CLAIMS INDEXING (D-38)

CLAIMS AND REGULATORY DATA SYSTEM

WORKERS' COMPENSATION

CARDS
Claims and Regulatory Data System

https://CARDS.nv.gov

Email us at:
INDEXING@dir.nv.gov

This pamphlet is provided to inform stakeholders of some significant points concerning workers' compensation insurance in Nevada.

RULES FOR CLAIMS INDEXING

Asterisk (*) denotes required field

Claim Number* – must contain letters and numbers only. The claim number search is an exact match. For claim number changes the insurer/TPA is required to notify WCS to convert claim numbers prior to any updates.

Claim Type* – Medical only or Lost Time.
   **NOTE: Use Medical Only for denied claims.

INJURED EMPLOYEE INFORMATION
First Name*
M.I.
Last Name*
Gender*
Date of Birth*
Zip Code*
Undocumented Injured Employee* - For use only for undocumented workers. (Not available in flat file option.)
Injured Employee SSN*

CLAIM INFORMATION
Date of Injury/Date of Disablement* - Use date of injury for NRS 616 claims and date of disablement for NRS 617 claim

Date C4 Received by Insurer/Claims Admin* - Must be on or after Date of Injury.

Date Accepted/Denied* - Must be on or after Date C4 Received.

Accepted* - yes/no. Accepted claims must have at least one accepted body part.

Type of Loss* - NRS 616- Traumatic Injury, NRS 617 – Occupational Disease, Cumulative Injury (Other than Disease).

Catastrophic – yes/no. refer to NRS 616A.077

Nature of Injury* - see addendum 2 in Indexing Manual

Cause of Injury* - see addendum 3 in Indexing Manual

Permanent Impairment Percentage – whole body

Death Date – Only if the injured worker is deceased otherwise leave blank (Death Result of Injury will also be required.)

Death Result of Injury – leave blank unless Death Date is completed. (Required with Death Date)

Benefit Type – see addendum 4 in Indexing Manual

Benefit period start date

Benefit period through date - For Lump Sum Payout use the same date as start date.

RELATED ENTITIES
EMPLOYER
Employer Name*
Employer FEIN* - Employer is matched on FEIN.
Address Line 1*
Address Line 2
City*
State*
Postal Code*
Phone*
INSURER* - Populated based on chosen insurer.
TPA – Only Linked TPAs will be listed.

CLAIM CLOSED/REOPENED
Date Closed - *Required with NRS Close Code and Total Cost at Closure

NRS Close Code – NRS 616C.235 (1) or (2) Claim amounts over $800 must use section (1) *Required with Date Closed and Total Cost at Closure

Total Cost at Closure – per NAC 616B.707 *Required with Date Closed and NRS Close Code.
Claim closures will not be accepted on DENIED claims. Accepted claims cannot have a $0 cost.

Reopen Effective Date
Reopen Request Date - *Required with Reopen Effective Date.
Reopen Decision Date - *Required with Reopen Effective Date.
Reopen Decision - *Required with Reopen Effective Date.

PRIVATE CARRIER INFORMATION* (private carriers only)
Policy Effective Date*
Policy Expiration Date*
Policy Number* - must contain only letters and numbers. Policy information must match what is reported to NCCI. Submitters can verify policy information at https://www.ewccv.com/cvs

INJURY INFORMATION
Body Part* - See addendum 5 in Indexing manual

REJECTED CLAIMS
The external user cannot change the CLAIM NUMBER, EMPLOYER, INSURER, or POLICY NUMBER fields. If they do not match, the claim will be rejected.

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All claims are required to be reported to WCS pursuant to NRS 616B.018. WCS offers 2 methods for insurers to comply with this requirement.

CLAIMS INDEXING REPORTING METHODS

FLAT FILE

Insurers/TPAs are welcome to develop and use the flat file format at any time. Once your Flat File development is complete, WCS will test the file to ensure it is working correctly. Once the file passes testing you will be provided with log-in information and instructions to our FTP site.

WEB PORTAL

The CARDS portal launched April 2017. Insurers/TPAs using the portal have seen an increase in accepted claims indexing submissions from 20% to over 90%. Indexing rules built into the system allow users to submit and update claims with ease and accuracy. Insurers/TPAs also maintain their contacts and user permissions in CARDS and can obtain useful reports based on claims information submitted.

Additional Flat File Information and the Claims Indexing Manual may be found at:
https://dir.nv.gov/WCS/cards/

REPORTING TRIGGERS

INITIAL REPORTS:

Within 30 days of:
⇒ Claim Determination (Acceptance or Denial of Claim)

UPDATES:

Within 30 days of any of the following:
⇒ Benefit Start Date, End Date or Type Change (TTD, TPD, PPD, Rehab, PTD)
⇒ Change in claim determination (Denial to Acceptance or vice versa)
⇒ Claim Type change (Med Only to Lost Time/Indemnity)
⇒ Change to/from catastrophic claim status
⇒ PPD rating and award acceptance or ordered with appeals exhausted
⇒ Claim reopening
⇒ Injured employee death
⇒ Any correction to or update of the Injured Employee's information including name, gender, birthdate, SSN, employer, etc.
⇒ Any correction to or update of the claim information including claim number, date of injury, nature of injury, cause of injury, type of loss, body parts involved, etc.
⇒ Claim closure

DIRECT CLAIMS INDEXING QUESTIONS TO:
INDEXING@dir.nv.gov

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CLAIMS INDEXING STATUTORY BACKGROUND

NRS 616B.018 requires the Administrator of the Division of Industrial Relations to "...establish a method of indexing claims for compensation that will make information concerning the claimants of an insurer available to other insurers and the Fraud Control Unit for Industrial Insurance established pursuant to NRS 228.420."

Additionally, NRS 612.265(10) requires DIR to periodically submit to the Nevada Department of Employment, Training and Rehabilitation (DETR) a list containing the name of each person who received workers' compensation benefits from the information in the index of claims established pursuant to NRS 616B.018.

IMPORTANT REMINDER:

REQUESTS FOR RATING PHYSICIANS (D-35) CANNOT BE PROCESSED UNLESS THE CLAIM HAS BEEN INDEXED IN CARDS.