



NEVADA WORKERS' COMPENSATION CHRONICLE

Department of Business & Industry
A Publication of the Workers' Compensation Section

Division of Industrial Relations Summer Edition
(June 2018 - August 2018)

This newsletter is not intended to provide legal advice to the reader. Legal opinions or interpretations of statutes and regulations referenced should be sought from legal professionals.

REGISTRATION IS NOW OPEN FOR THE 2018 WORKERS' COMPENSATION EDUCATION CONFERENCE

We are excited to announce online registration is now open for the Eighth Annual Nevada Workers' Compensation Educational Conference, which will take place at the Tuscany Suites Hotel on August 23rd-24th. The conference is presented by the State of Nevada Workers' Compensation Section in association with the International Workers' Compensation Foundation.

This year's conference promises to be a highly informative and an enjoyable experience. There will be a variety of presentations which will include the following topics:

- Stories of Workers' Comp Law from 1913 Forward
- The Other Face of DIR
- Benefit Penalties: How They Work
- Superbugs: The Roadmap to Employer Safety
- Overview of Workers' Compensation Supreme Court Cases
- Shifting the Paradigm
- Self-Insured Guarantee Funds
- Workers' Comp Adjuster Licensing
- Workers' Comp Injury Causation 2 Parts
- What is Worker Misclassification?
- The Aftermath: October 1st

Individual registration is \$350 on or before July 1, 2018 and \$400 after July 1, 2018. The fee for exhibitors is \$800 and includes two (2) complimentary registrations for exhibitor representatives. Sponsorship opportunities are also available.

To register or for more information visit the IWCF website at www.iwcf.us/iwcfevents.html.

We look forward to seeing you in August!

Subsequent Injury Claim Request Procedures

Subsequent Injury Accounts (Account) were established pursuant to NRS 616B.554, .575 and .584 to help injured employees retain or acquire employment within the State of Nevada by providing an incentive for employers to hire or retain in employment individuals with a permanent physical impairment. An insurer of an employer who has been made aware of a permanent physical impairment, as defined by statute, upon hiring an individual, may request reimbursement from the Account for a subsequent injury by following the statutes and regulations that govern claims for reimbursement. An insurer may also request reimbursement from the Account for the costs associated with a subsequent injury if the employer has retained an injured employee that has a qualifying permanent physical impairment once the employer has been made aware of the injured employee's condition. NRS 616B.554 to 616B.590 can be found at <https://www.leg.state.nv.us/NRS/NRS-616B.html>

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State of Nevada • Division of Industrial Relations
Register Now!
**WORKERS' COMPENSATION
EDUCATIONAL CONFERENCE**

Thursday, August 23, 2018 and Friday, August 24, 2018
Tuscany Suites Hotel Las Vegas, Nevada
Sponsorship and Exhibitor Opportunities Email: iwcf@bellsouth.net

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Subsequent Injury Claim Request Procedures

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Claims for reimbursement are made to the Administrator of the Division of Industrial Relations where they are reviewed and a recommendation made regarding their qualification under the appropriate Account. The Boards for the Subsequent Injury Accounts for self-insured employers and associations of self-insured public or private employers meet regularly to review DIR recommendations on claims for reimbursement. The Boards are responsible for making final determinations regarding reimbursement. Decisions of the Boards are appealable to the District Court. There is no Board for the Account for private carriers. DIR determinations for claims submitted by private carriers are appealable to the Appeals Office.

The Insurer's Subsequent Injury Checklist, Form D-37, must be completed in its entirety and submitted with the request and backup documentation. The form can be found on our web site at <http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/d-37.pdf>. The D-37 should be used as a guide for submitting an organized and complete request for reimbursement to DIR. As they are often voluminous, complete submissions must be secured in a binder or by some other means and the sections separated with tabs or colored paper.

Part One: Complete claim and submitter identification area completely. Identify the type of insurer that is requesting reimbursement so that the DIR recommendation may be presented to the appropriate Board.

Part Two: A letter of application specifying under which statute reimbursement is requested and an explanation of why the claim qualifies must be included.

Part Three, subsection a: The submission must include medical documentation specifically showing that the compensation due is greater due to the combined effects of the prior condition and the subsequent injury. Some insurers elect to send the claim file for review by a physician; however it is not required. The cost for this review is considered an administrative expense. Be specific when citing the documents being referenced for this section.

Documentation of the prior 6% whole person impairment (WPI) can be from a prior PPD, a current PPD, prior medical reports, etc. This can also include reporting from a medical advisor. The percentage of impairment and the body part must be clearly identified and relate to the current claim for reimbursement.

Verification of the employer's knowledge by written record, the employee's date of hire, the date of the employer's knowledge of the impairment and date of retention in employment after the date of knowledge must all be identified. If there are specific documents being referenced, note them in the specified area.

A copy of the notification to DIR of a possible claim pursuant to NRS 616B.557, .578 or .587 is only required to be submitted on claims with dates of injury prior to October 30, 2005. The requirement to notify the appropriate Board of a potential claim within 100 weeks for these statutes was repealed effective 10-1-2007. Claims that are being submitted under NRS 616B.560, .581 and .590 still require notice of a possible claim as specified in these statutes.

Part Three, subsection b: Needs to be completed if the claim is being submitted under NRS 616B.560, .581 or .590.

Parts Four through Seven: These sections include all of the other documentation that must be submitted. Do not redact any information from the claim documents. The file should not contain multiple copies of documents. The C-3 and C-4 should be clear and readable. If there is a C-1 form, include it. If there is specific documentation that is being relied upon to support the employee's false representation, this must be submitted. Medical reporting concerning the pre-existing condition must also be included. All documents must be in date of service order from oldest to newest. All calculations must be included with supporting documents.

PPD documents must include signed election papers and PTD paperwork must be submitted, if applicable. Total expenditure documentation would include, but is not limited to, check copies, EOBs, payment printouts, log sheets, payment history sheets, etc. If check copies are being used they should be placed with the bill and EOB that matches the payment. If using payment log/history sheets, they can be placed in the front of the billing section. A copy of the check, if applicable, EOB and bill should be in date of service order with the oldest appearing first. All compensation payments must include off work slips, D-46, payroll checks, etc. Travel reimbursement must be supported by receipts, the completed D-26, and any additional documentation that supports the payment.

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Subsequent Injury Claim Request Procedures

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The file should contain all required legal documents with the exception of continuance requests. All vocational rehabilitation documentation must be submitted. Subrogation documentation, if any, must be included in the file. Subrogation reimbursement will be offset from the subsequent injury reimbursement amount. If subrogation is being pursued at the time the claim is submitted and recovery comes after the claim has been accepted and paid, a refund to the Account may be necessary by the insurer.

If payment logs or spread sheets are used to document payments, they must include the check number, date of service, benefit type, payee name and amount paid.

Part Eight: Be sure to include all totals under the correct line item. Payment for PPD evaluations are included under medical treatment. If the transaction history used for the payment portion of the claim does not reflect a total for each type of payment, calculator tapes must be provided to serve as checks and balances in case there is a discrepancy in the payment amounts in the file documentation.

General Tips: Insurers may request reimbursement prior to claim closure. If the claim is approved for reimbursement from the Account, subsequent requests for reimbursement may be made using the same format. It is the submitter's responsibility to keep track in the original claim file what has been requested for reimbursement if the claim has not been closed. Submitters may document the dates included in the submission at the bottom of page three of the D-37.

Review NAC 616B.707. This regulation defines which costs associated with claims are considered administrative. Administrative costs will not be reimbursed and should not be included in the requested reimbursement amount.

Remember, the burden of proof for substantiating qualifying claims lies with the party submitting the request. Incomplete files or files not conforming to the required format will be returned to the submitter and will include a detailed letter outlining the discrepancies. If a file has to be returned and the submitting party is in the Las Vegas area, the file will need to be picked up at our Las Vegas office.

For more information, including Subsequent Injury Board decisions, visit our web site at http://dir.nv.gov/WCS/Subsequent_Injury/. If you have any questions, please contact Jacque Everhart at 702-486-9089 or everhart@business.nv.gov.

Jacque Everhart
Subsequent Injury Coordinator

Employer Educational Sweeps Update



Compliance Audit Investigators from WCS provided Educational Outreach Sweeps in areas of the city where employer compliance for workers' compensation is an ongoing issue. Within a 3 hour span, investigators visited over 179 employers and educated them on workers' compensation compliance. The employers were asked to provide proof of coverage for workers' compensation insurance during the site visit and for those who did not have coverage, a courtesy warning was given.

The investigators conducted follow-up site visits to ensure compliance within 3 weeks for those who failed to comply with the warning. WCS Educational Outreach Sweeps serve the small business community, as they sometimes struggle to comply with or are unaware of the requirement to provide coverage for workers' compensation.

Percentage of employers without coverage	18%
Percentage of employers in compliance	82%
Percentage of employers who complied immediately after outreach	14%
Stop Work Orders Issued	0%

Angelia Yllas
Chief Compliance Audit Investigator
Southern District Manager



Annual Service Provider Appreciation Fair

The Workers' Compensation Section (WCS) participated in the annual Nevada Self-Insurers Association (NSIA) Vendor Appreciation and Marketing Fair held at Circus Circus on April 20, 2018. The WCS was able to reach out and provide information on various topics to those attendees just starting out in Nevada workers' compensation. Over 80 attendees stopped at our booth to not only collect information but to also ask questions. The WCS' booth contained information including our new location, our upcoming training opportunities and brochures for the medical, insurer and vocational rehabilitation community as well information specific to Subsequent Injury Accounts. Much of this information is on the WCS website <http://dir.nv.gov/WCS/Home/>.

There were 73 exhibitors which was comprised of a diverse array of medical professionals, industrial representatives and government officials. The WCS was excited to be among those who participated and it was a great opportunity to reach out to the community and meet face to face with our constituents.

Kristine Garcia
Assistant Editor



Kristine Garcia and Lupe Manzo, WCS Las Vegas, ready to handout goodies and answer attendees questions.



Consumer Health Assistance (OCHA)

The State of Nevada's Office for Consumer Health Assistance (OCHA) helps Nevadans access information on their rights and responsibilities as patients and injured workers. We also advocate for, and educate consumers and injured workers concerning their rights and responsibilities under their health care plans and policies including: group health plans through their employer, managed care, individual health insurance policies, hospital billing, the Employee Retirement Income Security Act (ERISA), workers' compensation, government programs such as Medicare and Medicaid, and discount medical plans. Our Ombudsman for injured workers answers questions about the workers' compensation claim process and, when necessary, will advocate on their behalf to resolve issues including: Temporary Total Disability benefit delays or miscalculations, treatment plan inquiries, and preparation and filing of hearings/appeals requests. OCHA may also assist injured workers with filing formal complaints with the Division of Industrial Relations. For additional information, please contact OCHA at 702-486-3587, or toll free at 1-888-333-1597.

You may also visit our website at <http://dhhs.nv.gov/Programs/CHA/> or email us at cha@govcha.state.nv.us.

**Charles Quintana, Ombudsman for Injured Workers
Office for Consumer Health Assistance**



WCS MISSION STATEMENT

The purpose of the Workers' Compensation Section is to impartially serve the interests of Nevada employers and employees by providing assistance, information, and a fair and consistent regulatory structure focused on: Ensuring the timely and accurate delivery of workers' compensation benefits. Ensuring employer compliance with the mandatory coverage provisions.

REPORTING REMINDERS



- A **D-35 Request for a Rotating Physician or Chiropractor** must be submitted to WCS prior to any PPD impairment evaluation being scheduled with a rater. Before WCS can process a D-35, the claim must be reported to the Claims Index System. If the claim has not been reported, submit the **D-38 Injured Worker Index System Claims Registration Document** via the CARDS web portal or by submitting the fillable form found on our website.
- The **FY17 WCS Workers' Compensation Claims Activity Report** pursuant to NRS 616B.009 and NAC 616B.016 was requested via email to insurers and TPAs on February 12, 2018 and was due no later than March 30, 2018. **Insurers that have not submitted either the FY17 WCS Claims Activity Report or Statement of Inactivity should do so immediately.** Forms and instructions can be found on our website at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/. NOTE: The **Insurer Information Form** is no longer part of this data call. See “The **Insurer Information Form**” below.
- The **Insurer Information Form** is available **only in our CARDS web portal** and must be completed within 30 days of any changes and reviewed and submitted at least once annually. An email request was sent on April 6, 2018 to insurers outlining the annual requirement to submit the form in the portal. The due date to submit a new Information Form or to review/update/submit and existing form was May 7, 2018. All insurers – active and inactive – must complete the Insurer Information Form. Insurers that have not submitted the **Insurer Information Form** on the web portal after February 1, 2018 should do so immediately. (For more information on the CARDS portal, visit our CARDS webpage: <http://dir.nv.gov/WCS/CARDS/>.)
- **Proof of Coverage (POC):** Private carriers must report information to NCCI within 15 days of the effective date of the issuance, renewal, cancellation, nonrenewal, reinstatement or reissuance of a policy of workers' compensation insurance. **Starting July 1, 2018, private carriers writing large deductible policies in Nevada will be required to submit 3 additional data elements relating to the policy.** See NCCI Circular **POC-NV-2018-01** on our website at <http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/InsurerReportingDocs/POC-NV-2018-01.pdf> for more information.
- The **Occupational Disease Claim Report:** Ongoing **OD-8** reporting requirements can be found on our website at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/. Don't forget to submit all required updates to reportable claims including appeals, closures and reopening's. Watch for a revised OD-8 form in 2018 to capture data per AB 267 (2017) relating to appeals for heart and lung claims.
- **2018 PT Claims Report** – watch for this annual data call to be distributed in early July and due in early August.

Information on reporting requirements and forms can be found on our Web site at <http://dir.nv.gov/WCS/Home/> under “Insurer and TPA Reporting” or go directly to our page at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/. Contact the WCS Research and Analysis Unit by phone at (702) 486-9080 or by email at wcsra@business.nv.gov if we can be of any assistance.

WCS has relocated to the
Nevada State Business Center
3360 W. Sahara Avenue, Suite 250
Las Vegas, NV 89102

[3300 W Sahara Ave](#)

<< Click here for more information >>

**WCS WILL BE
CLOSED
WEDNESDAY,
JULY 4, 2018
IN OBSERVANCE
OF
INDEPENDENCE
DAY**

Training Sessions

SOUTHERN NEVADA

3360 West Sahara Avenue, Suite 250
Las Vegas, Nevada 89102

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☎ (702) 486-9105

NORTHERN NEVADA

400 West King Street, Suite 400
Carson City, Nevada 89703

✉ kawilliams@business.nv.gov
☎ (775) 684-7265



WCS Basic Orientation

9/27/2018 at 9:30 am and 1:30 pm

C-4 Processing & CVS

10/17/2018 at 9:30 am

Medical Billing

10/17/2018 at 1:30 pm

Direct comments or suggestions
about this newsletter to:

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[http://dir.nv.gov/WCS/Home/
WCSHelp@business.nv.gov](http://dir.nv.gov/WCS/Home/WCSHelp@business.nv.gov)

Hails, Farewells and Promotions



Congratulations **Joe "JD" Decker**

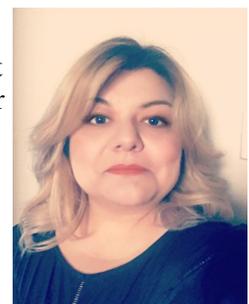
who vacated his position as DIR Administrator to join the DMV as the Administrator for the Compliance Enforcement Division in April. JD has worked with the Department of Business and Industry since 2013 and has been a steady leader in multiple divisions. We appreciate his invaluable contributions to the Division of Insurance, the Real Estate Division, the Division of Industrial Relations and most recently the Taxicab Authority. JD has demonstrated leadership, vision and the ability to get things done. JD will be missed and we are confident he will achieve success in his new position.

After 20 years of state service, **Terri Mills** retired on June 8, 2018 as an Compliance Audit Investigator II. She looks forward for the 1st week of sleeping and getting up when she is ready to get up. As she gets used to her retired routine, she will be doing some gardening with her dog, Lucy, cooking for her parents and oh, yes, watching her new grandson grow. Terri is also expecting a great granddaughter by the end of June. Happy Retirement!!



Congratulations to **Judy Cheun**, who was promoted in March from Compliance Audit Investigator II to Compliance Audit Investigator III in the Benefit Penalty Unit where she'll be investigating allegations of insurer or TPA misconduct and may recommend payments to injured workers.

Congratulations to **Roxanne Escamilla**, who has recently been promoted to the position of Administrative Assistant III in the Employer Compliance Unit. Roxanne began her career with the WCS in August of 2016 as WCS AO/HO review and compliance processor. Her experience in the WCS Audit Unit and medical management background will also assist her greatly in her new duties. Her background, along with her enthusiasm and commitment to assist will ensure her success in her new role.



Welcome **Sherry Crance**, the new Medical Unit Supervisor for WCS in Carson City. She has been an RN for over 20 years and has worked for the State of Nevada for almost 15 years. Sherry has experience in case management, surgical nursing, rehabilitation, Medicaid, facility inspections and insurance. When not at work, she likes to spend time with family and furry friends, hike, read and garden.