

TEXT OF EMAIL TO INSURERS
REQUEST FOR FY16 WCS CLAIMS ACTIVITY REPORT, STATEMENT OF INACTIVITY & INSURER INFORMATION FORM

TO: ALL NEVADA WORKERS' COMPENSATION INSURERS (Active and Inactive)

CC: THIRD PARTY ADMINISTRATORS (TPAs)

FROM: Charles J. Verre, Chief Administrative Officer, Nevada Workers' Compensation Section

DATE: January 11, 2017

SUBJECT: Nevada WCS Workers' Compensation Claims Activity Report, Statement of Inactivity and Insurer Information Form
Fiscal Year 2016 (July 1, 2015 - June 30, 2016)

DUE DATE: February 28, 2017

The Fiscal Year 2016 WCS Workers' Compensation Claims Activity Report (Activity Report), Statement of Inactivity and the Insurer Information Form and instructions are now available on the WCS website at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/.

The Insurer Information Form AND either the Activity Report or the Statement of Inactivity must be completed and returned to the WCS on or before February 28, 2017. If you are not the appropriate party to respond to this correspondence, please forward to the person(s) within your organization responsible for state reporting.

Forms and instructions are available on the WCS Web site at http://dir.nv.gov/WCS/Insurer-TPA_Reporting/. (Hard copy forms may also be requested via email to wcsra@business.nv.gov.)

Read and follow all instructions carefully. Information submitted must be complete, accurate and correctly calculated. Be sure to double-check calculations before entering the final figures on the report. A zero (0) should be entered in all fields where there has been no activity. If a specific amount is unknown, enter "UNK" in the field. Do not leave fields blank.

An insurer having no claims activity during the fiscal year must complete the Statement of Inactivity in lieu of the Activity Report. Every insurer, active or inactive, must submit the Insurer Information Form AND either the Activity Report or the Statement of Inactivity.

METHODS OF REPORTING:

Electronic Filing:

The WCS requests electronic filing. Read and follow the instructions (Attachment #3) for filing this report by email to:
wcsra@business.nv.gov.

Hard Copy Filing (hardcopy forms available upon request to wcsra@business.nv.gov):

By Fax: (702) 990-0364
Attention: Research and Analysis

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

Nevada Revised Statutes (NRS) 616B.009(1) states: "All insurers shall report to the administrator, annually or at intervals which the administrator requires, all accidental injuries, occupational diseases, dispositions of claims and payments made under chapters 616A to 617, inclusive, of NRS or regulations adopted by the division pursuant thereto." Additionally, NAC 616B.016 defines what each insurer shall report. Nevada Administrative Code (NAC) 616A.410 requires workers compensation insurers to respond to a written request of the administrator or his designated agent within 30 days after receipt of the request or as specified in the request. Failure to return the completed forms as requested by WCS or to comply with any of the statutes and regulations mentioned herein shall result in administrative action pursuant to NAC 616D.415(1)(d).

If you have any questions regarding this request, you may contact Research and Analysis at (702) 486-9080 or by e-mail at wcsra@business.nv.gov.