Who are we and why are we here?
Workers’ Compensation Section

CHIEF ADMINISTRATIVE OFFICER

CHARLES J. VERRE
Las Vegas

ENFORCEMENT CHIEF COMPLIANCE/AUDIT INVESTIGATOR
ANGELIA YLLAS
LAS VEGAS

AUDIT CHIEF COMPLIANCE/AUDIT INVESTIGATOR
JANA HERMANN
LAS VEGAS

CHIEF MEDICAL UNIT
KATHERINE GODWIN, BSN, RN
LAS VEGAS

CHIEF RESEARCH & ANALYSIS UNIT
RUTH RYAN
LAS VEGAS

PROGRAMS MANAGER
DOCK WILLIAMS
CARSON CITY

NORTHERN DISTRICT MANAGER OF INSURER/EMPLOYER/TPA OVERSIGHT
DEBBIE ATKINSON
CARSON CITY
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
Nevada Statutes & Regulations

Nevada Revised Statutes (NRS)

Chapter 616 A-D
Nevada Industrial Insurance Act
&
Chapter 617
Nevada Occupational Diseases Act

Nevada Administrative Code (NAC)

Chapter 616 A-D
Nevada Industrial Insurance Act
&
Chapter 617
Nevada Occupational Diseases Act

http://dir.nv.gov/WCS/Nevada_Law/
Role of DIR/WCS - Impartiality

Provide Assistance
- Answer questions, investigate complaints

Provide Information
- Education/Training
  - All training provided free of charge
  - Check website for dates, registration
- Provide workers’ comp process information
Role of DIR/WCS - Impartiality

Regulate Compliance

• Audits/Investigations
• Administrative Actions
  • Notices of Correction
  • Fines
  • Penalties
Primary Compliance Units

- **Payers** – Insurers, TPAs, SIE, Associations
- **Health Care Providers**
- **Employers**

**Audit Unit**
- Audits insurers/TPAs/SIEs/Associations
- Investigates complaints

**Medical Unit (MU)**
- Investigates medical complaints
- Makes payment determinations (appeals)
- Revise and publishes NV Medical Fee Schedule
- Processes D-35 Forms/PPD requests
- Manages Treating & Rating Physician Panels
- Coverage verification and compliance (C-4 Forms)

**Employer Compliance Unit (ECU)**
- Employer audits
- Coverage Investigations
**WCS Organization**

- Research and Analysis
- Other Units: Benefit Penalty, Subsequent Injury, Uninsured Employers Claim Account

**Research & Analysis (R&A)**
- Training
- Annual Workers' Compensation Educational Conference
- Reporting
- CARDS

**Other Units**
- Benefit Penalty
- Subsequent Injury
- Uninsured Employers Claims Account
The Beginning . . .
We Begin with the Cs

C-1 Form “Notice of Injury or Occupational Disease”

• NRS 616C.015
• Incident Report – written notice of injury/illness to employer
• Completed by injured employee (IE) within 7 days from DOI
• Given to employer
• Signed by both employer and injured employee
We Begin with the Cs

C-4 Form/Employee’s Claim for Compensation/Report of Initial Treatment

• NRS 616C.040 and NAC 616C.080
• Completed and signed by IE and physician (MD/DO) or chiropractor (DC)
• Sent to employer and correct insurer/TPA within 3 days
• Insurer/TPA has 30 days to accept or deny claim
We Begin with the Cs

C-3 Form “Employer’s Report of Industrial Injury or Occupational Disease”

• NRS 616C.045
• Completed by employer and filed with insurer/TPA within 6 working days from receipt of C-4 Form
• Must be accompanied by statement of wages if IE expected to be off work 5 days or more
• Copy to injured employee
**Communication**

Workers’ Compensation Community includes:
- Injured Employees/representatives
- Insurers/TPAs/SIEs/SIAs/Associations/MCOs
- Employers
- Health Care Providers
- Attorneys
- DIR/WCS

🌟 Without appropriate communication, we all fail!
With appropriate communication, we all succeed!

Appropriate communication requires:

- Timely and complete response
- Respectful of others’ perspectives
- Professional and courteous
- Cannot be legislated
Written notice of claim acceptance must:

- Be provided to IE, legal representative or dependents
  - (a) Written notice of acceptance of the claim;
  - (b) A copy of Form D-52, Alternative Choice of Physician or Chiropractor; and
- Copy to Treating Physician/Chiropractor (C-4 Form)
- Either:
  - Web address to obtains list of HCPs
  - Written notice IE may request list of HCPs
Compliance Keys - NAC 616C.091

Written determinations must include:

• Claim number
• Employer
• Insurer/TPA
• DOI
• Date of determination
• Appeal rights
• Addresses of Hearings Division of the Dept of Administration in Cason City and Las Vegas
Claims - Medical Only

• No or minimal time lost from work (less than 5 days within 20 days)
• Medical services $800 or less
• No lifetime reopening rights
Claims - Lost Time

- NRS 616C.475
- Off work 5 days - consecutive or within 20 days
- Entitled to compensation: 66 2/3 average monthly wage
- Forms
  - D-5 Wage Calculation Form for Claims Agent’s Use
  - D-6 Injured Employee’s Request for Compensation
  - D-7 Explanation of Wage Calculation
  - D-8 Employer’s Wage Verification Form (must be completed by employer)
Claims - Lost Time

Types of Wage Replacement

• TTD (Temporary Total Disability)
  Must be paid within 14 working days; regularly thereafter

• TPD (Temporary Partial Disability)
  • IE working at least part time
  • Must be paid every 14 days after receipt of wage verification (paycheck)

• PTD (Permanent Total Disability)
  Must be paid monthly
Appeal Rights

• Required on every written determination
• Different appeal rights for different purposes
  • Most decisions IE may appeal
  • Billing decisions – only HCP may appeal
• Usually to Dept of Administration *except* medical billing disputes
  • DIR/WCS Medical billing appeal authority
  • Medical billing decisions ➔ Medical Unit
• Always copy in legal representative, if any
Appeals Litigation

• Dept of Administration
  • Hearing Officer (NRS 616C.315)
  • Appeals Officer (NRS 616C.345)

• Further appeals:
  • District Court
  • Nevada Supreme Court – may remand to Court of Appeals
Nevada Attorney for Injured Workers (NAIW)

- NRS 616A.435-460
- NAIW may represent an IE without fee before the Appeals Officer, District Court, Court of Appeals or Supreme Court
- May be appointed by Appeals Officer if requested by IE
- 2 locations:
  - Las Vegas (702) 486-2830
  - Carson City (775) 684-7555
Claim Closure

- NRS 616C.235
- Notice of Closure must be mailed to IE and legal representative, if applicable
- Notice must describe the effects of closing the claim and time limit for IE to appeal
- Insurer/TPA must provide Request for Hearing form (NRS 616C.315)
Wake Up
and
More than before about the C-4...
NRS 616C.040
C-4 Submission
by Medical Provider
3 Working Days

Transit Time
2-3 Days

Insurer/TPA
Accept or deny claim
30 DAYS after receipt
C-4 Form Highlights

• Initiation of claim (*regardless* of receipt of C-1 or C-3)
• IE has 90 days to seek medical treatment
• HCPs responsible to send to employer and correct insurer/TPA
• Document process thoroughly (or pay possible fine)
• Must call insurer/TPA to verify correct payer
C-4 Form Highlights

• Top half completed by IE
• Includes release of information (Privacy Act, HIPAA excludes workers’ compensation,)
• Bottom half completed by treating physician/chiropractor
• Only MDs, DOs or DC may sign C-4 Form
• Watch for notations referring to medical record for additional information
When is Workers’ Compensation Insurance Required?

If an employer has an employee, workers’ compensation policy is **ALWAYS** required (NRS 616B.633)!
Who is an employer?

Unless excluded by statute, “...Every person, firm, voluntary association and private corporation, including any public service corporation, which has in service any person under a contract of hire” needs coverage (NRS 616A.230)
Employer Compliance Unit (ECU)

• Responsible for ensuring employers comply with mandatory coverage provisions.

• Conducts employer site visits; employers must provide evidence of coverage (NRS 616A.495).

• If an employer fails to provide/maintain workers’ comp coverage, an order to cease business operations may be issued (NRS 616D.110).
Employer Compliance Unit (ECU)

- Uninsured employer investigations
- Cancellation/lapse investigations
- National Council on Compensation Insurance (NCCI) provides monthly cancellation list
- Affirmation of Compliance (D-25 Forms)
- Referrals or complaints
- Random site visits
Employer Posting Requirements

D-1 Poster (NRS 616A.490, NAC 616A.460)

- Must posted in proper size (11” x 17”)
- Current poster (6/18)
- Provided by insurer/TPA
- Lower section must be entirely completed.
Welcome to Subsequent Injury

• **Purpose**: To encourage employers to hire or retain those workers who have a condition that results in a permanent impairment and reimburse the employer for injuries that are sustained subsequently during that employment.
How do I qualify? How do I submit for reimbursement? NRS 616B.557, .578 and .587

• All these require there be a combined effect between the pre-existing permanent physical impairment and the subsequent injury that, substantially increased, the costs of the subsequent injury due to the pre-existing permanent physical impairment;

• The pre-existing permanent physical impairment must qualify for at least 6% WPI if rated under the AMA Guides as adopted by statute; and

• Employer must have written documentation of knowledge of the pre-existing permanent physical impairment at the time the person is hired or, once the employer acquires knowledge, they must retain the person in employment. Knowledge and retention must occur prior to the date of the subsequent injury.
Who decides if I get reimbursement?

• The Board (Self-Insured Employers or Associations of Self-Insured Public or Private Employers) has 120 days after receipt of the request to make a determination regarding reimbursement.

• If the claim is for a Private Carrier, the Administrator has 120 days to make a determination regarding the request.

• Notice of a possible claim under these sections was repealed on October 1, 2007. However, if the claim has a date of injury prior to October 30, 2005, notice of the possible claim is still required.
What if an employee knowingly misrepresents their physical condition?
NRS 616B.560, .581 and .590

• All of these require there be a *combined effect* between the pre-existing permanent physical impairment and the subsequent injury that, substantially increase, the costs of the subsequent injury are due to the pre-existing impairment.

• There must be proof that the employee knowingly made a false representation related their physical condition when they were hired and that this false statement formed the basis of their employment.

• There must be a causal connection between the false representation and the subsequent disability.

• These statutes require notice be submitted no later than 60 days after the date of the subsequent injury or the date the employer learns of the false representation, whichever is later.
NAC 616B.760 to 616B.769 (Private Carriers)
NAC 616B.770 to 616B.7714 (SIE)
NAC 616B.773 to 616B.779 (SIA)

• These regulations govern how claims should be submitted, the hearing process for the Boards and Private Carriers and time lines for the Administrator to review requests.

• Please note, the regulations for both Boards are in front of the Legislative Counsel Bureau for final review. Once they have been approved by the LCB, there will be a hearing.
Got Questions?

Subsequent Injury Coordinator

Vanessa Skrinjaric

702-486-9098

VSkrinjaric@business.nv.gov
BATHROOM BREAK

YIP- PEE !!!
Medical Essentials
Use the Resources Available

Medical Treatment Guidelines

- ACOEM Guidelines only
- Available online by Reed Group
- Separates conditions by acute/chronic
- Includes drug formulary
Prior Authorization

• NAC 616C.129, NAC 616C.143
• Services with estimated billed amount of $200 or more
• Compound medications – see page 5 Nevada Medical Fee Schedule (NMFS)
• Out of state services (NAC 616C.143)
  * Written prior authorization requirements include notification payment per NMFS
Reimbursement: 
Insurer/TPA Responsibilities

• Bills must be date stamped when received

• May be sent to an out of state scanning center only, otherwise mailed to insurer/TPA address in NV

• Pay medical bills accurately and timely – within 45 calendar days of receipt

• No down coding = reimbursing a higher paying code shown on the bill at the rate of a lower paying code
Reimbursement - NMFS

Nevada Medical Fee Schedule (NMFS)

• NRS 616C.260
• Sets maximum reimbursement for services
• Updated annually (February 1)
• Access at http://dir.nv.gov/WCS/home/
• Includes limited dental fee schedule
• EOB/EOR requirements
• General Information on pages 8-9
Catastrophic Injuries

- Defined in NRS 616A.077
- Duties of insurer/TPA NRS 616C.700-720
  - Assign qualified claims adjuster, nurse, voc rehab counselor
  - Life care plan within 120 days of “stable” determination
  - Personal meeting monthly with IE/family
The Homestretch . . .
(at last)
What is a PPD?

• Permanent Partial Disability impairment evaluation
• IE must be at maximum medical improvement (MMI)
• Rating Panel of Physicians and Chiropractors
• Results in monetary award
• PPDs are not IMEs
PPDs

• Three ways PPD raters assigned
  • Rotating panel
  • Mutual agreements
  • Court ordered

• **All** PPD rating requests must be made by submitting a completed D-35 Form to DIR/WCS/MU

• D-35 Form submitted to DIR/WCS must be completed accurately to be processed

• D-35 Form cannot be processed until claim indexed (D-38 Form)
Keys to PPD Requests

• D-35 Forms available on DIR/WCS website
• Claim must already be indexed in CARDS
  • If not, D-35 returned; when indexed, write TK# (D-38) at top of D-35 Form resubmitted to WCS
  • Submit all required documentation together with new D-35 (update request date on all D-35s re-submitted)
• Mutual agreements require copy of signed agreement and letter of representation, if attorney involved
PPDs

- List all treating/consulting physicians/chiropractors
- Code body parts as specifically as possible
  - Use “Comments” section to clarify non-specific body parts
- Be accurate - raters use body parts list to identify body parts to be rated
- Must be sent to rater with medical records
- No D-35 → no rating
PPDs - Restrictions Apply

• Chiropractors limited to rate neuromusculoskeletal injuries

• Injuries above the neck $\Rightarrow$ MD/DO

• All brain injuries (including concussions) $\Rightarrow$ neurologist/neurosurgeon

• Severe nerve damage $\Rightarrow$ neurologist/neurosurgeon
PPDs and PTSD

• Post Traumatic Stress Disorder (PTSD)
• Limited to raters who have received additional training to rate PTSD
• Eligible raters noted on Rating Panel of Physicians/Chiropractors (http://dir.nv.gov/WCS/home/)
• Contact DIR/WCS Medical Unit if questions
• If both PTSD and physical injuries, usually one rating by PTSD rater
Vocational Rehabilitation/RTW

- NRS 616C.530, NRS 616C.550
- Goal – keep IEs working while receiving medical treatment, minimizes disruption of life
- Work with employers to provide light duty as early as possible
- Undocumented IEs not eligible: NV Supreme Court (Tarango v SIIS)
Vocational Rehabilitation Priorities
NRS 616C.530

1. Return to pre-accident position
2. Return to pre-accident employer
3. Position with another employer utilizing existing skills
4. Provide training while working in another vocation
5. Provide formal training/education in another vocation
Play your 
CARDS
Claims and Regulatory Data System 
right!!!
- WCS Internal System
  - WCS staff manages investigations, complaints, audits, fines, penalties
  - WCS maintains records of insurers, TPAs, medical providers, employers

- External Web Portal
  - Insurers and TPAs interact with WCS
  - Mandatory
EXTERNAL WEB PORTAL

All insurers (private carriers, self-insured employers and associations of self-insured employers) and TPAs licensed for workers’ compensation are maintained in CARDS. WCS staff create the initial record for each entity with basic licensing information received from the Division of Insurance.

Insurers and TPAs then use the web portal to maintain their contacts, claims office and TPA relationship information, submit claims data (claims indexing) and run reports.
FUNCTIONALITY

- Insurer / TPA Information Form
- Claims Indexing (D-38) Form Submission
  - Create D-38
  - Update D-38
- Claims History
- Reports
- User Access (Account Administrators Only)
EXTERNAL USERS

• Account Administrators – “Gate Keepers”
  - Controlled by WCS
  - Up to 2 Account Administrators per Insurer or TPA
  - Added by WCS via Account Admin Designation Form

• Individual Users
  - Controlled by Account Administrators
  - Invited/Added by Account Administrators
  - Provided permissions by Account Administrators
3 Steps to Becoming an Active User

• Register your email and create a password

• Be “invited” or added by an Account Administrator (or by WCS if you are an Account Administrator)

• Be given “permissions” to access CARDS functions by an Account Administrator
CARDS users must register online and activate their account

• Go to https://CARDS.nv.gov and click the Register now or Register Today

• Provide email, name and password

• Click the link in the activation email
Welcome to the State of Nevada Workers’ Compensation Claims and Regulatory Data System (CARDS) portal for Insurers and Third Party Administrators!

The CARDS portal allows registered Workers’ Compensation Insurers and Third Party Administrators to update their contact information, submit required claims data and run reports.

To get started, login using the credentials provided to you by the Nevada Workers’ Compensation Section or your company’s portal Administrator.

Register Today
To access this website you are required to be associated with Nevada Insurer or Third Party Administrator (TPA). You are not currently associated with an Insurer or TPA. Please contact the Insurer or TPA Account Administrator. If you are the Account Administrator, contact the Workers Compensation Section, Research & Analysis Unit at 702-486-9080.
USER ACCESS

- **Insurer Account Administrators Control**
  - Individual User Access and Permissions
  - “Linked” TPA Access – Global vs. Individual

- **TPA Account Administrators Control**
  - Only Individual User Access and Permissions
FUNCTIONALITY

Forms and Tools Menu

Individual permissions provided by Account Administrators

**Insurers:**

- Insurer Information Form
- Claims Indexing (D-38) Form Submission
  - Create D-38
  - Update D-38
- Claims History
- Reports
- User Access (Account Administrators Only)

**TPAs:**

- TPA Information Form
- User Access (Account Administrators Only)
• Insurer and TPA Info Forms are required to be completed on the CARDS portal.

• Insurers and TPAs maintain contact/location information

• IMPORTANT: Insurers “link” their related TPA(s)
Reporting Triggers:

• Initial Report
  • Within 30 days of acceptance or denial

• Update Reports:
  • Claim type changes (Medical Only to Lost Time)
  • Closure/Reopening
  • Benefit Type Changes (TTD to PPD, TTD to Vocational Rehabilitation, etc.)
  • Corrections or Updates (Body Parts, Employer info, etc.)
HOME PAGE

Boulevard Insurance
3380 w. calhoun ave.
las vegas, nevada 89102

Associated TPAs
WINCHESTER CLAIMS
FEIN:
WINCHESTER CLAIMS
SHOWING 1 TO 1 OF 1 ENTRIES

Permissions

Linked TPA

Added/Invited

WINCHESTER CLAIMS

Associated Insurers
Boulevard Insurance
FEIN:

Forms and Tools
Insurer Information Form
D-38: Create Claim
D-38: Update Claim
Claims History Form
Reports
User Access
HOME PAGE

"LINKED" TPA WITH GLOBAL PERMISSIONS

WINCHESTER CLAIMS

Associated Insurers

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## Claim Submissions

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<th>Claim #</th>
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<td>krisi.garcia@</td>
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Showing 1 to 3 of 3 entries

## Filing History

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CLAIMS AND REGULATORY DATA SYSTEM (CARDS)

CARDS WEB PORTAL REGISTRATION / LOGIN PAGE
CARDS WEB PORTAL USER MANUAL
CARDS BROCHURE

IMPORTANT ANNOUNCEMENTS

- D-38 Claims Indexing Submitters Flat File Info
- Discontinuance of D-38 Claims Indexing Paper Forms - Effective January 1, 2019

WELCOME TO CARDS

What is CARDS?
CARDS, which stands for Claims and Regulatory Data System, is the custom-built system for use by Workers’ Compensation Section (WCS) staff as well as our stakeholders, Insurers and TPAs.

Why Should an Insurer or TPA Use CARDS?
It’s mandatory! Certain required reporting, such as the Insurer and TPA Information Forms, can only be submitted via the CARDS web portal. Failure to submit the reports may result in administrative fines.

Who Can Use CARDS?
Each insurer and TPA is required to have two “Account Administrators” who are responsible for adding users and granting permissions within the system. Account Administrators are approved and set up by WCS staff. Only registered users added by Account Administrators can access CARDS. Registered users must be granted permissions by Account Administrators to access specific information.

How Do I Access CARDS?
CARDS is found at https://cards.nv.gov. Anyone can register as a user and login but will not have access to the portal functions unless they are added by an Insurer or TPA Account Administrator. Users that are affiliated with more than one Insurer only need to register once to access all affiliated entities, provided they have been granted such permission by the Account Administrator(s).

What Can an Insurer or TPA Do in CARDS?
Keep Contact Info Current:
NEED HELP WITH CARDS?

Download the External User Manual: CARDS WEB PORTAL USER MANUAL

Direct questions as follows:

CARDS related send to CARDS@business.nv.gov (login, password, general system issues)

INDEXING related send to indexing@business.nv.gov (claims indexing guidance and questions)
The “Untangled” WEB
we weave . . .

http://dir.nv.gov/WCS/home/
WCS Website

All Forms
Join WCS Mailing List
Important Changes
Newsletters
Brochures
Training

Links to:
- WCSHELP
- NRS & NAC
CARDS - cards@business.nv.gov
CARDS portal

CLAIMS INDEXING - indexing@business.nv.gov
claims indexing

RESEARCH & ANALYSIS – WCSEDUTNG@business.nv.gov
training, annual Workers Comp Educational Conference

RESEARCH & ANALYSIS - WCSRA@business.nv.gov
data calls, reporting

WCS HELP - WCSHelp@business.nv.gov
Questions related to all other issues
WCS Contacts

LAS VEGAS

Main (702) 486-9080
Fax (702) 486-8712

Medical Unit (702) 486-9080
Fax (702) 486-8713

C-4s/Proof of Coverage (POC) (702) 486-9080

D-35 Forms medunit@business.nv.gov

Employer Compliance Unit (702) 486-9080
Fax (702) 486-9174

Audit Unit (702) 486-9080
Fax (702) 486-8712

Research and Analysis (702) 486-9080

Education (702) 486-9105 krissi.garcia@business.nv.gov

Subsequent Injury (702) 486-9098

CARSON CITY

Main (775) 624-7270
Fax (775) 684-6305

Medical Unit (775) 684-7270

Employer Compliance Unit (775) 684-7270
Fax (775) 687-3073

Audit Unit (775) 684-7270
Don’t Forget . . .

Please fill out the Evaluation Online: http://dir.nv.gov/WCS/Training/