



State of Nevada

Division of Industrial Relations

Workers' Compensation Section

TPA Reporting



*FY-- TPA Information Form



Basic **Contact** Information

Claims Handled Data required to calculate benefit penalties per NRS 616D.120(4)

Record Storage Locations to ensure proper storage/destruction of records per NRS 616B.021 and 616B.024

FY-- TPA Information Form

State of Nevada
 Department of Business & Industry
 Division of Industrial Relations
 WORKERS' COMPENSATION SECTION

FY15 TPA INFORMATION FORM

(July 1, 2014 through June 30, 2015)
 Workers' Compensation Third Party Administrators

DUE DATE: OCTOBER 21, 2015

(ALSO submit this form within 30 days of any changes/updates during the year)

Email: wcsra@business.nv.gov

Mail: State of Nevada
 Division of Industrial Relations
 Workers' Compensation Section
 1301 North Green Valley Parkway, Suite 200
 Henderson, NV 89074
 Attention: Research and Analysis

Fax: (702) 990-0364

Every Third Party Administrator must supply the following information to the DIR no later than October 21, 2015. Failure to provide this information may result in administrative fines pursuant to NAC 616A.410 and NAC 616D.415.

This form can also be found on the DIR Web site at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/

Main Physical Nevada Address	
TPA Name:	TPA License #
Street:	FEIN #
City:	State: Zip:
Contact Name:	Title:
Phone:	Fax:
Email:	C-4 Claims Nevada Fax:
Main Mailing Address (If different from physical address; for out-of-state addresses attach a waiver)	
Street:	
City:	State: Zip:
Contact Name (If different from above):	Title:
Phone:	Fax:
Email:	
Additional Address (If applicable; for out-of-state addresses you must attach a waiver)	
<input type="checkbox"/> Physical Nevada Address <input type="checkbox"/> Mailing	
Street:	
City:	State: Zip:
Contact Name (If different from above):	Title:
Phone:	Fax:
Email:	C-4 Claims Nevada Fax:

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FY15 TPA INFORMATION FORM

Additional Address (If applicable; for out-of-state addresses you must attach a waiver; for more locations add attachment)

<input type="checkbox"/> Physical Nevada Address <input type="checkbox"/> Mailing	
Street:	
City:	State: Zip:
Contact Name (If different from above):	Title:
Phone:	Fax:
Email:	C-4 Claims Nevada Fax:

OFF-SITE LOCATION OF RECORDS

Add attachment for additional off-site locations	
Location of Records:	
Street:	
City:	State: Zip:
Contact Name:	Title:
Telephone:	
Email Address:	Contract Exp Date:

STATEWIDE WORKERS' COMPENSATION CLAIMS HANDLED DATA

The Administrator of the Division of Industrial Relations (DIR) is required by NRS 616D 120(4) to take into consideration the number of workers' compensation claims handled during a specified period when calculating a benefit penalty. The DIR has defined "claims handled" to be the sum of workers' compensation claims accepted, denied, and reopened in a given fiscal year.

Number of claims:	Accepted (A)	Denied (B)	Reopened (C)	Total WC Claims Handled (A+B+C)
FY15 (7/1/14 - 6/30/15)				

Name of Individual Completing Form:	
Company:	Title:
Street:	
City:	State: Zip:
Telephone:	Fax:
Email Address:	
Signature:	Date:

Submit to: WCSRA@business.nv.gov

FY-- TPA Information Form



Data call is sent out by email in late summer/early fall

The annual data call date is not fixed to a specific month/day

After the data call goes out, it is posted online at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/

FY-- TPA Information Form

Altered forms are not accepted



Failure to submit the report may result in administrative fines pursuant to NAC 616A.410 and NAC 616D.415

FY-- TPA Information Form

Use this form to respond to the **annual data call**

AND

For **updates** throughout the year.
Submit within **30** days of changes to
WCSRA@business.nv.gov



Nevada Statutes & Regulations

Nevada Revised Statutes
(NRS)



Chapter 616

Industrial Insurance Act

&

Chapter 617

Occupational Diseases Act

Nevada Administrative
Codes (NAC)



Chapter 616

Industrial Insurance Act

&

Chapter 617

Occupational Diseases Act

FY-- TPA Information Form

TPA Information Form is posted during the data call on the WCS website at

http://dir.nv.gov/WCS/Insurer-TPA_Reporting/

from the main page click on Insurer and TPA Reporting

State of Nevada Department of Business & Industry
Industrial Relations (DIR)

NV.gov Agencies Jobs About Nevada

WELCOME TO WORKERS' COMPENSATION

SAVE THE DATE

Las Vegas, Nevada
August 18-19, 2016

6th Annual
Workers' Compensation Educational Conference

Sponsorship and Exhibitor Opportunities
Email: iwcf@bellsouth.net

What's Hot!

- Hearings / Workshops
- Current Newsletter
- Training
- Important Changes
- Join our Mailing List
- Past Newsletters
- Forms and Worksheets
- WCS Contacts
- Questions - Please Use WCSHelp

VERIFY EMPLOYERS WORKERS' COMPENSATION COVERAGE

STEPS FOR FILING A C-4

EMPLOYER COMPLIANCE

NEVADA WORKERS' COMPENSATION LAW

INSURER and TPA REPORTING

RELATED AGENCY LINKS

MEDICAL UNIT

- Rating Panel
- Treating Panel
- 2016 Medical Fee Schedule
- D-35 Form
- The Pulse Medical Unit Newsletters

INJURED WORKERS

- Northern Complaint Form
- Southern Complaint Form
- Appeal Rights
- Claim Reopening
- Nevada Attorney for Injured Workers

INSURERS / TPAS

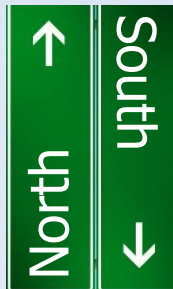
- Time Frames
- Standard Audit Requirements
- Subsequent Injury Fund
- Uninsured Employers

EMPLOYERS

- Employee Leasing Company (PEO)
- Posting Requirements
- SilverFlume

Contacting WCS

400 West King Street
Suite 400
Carson City, NV 89703
Phone (775) 684-7270
Fax (775) 687-6305



1301 Green Valley Parkway
Suite 200
Henderson, Nevada 89074
Phone (702) 486-9080
Fax (702) 990-0364

Questions?



Contact the Research & Analysis Unit at (702)486-9080
or at WCSRA@business.nv.gov