An approaching due date can certainly induce stress. Not all stress is bad though, as it can move us forward to complete an important project. In that manner, WCS respectfully reminds stakeholders of the October 1 deadline for all workers’ compensation insurers in Nevada to submit their list of treating physicians and chiropractors to the Division of Industrial Relations (DIR) Workers’ Compensation Section (WCS) for posting on the WCS website. This requirement originates from Nevada Revised Statutes (NRS) 616C.087(6) which states, in part:

Each insurer shall, not later than October 1 of each year, update the list of physicians and chiropractors and file the list with the Administrator. The list must be certified by an adjuster who is licensed pursuant to chapter 684A of NRS.

There are several important aspects of this mandate that may cause confusion. The first question is who must submit provider lists to WCS. Insurers are mandated to submit their provider lists and they will be posted on the WCS website by insurer name. Insurers includes private carriers, self-insured employers and associations of self-insured employers. If an insurer contracts with multiple third-party administrators (TPAs) using different provider lists, the insurer must submit a provider list for each of their TPAs. Each insurer will be listed on the WCS website with their TPAs listed below. Users will click on the TPA name to access the appropriate provider list. TPAs will not be listed apart from the insurer. Self-insured employers will be listed separately, and associations will also be listed separately.

The next question is exactly what must be included in the provider lists posted on the WCS website. Do they need to encompass all health care providers contracted with an insurer? Insurers’ provider lists do not necessarily need to include all providers contracted with the insurer. NRS 616C.087 references treating physicians and chiropractors. The WCS Treating Panel of Physicians and Chiropractors is limited to providers licensed as MDs, DOs or DCs. The statute does not address other licensed health care providers that may be contracted with insurers to perform medical services.

Insurers should be aware there are some different requirements for the WCS Treating Panel and insurer provider lists. For instance, insurers’ lists must be certified by an adjuster licensed pursuant to NRS 684A. County information is also necessary for insurers to meet specific requirements in NRS 616C.087(4). County information is available for providers listed on the WCS Treating Panel.

What if an insurer’s treating provider list does not meet the statutory requirements? Insurers are responsible to ensure their lists comply with all pertinent requirements. If an insurer’s list does not comply with the requirements, an injured employee may choose a treating physician or chiropractor from the WCS Treating Panel [NRS 616C.087(5)].

What format is required for insurers’ provider lists? The only requirement is that insurers submit their lists in an ADA-compliant PDF format. WCS will post insurers’ provider lists as they are submitted to WCS, noting the date each list is received.
WCS is pleased to announce our most recent CARDS updates, many of which are designed to streamline and improve user experience. Comprehensive instructions are available on our website, but here is a short description of the changes to be aware of:

**Home Page Improvements:**
- **More information about affiliated insurers/TPAs at your fingertips** – look under your insurer and TPA headers for useful information, such as: FEIN; Company ID; NCCI Carrier Code; Certificate of Authority, License, and NAIC numbers; effective, expiration and certification dates; and workers’ comp status.
- **Claim numbers now display for all submitted D-38s** – on the Claim Submissions table, regardless of claim status (Pending, Rejected, or Corrections Required).

**D-38 Claim Submission Options:**
- **Resubmitting a “Rejected” claim is easier than ever** – start by opening the claim in the Claim Submissions table, then click “Create New Claim,” select the insurer, and the new claim will appear with data from the previously rejected form pre-filled (just make sure to review all fields for accuracy).
- **Declutter Claim Submissions by deleting “Rejected” claims** – just open in the Claim Submissions table and click “Delete” (but if you wish to use the information to create a new one, make sure to do that first).

**New Session Timeout Features:**
- **Never get logged out without knowing again** – a warning now pops up after 15 minutes of inactivity in CARDS; if no action is taken in the next 5 minutes, the system times out and returns you to the login page.

**Insurer & TPA Information Form Updates:**
- **Include a “WC Safety Fund Assessment Contact” on the Insurer Information Form** – to assist the Nevada Dept. of Business & Industry with maintaining and providing accurate, up-to-date information related to insurer assessments.
- **More accurate expiration dates for insurer/TPA relationships** – when a “Relationship Expiration Date” is set, TPAs can now access the insurer’s claim submissions until midnight on the day the relationship expires.
- **Add submitter information when updating the TPA Information Form** – to streamline communications during form processing.

Keep an eye out for even more CARDS updates coming later this month, including: improved accuracy in report calculations, ability to save and track the status of Insurer/TPA Information Forms, new D-38 gender options, S0 cost FTP claim submissions, and insurer/TPA relationship effective dates displayed on your homepage.

**Questions about CARDS?**
- [CARDS@dir.nv.gov](mailto:CARDS@dir.nv.gov) For general questions, issues with login, registration, account activation and permissions.
- [indexing@dir.nv.gov](mailto:indexing@dir.nv.gov) For questions and issues relating to Claims Indexing (D-38) processing, including web portal and flat file submissions, and Claim History Reports.

---

**Insurers’ Provider Lists Due Soon**

(continued from page 1)

Some large insurer groups own multiple insurance companies that are distinct and separate entities. Each of these separate insurance companies must submit a separate provider list to WCS. Additionally, insurers must be careful to provide their full legal name on provider lists submitted to WCS.

How do insurers submit their treating provider lists to WCS? All insurers’ provider lists should be submitted via email to [medpanels@dir.nv.gov](mailto:medpanels@dir.nv.gov). Paper or hardcopy lists will not be accepted. To ensure provider lists are easily identified, please note in the subject line the insurer name and that the email contains a treating provider list.

It is not possible to review all the requirements involving insurers’ provider lists in a newsletter article. WCS strongly encourages all interested stakeholders to review all applicable portions of NRS 616C.087.

*Katherine Godwin, BSN, RN, Chief Medical Unit, Workers’ Compensation Section*
As residential, commercial, and public works projects regain momentum in Nevada, the State Contractors Board (NSCB) stands ready to help construction businesses obtain the appropriate licensure to legally perform work in the state. Among the licensing assistance offered, the NSCB makes several programs available to applicants aimed to expedite the application process and help navigate licensure requirements in Nevada.

First time applicants in Nevada are encouraged to participate in the NSCB’s Business Assistance Program (www.nscb.nv.gov/BAP.html); a virtual two-hour presentation held via Zoom on the fourth Friday of every month that provides a detailed overview of the contractor license application. A seasoned licensing analyst walks applicants through key licensure requirements, including how to obtain a Nevada Business ID, experience and financial documentation, examination requirements, bonds and assessments, as well as sharing helpful tips, resources, and pitfalls to avoid.

For contractors who have an active license in another state, the NSCB offers a License by Endorsement Program that may allow qualified applicants the ability to request endorsement of trade exam(s) and/or experience requirements. Published on the Board’s website (www.nscb.nv.gov), applicants can review the Board’s State Equivalency Chart, which lists states recognized by Nevada for having substantially similar trade exam and/or experience requirements. Specific license classifications recognized by Nevada will be outlined in the chart, allowing applicants to quickly determine if they meet the criteria to request endorsement of one or both of these licensure requirements.

Recognizing the sacrifices made by our state and nation’s service members, the NSCB also offers a Veteran and Military Assistance Program (www.nscb.nv.gov/MAP.html), which is available to active service members, veterans, and military spouses. In support of initiatives directed by Nevada’s Governor, this program connects current and former service members with a licensing analyst who specializes in reviewing and transferring military training, education, and experience to meet Nevada’s contractor licensing requirements and expedite the application process.

Once licensure has been obtained, licensees have access to a variety of online services, which the Board is regularly working to expand. Among these services, contractors have the ability to renew their license online and make changes to business information, such as change of address or contact information. The NSCB has also revised certain requirements for existing contractors looking to expand their licensure classifications to help streamline the application process.

There are over 16,400 actively licensed construction entities across the state, and the NSCB is proud to serve every one of them. Each licensee is responsible for adhering to the statutory and regulatory expectations outlined in Nevada Revised Statute and Nevada Administrative Code Chapter 624, helping reinforce the importance licensure plays on the protection of the public’s health and safety; a cornerstone of the NSCB’s mission.

A Nevada licensed contractor is held accountable to every governing authority that may regulate the construction industry. Serving as a public protection agency, the NSCB has a dedicated Enforcement Department that responds to and investigates all complaints against licensed and unlicensed contractors the Board receives. The investigative process may determine the validity of alleged violations, order corrective action when necessary, and/or provide a path for recourse and discipline in the event a licensed contractor does not comply with the Board’s orders.

Collaborating with local and state agencies is one of the vital aspects of the Board’s investigative process to best protect the public’s health, safety, and welfare. NRS 624.3011 authorizes the Board to take disciplinary action against a licensee who willfully disregards or violates the state’s building laws, safety or labor laws, or laws regarding industrial insurance. When violations are alleged, the Board relies on adjudicated information from partnering agencies that demonstrates the contractor violated laws outside the Contractors Board jurisdiction.

As an example, NRS 624.256 requires licensees to provide proof of industrial insurance coverage and mandates the Board to summarily suspend the license if a contractor fails to demonstrate compliance with industrial insurance laws within 30 days of being notified by the NSCB.

These united efforts demonstrate support for Nevada’s construction industry and serve to promote the integrity of Nevada’s hardworking, law-abiding contractors. As you consider joining Nevada’s construction workforce, know the NSCB is available to answer any questions you may have and welcomes the opportunity to help you become a licensed Nevada contractor.
On June 25, 2020, the Governor of Nevada issued Emergency Directive 024. This directive mandated that all employees and citizens, unless exempted by the directive, shall utilize a face covering when in public. A “face covering” is defined as a covering that fully covers a person’s nose and mouth, including without limitation, cloth face masks, surgical masks, towels, scarves, and bandanas. The directive does not require the use of masks rated as surgical grade, N95 or KN95.

The reason for the mandate is that current evidence suggests that COVID-19 is most commonly spread by respiratory droplets, especially when people cough and sneeze, entering through the eyes, nose, and mouth, either directly or by touching a contaminated surface. The risk of contracting COVID-19 is reduced when both the infected person, and those around them, are wearing a face covering. COVID-19 is highly contagious and, while the science is not yet definitive we are learning more each day, facial coverings reduce the chance of transmission and protect everyone against infection.

The main role of a face covering is to reduce the release of infectious particles into the air when a person speaks, coughs, or sneezes. While no one single intervention offers complete protection, when combined with proper handwashing, social distancing and staying home when sick, face coverings can reduce the spread of COVID-19 in communities.

Research is still being conducted on whether improvised facial coverings prevent exposure to COVID-19, but it has been established that face coverings can reduce the spread of the virus from infected symptomatic and asymptomatic individuals.

People can be contagious before the onset of symptoms. Proper coverage of the nose and mouth is a critical component in decreasing the risk of spreading or contracting COVID-19.

People who are asymptomatic or pre-symptomatic can spread the virus and, when combined with social distancing and other preventative measures, face coverings can offer additional protection to the public. Face coverings protect both the wearer and individuals the wearer may interact with either directly or indirectly while in a public space.

Bob Harris, Consultation Supervisor, SCATS

COVID-19 Workers’ Compensation Claims

In response to COVID-19, new codes were added to the acceptable codes for reporting D-38 Claims Indexing data to allow WCS to better track claims relating to the virus. The new codes Nature of Injury: 83 – COVID-19 and Cause of Injury: 83 – Pandemic, were added in March 2020 and may be used for reporting applicable claims December 2019 or later. The codes correspond to those adopted by the Workers’ Compensation Insurance Organizations (WCIO) and are used by the International Association of Industrial Accidents Boards and Commissions (IAIABC). By adopting these codes for D-38 Claims Indexing reporting, Nevada may be able to, over time, compare COVID-19 claim data with other states that use the IAIABC standard.

Nevada claims submitted and processed in CARDS that include one or both COVID-19 identifiers, through August 31, 2020:

<table>
<thead>
<tr>
<th>COVID-19/Pandemic Claims</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filed/Processed in CARDS</td>
<td>341</td>
<td></td>
</tr>
<tr>
<td>Accepted</td>
<td>133</td>
<td>39.0%</td>
</tr>
<tr>
<td>Denied</td>
<td>208</td>
<td>61.0%</td>
</tr>
</tbody>
</table>

PTD and Survivors’ COLA Reimbursement

Beginning January 1, 2020 and every January 1 thereafter, all Permanent Total Disability (PTD) and Survivors’ Benefits Claims are entitled to receive an annual increase of 2.3% to their monthly benefit rate. The amount that is a result of the COLA (the amount of the increase) is paid by the insurer but may be reimbursable depending on the date of injury or occupational disease disablement:

- PTD Claims: dates of injury or occupational disease disablement prior to January 1, 2004
- Survivors’ Benefits Claims: dates of injury or occupational disease disablement prior to July 1, 2019

To be considered for reimbursement by the DIR, eligible claims must be submitted to DIR/WCS for one-time verification of correct AMW/Monthly Rate calculation. Due to the volume of claims affected, DIR/WCS strongly urges insurers planning to request reimbursement to submit AMW/Rate Verification for applicable claims as soon as possible but not later than December 31, 2020 to avoid processing delays. Visit our website for instructions, forms and FAQs: [http://dir.nv.gov/WCS/Insurers/](http://dir.nv.gov/WCS/Insurers/). Direct questions to: COLAS@dir.nv.gov.
Reporting Reminders

The 2020 quarterly editions of the Reporting Reminders column will feature detailed information on one reporting requirement and the ins and outs of that requirement. We hope to address some of the commonly asked questions and give you some guidance on how to avoid errors, follow up requests for clarification and report rejection.

Fiscal Year (FY) Claims Activity Report/Statement of Inactivity

Background:
The **FY WCS Workers’ Compensation Claims Activity Report and Statement of Inactivity** is clearly the most detailed and comprehensive data call we require of insurers. Although each insurers’ individual data is kept confidential, the data in aggregate is valuable to DIR/WCS as it is the only source of claims expenditure data we collect. The data is used to monitor costs associated with various benefits, compare relative costs year-over-year, answer questions from the public and other government entities within and outside the state, respond to legislative questions and requests for data, respond to industry surveys and provide analysis of the effects of new legislation.

The report is organized in 7 Parts: Claims Information, Compensation Expenditures, Medical Expenditures, Rehabilitation Expenditures, Recoveries, Summary and Identification Information, with detail information requested for each part. Because of its many uses, new line items may be added or existing line items may change slightly from year to year to enable DIR/WCS to best track the workers’ compensation system. For instance, changes to the Nevada Medical Fee Schedule may result in reporting category changes or additions in Part 3 – Medical Expenditures. New legislation may result in new claim count categories in Part 1 – Claims Information and Part 2 – Compensation Expenditures.

Requirement:
- Statutory Requirement: NRS 616B.009 and NAC 616B.016
- Who Must Report: All insurers current and former (private carriers, self-insured employers, and associations of self-insured employers)
- Failure to Report: May result in administrative fines pursuant to NAC 616D.415(1)(d) and (2)

Method of Reporting:
- NOT reported in the CARDS portal
- Forms and instructions are located on the WCS website on the [Insurer-TPA Reporting Information page](#)
- FY__ Claims Activity Report – submitted if insurer has claims activity during the fiscal year, OR
- Statement of Inactivity – submitted only if no claims activity during the fiscal year
- The forms and instructions remain on the website until updated the next year with the new forms.
- Email forms to wcsra@dir.nv.gov as attachments

Reporting Frequency:
- Annually, for the previous fiscal year ending June 30
- DIR/WCS will email insurers and TPAs when report forms and instructions are available on the website
- Due 45 calendar days from the email request or as indicated in the email and on the website

Common Mistakes:
- **Not completing the Identification Information Section at the end of the report** - We need to know which insurer the report is for and who is submitting it in case we have questions. Submitters should include accurate contact information in case WCS has to follow up.
- **Reporting late/not communicating** – Make sure you submit either the Statement of Inactivity or FY__ Claims Activity Report form by the due date to avoid possible fines. If you run into problems and don’t think you will be able to meet the deadline, you may request a short extension by emailing wcsra@dir.nv.gov.
- **Submitting BOTH the FY__Claims Activity Report forms AND the Statement of Inactivity** - submit one form OR the other. You cannot have activity and no activity for the same year!
- **Submitting incomplete reports** – make sure all fields are completed. Do not leave cells blank! Enter ‘0’ for line items with no activity to report.

(continued on page 6)
Reporting Reminders

(continued from page 5)

❖ Reporting expenditures that are not considered “claims expenditures” – claims expenditures are covered in NAC 616B.707. Do not report administrative costs as defined in NAC 616B.707.

❖ Reporting conflicting information – While DIR/WCS does not have the resources to audit each report submitted, we do perform reasonableness checks for each report and will require corrections or additional information from the submitter if necessary. For instance, if you reported in Part 1 paying death benefits to 5 claimants during the fiscal year, you should have death benefit expenditures reported in Part 2 – Compensation Expenditures. If you reported paying Rehab benefits on 2 claims in Part 1, you should have reported rehabilitation expenditures in Part 4. Review your report for accuracy before submitting.

❖ Submitting multiple reports for the same insurer - Insurers must ensure that reporting is done timely and accurately. If an insurer uses more than one TPA or changes TPAs during the year, the insurer is responsible for ensuring that the annual report reflects the activity for the entire year. DIR/WCS will not accept multiple reports for the same insurer. The reports will be rejected, and the insurer will be required to submit one, aggregate report representing their activity for the year.

❖ Not asking questions – This is a detailed and extensive data call. Please ask questions if you are unsure about how to report. We are happy to answer your questions if it results in getting more accurate data. Email your questions to wcsra@dir.nv.gov.

General Reporting Information:
Information on reporting requirements and forms can be found on our website 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@dir.nv.gov if we can be of any assistance.

FY 2021 Maximum Compensation Guidelines Posted

The state's maximum average monthly wage memo for fiscal year 2021, effective July 1, 2020, has been posted on the WCS web site. The FY 2021 maximum monthly disability compensation is $4,183.82, an increase from last year’s figure.

The FY21 Maximum Compensation Guidelines memo is located on the “Important Changes” page which is accessed via the link under “What’s Hot!” on the WCS home page. The link provides a chart with Maximum Compensation rates going back to FY 1975.

http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/ImportantDocs/Max%20Comp%20FY21%20Memo%20Signed.pdf

FY 2021 Actuarial Annuity Table Posted

Victoria Carreon, Administrator of the Division of Industrial Relations, adopted the Actuarial Annuity Table for fiscal year 2021, effective July 1, 2020.

The table has been posted on the WCS web site and can be found under “What’s Hot!” on the WCS home page.

http://dir.nv.gov/uploadedFiles/dirnv.gov/content/WCS/ImportantDocs/WCS%20Actuarial%20Annuity%20Table%207.1.20-6.30.21%20signed.pdf

Pursuant to NRS 616C.495(5), the table must be reviewed annually by a consulting actuary.
After 34 years of State service, Debbie Atkinson retired August 28, 2020. Debbie worked in the Workers’ Compensation Section for 16 years. Her previous positions for the State include Administrative Assistant in the Immunization Program for Health and Human Services, Provider Relations Supervisor for Employers Insurance Company of Nevada (formally known as State Industrial Insurance System (SIIS)), Medical Payment Section Supervisor, and several years of processing medical bills for SIIS claims. She will greatly be missed by WCS!

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.