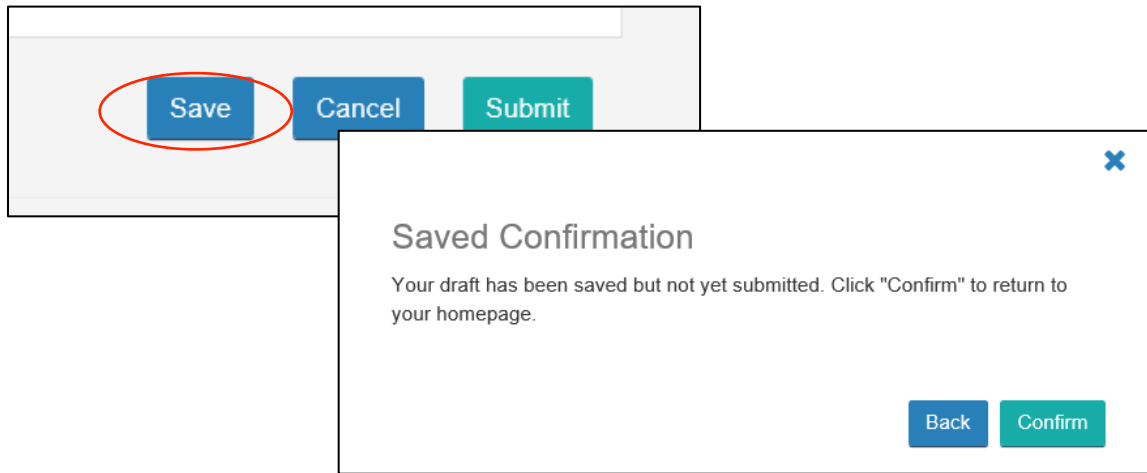
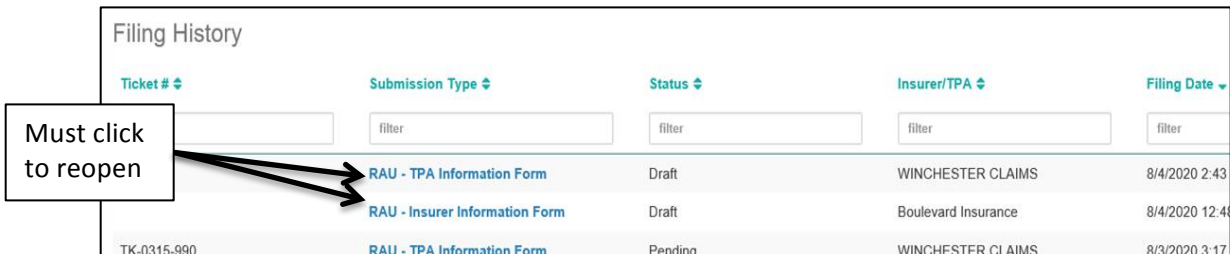


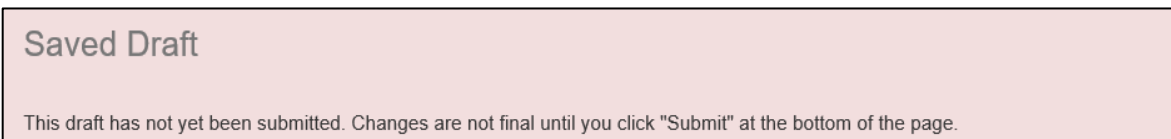
Save Draft Insurer & TPA Information Forms: You can now save your progress and come back later to finish and submit the Insurer/TPA Information Form. Insurer/TPA Information Forms previously had to be created and submitted in one sitting. To save a draft, click the “Save” button at the bottom of the opened form, and a pop-up box will appear to confirm that a draft has been saved. In the pop-up, click “Confirm” to stop working and return to your homepage, or click “Back” (or “X” to close the pop-up) to return to the saved draft and keep working.



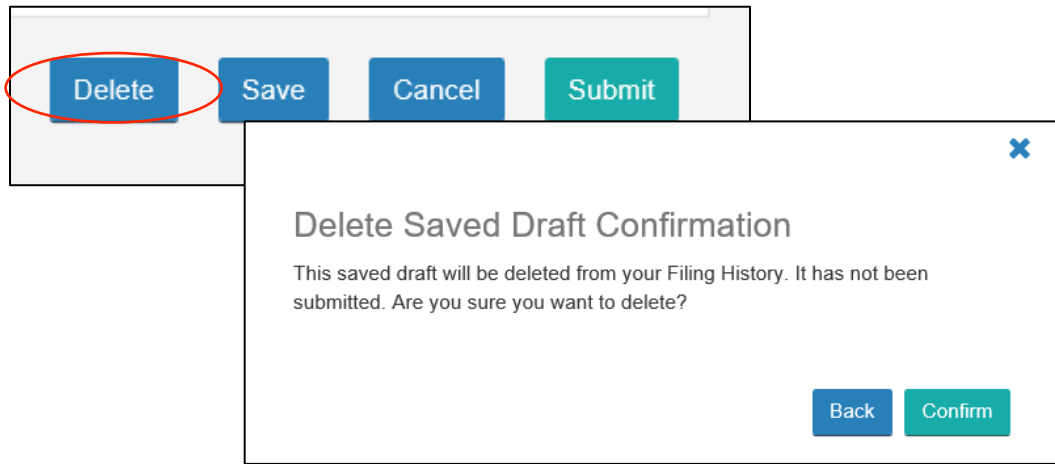
To reopen a saved draft, you must select it from the Filing History table on your Homepage. **** Note: the Ticket (“TK”) number will not appear until after the draft is submitted, which means State Workers’ Comp personnel cannot see or track your drafts.**



A reopened draft displays a red banner at the top as a reminder that the form is not final until it is submitted. Once a draft is complete, you must click the “Submit” button at the bottom of the form for the draft to be processed and replace a pre-existing Insurer/TPA Information Form.



A saved draft can also be deleted as long as it has not been submitted. The “Delete” button appears at the bottom of the form after it has been saved. To delete a draft, just click “Delete”, then click “Confirm” in the pop-up box. Click “Back” in the pop-up to cancel the deletion and return to the draft. (See screenshots on next page)



**** Note:** More than one draft can exist. Clicking “Create” in Forms and Tools or the Insurer/TPA table on your homepage will create a new draft and will not open an existing saved draft. A good habit is to delete any old and unneeded drafts.

Insurer & TPA Information Form Status: One of three filings statuses now displays for each Insurer/TPA Information Form in the Filing History table on your Homepage: “Draft” (for saved but not yet submitted forms); “Pending” (for submitted but not yet approved forms); and “Approved” (once approved by State Workers’ Comp personnel).

Ticket #	Submission Type	Status
TK-0315-994	RAU - Insurer Information Form	Approved
TK-0315-991	RAU - TPA Information Form	Approved
	RAU - Insurer Information Form	Draft
TK-0315-990	RAU - TPA Information Form	Pending
TK-0315-989	RAU - TPA Information Form	Pending
	RAU - Insurer Information Form	Draft
TK-0315-986	RAU - Insurer Information Form	Approved
TK-0315-985	RAU - Insurer Information Form	Pending
TK-0311-315	RAU - Insurer Information Form	Pending
TK-0167-419	RAU - Insurer Information Form	Pending
	RAU - Claim History Form	

Showing 1 to 11 of 11 entries

Instructional Text for Claims Office Contact in Insurer Information Form: More text has been added to the existing instructions in the Claims Office Contact block for the purpose of providing further aid to users. The new text reads: “Do not include TPA contact information here. Only use if self-administering claims. Must be a Nevada location.”

Include Claims Office

Yes No

Claims Office

If you are also using a claims office, please provide that information below. Do not include TPA contact information here. Only use if self-administering claims. Must be a Nevada location.

Title

First Name

M.I.

Last Name

Suffix

E-Mail

“Secondary Claims Office” in Insurer Information Form: For users with more than one claims office in Nevada, the Insurer Information Form now provides space to enter a *Secondary* Claims Office location. Adding a Secondary Claims Office works the same way as adding a Secondary In-State Physical or Mailing contact. Check the box labeled “Include Secondary Claims Office” (located directly below the Claims Office contact block), and a new block will open.

The top part of the form shows a checkbox labeled "Include Secondary Claims Office" which is circled in red. A callout box with an arrow points to it, containing the text "Click here to open". Below this, the expanded form for the "Secondary Claims Office" is shown. It includes fields for Title, First Name, M.I., Last Name, and Suffix. There are also fields for E-Mail, Organization Name, Contact Description, Address Line 1, Address Line 2, Address Line 3, City, State/Province (set to Nevada), and Postal Code.

Effective & Expiration Dates on Associated Insurers/TPAs Table: In order to make more information easily accessible, relationship Effective and/or Expiration Dates now display on the Associated Insurers/TPAs table on your Homepage *if* the dates have been set in the Insurer Information Form.

The top section shows the "Related TPAs" section with a table for Winchester Claims:

Name	Effective Date	Expiration Date
WINCHESTER CLAIMS	01/01/1999	08/24/2020

A callout box labeled "Dates set in Insurer Information Form" points to the Effective and Expiration Date columns in this table.

The bottom section shows the "Associated Insurers" table for Winchester Claims:

Name	NV Certificate of Authority #	FEIN	Effective Date	Expiration Date
Boulevard Insurance	NV CERT	000000000	1/1/1999	8/24/2020

A callout box labeled "Eg.) Dates displayed in Associated Insurers table on TPA Homepage" points to the Effective and Expiration Date columns in this table.

“Gender” Options on D-38 Claim Record: Two new gender options (“Unknown” and “Nonbinary”) have been added to D-38 claim submissions to improve the accuracy of claim records. “Unknown” should be selected if the gender of the claimant is not known. “Nonbinary” should be selected where the claimant is known to identify as any gender other than male or female (added to reflect all gender options currently available on State issued identification cards).

**** Note:** For **FTP** submissions, use **“U”** for “Unknown” and **“X”** for “Nonbinary”.

The screenshot shows a web form with two main sections: "Submitter Information" and "Injured Employee Information".

Submitter Information:

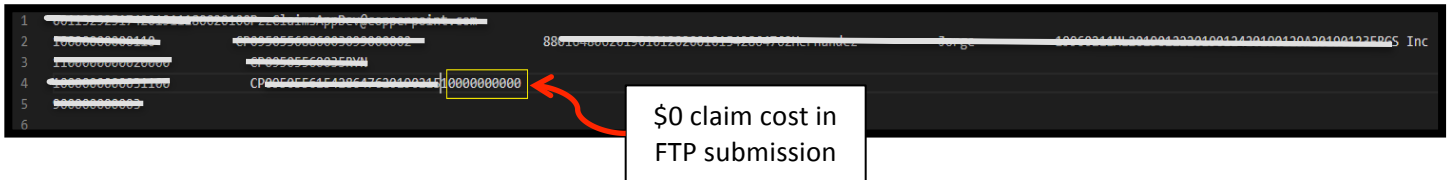
- Date Claim/Webform Submitted to WCS: 08/25/2020
- Submitter First Name: Hay
- Submitter Last Name: Ley
- Submitter Phone: (702) 000-0000
- Submitter Email: hay@ley.com

Injured Employee Information:

- First Name: J
- M.I.:
- Last Name: J
- Gender: Unknown (selected in dropdown)
- Date of Birth: 05/05/1995
- Zip Code: 89120
- Undocumented Injured Employee: No
- Injured Employee SSN: 111-11-1111

The "Gender" dropdown menu is open, showing options: Unknown, Female, Male, Unknown (highlighted), and Nonbinary. A red circle highlights the "Unknown" and "Nonbinary" options.

Submitting \$0 Cost Claims Via FTP: FTP now accepts claim closings with \$0 costs. Previously, \$0 cost claims had to be closed using the D-38 Form in the CARDS portal. **** Note:** \$0 should only be reported when there are no medical bills, services or other benefits paid at the time the claim is closed. If costs arise after closing, the total claim cost must be updated. All costs associated with the claim must be included in the reported costs. See NAC 616B.707 for guidance.



Reports: Several updates were made to both the **Claim Closure/Avg Cost Per Claim Report** and the **Claim Denial Rate/Type of Loss Report**. Most notably, the data displayed in all of the report tables is now accurate, and the TPA rows were removed (because no claims data should be associated with a TPA). Both reports can also now be run for a 1-day timeframe (i.e., date range set with same Start and End Date).

ADDITIONAL UPDATES – CLAIM CLOSURE/AVG COST PER CLAIM REPORT: The column header previously labeled “#ClaimsFiled” was relabeled “#Claims” to provide a more accurate description of the column data across all three “Date Types”.

ADDITIONAL UPDATES – CLAIM DENIAL RATE/TYPER OF LOSS REPORT: As part of improving data accuracy, Cumulative Injury data was merged into the Occupational Disease table (it was previously included in the Traumatic Injury table) in order to create a bright-line distinction between NRS 616 and 617 claims data. Also, the report title was changed from “ClaimDenialCloseCode” to “ClaimDenialRate” on document downloads to provide a more accurate description.

(See screenshots pages 5 – 6)

SAMPLE NEW REPORT:

**Claim Closure/Average Cost per Claim
by Date of Injury/Disablement (07/02/2018-07/03/2018)**

FEIN:
NV Cert #

All Claims (Med Only & Lost Time)	# Claims	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	174	69	44	112	\$4,117.27
Self-Insured Employer	48	16	8	24	\$1,353.44
Association of Self-Insured Employers	32	16	14	30	\$2,570.70
Other	0	0	0	0	NaN
Total	254	101	66	166	\$3,438.18

Medical Only	# Claims	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	149	56	41	96	\$2,877.75
Self-Insured Employer	40	12	8	20	\$988.58
Association of Self-Insured Employers	25	11	12	23	\$1,067.44
Other	0	0	0	0	NaN
Total	214	79	61	139	\$2,306.38

Lost Time	# Claims	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim	Avg Number TTD Days per Claim
	0	0	0	0	NaN	NaN
Private Carrier	25	13	3	16	\$11,554.37	15.74
Self-Insured Employer	8	4	0	4	\$3,177.78	18.86
Association of Self-Insured Employers	7	5	2	7	\$7,509.99	34.83
Other	0	0	0	0	NaN	NaN
Total	40	22	5	27	\$9,264.85	19.53

Unknown	# Claims	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	0	0	0	0	NaN
Self-Insured Employer	0	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	0	NaN
Other	0	0	0	0	NaN
Total	0	0	0	0	NaN

Column header
name changed

SAMPLE OLD REPORT:

**Claim Closure/Average Cost per Claim
by Date of Injury/Disablement (07/02/2018-07/03/2018)**

FEIN:
NV Cert #

All Claims (Med Only & Lost Time)	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	175	0	0	0	NaN
Self-Insured Employer	48	0	0	0	NaN
Association of Self-Insured Employers	33	0	0	0	NaN
Third Party Administrator	0	0	0	0	NaN
Other	0	0	0	0	NaN
Total	256	0	0	0	NaN

Medical Only	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	149	0	0	0	NaN
Self-Insured Employer	39	0	0	0	NaN
Association of Self-Insured Employers	26	0	0	0	NaN
Third Party Administrator	0	0	0	0	NaN
Other	0	0	0	0	NaN
Total	214	0	0	0	NaN

Lost Time	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim	Avg Number TTD Days per Claim
	0	0	0	0	NaN	NaN
Private Carrier	26	0	0	0	NaN	62.8333333333333
Self-Insured Employer	9	0	0	0	NaN	20.625
Association of Self-Insured Employers	7	0	0	0	NaN	44
Third Party Administrator	0	0	0	0	NaN	NaN
Other	0	0	0	0	NaN	NaN
Total	42	0	0	0	NaN	50.9736842105263

Unknown	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
	0	0	0	0	NaN
Private Carrier	0	0	0	0	NaN
Self-Insured Employer	0	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	0	NaN
Third Party Administrator	0	0	0	0	NaN
Other	0	0	0	0	NaN
Total	0	0	0	0	NaN

SAMPLE NEW REPORT:

Claim Denial Rate/Type of Loss by Date of Injury/Disablement (1/1/2019-1/2/2019)

Boulevard Insurance
FEIN: 000000000
NV Cert #NV CERT

All Claims (Injury & Disease)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	133	124	9	6.77%
Self-Insured Employer	56	50	6	10.71%
Association of Self-Insured Employers	17	14	3	17.65%
Other	0	0	0	NaN
Total	206	188	18	8.74%

Traumatic Injury (616)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	132	123	9	6.82%
Self-Insured Employer	51	47	4	7.84%
Association of Self-Insured Employers	17	14	3	17.65%
Other	0	0	0	NaN
Total	200	184	16	8.00%

Occupational Disease (617)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	1	1	0	0.00%
Self-Insured Employer	5	3	2	40.00%
Association of Self-Insured Employers	0	0	0	NaN
Other	0	0	0	NaN
Total	6	4	2	33.33%

SAMPLE OLD REPORT:

Claim Denial Rate/Type of Loss by Date of Injury/Disablement (1/1/2019-1/2/2019)

Boulevard Insurance
FEIN: 000000000
NV Cert #NV CERT

All Claims (Injury & Disease)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	133	124	9	6.77%
Self-Insured Employer	56	50	6	10.71%
Association of Self-Insured Employers	17	14	3	17.65%
Other	0	0	0	NaN
Total	206	188	18	8.74%

Traumatic Injury (616)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	132	123	9	6.82%
Self-Insured Employer	52	48	4	7.69%
Association of Self-Insured Employers	17	14	3	17.65%
Other	0	0	0	NaN
Total	201	185	16	7.96%

Occupational Disease (617)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
Boulevard Insurance	0	0	0	NaN
Private Carrier	1	1	0	0.00%
Self-Insured Employer	4	2	2	50.00%
Association of Self-Insured Employers	0	0	0	NaN
Other	0	0	0	NaN
Total	5	3	2	40.00%

Cumulative Injury
data now in Occ
Disease (617) table

Doc downloads
renamed

File name: ClaimDenialRate.pdf
Save as type: Adobe Acrobat Document (*.pdf)

ou want to open or save ClaimDenialRate.pdf from 10.231.8.58?

Sample report run
same Start/End Date

Reports

Report Type *
Claim Closure and Average Cost per Claim Report

Date Type *
Date Claim Closed

Output Format *
PDF

Start Date *
08/03/2020

End Date *
08/03/2020

Start Date *
08/03/2020

End Date *
08/03/2020

Back Submit