2021
Occupational Disease Claims Report
NRS 617.357

Prepared By:

State of Nevada
Department of Business and Industry
Division of Industrial Relations
Workers' Compensation Section

February 2022

BACKGROUND:

The 2001 Nevada Legislature passed Assembly Bill 345 (AB 345), creating Nevada Revised Statutes (NRS) 617.357, which required workers' compensation insurers to submit to the Administrator of the Division of Industrial Relations (DIR), a written report concerning each claim for an occupational disease of the heart or lungs or any occupational disease that is infectious or relates to cancer. Insurers were also required to provide updates on certain activities relating to those claims. This statute became effective July 1, 2001. In addition to setting forth occupational disease claim reporting requirements for insurers, NRS 617.357 required the DIR to prepare and make available to the public a report (*Occupational Disease Claim Report*) containing the information submitted by insurers during the preceding calendar year.

The 2013 Nevada Legislature amended NRS 617.357 by passing Assembly Bill 11 (AB 11) which limited the scope of reportable claims under the statute to only those in which the claimant was a firefighter, police officer, arson investigator or emergency medical attendant and to those claims filed pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487. The amendment became effective on May 24, 2013. To ensure data continuity for the calendar year *2013 Occupational Disease Claim Report* and to allow time for insurer notification, revisions to the OD-8 form, and database transitioning, the DIR Workers' Compensation Section (WCS) implemented AB 11 on January 1, 2014. NRS 617.357 was amended again in 2019 to update a statutory reference, but the amendment made no changes to the reporting requirements.

The *2013 Occupational Disease Claim Report* was the final report of pre-AB 11 data reported pursuant to NRS 617.357. In that report, a total of 6,451 claims had been reported since the effective date of NRS 617.357 (July 1, 2001). *(Reports for calendar years 2001 through 2013 are available upon request.)*

This report - *The 2021 Occupational Disease Claims Report* - represents a "snapshot" of post-AB 11 (2013) data as of December 31, 2021.

OCCUPATIONAL DISEASE CLAIM DATA

In 2021, 630 claims were reported pursuant to NRS 617.357. Insurers and third-party administrators provided updated information for 53 of these claims. An additional 125 updates were reported on claims initially reported prior to 2021. Updates are required when a claim is appealed, a hearing or appeals decision affirming, modifying, or reversing a claim acceptance or denial is rendered, or the claim is closed or reopened.

Calendar Year	# of Claims Reported	# of Insurers w/Reported Claims	# of Employers w/Reported Claims
2014	349	19	50
2015	405	18	33
2016	570	16	41
2017	600	18	55
2018	706	18	50
2019	697	17	33
2020	707	18	29
2021	630	20	29

Insurer Type:
A breakdown of insurers by type (i.e., associations of self-insured employers, self-insured employers, and private carriers) that reported claims is shown below.

Calendar Year	Associations	Self-Insured Employers	Private Carriers	Uninsured	Total
2014	1	11	7	0	**19**
2015	1	11	6	0	**18**
2016	1	10	5	0	**16**
2017	1	12	5	0	**18**
2018	1	11	6	0	**18**
2019	1	12	4	0	**17**
2020	1	12	5	0	**18**
2021	1	11	8	0	**20**

Claimant Type:
NRS 617.357 specifies the four (4) types of claimants for which claims may be reportable: firefighters, police officers, arson investigators and emergency medical attendants. Below is a breakdown of the number of claims reported from 2014 through 2021 by claimant type.

Calendar Year	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants
2014	22	222	0	105
2015	52	193	0	160
2016	54	286	0	230
2017	88	287	0	225
2018	96	324	0	286
2019	115	379	0	203
2020	115	326	0	266
2021	138	323	1	168

Claim Type:
NRS 617.357 requires insurers to report claims that are filed pursuant to NRS 616.453, 617.455, 617.457, 617.481, 617.485 and 617.487 for the 4 types of claimants. The table below shows the distribution of claims reported in 2021 for the applicable cross-sections of claimant type and claim type.

Claim Type	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants	Totals
Cancer NRS 617.453	21	N/A	N/A	N/A	**21**
Lung Disease NRS 617.455	50	14	1	N/A	**65**
Heart Disease NRS 617.457	46	122	0	N/A	**168**
Certain Contagious Diseases * NRS 617.481	21	187	0	167	**375**
Hepatitis NRS 617.485	0	0	N/A	1	**1**

Claim Type	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants	Totals
Hepatitis NRS 617.487	N/A	0	N/A	N/A	**0**
Totals	**138**	**323**	**1**	**168**	**630**

*"Certain Contagious Diseases" as used in NRS 617.481 refers to hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.

Claim Disposition:

Insurers are required to accept (commence payment of) or deny a workers' compensation claim within 30 days of receipt of the claim. Claims meeting the criteria under NRS 617.357 become reportable to DIR within 30 days of acceptance or denial. Insurers may deny a claim and later accept the claim after a medical investigation has concluded. Claim denials are also appealable by the claimant and may be upheld or reversed by a hearing officer. The following is a breakdown of the initial determinations by insurers for claims reported in 2021:

Insurer Type	Total Claims	Accepted	Denied	Acceptance Rate	Denial Rate
Associations	10	1	9	10%	90%
Self-Insured Employers	496	290	206	58.5%	41.5%
Private Carriers	124	106	18	85.5%	14.5%
Uninsured	0	0	0	-	-
Overall	**630**	**397**	**233**	**63%**	**37%**

Denied Claims:

The OD-8 form provides insurers and/or third-party administrators a choice of seven (7) reasons for a claim denial. The following is a breakdown by denial reason of claims reported in 2014 through 2021:

	1- Pending Medical Investigation	2- Negative Test/No Exposure	3- Not in course and scope of employment	4- Not compensable/No disease	5- Late reporting	6- Failure to correct predisposing condition	7- Misc	Total
2014	**8**	**7**	**5**	**142**	**0**	**2**	**0**	**164**
2015	**23**	**10**	**3**	**119**	**4**	**6**	**6**	**171**
2016	**18**	**89**	**4**	**123**	**1**	**6**	**4**	**245**
2017	**17**	**13**	**4**	**140**	**1**	**7**	**4**	**186**
2018	**19**	**20**	**2**	**129**	**4**	**5**	**3**	**182**
2019	**31**	**76**	**0**	**169**	**5**	**13**	**2**	**296**
2020	**44**	**53**	**2**	**126**	**6**	**15**	**5**	**251**
2021	**50**	**41**	**4**	**128**	**1**	**4**	**5**	**233**

Appealed Claims:

Initial and Subsequent Appeals

A ***claimant*** may appeal an insurer's decision to deny his or her claim. Depending on the outcome of the initial appeal, subsequent appeals of hearing determinations may be filed by ***the claimant, the insurer or the employer***. An insurer or employer may appeal a hearing officer's decision to reverse the insurer's initial denial of the claim. A claimant may appeal a hearing officer's decision to uphold an insurer's initial denial of the claim. Below is a breakdown of the appeals filed on reported claims.

Calendar Year	Initial Appeals	Subsequent Appeals		Totals
		1st	2nd	
2014	9	1	0	**10**
2015	7	1	0	**8**
2016	4	1	0	**5**
2017	12	2	0	**14**
2018	28	17	1	**46**
2019	73	20	1	**94**
2020	18	5	0	**23**
2021	1	0	0	**1**

Appeal Resolutions

Appeals may result in hearings; and hearings result in decisions and orders. The outcome of an appeal can result in several generalized categories: affirmed, reversed, remanded, modified, dismissed or stipulation.

Initial Appeals

The chart below shows the outcomes of the 9 appeals filed by claimants in 2014 of insurers' initial claim denial determinations.

2014	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	2	0	3	0	2	0	0
Private Carriers	1	0	1	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**3**	**0**	**4**	**0**	**2**	**0**	**0**

The chart below shows the outcomes of the 7 appeals by claimants of insurers' initial claim denial determinations filed in 2015. Two (2) appeals are still pending.

2015	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	2	1	0	1	0	0	2
Private Carriers	0	0	0	0	0	1	0
Uninsured	-	-	-	-	-	-	-
Total	**2**	**1**	**0**	**1**	**0**	**1**	**2**

The chart below shows the outcomes of the 4 appeals filed by claimants in 2016 of insurers' initial claim denial determinations.

2016	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	1	0	0	0	0	2	0
Private Carriers	0	1	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**1**	**1**	**0**	**0**	**0**	**2**	**0**

The chart below shows the outcome of the 12 appeals filed by claimants in 2017 of the insurers' initial claim denial determinations.

2017	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	6	3	1	0	1	1	0
Private Carriers	0	0	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**6**	**3**	**1**	**0**	**1**	**1**	**0**

The chart below shows the outcome of the 28 appeals filed by claimants in 2018 of the insurers' initial claim denial determinations.

2018	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	15	5	2	0	0	3	2
Private Carriers	0	1	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**15**	**6**	**2**	**0**	**0**	**3**	**2**

The chart below shows the outcome of the 73 appeals filed in 2019 by claimants of the insurers' initial claim denial determinations.

2019	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	1	0	0	0	0
Self-Insured Employers	43	10	9	0	1	1	0
Private Carriers	3	2	2	0	1	0	0
Uninsured	-	-	-	-	-	-	-
Total	**46**	**12**	**12**	**0**	**2**	**1**	**0**

The chart below shows the outcome of the 18 appeals filed by claimants in 2020 of the insurers' initial claim denial determinations.

2020	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	12	3	0	0	0	1	0
Private Carriers	0	1	0	0	1	0	0
Uninsured	-	-	-	-	-	-	-
Total	**12**	**4**	**0**	**0**	**1**	**1**	**0**

The chart below shows the outcome of the one (1) appeal filed in 2021 by the claimant of the insurer's initial claim denial determination:

2021	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Insured Employers	1	0	0	0	0	0	0
Private Carriers	0	0	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**1**	**0**	**0**	**0**	**0**	**0**	**0**

Of the affirmed and reversed decisions rendered in 2021, the chart below provides the claim denial affirmation and reversal rates:

2021	Decisions Rendered (Affirm or Reverse)	Denial Affirmation Rate	Denial Reversal Rate
Associations	0	-	-
Self-Insured Employers	1	100%	0%
Private Carriers	0	-	-
Uninsured	-	-	-

Subsequent Appeals

As stated earlier, subsequent appeals may be filed by insurers, employers or claimants, depending on the nature of the appeal. The table below summarizes the status of the subsequent appeals reported through December 31, 2021:

Year	Party	Denial Affirmed	Denial Reversed	Acceptance Affirmed	Stipulation	Pending	Stipulation Notes
2014	**Claimants**					1	
2015	**Claimants**				1		Denial decision stands.
2016	**Claimants**		1				
2017	**Claimants**				1	1	Stip: bypass HO to AO
2018	**Claimants**	6	6			1	
2018	**Insurers**			2		3	
2019	**Claimants**	13	5				
2019	**Insurers**			2		1	
2020	**Claimants**	3	2				
2021	**-**	-	-	-	-	-	

Exposure versus Confirmed Diagnosis:
A claim for a reportable condition listed in NRS 617.357 may first present itself in the form of exposure to an occupational disease. Depending on the nature of the disease, it may be months before a diagnosis is made.

Of the 630 claims reported in 2021, a confirmed diagnosis was reported for 102 claims, whereas 528 claims were reported to have not obtained a confirmed diagnosis.

Of the 4,664 claims reported since 2014, a confirmed diagnosis was reported for 703 claims, and 2,579 claims were reported to have not obtained a confirmed diagnosis. This information was not provided for 1,382 claims.

Estimated Medical Costs:
The following table shows the reported estimated medical costs for claims accepted in 2014 through 2021. Costs incurred for claims that are ultimately denied, such as medical investigations and testing, are not considered claims costs pursuant to NAC 616B.707(2)(g).

Calendar Year	# of Accepted Claims	Total Est. Medical Costs	Ave. Est. Medical Cost/Claim
2014	214	$ 1,112,181	$ 5,197
2015	240	$ 1,019,707	$ 4,249
2016	327	$ 3,078,981*	$ 9,416
2017	403	$ 1,887,603	$ 4,684
2018	529	$ 2,061,445	$ 3,897
2019	420	$2,241,135	$5,336
2020	458	$2,895,027	$6,321
2021	344	$1,800,067	$5,233
Overall	2,945	$16,477,154	$5,595

*One (1) claim accounted for $1.65 million of the total for that year.

Claim Status:
Of the 630 claims reported in 2021, insurers identified 71 as closed or having been closed at some time since their inception. None of the 71 claims that were reported as closed have been reopened as of December 31, 2021.

Of the 4,664 claims reported from January 1, 2014 through December 31, 2021, insurers identified 1,523 as closed or having been closed at some time since their inception. None of the 1,523 claims that were reported as closed have been reopened as of the end of 2021.

SUMMARY

Data Limitations:
The information presented in this report represents the data supplied by insurers and third-party administrators. The following limitations may be considered when reviewing this data:

- It should be noted that initial acceptance and denial rates may reveal as much about an insurer's internal procedure to claims handling as it does on the insurer's assessment of a claim's validity. For example, one insurer may accept all claims where there is a valid exposure, whether or not a confirmed diagnosis is obtained, while another may only accept claims where a confirmed diagnosis is reached. Workers' compensation law accepts both approaches.

- Reporting inconsistencies can occur when claims are transferred from one insurer or third-party administrator to another or when there is employee turnover, because insurers and/or claims adjusters may differ in their interpretation of a reportable claim. Occasionally, insurers will inquire to WCS about the interpretation or definition of a term referenced in the statutes related to this reporting requirement. A recent example was when a data reporter inquired about the definition of an "emergency medical attendant" – this term is defined in NRS 617.485 for use in that statute, but is not defined for use in other statutes related to reporting under NRS 617.357 and could be subject to interpretation.

- Reporting inconsistencies can occur for other reasons, as well. For example, an incident that results in a reportable claim may include aspects of both an occupational disease and an injury sustained out of the incident. The data reported for this type of "combination" claim, which is reportable due to the occupational disease aspects, may include the injury-related portion of the claim. For instance, reported medical costs may be inflated because they include costs associated with the injury portion of the claim. Similarly, insurers may be reporting appeals and hearing data that may only be applicable to the injury portion of the claim.

- Although the number of updates to reported claims was trending upward for several years between 2015 and 2019, the number dropped in 2020 and again in 2021. It is not known if and how reportable claims have been impacted by the COVID-19 pandemic. The majority of claimant types that are included in this report (firefighters, police officers, and emergency medical attendants) are first responders and may be the most directly affected by COVID-19. There may have been fewer employees of this type in the workforce since the onset of the pandemic, resulting in fewer reportable claims for purposes of NRS 617.357 and this report. Claims related to COVID-19 exposures or contractions are not reportable as claims relating to "certain contagious diseases" under NRS 617.357 and are not represented in this report. "Certain contagious diseases" as used in NRS 617.481 refers to hepatitis A, hepatitis B, hepatitis C, tuberculosis, the human immunodeficiency virus or acquired immune deficiency syndrome.

- Based on data compiled through 2021, it is likely that many claims are not being updated at each of the required report triggers. Areas of particular concern include updates for appeals of claim denial (or acceptance), decisions rendered on appeals and estimated medical costs. Updates relating to claim closure and reopening may also be lacking. If updates are not submitted, the data for exposure versus diagnosis, average expected medical cost per claim, appeal determinations, closure and reopening will undoubtedly be underreported.

DIR Initiatives:

- On September 7, 2005, the ***OD-8, Occupational Disease Claim Report*** form was formally adopted by regulation. The form was updated in 2006 to accommodate the additional Nature of Injury code for Hepatitis C, as referenced in prior reports.

- The OD-8 form was modified to reflect the reporting criteria found in Assembly Bill 11 (AB11) from the 2013 Nevada Legislature. The modified OD-8 was implemented on January 1, 2014.

- The OD-8 form was modified again in June and July, 2018. The claimant's first and last name and appeal number fields were added to assist the WCS in implementing NRS 617.455(10) which was added by Assembly Bill 267 (2017).

- The DIR/WCS web site was updated to reflect each modification to the OD-8 form, with explanations of the changes in reporting requirements. Electronic communications were sent to insurers and third-party administrators to further explain and bring the changes to their attention. Additionally, the Nevada Reporting Requirements Table was added to the web site to assist insurers and third-party administrators in compliance with the various regulatory agency requirements.

- The WCS quarterly newsletter, the *Nevada Workers' Compensation Chronicle*, regularly includes reporting reminders regarding this statutory requirement to report occupational disease claims pursuant to NRS 617.357. Additionally, the Summer 2020 Edition featured an in-depth look at this requirement, detailing statutory references, methods of reporting, frequency and reporting triggers and common reporting mistakes to avoid.

- The WCS also asks insurers to file a "Statement of Inactivity" for the calendar year if the insurer had no valid claims to report pursuant to NRS 617.357. In this way, WCS has a feel for how many insurers are aware of the requirement to report, but have no claims to report meeting the criteria. If an insurer reports no claims during the year and does not file a "Statement of Inactivity" for that year, it might be an indication that the insurer is unaware of the requirement to report and WCS can reach out to that insurer. Approximately 172 insurers filed Statements of Inactivity for 2021, a slight decrease from 182 for 2020, to satisfy the reporting requirement. Five (5) insurers submitted Statements of Inactivity even though they had reported claims during the year, an indication that reporting requirements remain a source of confusion and inaccuracies. WCS will consider focusing additional outreach in 2022 on reporting education. Additional training may lead to improved compliance which, in turn, may result in improved data reliability.

- WCS will also consider follow up with specific insurers on claims in which updates may have been neglected to be reported, such as claims with older appeals that remain "pending decision" as of the date of this publication.

- In addition to our regular quarterly newsletter reporting reminders, WCS will consider sending emails using our constituent contact lists throughout the year to remind insurers of this reporting requirement.

Attachments:

1. **NRS 617.357 – as amended by AB 11 (2013) and SB 242 (2019), effective 7/1/19**
2. **OD-8 Form - effective 7/18**
3. **Statement of Inactivity Form – revised 1/21**
4. **OD-8 Reporting Requirements – effective 7/18, revised 1/21**

NRS 617.357 Certain claims regarding cancer, lung or heart diseases, certain contagious diseases or hepatitis: Reports by insurers to Administrator; public reports by Administrator.

1. Each insurer shall submit to the Administrator a written report concerning each claim for compensation in which the claimant is a firefighter, police officer, arson investigator or emergency medical attendant that is filed with the insurer pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487. The written report must be submitted to the Administrator within 30 days after the insurer accepts or denies the claim pursuant to NRS 617.356 and must include:

(a) A statement specifying the nature of the claim;

(b) A statement indicating whether the insurer accepted or denied the claim and the reasons for the acceptance or denial;

(c) A statement indicating the estimated medical costs for the claim; and

(d) Any other information required by the Administrator.

2. If a claim specified in subsection 1 is appealed or affirmed, modified or reversed on appeal, or is closed or reopened, the insurer shall notify the Administrator of that fact in writing within 30 days after the claim is appealed, affirmed, modified, reversed, closed or reopened.

3. On or before February 1 of each year, the Administrator shall prepare and make available to the general public a written report concerning claims specified in subsection 1. The written report must include:

(a) The information submitted to the Administrator by an insurer pursuant to this section during the immediately preceding year; and

(b) Any other information concerning those claims required by the Administrator.

4. As used in this section, the term "police officer" includes a peace officer as that term is defined in NRS 289.010.

(Added to NRS by 2001, 828; A 2013, 344; 2019, 2663)

State of Nevada
Department of Business and Industry
Division of Industrial Relations

OCCUPATIONAL DISEASE CLAIM REPORT (NRS 617.357)

Submit within 30 days of acceptance/denial and any changes to the claim – **PART 1**
Submit within 30 days of appeal, closure, reopening, or confirmed diagnosis – **PARTS 1 & 2**

Submitted By:	☐ Insurer ☐ TPA
Company:	
Submitter Name:	
Telephone:	
Email:	

PART 1 (Claim Information)

Insurer Name:	
Insurer FEIN:	
Insurer Certificate Number:	
Claimant's Employer:	
Claimant's Name:	First: Last:
Claim Number:	
Claim Disposition:	☐ Accepted ☐ Denied
Reason for Denial:	☐ 1-Pending medical investigation ☐ 2-Negative test/no exposure ☐ 3-Not in course/scope ☐ 4-Not compensable/no disease ☐ 5-Late reporting ☐ 6-Failure to correct predisposing condition ☐ 7-Misc (duplicate claim, wrong insurer/uninsured, etc)

CLAIMANT (Choose one) & CLAIM ACCEPTED/DENIED PURSUANT TO NRS (Choose one):

☐ **FIREFIGHTER**
- ☐ NRS 617.453 CANCER
- ☐ NRS 617.455 LUNG DISEASE
- ☐ NRS 617.457 HEART DISEASE
- ☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES
- ☐ NRS 617.485 HEPATITIS

☐ **POLICE OFFICER** (PEACE OFFICERS PER NRS 289.010 INCLUDED)
- ☐ NRS 617.455 LUNG DISEASE
- ☐ NRS 617.457 HEART DISEASE
- ☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES
- ☐ NRS 617.485 HEPATITIS
- ☐ NRS 617.487 HEPATITIS

☐ **ARSON INVESTIGATOR**
- ☐ NRS 617.455 LUNG DISEASE
- ☐ NRS 617.457 HEART DISEASE
- ☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES

☐ **EMERGENCY MEDICAL ATTENDANT**
- ☐ NRS 617.481 CERTAIN CONTAGIOUS DISEASES
- ☐ NRS 617.485 HEPATITIS

Date of Injury:		
Date Claim (C4) Received by Insurer/TPA:		
Date Accepted/Denied:		
Estimated Medical Costs of Claim:	$	Diagnosis Confirmed: ☐ Yes ☐ No
Description of Claim:		
Initial Claim Closure Date:	Date Claim Reopened (if applicable):	Subsequent Claim Closure Date (if applicable):

PART 2 (Appeal Information)

INITIAL APPEAL OF: ☐ **CLAIM DENIAL** ☐ **CLAIM ACCEPTANCE**	**SUBSEQUENT APPEAL OF DECISION BY:** ☐ **HO** ☐ **AO** ☐ **DC**
Appealed By: ☐ Claimant/Dependent/Representative ☐ Employer/Insurer	Appealed By: ☐ Claimant/Dependent/Representative ☐ Employer/Insurer
Appeal Number:	Appeal Number:
Date Appeal Filed:	Date Appeal Filed:
Hearing Date:	Hearing Date:
Decision Date:	Decision Date:
Decision: ☐ Affirmed ☐ Reversed ☐ Remanded ☐ Modified ☐ Dismissed ☐ Stip (Explain):	Decision: ☐ Affirmed ☐ Reversed ☐ Remanded ☐ Modified ☐ Dismissed ☐ Stip (Explain):
Decision By: ☐ Hearing Officer ☐ Appeals Officer	Decision By: ☐ Appeals Officer ☐ District Court ☐ Supreme Court

State of Nevada
Department of Business and Industry
Division of Industrial Relations
Workers' Compensation Section

OCCUPATIONAL DISEASE CLAIM REPORT
NRS 617.357
STATEMENT OF INACTIVITY
CALENDAR YEAR ____

Workers' Compensation Insurers
(To be submitted in lieu of the Occupational Disease Claim Report Form, OD-8)

SUBMIT WITHIN 5 WORKING DAYS OF THE END OF THE CALENDAR YEAR WITH NO ACTIVITY

Workers' Compensation Section
3360 W. Sahara Ave., Suite 250
Las Vegas, NV 89102
Attention: Research and Analysis Unit
Fax: (702) 486-8712
Email: wcsra@dir.nv.gov

I certify that there has been no occupational disease claims activity pursuant to NRS 617.357 during the indicated calendar year for the workers' compensation insurer named below:

Insurer Name:
Nevada Certificate of Authority Number:
NCCI Carrier Code (Private Carriers):
Federal Employer Identification Number (FEIN):

Name:		
Title:		
Organization:		
Address:		
City:	**State:**	**Zip:**
Telephone:	**Fax:**	
Email Address:		

Signature **Date**

RVSD 1/21

STATE OF NEVADA – DEPT OF BUSINESS & INDUSTRY – DIVISION OF INDUSTRIAL RELATIONS

Workers' Compensation Section

● 3360 West Sahara Ave Ste. 250, Las Vegas NV, 89102 ● **Phone:** (702) 486-9080 ● **Fax:** (702) 486-8712 ● **Email:** wcshelp@dir.nv.gov

OCCUPATIONAL DISEASE CLAIM REPORT (OD-8 FORM)
Reporting Requirements
NRS 617.357

Every workers' compensation insurer is required to submit an Occupational Disease Claim Report (OD-8 Form) to the Workers' Compensation Section (WCS) of the Division of Industrial Relations (DIR) for occupational disease claims of firefighters, police officers, arson investigators or emergency medical attendants that encompass diseases of the heart or lungs or diseases that are infectious or relate to cancer pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487.

Accessing the OD-8 Form

The OD-8 Form can be found on our website. It can be accessed from the WCS Home Page under the "Insurer and TPA Reporting" box and in the "Forms and Worksheets" page, or directly here: OD-8 Occupational Disease Claim Report form.

When to Submit the OD-8 Form

Submitter Information: Complete the "Submitted By" section for every submission.

Part 1 (Claim Information):

Within 30 days of:

- Acceptance or denial of the claim
- Claim closure
- Claim reopening

Parts 1 (Claim Information) & 2 (Appeal Information):

Within 30 days of:

- An appeal filed regarding claim acceptance or denial
- A decision rendered on an appeal regarding acceptance or denial
- Subsequent appeals and decisions regarding acceptance/denial

Filing the OD-8 Form

Electronically by email to: wcsra@dir.nv.gov

Hard copy by fax to: (702) 486-8712, Attention: Research & Analysis Unit

Hard copy by U.S. Postal Service or other mail service to:

State of Nevada
DIR/Workers' Compensation Section
Research & Analysis Unit
3360 W. Sahara Ave, Suite 250
Las Vegas, NV 89102

OCCUPATIONAL DISEASE CLAIM REPORT (OD-8 FORM)
Reporting Requirements
NRS 617.357

Insurers with Zero Reportable Claims During a Calendar Year

Insurers with zero reportable claims pursuant to this statute during a calendar year are required to file an *Occupational Disease Claim Statement of Inactivity* form within 5 working days of the end of the calendar year for which they are reporting. This will ensure that all insurers have addressed the requirements of this statute and are represented in the Administrator's report required by NRS 617.357(3). The Occupational Disease Claim Statement of Inactivity form is available on our website and may be filed electronically via email as an attachment or may be mailed or faxed as a hard copy. See above *Filing the OD-8 Form*.

The OD-8 reporting requirements are mandated by the NRS. Failure to file the required reports may result in administrative fines pursuant to NAC 616D.415(1)(d).

OD-8 Reporting Requirement Background

NRS 617.357 became effective July 1, 2001 and was amended on May 24, 2013.

Initially, insurers were required to submit to the Administrator a written report for all claims for compensation that were filed for an occupational disease of the heart or lungs or any occupational disease that was infectious or related to cancer. The 2013 Nevada Legislature Assembly Bill 11 (AB 11) amended NRS 617.357 limiting the reporting requirement to only claims in which the claimant is a firefighter, police officer, arson investigator, or emergency medical attendant and that are filed pursuant to NRS 617.453, 617.455, 617.457, 617.481, 617.485 or 617.487.

The OD-8 Form reporting triggers remain the same. The OD-8 Form (Part 1) must be submitted within 30 days of claim acceptance or denial pursuant to NRS 617.356, and within 30 days of claim closure or reopening. Additionally, the insurer is required to submit the OD-8 Form (Parts 1 & 2) within 30 days of an initial or subsequent appeal of claim acceptance or denial, and within 30 days of a hearing/appeals decision of affirmed, modified or reversed or stipulation on appeal.

The Occupational Disease Claim Report was initially introduced in February 2003 for reporting claims pursuant to NRS 617.357(1) and for updating each claim pursuant to NRS 617.357(2). In June 2006, it was adopted as the OD-8 Form. In January 2014, the OD-8 Form was updated to reflect the changes from AB 11 (2013). The current OD-8 Form, revised in June and July 2018, includes the Claimant First and Last Name and Appeal Number fields to assist the DIR in implementing and enforcing the requirements set forth in AB 267 (2017).

Inquiries

Please contact the WCS Research & Analysis Unit at wcsra@dir.nv.gov or (702) 486-9080 if you have any questions or concerns.