2017
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 2018

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 injured worker 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.

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 2017 Occupational Disease Claims Report* - represents a "snapshot" as of December 31, 2017 of post-AB 11 data.

OCCUPATIONAL DISEASE CLAIM DATA

In 2017, 595 claims were reported pursuant to NRS 617.357. Insurers and third-party administrators provided updated information for 66 of these claims. An additional 71 updates were reported on claims initially reported in 2015 or 2016. 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	20	47
2015	403	20	35
2016	570	16	39
2017	595	18	52

Insurer Type:
A breakdown of insurers by type (i.e. self-insured employers, associations of 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	8	0	**20**
2015	1	12	6	0	**19**
2016	1	10	5	0	**16**
2017	1	11	6	0	**18**

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 2017 by claimant type.

Calendar Year	Firefighters	Police Officers	Arson Investigators	Emergency Medical Attendants
2014	22	222	0	105
2015	50	193	0	160
2016	54	287	0	229
2017	88	285	0	222

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 2017 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	18	N/A	N/A	N/A	**18**
Lung Disease NRS 617.455	12	53	0	N/A	**65**
Heart Disease NRS 617.457	28	87	0	N/A	**115**
Certain Contagious Diseases NRS 617.481	29	136	0	44	**209**
Hepatitis NRS 617.485	1	8	N/A	178	**187**
Hepatitis NRS 617.487	N/A	1	N/A	N/A	**1**
Totals	**88**	**285**	**0**	**222**	**595**

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 injured worker 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 2017:

Insurer Type	Total Claims	Accepted	Denied	Acceptance Rate	Denial Rate
Associations	5	0	5	0%	100%
Self-Insured Employers	449	280	169	62.4%	37.6%
Private Carriers	141	130	11	92.2%	7.8%
Uninsured	0	0	0	-	-
Overall	**595**	**410**	**185**	**68.9%**	**31.1%**

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 2017:

	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	24	10	3	118	4	6	6	171
2016	19	89	6	122	1	6	4	247
2017	18	13	4	138	1	7	4	185

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
		2nd	3rd	
2014	9	1	0	**10**
2015	7	1	0	**8**
2016	2	0	0	**2**
2017	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 of insurers' initial determinations filed in 2014. All 9 appeals were filed by claimants for claim denials.

2014	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Employed Insurers	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 of insurers' initial determinations filed in 2015. All 7 appeals were filed by claimants for claim denials. 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-Employed Insurers	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 2 appeals of insurers' initial determinations filed in 2016. Both appeals were filed by claimants for claim denials:

2016	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Employed Insurers	1	0	0	0	0	0	0
Private Carriers	0	1	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**1**	**1**	**0**	**0**	**0**	**0**	**0**

The chart below shows the outcome of the 1 appeal of the insurer's initial determination filed in 2017. The appeal was filed by the claimant for claim denial:

2017	Denial Affirmed	Denial Reversed	Remanded	Modified	Dismissed	Stipulation	Pending
Associations	0	0	0	0	0	0	0
Self-Employed Insurers	0	0	0	0	1	0	0
Private Carriers	0	0	0	0	0	0	0
Uninsured	-	-	-	-	-	-	-
Total	**0**	**0**	**0**	**0**	**1**	**0**	**0**

Subsequent Appeals
As stated earlier, subsequent appeals may be filed by insurers, employers or claimants, depending on the nature of the appeal. There was one subsequent appeal in 2014 that is still pending. There was one subsequent appeal reported in 2015, which resulted in a stipulation; however, the denial decision stands. There were no subsequent appeals reported in 2016 or 2017.

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 595 claims reported in 2017, a confirmed diagnosis was reported for 5 claims, whereas 90 claims were reported to have not obtained a confirmed diagnosis.

Of the 1,917 claims reported since 2014, a confirmed diagnosis was reported for 51 claims, and 595 claims were reported to have not obtained a confirmed diagnosis.

Estimated Medical Costs:
The following table shows the reported estimated medical costs for accepted claims reported in 2014 through 2017. 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	185	$ 1,058,275	$ 5,720
2015	232	$ 966,132	$ 4,164
2016	324	$ 3,041,738*	$ 9,388
2017	410	$ 1,919,643	$ 4,682
Overall	1,151	$ 6,985,788	$6,069

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

Claim Status:
Of the 595 claims reported in 2017, insurers identified 107 as closed or having been closed at some time since their inception. None of the 107 claims that were reported as closed have been reopened as of December 31, 2017.

Of the 1,917 claims reported through from January 1, 2014 through December 31, 2017, insurers identified 538 as closed or having been closed at some time since their inception. None of the 538 claims that were reported as closed have been reopened as of the end of 2017.

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 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.

- 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 increased in 2017 over the previous 2 years, it is likely that many claims are not being updated at each of the required report triggers: appeals of claim denial (or acceptance), decisions rendered on appeals, claim closure and claim reopening. If updates are submitted, the data for exposure versus diagnosis, average expected medical cost per claim, appeal determinations, closure and reopening will 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 (AB 11) from the 2013 Nevada Legislature. The modified OD-8 was implemented on January 1, 2014.

- The DIR/WCS web site has been updated to reflect the modified OD-8 form, with an explanation 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.

- The WCS quarterly newsletter, the *Nevada Workers' Compensation Chronicle*, includes reporting reminders regarding this statutory requirement to report occupational disease claims pursuant to NRS 617.357.

- 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. Each year, WCS receives more "Statements of Inactivity" from insurers – a possible indication that more insurers are aware of the reporting requirement outlined in NRS 617.357. Improved compliance may result in improved data reliability.

Attachments:

1. **NRS 617.357 – as amended by AB 11 (2013) effective 5/24/13**
2. **OD-8 Form – effective 1/1/14**
3. **OD-8 Form Reporting Requirements – effective 1/1/14**

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 subsection 3 of NRS 289.010.

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

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**

PART 1

Insurer Name:
Insurer FEIN:
Insurer Certificate Number:
Claim Number:
Claimant's Employer:

☐ Insurer
☐ TPA

Submitted by:
Company:
Address: City: State: Zip:
Telephone: Email:

Date of Injury:
Date Claim (C-4) Received by Insurer/TPA:
Claim Disposition: ☐ Accepted ☐ Denied
Date 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)

Estimated Medical Costs of Claim: $ _____
Description of Claim:

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

PART 2

INITIAL APPEAL OF: ☐ **CLAIM DENIAL** ☐ **CLAIM ACCEPTANCE**
Appealed by: ☐ Claimant/Dependent/Representative ☐ Employer/Insurer
Date Appeal Filed:
Hearing Date:
Decision: ☐ Affirmed ☐ Reversed ☐ Remanded ☐ Modified ☐ Dismissed ☐ Stip (Explain):
Decision Date: Decision by: ☐ Hearing Officer ☐ Appeals Officer

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

Diagnosis Confirmed: ☐ **YES** ☐ **NO** Initial Claim Closure Date:
Date Claim Reopened (if applicable): Subsequent Claim Closure Date (if applicable):

BRIAN SANDOVAL
Governor

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STATE OF NEVADA

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DIVISION OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION SECTION
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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

OD-8 Form Part 1: Within 30 days after acceptance or denial of the claim

OD-8 Form Parts 1 & 2: Within 30 days of each or any of the following:

- 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
- Claim closure
- Claim reopening

Filing the OD-8 Form

Electronically by email to: **WCSRA@business.nv.gov**
Hard copy by fax to: (702) 990-0364, 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
1301 North Green Valley Parkway, Suite 200
Henderson, NV 89074

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 recently 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 after the insurer accepts or denies the claim pursuant to NRS 617.356. Additionally, the insurer is required to submit the OD-8 Form (Parts 1 & 2) within 30 days after the claim is appealed or affirmed, modified or reversed on appeal or when the claim is closed or reopened.

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).

Inquiries

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