17/2019 6:36:26 AM							
Erby	10/21/2019 9:30:00 AM	525876	Calls:	3	Triaged:	False	Sprain, Strain, Twist	Howard Memorial Hospital ER
2728	10/21/2019 7:46:39 AM	0 Day(s)	ER:	True	Treated:	True	Elbow	Maintenance Shop
Maintenance Specialist	10/21/2019 9:58:52 AM							
Rather	10/29/2019 10:30:00 AM	528137	Calls:	1	Triaged:	True	Back Pain	HealthCARE Express
1789	10/29/2019 8:51:11 AM	0 Day(s)	ER:	False	Treated:	True	Back Upper	Outside
Maintenance Aid I	10/29/2019 9:12:57 AM							
<b>QR010006 - AR Department of Transportation (ARDOT)- Little Rock, AR (District 06)</b>								
Green	10/7/2019 2:00:00 PM	522450	Calls:	1	Triaged:	True	Back Pain	Concentra
2568	10/8/2019 6:35:17 AM	1 Day(s)	ER:	False	Treated:	True	Back	roadway
Maintenance Specialist	10/8/2019 6:55:51 AM							

# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019

Moses	10/21/2019 10:45:00 AM	525916	Calls:	1	Triaged:	True	Sprain, Strain, Twist	Concentra
4328	10/21/2019 9:13:25 AM	0 Day(s)	ER:	False	Treated:	True	Ankle	under the bridge
Maintenance Aid 2	10/21/2019 9:34:48 AM							
Mullins Jr	10/21/2019 3:00:00 PM	526536	Calls:	1	Triaged:	True	Hymenoptera	ARcare
5291	10/23/2019 5:29:35 AM	2 Day(s)	ER:	False	Treated:	True	Arm Lower	Inside a truck
Maintenance Aide 2	10/23/2019 5:47:39 AM							

## QR010037 - AR Department of Transportation (ARDOT)- Maintenance (District 15)

Hitt	10/4/2019 8:55:00 AM	521800	Calls:	1	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	Concentra
4118	10/4/2019 11:15:41 AM	0 Day(s)	ER:	False	Treated:	True	Knee	Outdoors
Office Assistant	10/4/2019 11:36:25 AM							
Bates	10/14/2019 3:20:00 PM	524115	Calls:	3	Triaged:	False	Back Pain	UNKNOWN ER
8203	10/14/2019 1:31:51 PM	0 Day(s)	ER:	True	Treated:	True	Back Lower	dumptruck
Striper Helper	10/15/2019 10:19:34 AM							

## QR010002 - AR Department of Transportation (ARDOT)- Pine Bluff, AR (District 2)

Cain	10/14/2019 4:30:00 PM	524577	Calls:	1	Triaged:	True	Insect, Spider, and Tick Bites	McGehee Family Clinic
4294	10/16/2019 4:50:04 AM	2 Day(s)	ER:	False	Treated:	True	Hand	Intersection
AMS	10/16/2019 5:14:04 AM							

## QR010008 - AR Department of Transportation (ARDOT)- Russellville, AR (District 08)

# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019

Keith	10/17/2019 2:30:00 PM	525230	Calls:	2	Triaged:	False	Back Pain	Chambers Memorial Hospital ER
6993	10/17/2019 2:53:18 PM	0 Day(s)	ER:	True	Treated:	True	Back	Outside
Maintenance Aid 1	10/19/2019 7:33:24 AM							
Canady	10/29/2019 1:15:00 PM	528433	Calls:	1	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	Arkansas Occupational Health Clinic
7214	10/30/2019 5:12:18 AM	1 Day(s)	ER:	False	Treated:	True	Thumb	Side of the Road
Maintenance Aid 2	10/30/2019 5:27:41 AM							
<b>QR010001 - AR Department of Transportation (ARDOT)- Wynne, AR (District 1)</b>								
Wedgeworth	10/1/2019 11:30:00 AM	520661	Calls:	1	Triaged:	False	Bruises, Contusions, Other Blunt Injuries	Regional One Health Medical Center
	10/1/2019 11:19:13 AM	0 Day(s)	ER:	True	Treated:	True	Leg Lower	Outdoors
Maintenance Aide 1	10/1/2019 11:41:30 AM							
Cartwright	10/14/2019 12:45:00 PM	524084	Calls:	2	Triaged:	False	Unclassified	Baptist Health Medical Center-Stuttgart ER
3173	10/14/2019 12:19:17 PM	0 Day(s)	ER:	True	Treated:	True	Not Applicable	crew cab
	10/15/2019 11:13:40 AM							
Wilson	10/21/2019 9:00:00 AM	525871	Calls:	1	Triaged:	True	Bruises, Contusions, Other Blunt Injuries	Urgent Team Jacobs Clinic
9382	10/21/2019 7:28:12 AM	0 Day(s)	ER:	False	Treated:	True	Wrist	ROAD SIDE
Maintenance 2	10/21/2019 7:49:48 AM							

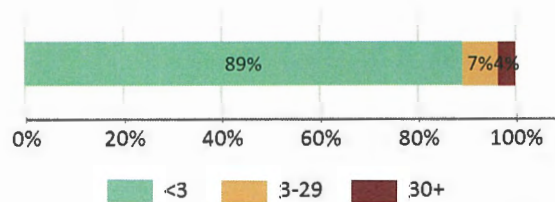
# Incident Summary Report

Date Comparison: 10/01/2019 - 10/31/2019

## AR Department of Transportation (ARDOT)

### Totals for AR Department of Transportation (ARDOT)

Total Incidents	30
New Incidents	28
Total Updates	47
Average Updates per Incident	1.57
Average Lag Days for New Incidents	2.50
Lag Days < 3 Days	25 89%
Lag Days 3 - 29 Days	2 7%
Lag Day 30+ Days	1 4%



Total Incidents	30
Total Treated	28 93%
Total Not Treated	2 7%
Total Treated	28
Triaged to Treatment	14 50%
Treated w/out Triage	14 50%
Total Treated	28
Treated to ER	12 43%
Treated to Non-ER	16 57%
Treated to Telemed	0 0%
Total to ER	12
Triaged to ER	2 17%
To ER w/out Triage	10 83%

Total Incidents	30
Total Triaged	16 53%
Total Not Triaged	14 47%
Total Triaged	16
Triaged to ER	2 13%
Triaged to Non-ER	12 75%
Triaged to Telemed	0 0%
Triaged to Self Care	2 13%



# Incident Summary Report

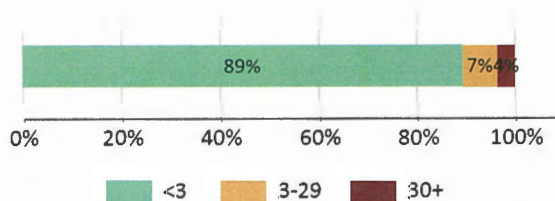
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## AR Department of Transportation (ARDOT)

### Totals for AR Department of Transportation (ARDOT)

Total Incidents	30
New Incidents	28
Total Calls	47
Average Calls per Incident	1.57

Average Lag Days for New Incidents	2.50
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Treated to ER	12 43%
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Triaged to Self Care	2 13%



## Collateral Samples for State of Arkansas

Exhibit G CN Wallet Cards AR Adm Office of the Courts (2 pages)

Exhibit H CN Employer Stickers - AR Board of Pharmacy (1 page)

Exhibit I CN State of AR Flyer (1 page)

## Privacy and Security

Exhibit J CN Security Scorecard



**IN CASE OF INJURY, CALL:**  
EN CASO DE UN ACCIDENTE LLAMAR A:

**1-855-339-1893**

EMPLOYER NAME (NOMBRE DE COMPANIA):

**AR Administrative Office of the Courts**

SEARCH CODE (CÓDIGO DE BÚSQUEDA):

**QR02**

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# IN CASE OF WORKPLACE INJURY



**AVAILABLE  
24 HOURS A DAY**

**1-855-339-1893**

**Employer Name**

**Search Code**



**1**

Injured worker notifies supervisor.

**2**

If employee suffers a non-life-threatening workers' compensation injury and needs medical treatment, Supervisor/Injured Worker immediately contacts Company Nurse.

**3**

Company Nurse gathers information over the phone and helps injured worker access appropriate medical treatment.

**NOTICE TO EMPLOYER/SUPERVISOR:** Please post copies of this poster in multiple locations within your worksite. If the injury is non-life-threatening, please call Company Nurse prior to seeking treatment. Minor injuries should be reported prior to leaving the job site, when possible.

## NOT RELATED TO A WORK PLACE INJURY:



**24/7 Nurse Line 1-866-458-0408 Option 1**

### When should you call the 24/7 Employee Benefits Nurse Line?

1. For questions on a non-workers' compensation health condition or illness
2. When you need help deciding if you should see a doctor or go to the ER not involving workers' compensation
3. If you want more information on a medical test or procedure.
4. When you call, you will speak directly with a Registered Nurse who can help you with your health questions.

# Security Summary Report

POWERED BY  SecurityScorecard

Prepared on 1/12/2019

We are sharing this independently-gathered confidential business insight that may help inform your policy decision.



95

current percentile

## Company Nurse LLC

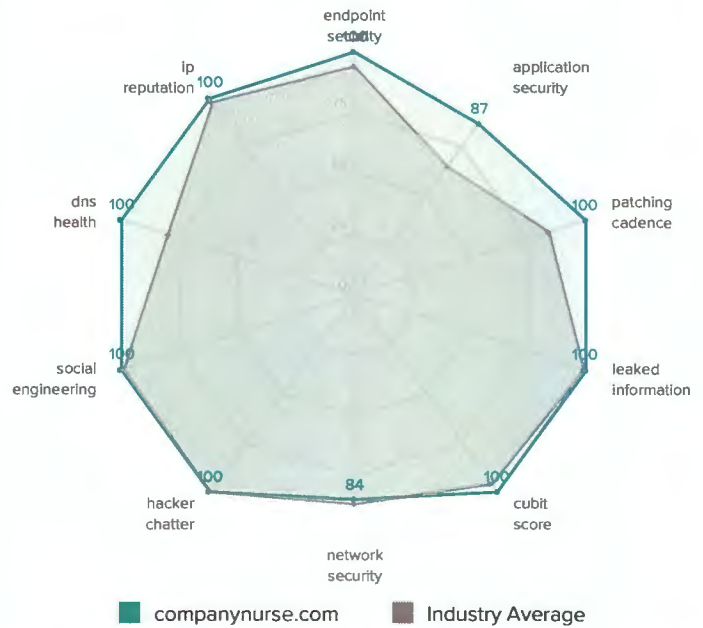
HEALTHCARE

companynurse.com

### Threat Indicators

- B 84 **Network Security**  
*Detecting insecure network settings.*
- A 100 **DNS Health**  
*Detecting DNS insecure configurations and vulnerabilities.*
- A 100 **Patching Cadence**  
*Out of date company assets which may contain vulnerabilities or risks.*
- A 100 **Endpoint Security**  
*Measuring security level of employee workstations and mobile devices.*
- A 100 **IP Reputation**  
*Detecting suspicious activity, such as malware or spam, within your company network.*
- B 87 **Application Security**  
*Detecting common website application vulnerabilities.*
- A 100 **Cubit Score**  
*Proprietary algorithm checking for implementation of common security best practices.*
- A 100 **Hacker Chatter**  
*Monitoring hacker sites for chatter about your company.*
- A 100 **Information Leak**  
*Potentially confidential company information which may have been inadvertently leaked.*
- A 100 **Social Engineering**  
*Measuring employee awareness to a social engineering or phishing attack.*

### Industry Comparison



### Vulnerabilities

Vulnerability Type	Measure
Open Ports	4
Site Vulnerabilities	13
Malware Discovered	0
Leaked Information	0

Security-related analyses including ratings and statements in the Content of this document are statements of opinion of relative future security risks of entities as of the date they are expressed, and not statements of current or historical fact as to safety of transacting with any entity, recommendations regarding decision to do business with any entity, endorsements of the accuracy of any of the data or conclusions or attempts to independently assess or vouch for the security measures of any entity. SECURITYSCORECARD PARTIES DISCLAIM ANY AND ALL EXPRESS OR IMPLIED WARRANTIES, INCLUDING, BUT NOT LIMITED TO, (1) ANY WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR USE, (2) ACCURACY RESULTS, TIMELINESS AND COMPLETENESS, (3) FREEDOM FROM BUGS, SOFTWARE ERRORS AND DEFECTS, (4) THAT THE CONTENT'S FUNCTIONING WILL BE UNINTERRUPTED AND (5) THAT THE CONTENT WILL OPERATE WITH ANY SOFTWARE OR HARDWARE CONFIGURATION