



# **Claims Indexing: The Dos and Don'ts of D-38s**

**11<sup>th</sup> Annual Nevada Workers' Compensation Educational Conference**

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# Disclaimer

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# Workers' Compensation Mission Statement

The mission of the Workers' Compensation Section (WCS) is to impartially serve the interests of Nevada employers and employees by providing assistance, information, and a fair and consistent regulatory structure by:

- Ensuring the timely and accurate delivery of workers' compensation benefits
- Ensuring employer compliance with mandatory coverage provisions



# Who Can Access D-38 / Claims History in CARDS?

- Must be an active user in CARDS with the proper permissions to submit D-38s.
- There are two ways to be granted permissions:
  - as an individual user of an insurer, or
  - as a TPA user TPA who has been granted Global Permissions by an insurer.
- Depending on which permissions have been granted, you will access the form from:
  - the Forms and Tools menu for individual users; or
  - the D-38 buttons on the home page for TPA Global access users

# External User Log In Page

**CARDS** Nevada Workers' Compensation Section  
Claims and Regulatory Data System

Log in

Home

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](#)

### Login to your Account

**Email**

**Password**

[Forgot your password?](#)

[Log in](#)

Don't have an account?

[Register now](#)

[Home](#) | [Contact Us](#) | [Privacy Policy](#) | [Terms and Conditions](#)

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# From Forms and Tools menu for individual users

**CARDS** Nevada Workers' Compensation Section  
Claims and Regulatory Data System

Hello, Jesse Stephenson! Log Out

Home My Account ?

### Boulevard Insurance

this is a test of the address  
las vegas, Nevada 89102

**FEIN:** 000000000  
**NV Certificate of Authority Number:** NV CERT  
**NCCI Carrier Code:** CARRIER CODE  
**NAIC Number:** NAIC

**Date Certified:** 1/1/1999  
**Worker Comp Status:** Active  
**Worker Comp Status Date:** 1/1/1999

Forms and Tools ▾

- Insurer Information Form
- D-38: Create Claim
- D-38: Update Claim
- Claims History Form
- Reports

### Associated TPAs

Name ▲	FEIN ◆	Effective Date ◆	Expiration Date ◆
WINCHESTER CLAIMS	000000000	1/1/2023	

Showing 1 to 1 of 1 entries

Display 10 Per Page ▾

# From the D-38 buttons on the home page for TPA Global access users

**CARDS** Nevada Workers' Compensation Section  
Claims and Regulatory Data System

Hello, Jesse Stephenson! Log Out

Home My Account ?

### WINCHESTER CLAIMS

3360 w sahara ave  
las vegas, Nevada 89102

**FEIN:** 000000000  
**TPA License Number:** LIC NUMBER

**TPA3-SIE Effective Date:** 1/1/1999  
**TPA3-SIE Expiration Date:** 1/1/1999

**TPA4-PC Effective Date:**  
**TPA4-PC Expiration Date:**

Forms and Tools ▾

### Associated Insurers

Name ▲	NV Certificate of Authority #	FEIN ◆	Effective Date ◆	Expiration Date ◆
Boulevard Insurance	NV CERT	000000000	1/1/2023	

Showing 1 to 1 of 1 entries

Display 10 Per Page ▾

Insurer Information Form D-38: Create Claim D-38: Update Claim Claims History Request

# The following injured employee information must be entered when creating a D-38:

- First Name, Middle Initial (if available), Last Name
- Gender
- Date of Birth
- Zip Code
- Undocumented Injured Employee
- Social Security Number

**CARDS** Nevada Workers' Compensation Section  
Claims and Regulatory Data System

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### Boulevard Insurance | D-38 Claim Form

**Claim Information**

Claim Number \*  Claim Type

Claim number must be letters and numbers only.

**Submitter Information**

Date Claim/Webform Submitted to WCS \*  Submitter First Name \*  Submitter Last Name \*

Submitter Phone \*  Submitter Email \*

**Injured Employee Information**

First Name \*  M.I.  Last Name \*  Gender \*

Date of Birth \*  Zip Code \*

Undocumented Injured Employee \*  Injured Employee SSN \*

**Claim Information**

testbed-1433 Date of Injury/Date of Disablement \* Date C-4 Received by Insurer/Claims Admin \* Date Accepted/Denied \*

- The Date of Injury/Date of Disablement
- Date C-4 Received by Insurer/Claims Admin
- Date Accepted/Denied
- Accepted
- Type of Loss
- Catastrophic
- Nature of Injury
- Cause of Injury

CARDS Nevada Workers' Compensation Section Hello, Jesse Stephenson! [Log Out](#)

Home My Account ?

### Claim Information

<p><b>Date of Injury/Date of Disablement *</b></p> <input type="text" value="01/01/2023"/>	<p><b>Date C-4 Received by Insurer/Claims Admin *</b></p> <input type="text" value="01/07/2023"/>	<p><b>Date Accepted/Denied *</b></p> <input type="text" value="02/14/2023"/>
<p><b>Accepted *</b></p> <input type="text" value="Yes"/>	<p><b>Type of Loss *</b></p> <input type="text" value="Occupational Disease (617)"/>	<p><b>Catastrophic *</b></p> <input type="text" value="No"/>
<p><b>Nature of Injury *</b></p> <input type="text" value="04 - Burn"/>	<p><b>Cause of Injury *</b></p> <input type="text" value="03 - Temperature Extremes"/>	<p><b>Death Result of Injury</b></p> <input type="text" value="Select..."/>
<p><b>Permanent Impairment Percentage</b></p> <input type="text"/>	<p><b>Death Date</b></p> <input type="text"/>	

**Benefit Type Periods**  
None

Add Benefit Type Period +

### Related Entities

#### Employer

<b>Employer Name *</b>	<b>Employer FEIN *</b>
<input type="text"/>	<input type="text"/>
<b>Address Line 1</b>	<b>City *</b>
<input type="text"/>	<input type="text"/>
	<b>State/Province *</b>
	<input type="text"/>

- Employer Name
- Employer FEIN
- Address, City, State/Province
- Postal Code
- Phone Number



Related Entities

Employer

Employer Name \*

Smith Enterprises

Address Line 1 \*

1234 Hazard Lane

Address Line 2

Employer FEIN \*

999999999

City \*

Las Vegas

Postal Code \*

89102

State/Province \*

Nevada

Phone \*

(702) 999-9999

Insurer

Insurer Name

Boulevard Insurance

Insurer FEIN

000000000

Insurer Type

Private Carrier

TPA

Select...

Claim Closed/Reopened

None

-Include the date, if any, that the claim was closed; and if the claim has been closed, indicate whether the closure was pursuant to the provisions of:

- (1) Subsection 2 of NRS 616C.235; or
- (2) Subsection 1 of NRS 616C.235

Also include what type of compensation was provided for the claim.

Claim Closed/Reopened

Reopen Request Date

Reopen Decision Date

Reopen Effective Date

Date Closed

NRS Close Code

Total Cost at Closure

Close Create

Claim Closed/Reopened

Reopen Request Date	Reopen Decision Date	Reopen Decision	Reopen Effective Date	Date Closed	NRS Close Code	Total Cost at Closure	
				08/22/2023	NRS 616C.235 (2)	\$10,000.00	Edit Delete

Private Carrier Information

Injury Information\*

- Body Part Code
- Name
- Category
- Description

**CARDS** Nevada Workers' Compensation Claims and Regulatory Data System

Home My Account

Hello, Jesse Stephenson! Log Out

None

Add Closure/Reopen +

Private Carrier Information

Policy Effective Date \*

Injury Information\*

None

Add Body Part +

I hereby certify that the information contained herein is true and correct.

Save Cancel Submit

### Body Parts

Code	Name	Category	Description
filter	filter	filter	filter
0010	Multiple Head injury	Head	Any combination of below parts
0011	Skull	Head	
0012	Brain	Head	
0013	Ear(s)	Head	Includes: hearing, inside eardrum
013A	Ear(s)	Head	Total deafness of both ears
013B	Ear(s)	Head	Total deafness of one ear
013C	Ear(s)	Head	Where worker prior to injury has suffered a total loss of hearing in one ear, and as a result of the accident loses total hearing in remaining ear
0014	Eye(s)	Head	Includes: Optic nerves, vision, eye lids
014A	Eye(s)	Head	The loss of eye by enucleation (including disfigurement resulting there from)
014B	Eye(s)	Head	Total blindness in one eye

Showing 1 to 10 of 92 entries

Display 10 Per Page

< 1 | 2 | 3 | 4 | 5 | ... | 10 >

Injured Side:

Accepted:

Rated:

Close Create

# Importance of Properly Inputting D-38s

- If your D-38 is submitted and is determined to have an error, it will be sent back with "Corrections Required."
- You will have 11 days to make the required corrections, or the claim will be rejected, and a new claim will need to be submitted.

# Common Errors

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- Type of Loss, Nature of Injury, and Cause of Injury must all coincide.
- Date of injury and date of birth are listed as the same date.
- The date of injury, date C-4 received, and date accepted fields are not in chronological order.
- A denied claim cannot have any closing information or benefits.
- NRS Close Code:
  - (1) Can be max amount.
  - (2) Must be \$800 or less
  - If these are incorrect, it will be sent back for corrections.

# Locating Ticket Status

Where to locate this?

Status descriptions:

The screenshot shows the CARDS Nevada Workers' Compensation Section interface. The header includes the CARDS logo, the text 'Nevada Workers' Compensation Section', and a user greeting 'Hello, Jesse Stephenson!' with a 'Log Out' link. The navigation bar contains 'Home' and 'My Account' links. Below the navigation bar, there is a 'Showing 1 to 10 of 10 entries' indicator and a 'Display 10 Per Page' dropdown menu. The main content area is titled 'Filing History' and contains a table with the following columns: Ticket #, Submission Type, Status, Insurer/TPA, Filing Date, and Filed By. The table lists several entries, including 'RAU - Claim History Form' and 'RAU - Insurer Information Form'. The bottom of the table shows 'Showing 1 to 10 of 20 entries' and a 'Display 10 Per Page' dropdown menu. The footer contains links for 'Home', 'Contact Us', 'Privacy Policy', and 'Terms and Conditions', along with the copyright notice 'Copyright ©2023 State of Nevada - All Rights Reserved'.

Ticket #	Submission Type	Status	Insurer/TPA	Filing Date	Filed By
	RAU - Claim History Form	Pending	Boulevard Insurance	7/25/2023 11:58 AM	Jesse Stephenson
	RAU - Claim History Form	Pending	Boulevard Insurance	6/8/2023 4:28 PM	Jesse Stephenson
	RAU - Claim History Form	Pending	Boulevard Insurance	6/8/2023 4:27 PM	Jesse Stephenson
	RAU - Claim History Form	Pending	Boulevard Insurance	6/8/2023 4:24 PM	Jesse Stephenson
	RAU - Claim History Form	Pending	Boulevard Insurance	6/8/2023 4:22 PM	Ruth Ryan
	RAU - Claim History Form	Pending	Boulevard Insurance	2/24/2023 9:09 AM	Hay Ley
	RAU - Claim History Form	Pending	Boulevard Insurance	2/23/2023 2:28 PM	Hay Ley
	RAU - Claim History Form	Pending	Boulevard Insurance	2/23/2023 12:29 PM	Ruth Ryan
TK-0660-697	RAU - Insurer Information Form	Approved	Boulevard Insurance	11/8/2022 12:29 PM	Ruth Ryan
TK-0636-491	RAU - Insurer Information Form	Approved	Boulevard Insurance	9/19/2022 9:04 AM	Ruth Ryan

- Submitted
- Pending
- Processed

# Flat File Process

## Attention Insurers & TPAs

### D-38 Claims Indexing Submitters

Do you submit a high volume of D-38s?

Would you like to avoid manually entering D-38s into the CARDS web portal?

**Maybe the Flat File Process is right for you!!**

#### What is it?

A flat file consists of a single file of data records, stored in plain text format that can be imported into a database or data warehouse. It allows required claim information to be submitted timely and efficiently. It is safe and secure and helps to eliminate manual data entry.

#### How does it work?

Your IT department creates a process to download information from your internal computer system and format it according to our requirements. Then the file is submitted to DIR's secure FTP site. DIR staff will then upload the file into the CARDS system. The files may be submitted daily, weekly or monthly.

#### What is the first step?

Download the [D-38 Manual Version 3.1](#) and review the [Flat File using the FTP site information section](#). Also download the [D-38 Claims Flat File Format document](#).

Once your company has developed your internal process to extract the data and format it accordingly contact Mallory Otto at [motto@dir.nv.gov](mailto:motto@dir.nv.gov) to begin submitting test files.

# Indexing Stats

Claims Processed:	
January 1, 2022, - December 31, 2022	
January	4,774
February	4,545
March	6,145
April	5,042
May	4,997
June	5,235
July	4,263
August	6,432
September	5,482
October	5,267
November	6,237
December	5,566
<b>Grand Total</b>	<b>63,985</b>

Form Status	Count of Form Status
Approved	62,495
Corrections Required	37
Rejected	1,453
<b>Grand Total</b>	<b>63,985</b>

# Claims History Report

## CLAIM HISTORY REPORT

CLAIMANT SSN	LAST NAME	FIRST NAME	M.I.	BIRTH DATE
***-**-1234	Doe	John	J	04/13/1926

Claim No: 4A89759Z22447831 Date of Injury/Disablement: 09/18/2022  
 Claim Type: Medical Only Date Accepted/Denied: 10/12/2022  
 Accept/Deny: Accept

Permanent Impairment %:

Type	Name	FEIN	Cert Of Auth
Employer	John Doe Plumbing	52487692	
Insurer	IOU INSURANCE COMPANY	153451127	759
TPA	CDFG CLAIMS SERVICES INC	358796223	

Body Part Code	Description	Side	Accepted	Rated
0055	Ankle	L	YES	NO

Benefit Code	Description	Start Date	End Date
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Closed Date	NRSClose Code	Total Expenses Paid	Reopened Date
12/19/2022	NRS 616C.235 (2)	\$766.34	

- Useful tool for insurers to review claim history
- Allows users to download D-38 claims history by claimant
- Access from your CARDS homepage/ dashboard
- Insurer users with Claims Indexing permissions (should include TPAs with Global Access also)
- Users must have a claim for the injured worker to obtain a Prior Claims History Report

# RESOURCES

- Login, password, access, permissions, or general system issues:  
**CARDS@dir.nv.gov**
- D-38 claims indexing issues:  
**Indexing@dir.nv.gov**
- CARDS External User Manual  
**<https://dir.nv.gov/WCS/cards/>**