

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



**REPORT OF COMPLIANCE AUDITS**  
**WORKERS' COMPENSATION INSURERS**

**January 1, 2020**  
**through**  
**December 31, 2020**

**March 1, 2021**



**REPORT OF COMPLIANCE AUDITS  
WORKERS' COMPENSATION INSURERS  
January 1, 2020 through December 31, 2020**

**Prepared by**

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

**March 1, 2021**

**Confidentiality and Disclosure of Information:**

**NRS 616B.003(1) requires that the administrator of the Division of Industrial Relations (DIR) "cause to be conducted at least every 5 years an audit of all insurers who provide benefits to injured employees pursuant to chapters 616A to 616D, inclusive, or chapter 617 of NRS."**

**This Report of Compliance Audits is provided to the Members of the Nevada Legislature, 81<sup>st</sup> Session, pursuant to NRS 616B.003(4), which requires the administrator to, on or before March 1 of each year, "make a report of each audit to the Legislature, if it is in session, or to the Interim Finance Committee if the Legislature is not in session."**

**NRS 616B.012(1) indicates that, generally, "information obtained from any insurer, employer or employee is confidential and may not be disclosed or be open to public inspection in any manner which would reveal the person's identity." NRS 616B.012(7) provides that, in specified circumstances, the disclosure of information from files of claims or policyholders is a gross misdemeanor.**

**Pursuant to NRS 616B.012(1), further distribution of this report should redact the names of the injured employees, employers, insurers, and third-party administrators.**

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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*WORKERS' COMPENSATION SECTION*

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**2020 EXECUTIVE SUMMARIES OF COMPLIANCE AUDITS**

<b>Associations of Self-Insured Public or Private Employers</b>	<b>Certificate of Authority #</b>
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Nevada Agricultural Self-Insured Group	5015/105520
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**Private Carriers**

Accident Insurance Company Inc	100944
Advantage Workers Compensation Insurance Company (NKA WCF National Insurance Company)	1251
Arch Insurance Company	1342
Federal Insurance Company	233
Foremost Insurance Company Grand Rapids Michigan	261
Foremost Property and Casualty Insurance Company	1425
Lion Insurance Company	114633
Nationwide Agribusiness Insurance Company	1236
Redwood Fire and Casualty Insurance Company	1094
Security National Insurance Company	100333
United Wisconsin Insurance Company	106612

**No Claims Audits**

American Sentinel Insurance Company	14622
Arch Indemnity Insurance Company	171
Berkshire Hathaway Direct Insurance	815
Endurance American Insurance Company	1710
Explorer Insurance Company	1482
Foremost Signature Insurance Company	1393
Maiden Reinsurance North America Inc	11040
OBI America Insurance Company	134517
Privilege Underwriters Reciprocal Exchange	114730
Providence Washington Insurance Company	551
Samsung Fire & Marine Insurance Co Ltd (US Branch)	116316
Secura Insurance, A Mutual Company	112570

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<b>No Claims Audits (<i>continued</i>):</b>	<b>Certificate of Authority #</b>
Secura Supreme Insurance Company	112684
St Paul Mercury Insurance Company	585
State Auto Property & Casualty Insurance Company	116421
 <b>Self-Insured Employers</b>	
Best Buy Co Inc	123211
Caesars Entertainment Corporation	123146
City of Sparks	123097
Douglas County School District	123176
Encompass Health Corporation	123143
FedEx Corp for FedEx Freight Inc	123050
HAT Ltd dba Manpower Temporary Service (NKA HAT Ltd A Nevada Limited Partnership)	123151
HCA Healthcare Inc	123099
Kroger Co (The)	122996
McDonald's Corporation	123131
Newmont GoldCorp Corporation (NKA Newmont Mining Corporation)	122968
NV Energy Inc	123064
Renown Health	123237
Treasure Island LLC	122972
True Blue Inc	123180
US Foods Inc	123102
Washoe County	123024
Wendover Casinos Inc	123036

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**SUMMARY OF AUDIT OBJECTIVES AND FINDINGS**  
**Audits Conducted January 1, 2020 through December 31, 2020**  
**NRS 616B.003**

**BACKGROUND:**

NRS 616B.003(1) requires the Division of Industrial Relations (DIR) to conduct an audit of each workers' compensation insurer at least every five years. These audits may include regularly scheduled audits, follow-up audits focusing on areas of non-compliance, and risk-based audits.

**AUDITS CONDUCTED:**

To satisfy the statutory requirement, the Workers' Compensation Section (WCS) of DIR conducted 45 audits pursuant to NRS 616B.003 during calendar year 2020 with 419 claims files reviewed.

**AUDIT OBJECTIVES:**

The objectives of the audits are: 1) to identify and correct violations of statutes and regulations relating to the rights and benefits of injured employees, and 2) to determine if procedures are in place that ensure injured employees receive all benefits to which they are entitled in a timely manner. Specifically, each audit focuses on the following major areas:

- Timely determination regarding commencement of payment or denial;
- Timely payment of initial compensation;
- Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- Timely evaluation and offer of permanent partial disability;
- Notification of the right of appeal concerning determination(s) made;
- Timely responses to requests;
- Vocational rehabilitation benefits;
- Use of proper forms; and
- Claims administration.

While the main objectives of the audits focus on insurer and third-party administrator performance, audits may also include employer site visits and interviews with employees to ensure employers are complying with such requirements as displaying the proper posters, the ability to provide proof of insurance, and employee notification of rights and responsibilities. Verification of the completion and maintenance of C-1 (Incident Report) forms are also included in the employer site visits.

Some of the areas identified above directly affect the timely and accurate delivery of benefits to injured employees such as the calculation and payment of TTD, PPD, TPD and PTD. Other areas may have less of a direct effect on the benefits received by injured employees such as the claims administrator using an outdated form. All areas are monitored, however, to ensure that the entities within the regulatory authority of the DIR (insurers, employers, third-party administrators, medical providers and organizations for managed care) are compliant with workers' compensation statutes and regulations.

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**SUMMARY OF AUDIT OBJECTIVES AND FINDINGS**  
**Audits Conducted January 1, 2020 through December 31, 2020**  
**NRS 616B.003**

**SUMMARY OF AUDIT FINDINGS:**

Audits of 15 insurers were conducted in which no claims were reported during the audit period. All of the remaining 30 audits conducted were regularly scheduled five-year audits and all resulted in reportable findings. There were no risk-based or follow-up audits conducted in 2020. Below are some of the violations identified in the audits, in order of relative frequency and/or severity, and the percentage of audits in which the violation occurred at least once:

- Failure to utilize required and approved forms for claims administration which may have resulted in the incorrect calculation and/or late delivery of benefits (86.7%)
- The failure to maintain claim files pursuant to the Nevada Administrative Code (NAC), including confidentiality and adequate documentation relating to claims activity such as required claim forms, and eligibility for rehabilitation benefits, etc. (63.3%)
- Late or incomplete submission of, or failure to submit, the C-3 Form, Employer's Report of Industrial Injury or Occupational Disease or use of a non-approved form (employer violation) (63.3%)
- Errors relating to offers of light duty employment (36.7%)
- Incorrect payments of TTD, TPD and/or PPD benefits as a result of the incorrect calculation of and/or inappropriate periods of benefits (30%)
- Incorrect payments of TTD, TPD and/or PPD benefits as a result of the incorrect calculation of the average monthly wage (26.7%)
- Late or incomplete determinations of claim acceptance or denial (23.3%)
- Violations relating to the payment of medical bills, including late or incorrect payment, or documentation relating to such payments (23.3%)
- Late scheduling of PPD evaluations and/or offer of the PPD award (23.3%)
- Late payment of TTD, TPD, PPD or other benefits (20%)
- Failure to follow appropriate procedures for claim closure, including notification to the injured employee and premature closure (16.7%)
- The failure to provide responses, providing late responses, or providing inaccurate responses to injured worker and DIR requests (16.7%)
- Failure to identify receipt date on claim file documents (no date stamp) (16.7%)
- Incorrect and/or failure to properly report claims information (D-38 Indexing System reporting errors, claims lists for audits, etc.) (3.3%)

While the audits focus on insurer performance, the DIR identified employer violations including, but not limited to, the timely completion and execution of required forms. Additionally, the DIR noted medical provider violations such as filing late and/or incomplete C-4 Forms.

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**SUMMARY OF AUDIT OBJECTIVES AND FINDINGS**  
**Audits Conducted January 1, 2020 through December 31, 2020**  
**NRS 616B.003**

**BENEFIT CORRECTION/MONETARY RECOVERY:**

In the claim files reviewed, the Division identified approximately \$7,432.58 in underpayments to injured employees, no underpayments to health care providers, approximately \$26,971.93 in overpayments to injured employees and \$1,592.40 in overpayments to health care providers by insurers. The Division requires underpayments to be rectified by the insurer at the time of the audit unless the findings are disputed and additional research is required for resolution. Insurers may recover overpayments made to health care providers in the form of refunds or adjustments. Insurers may recover overpayments made to injured employees pursuant to NRS 616C.155.

**AGENCY ADMINISTRATIVE ACTION:**

The DIR is authorized to impose administrative fines, issue notices of correction and/or request plans of corrective action for violations of Chapters 616A through 617 of the Nevada Revised Statutes. The DIR is also authorized to impose benefit penalties for certain violations as referenced in NRS 616D.120. As a result of the audits conducted in 2020 pursuant to NRS 616B.003, the DIR issued twenty six (26) administrative fines totaling \$11,250.00 and one hundred fifty two (152) notices of correction against insurers, third-party administrators and employers for which plans of corrective action were required to be submitted for each. There were no violations referred to the WCS Benefit Penalty Unit for further investigation.

STATE OF NEVADA  
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**2021 PROJECTED AUDIT SCHEDULE**

	INSURER NAME	CERTIFICATE OF AUTHORITY #
<b>PRIVATE CARRIERS</b>		
1	Accident Fund Insurance Company of America	12714
2	ACE American Insurance Company	17
3	AIG Property Casualty Company	113
4	Alaska National Insurance Company	1448
5	American Automobile Insurance Company	28
6	American Economy Insurance Company	34
7	American Family Insurance Company	126590
8	American Fire and Casualty Company	1778
9	American Guarantee & Liability Insurance Company	44
10	American Home Assurance Company	49
11	American Interstate Insurance Company	1708
12	American Zurich Insurance Company	1072
13	Amerisure Partners Insurance Company	116998
14	AmTrust Insurance Company	100311
15	Atlantic Specialty Insurance Company	1794
16	Badger Mutual Insurance Company	16597
17	Bankers Standard Insurance Company	852
18	Benchmark Insurance Company	1601
19	BITCO General Insurance Corporation	114
20	Brotherhood Mutual Insurance Company	1768
21	Care West Insurance Company	140210
22	Carolina Casualty Insurance Company	132
23	Central Mutual Insurance Company	136
24	Cherokee Insurance Company	1123
25	Chubb Indemnity Insurance Company	1709
26	Chubb National Insurance Company	1752
27	Cimarron Insurance Company Inc	153
28	Citizens Insurance Company of America	110894
29	Commerce and Industry Insurance Company	168
30	Compwest Insurance Company	18778
31	Copperpoint American Insurance Company	147560
32	Copperpoint Casualty Insurance Company	147561
33	Copperpoint General Insurance Company	147790
34	Copperpoint Indemnity Insurance Company	147559
35	Copperpoint Insurance Company	147558
36	Copperpoint National Insurance Company	147720
37	Copperpoint Premier Insurance Company	147729
38	Copperpoint Western Insurance Company	147562
39	Emcasco Insurance Company	130765
40	Employers Insurance Company of Nevada	1779
41	Employers Insurance Company of Wausau	216



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**2021 PROJECTED AUDIT SCHEDULE**

	INSURER NAME	CERTIFICATE OF AUTHORITY #
<b>PRIVATE CARRIERS (continued)</b>		
42	Employers Mutual Casualty Company	215
43	Everest Denali Insurance Company	143341
44	Everest National Insurance Company	1345
45	Everest Premier Insurance Company	143384
46	Farmers Insurance Exchange	230
47	Federated Mutual Insurance Company	235
48	Federated Reserve Insurance Company	141542
49	Federated Rural Electric Insurance Exchange	926
50	Fire Insurance Exchange	247
51	First Choice Casualty Insurance Company	121577
52	First Dakota Indemnity Company	118298
53	First Liberty Insurance Corporation (The)	1633
54	First National Insurance Company of America	257
55	Florists Mutual Insurance Company	1351
56	Frank Winston Crum Insurance Company	115852
57	Grantite State Insurance Company	287
58	Great Divide Insurance Company	1562
59	Great Northern Insurance Company	292
60	Greenwich Insurance Company	305
61	Hanover Insurance Company	304
62	Hartford Accident & Indemnity Company	307
63	Hartford Casualty Insurance Company	308
64	Hartford Insurance Company of Illinois	150223
65	Hartford Insurance Company of the Southeast	150224
66	Hartford Underwriters Insurance Company	469
67	Imperium Insurance Company	991
68	Indemnity Insurance Company of North America	1233
69	Liberty Insurance Corporation	1170
70	Liberty Mutual Fire Insurance Company	366
71	LM Insurance Corporation	1650
72	Markel Insurance Company	1105
73	Midwest Employers Casualty Company	1373
74	Mitsui Sumitomo Insurance Company of America	11671
75	National Casualty Company	438
76	National Fire Insurance Company of Hartford	440
77	National Interstate Insurance Company	1613
78	NGM Insurance Company	14146
79	North Pointe Insurance Company	119026
80	OBI National Insurance Company	120551
81	Ohio Casualty Insurance Company	492
82	Ohio Security Insurance Company	1776

STATE OF NEVADA  
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**2021 PROJECTED AUDIT SCHEDULE**

	INSURER NAME	CERTIFICATE OF AUTHORITY #
<b>PRIVATE CARRIERS (continued)</b>		
83	Pennsylvania Manufacturers Association Insurance	807
84	Pennsylvania Manufacturers Indemnity Company	11244
85	Pioneer Specialty Insurance Company	101309
86	Republic Indemnity Company of California	1685
87	Riverport Insurance Company	1584
88	RLI Insurance Company	570
89	Sentinel Insurance Company Ltd	1811
90	Sentry Insurance A Mutual Company	598
91	Sentry Select Insurance Company	353
92	Sequoia Indemnity Company	15162
93	Sompo America Fire & Marine Insurance Company	140191
94	Sompo America Insurance Company	1071
95	Star Insurance Company	1400
96	Starnet Insurance Company	1770
97	Starr Indemnity & Liability Company	565
98	State Farm Fire & Casualty Company	613
99	Stonington Insurance Company	1387
100	Tokio Marine America Insurance Company	118811
101	Travelers Casualty and Surety Company	4
102	Tri State Insurance Company of Minnesota	114442
103	Triumphe Casualty Company	11781
104	Trumbull Insurance Company	1618
105	Twin City Fire Insurance Company	657
106	Union Insurance Company of Providence	130767
107	Valley Forge Insurance Company	705
108	West American Insurance Company	715
109	Western National Mutual Insurance Company	114609
110	Williamsburg National Insurance Company	1703
<b>NO CLAIMS AUDITS - PRIVATE CARRIERS</b>		
1	7710 Insurance Company	131066
2	Accredited Surety and Casualty Company Inc	1634
3	AIG Assurance Company	1256
4	All America Insurance Company	12
5	Allianz Reinsurance America Inc	994
6	American Insurance Company	51
7	American Liberty Insurance Company	153593
8	American States Insurance Company	78
9	Cincinnati Casualty Company	98406
10	Cincinnati Indemnity Company	98081
11	Clermont Insurance Company	149203

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**2021 PROJECTED AUDIT SCHEDULE**

	INSURER NAME	CERTIFICATE OF AUTHORITY #
<b>NO CLAIMS AUDITS - PRIVATE CARRIERS (continued)</b>		
12	CM Regent Insurance Company	155289
13	Corepointe Insurance Company	151
14	Farmers Automobile Insurance Association	146637
15	ICW Casualty Insurance Company	144537
16	ICW Premier Insurance Company	144513
17	Intrepid Insurance Company	13666
18	Liberty Mutual Insurance Company	367
19	Mag Mutual Insurance Company	143941
20	Pacific Employers Insurance Company	508
21	Peerless Indemnity Insurance Company	96
22	Pekin Insurance Company	146647
23	Selective Insurance Company of America	16140
24	Selective Insurance Company of South Carolina	146294
25	Selective Insurance Company of the Southeast	146307
26	Selective Way Insurance Company	146305
27	Stonetrust Commercial Insurance Company	132666
28	Transverse Insurance Company	335
29	Watford Insurance Company	12247
30	Wausau Underwriters Insurance Company	710
<b>SELF-INSURED EMPLOYERS</b>		
1	Arcbest Corp	122997
2	Boyd Gaming Corporation	123005
3	Catholic Charities of Southern Nevada	122963
4	City of Henderson	123103
5	City of Las Vegas	123239
6	City of North Las Vegas	123155
7	CityCenter Holdings LLC	122979
8	Clark County	123236
9	Costco Wholesale Corporation	123087
10	FedEx Corp for Fedex Ground Package System Inc	122931
11	Focus Plumbing LLC	122964
12	Four Queens LLC	123109
13	Hamilton Holding Management Corp	123118
14	HCR ManorCare Inc	123067
15	Hyatt Hotels Corporations	122842
16	IKE Gaming Inc (El Cortez)	123017
17	Intermountain Health Care Inc	153613
18	Kinross Gold Corporation	123052
19	Knight-Swift Transportation Holdings Inc for Knight Transportation Inc	146761
20	Las Vegas Convention & Visitors Authority	123034
21	Las Vegas Metropolitan Police Department	123092

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	INSURER NAME	CERTIFICATE OF AUTHORITY #
<b>SELF-INSURED EMPLOYERS (continued)</b>		
22	Las Vegas Sands Corp	122959
23	Las Vegas Valley Water District	123037
24	Macy's Inc	122854
25	Marriott International Inc	122999
26	Mesquite Gaming LLC	122978
27	Monarch Casino & Resort Inc	123160
28	New-Com Inc	123039
29	Peppermill Casinos Inc	122953
30	Poly-America for Poly-West Inc	122971
31	Purcell Tire & Rubber Company	123219
32	Raley's Inc	123242
33	Schneider National Inc	123217
34	Southern Nevada Harley Davidson Sales Inc & Red Rock Motorcycle Sales Inc	123041
35	Southwest Gas Corporation	122955
36	Station Casinos LLC	122976
37	United Air Lines Inc	123234
38	Young Electric Sign Company (YESCO)	123231
<b>SPECIAL AUDITS</b>		
		<b>LICENSE #/ CERTIFICATE OF AUTHORITY #</b>
1	Sedgwick Claims Management Services Inc (TPA) - PTD Claims Audit	17894
2	Western States Contracting Inc (Follow-up Audit)	122888

**2020**  
**EXECUTIVE SUMMARIES OF**  
**COMPLIANCE AUDITS**

**Associations of Self-Insured Public  
or Private Employers**

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**BACKGROUND OF ASSOCIATION OF SELF-INSURED EMPLOYERS**

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Nevada Agricultural Self-Insured Group (NASIG) was certified for Worker's Compensation as an Association of Self-Insured Employers in the State of Nevada on October 1, 2008. The claims are administered by Associated Risk Management, Inc. (ARMI), located at 1027 S. Carson Street, in Carson City, Nevada 89701.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Fifteen (15) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

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EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NRS 616A.480 Untimely or missing forms	2 2	N/A
NRS 616C.040 C-4 form submitted untimely	1 1	N/A
NRS 616C.050 D-53 form not provided to claimant	6 6	N/A
NRS 616C.065 Untimely claim acceptance	1 1	N/A
NRS 616C.235 D-31 form not provided to claimant	4 4	N/A
NRS 616C.260 Provider bills paid incorrectly	1 1	OP \$8.00
NRS 616C.475 Untimely or missing light duty offers	2 2	N/A
NRS 616C.490 Untimely scheduling of PPD evaluation	1 1	N/A
NRS 616C.500 TPD incorrectly paid	1 1	UP \$13.05
NAC 616A.480 Incomplete and/or missing documents required by employer	7 9	N/A
NAC 616A.480 Unauthorized and/or outdated forms	8 17	N/A
NAC 616C.148 PPD Evaluations submitted untimely	2 2	N/A
NAC 616C.598 Untimely TPD payments	2 2	N/A



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Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Nevada Agricultural SIG, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.065: “1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or (b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied.”
- Pursuant to NRS 616C.260: “1. All fees and charges for accident benefits must not: (a) Exceed the amounts usually billed and paid in the State for similar treatment. (b) Be unfairly discriminatory as between persons legally qualified to provide the particular service for which the fees or charges are asked. 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits...”

and

The Medical Fee Schedule states: “Supplies are reimbursed at the providers’ actual cost, excluding tax and charges for freight, plus 20 percent, unless there is a written agreement between the insurer and provider for a lower reimbursement. Copies of the manufacturers’ or suppliers’ invoices from the provider are required for reimbursement.”

- Pursuant to NRS 616C.490: “2. Within 30 days after receiving from a physician or chiropractor a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractor selected pursuant to this subsection to determine the extent of the employee’s disability.”

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EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**Nevada Agricultural SIG, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616C.598: “8. Compensation for a temporary partial disability must be paid within 14 days after receipt from the injured employee of information regarding his or her wages.”

**Golconda Butte Farms, Inc., is responsible for developing policies and procedure to ensure compliance with:**

- NRS 616A.480 states in part: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”

**26 Ranch, Inc., is responsible for developing policies and procedure to ensure compliance with:**

- NRS 616A.480 states in part: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**Hunewill Land & Livestock Co., is responsible for developing policies and procedure to ensure compliance with:**

- NRS 616C.475 states in part: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

**Lucas Livestock-Sandfill Feedlot, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Julian Tomera Ranches, Inc. BDM, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**Mills Farm and Industrial, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Burrows Farms AG Inc., is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Nevada Livestock Marketing LLC, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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Pursuant to NRS 616B.003**

**NEVADA AGRICULTURAL SELF-INSURED GROUP**

**Certificate Number  
5015**

July 30, 2020

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

# **Private Carriers**

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ACCIDENT INSURANCE COMPANY**

**Certificate Number 100944**

September 16, 2020

**BACKGROUND OF PRIVATE CARRIER**

Accident Insurance Company was certified for workers' compensation insurance on February 14, 2008. The claims are administered by Nevada Alternative Solutions, located at 9506 W. Flamingo Rd, Suite 102, Las Vegas, NV 89147.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of three (3) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ACCIDENT INSURANCE COMPANY**

**Certificate Number 100944**

September 16, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A / OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.045 (1)	1	N/A
Incorrect C-3 Form used	1	N/A
NAC 616A.480 (1) and (4)	2	N/A
Outdated Forms	4	N/A
NRS 616B.012 (1)	1	N/A
Confidentiality	1	N/A
NRS 616C.065 (1) (a)	1	N/A
Untimely Claim Acceptance	1	N/A
NAC616C.082 (1)	1	N/A
Missing Date of Receipt on Document	1	N/A
NAC 616C.088	1	N/A
Missing Documents	5	N/A
NAC616C.094 (1) (a-b)	1	N/A
Untimely Response to Written Request	1	N/A



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Pursuant to NRS 616B.003**

**ACCIDENT INSURANCE COMPANY**

**Certificate Number 100944**

September 16, 2020

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**REQUIRED CORRECTIVE ACTION**

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**Progressive Pest Control is responsible for developing policies and procedures to ensure:**

- Pursuant to NRS 616C.045 (1) states: "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator.... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."

**Nevada Alternative Solutions is responsible for developing policies and procedures to ensure:**

- NAC 616A.480 (1) and (4) states: "1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation... "4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator."
- NRS 616B.012 (1), "Information obtained from any insurer, employer or employee is confidential and may not be disclosed or be open to public inspection in any manner which would reveal the person's identity."

**STATE OF NEVADA  
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**ACCIDENT INSURANCE COMPANY**

**Certificate Number 100944**

September 16, 2020

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**REQUIRED CORRECTIVE ACTION (Continued)**

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- NRS 616C.065 (1) (a) states: "Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim...5. (b), the insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied...pursuant to subsection 1 or 2: if a claim has been denied, in whole or in part, obtaining a certificate of mailing."
- NAC 616C.082 (1) states: An insurer, third-party administrator or organization for managed care shall ensure that the date of receipt of all documents concerning claims that it receives pursuant to chapters 616A to 617, inclusive, of NRS or regulations adopted pursuant thereto is indicated on each such document or maintained in an electronically generated, verifiable report."
- NAC 616C.088 states in part: "Each file of claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain:..."
- NAC 616C.094 (1) (a-b) states: "Except as otherwise provided in this section, within 30 days after receipt of a written request relating to a claim made by: (a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them; or (b) A spouse, child or parent of an injured employee who is deceased or incapacitated, the insurer, third-party administrator or organization for managed care shall, in writing, notify the person making the request of its determination concerning the request."

**STATE OF NEVADA  
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Pursuant to NRS 616B.003**

**ACCIDENT INSURANCE COMPANY**

**Certificate Number 100944**

September 16, 2020

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- Provide the Workers' Compensation Section (WCS), by October 19, 2020, a written response, prepared specifically with the above Findings and Claims Administration in mind, which will clearly show what action will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Advantage Workers Compensation Insurance Company**

**Certificate Number**

**1251**

December 11, 2020

**BACKGROUND OF PRIVATE CARRIER**

Advantage Workers Compensation Insurance Company was certified for workers' compensation insurance in Nevada on July 1, 1999. The claims are self-administered by Advantage Workers Compensation Insurance Company located at 9121 West Russell Rd., Ste. 117, Las Vegas, NV 89148.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of twenty (20) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Advantage Workers Compensation Insurance Company**

**Certificate Number**

**1251**

December 11, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NRS 616C.475 Inaccurate payment of TTD benefits	1 1	\$198.25 UP
NAC 616A.480 Use of Incorrect Form resulting in an Overpayment of PPD benefits	1 1	\$16,498.14 OP

**REQUIRED CORRECTIVE ACTION**

**Advantage Workers Compensation Insurance Company is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616C.475 states: "1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage."
- Pursuant to NAC 616A.480(1)(k): "Pursuant to NAC 616A.480(1): "1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation: (k) D-9(b), Permanent Partial Disability Award Calculation Worksheet for Disability Over 25 Percent Body Basis."

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DEPARTMENT OF BUSINESS AND INDUSTRY  
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**Advantage Workers Compensation Insurance Company**

**Certificate Number**

**1251**

December 11, 2020

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- No further corrective action required. The WCS received the required corrective action with the response to the findings.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Arch Insurance Company**

**Certificate Number**

**1342**

December 11, 2020

**BACKGROUND OF PRIVATE CARRIER**

Arch Insurance Company was certified for workers' compensation insurance in Nevada on August 1, 1999. The claims are administered by Gallagher Bassett Services, Inc., located at 777 N. Rainbow Blvd., Ste. 330, Las Vegas, NV 89107.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of twenty (20) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Arch Insurance Company**

**Certificate Number**

**1342**

December 11, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616B.012(1)	1	N/A
Claim file contained documents which identified another injured employee	1	N/A
NAC 616A.480(1)(i)	1	N/A
Use of form other than a D-8	1	N/A
NRS 616C.045(2)(d)	1	N/A
Employer did not provide a D-8 Form	1	N/A

**REQUIRED CORRECTIVE ACTION**

**Gallagher Bassett Services, Inc. is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616B.012(1), information obtained from any insurer, employer or employee is confidential and may not be disclosed or be open to public inspection in any manner which would reveal person's identity.
- NAC 616A.480(1)(i), "1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation: (i) D-8, Employer's Wage Verification Form."



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**Arch Insurance Company**

**Certificate Number**

**1342**

December 11, 2020

**ADMINISTRATIVE FINE**

- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Atlas World Group, Inc. for a single violation of NRS 616C.045(2)(d).

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- Provide the Workers' Compensation Section (WCS), by January 20, 2021 a written Plan of Corrective Action prepared specifically with the above Notices of Correction in mind, which clearly show what action will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Federal Insurance Company was certified for workers' compensation insurance in Nevada on July 1, 1999. The claims are administered by Gallagher Bassett Services, Inc., located at 777 N. Rainbow Blvd., Ste. 330, Las Vegas, Nevada 89107.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of twenty (20) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

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DIVISION OF INDUSTRIAL RELATIONS  
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Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

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**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616A.480	7	N/A
Failure to timely provide a completed requested document.	7	
NRS 616C.045	9	N/A
Duty of employer to file a completed response	9	

**REQUIRED CORRECTIVE ACTION**

**Nobel Learning Communities, Inc. is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."

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**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

**REQUIRED CORRECTIVE ACTION (*continued*)**

**Evergreen Alliance Golf Limited, LP is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."

**Fellers, Inc. is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."

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**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

**REQUIRED CORRECTIVE ACTION *(continued)***

**Crestline Hotels and Resorts, LLC is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."
  
- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."

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**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

**REQUIRED CORRECTIVE ACTION (*continued*)**

**NBA Development League, LLC is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."
  
- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

**REQUIRED CORRECTIVE ACTION (*continued*)**

**Vdara Condo Hotel, LLC is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."
  
- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."

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Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

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**REQUIRED CORRECTIVE ACTION (*continued*)**

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**Las Vegas Paving, Corp. is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

**REQUIRED CORRECTIVE ACTION (*continued*)**

**Fertitta Enterprises, Inc. is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section."

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**Federal Insurance Company**

**Certificate Number**

**233**

December 31, 2020

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**REQUIRED CORRECTIVE ACTION (*continued*)**

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**Crescent Hotels and Resorts is responsible for developing policies and procedures to ensure compliance with:**

- NRS 616C.045 states in part, "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator; and d) Be accompanied by a statement of the wages of the employee if the claim for compensation received from the treating physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, indicates that the injured employee is expected to be off work for 5 days or more... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section." (NC-0016-538)

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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- Provide the Workers' Compensation Section (WCS), by February 3, 2021 a written plan of corrective action prepared specifically with the above Notices of Correction in mind, which clearly show what action will be taken to ensure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST INSURANCE COMPANY GRAND RAPIDS MICHIGAN**

**Certificate Number  
261**

March 13, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Foremost Insurance Company Grand Rapids Michigan was certified for workers' compensation as a private insurer in the State of Nevada on April 6, 2012. Foremost Insurance Company Grand Rapids Michigan is member of Farmers Indurance Group of Companies. Claims are administered by Farmers Insurance Exchange located at, 7455 Arroyo Crossing Parkway, Suite 110, Las Vegas Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) One (1) claim was examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST INSURANCE COMPANY GRAND RAPIDS MICHIGAN**

**Certificate Number  
261**

March 13, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NAC 616A.480	1	N/A
Missing Brief Description of Rights and Benefits, D-2 form	1	

**REQUIRED CORRECTIVE ACTIONS**

Pursuant to NRS 616D.120(2)(a)

**Farmers Insurance Exchange for Foremost Insurance Grand Rapids Michigan, in response to the audit finding, provided adequate written description of corrective action taken for the discrepancy associated with the following violated regulation.**

- **NAC 616A.480:** 1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation ... (b) D-2, Brief Description of Your Rights and Benefits if You Are Injured on the Job ... 4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator. use a different form or change a form without the prior written approval of the Administrator.

**AGENCY RESPONSE/ENFORCEMENT ACTION**

Written plan of corrective action has been provided to the Workers' Compensation Section (WCS) for the Notice of Correction before this final report was issued.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1425**

March 13, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Foremost Property and Casualty Insurance Company was certified for workers' compensation as a private insurer in the State of Nevada on April 6, 2012. Foremost Property and Casualty Insurance Company is member of Farmers Insurance Group of Companies. Claims are administered by Farmers Insurance Exchange located at, 7455 Arroyo Crossing Parkway, Suite 110, Las Vegas Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Two (2) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1425**

March 13, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NAC 616A.480	2	N/A
Employers submitted forms incomplete	2	
NRS 616C.045	1	N/A
Employer untimely submitted forms	1	
NRS 616C.260	1	Overpaid
Insurer overpaid medical provider	1 Bill, 2 CPT codes	\$10.49

**REQUIRED CORRECTIVE ACTIONS**

Pursuant to NRS 616D.120(2)(a)

**Foremost Property and Casualty Insurance Company is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.260: “1. All fees and charges for accident benefits must not: (a) Exceed the amounts usually billed and paid in the State for similar treatment. (b) Be unfairly discriminatory as between persons legally qualified to provide the particular service for which the fees or charges are asked. 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits...”

and

Nevada Medical Fee Schedule: “Services provided by a nurse anesthetist, certified advanced practitioner of nursing or certified physician’s assistant must be identified with the modifier “-29” and be reimbursed at 85 percent of the maximum allowable fee established for physicians.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1425**

March 13, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**Burritos at the Plaza LLC is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**PMNV Las Vegas LLC is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- Pursuant to NRS 616C.045: “1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer’s report of industrial injury or occupational disease. ... 4. The Administrator shall impose an administrative fine of not more than \$1,000 on an employer for each violation of this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST PROPERTY AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1425**

March 13, 2020

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**ADMINISTRATIVE FINE**

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Pursuant to NRS 616C.045, NAC 616D.415(1) and NRS 616D.120(2)(b):

- One administrative fine, for three hundred seventy-five (\$375.00), dollars is being issued to PMNV Las Vegas LLC for failure to timely provide the Employer's Report of Industrial Injury or Occupational Disease, C-3 form, to the insurer.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**LION INSURANCE COMPANY**

**Certificate Number  
114633**

December 11, 2020

**BACKGROUND OF PRIVATE CARRIER**

Lion Insurance Company was certified for workers' compensation insurance in Nevada on October 24, 2011. The claims are administered by York Risk Services Group, Inc. located at 9085 W. Post Road #100, Las Vegas, Nevada, 89148.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of five (5) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**LION INSURANCE COMPANY**

**Certificate Number  
114633**

December 11, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NAC 616C.082(1)	1	N/A
Missing Date of Receipt	2	
NAC 616C.480(1)(2)(3)(4)	4	N/A
Use of Forms – Required Forms, Completion of Forms, Altered Forms	10	
NRS 616C.045	5	N/A
Duty of Employer to File Report of Industrial Injury or Occupational Disease	5	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
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Pursuant to NRS 616B.003**

**LION INSURANCE COMPANY**

**Certificate Number  
114633**

December 11, 2020

**REQUIRED CORRECTIVE ACTION**

York Risk Services Group, Inc. is responsible for developing policies and procedures to ensure:

- The forms adopted pursuant to NAC 616A.480(1) and (2) must be used by each insurer in the administration of claims for workers' compensation. Also, pursuant to NAC 616A.480 (3), "The forms must be accurately completed, including, without limitation, a signature and a date if required by the form." Additionally, NAC 616A.480 (4) states: "An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator."
- NAC 616C.082 (1), the insurer shall ensure that all documents concerning claims that it receives indicate the date of receipt"

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**LION INSURANCE COMPANY**

**Certificate Number  
114633**

December 11, 2020

**ADMINISTRATIVE FINES**

- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Certified Interiors, Inc., for a single violation of NRS 616C.045, for failure to complete a mandated C-3 Form.
- Three administrative fines, totaling one thousand one hundred twenty-five dollars (\$1,125.00) is being issued to First Rate Staffing Corp., for three violations of NRS 616C.045, for failure to complete a mandated C-3 Form.
- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Kattera Labor Management, LLC (formerly Construct Corp.) for a single violation of NRS 616C.045, for failure to complete a mandated C-3 Form.

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- The TPA must provide the Workers' Compensation Section (WCS), by January 15, 2021 a written Plan of Corrective Action prepared specifically with the above Notices of Correction in mind, which clearly show what action will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**

**Certificate Number  
1236**

December 14, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Nationwide Agribusiness Insurance Company was certified for Workers' Compensation as a private insurer in the State of Nevada on April 10, 2002. The claims are administered by Sierra Nevada Administrators located at 2716 N. Tenaya Way, Las Vegas, NV 89128.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Seventeen (17) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
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Pursuant to NRS 616B.003**

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**

**Certificate Number  
1236**

December 14, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.015	2	N/A
Incomplete or unsigned C-1 forms	2	
NRS 616C.040	3	N/A
C-4 forms submitted untimely	3	
NRS 616C.045	4	N/A
Incomplete, late or missing C-3 forms	4	
NRS 616C.136	1	N/A
Provider bill paid late	1	
NRS 616C.475	2	N/A
Late or missing light duty offer letter	2	
NAC 616A.480(1)(3)	7	N/A
Incomplete and unapproved C-3 forms	7	
NAC 616A.480(4)	17	N/A
Unauthorized and/or outdated forms.	53	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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Pursuant to NRS 616B.003**

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**

**Certificate Number  
1236**

December 14, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Jackson's Food Stores, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.015: "1. An employee or, in the event of the employee's death, one of the dependents of the employee, shall provide written notice of an injury that arose out of and in the course of employment to the employer of the employee as soon as practicable, but within 7 days after the accident. 2. The notice required by subsection 1 must... (b) Be signed by the injured employee or by a person on behalf of the employee, or in the event of the employee's death, by one of the dependents of the employee or by a person acting on behalf of the dependent... 3. Upon receipt of the notice required by subsection 1, the employer, the injured employee's supervisor or the agent of the employer who was in charge of the type of work or the area where the accident occurred shall sign the notice."
- Pursuant to NRS 616C.045: "1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer's report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer's designee; (c) Contain specific answers to all questions required by the regulations of the Administrator;"
- Pursuant to NRS 616C.475: "8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee's accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer."

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**

**Certificate Number  
1236**

December 14, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**Senergy Holdings LLC, is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Clean Dried Processing, Inc., is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
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EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NATIONWIDE AGRIBUSINESS INSURANCE COMPANY**

**Certificate Number  
1236**

December 14, 2020

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**ADMINISTRATIVE FINE**

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**Pursuant to NRS 616C.045, NRS 616D.120 and NAC 616D.415:**

- One administrative fine, totaling one thousand, five hundred dollars (\$1,500.00), is being issued to Jackson's Food Stores for multiple violations of NRS 616C.045. Employer submitted incomplete, late and/or failed to provide Employer's Report of Injury (C-3) forms.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1094**

October 14, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Redwood Fire and Casualty Insurance Company was certified for workers' compensation insurance in the State of Nevada on August 1, 1999. The claims are administered by Berkshire Hathaway Homestate Insurance Company, located at 871 Coronado Center Drive, Henderson, Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1094**

October 14, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616A.480(1) D-8 form not used	1 1	N/A N/A
NAC 616A.480(3) C-3 form incomplete, incorrect or unsigned	16 16	N/A N/A
NAC 616A.480(4) D-5, D-9a, or D-30 altered	8 11	N/A N/A
NAC 616C.091 Determination did not contain all components	4 4	N/A N/A
NAC 616C.423 Error in AMW calculation	1 1	OP \$403.44
NAC 616C.435 Period of AMW calculation wrong	2 2	UP \$1,302.14
NAC 616C.520 No Explanation of Wage Calculation, D-7 in file	1 1	N/A N/A
NAC 616C.583 Light Duty Offer not as required	2 2	N/A N/A
NRS. 616C.065 No documentation claim denial sent certified	1 1	N/A N/A
NRS 616C.475 Compensation miscalculated / paid wrong	2 2	OP 928.56
NRS 616C.475(8) No written offer of light duty provided	2 2	N/A N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1094**

October 14, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)

**Redwood Fire and Casualty Insurance Company is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.”
- Pursuant to NAC 616C.091: “4. A written notice of determination issued by an insurer or third-party administrator must include: (a) The claim number; (b) The name of the employer; (c) The name of the insurer; (d) The name of the third-party administrator, if applicable; (e) The date of the injury; (f) The date of the written notice of determination; (g) Notice that the injured employee may, pursuant to subsection 1 or 3 of NRS 616C.315, request a hearing or appeal the determination within 70 days after the determination is issued by the insurer; and (h) The addresses of the offices of the Hearings Division of the Department of Administration located in Carson City and Las Vegas.”
- Pursuant to NAC 616C.423: “1. Money, goods and services which are paid within the period used to calculate the average monthly wage include, but are not limited to: (a) Wages; (b) Commissions which are prorated over the period used to calculate the average monthly wage; (c) Incentive pay; (d) Payment for sick leave; (e) Bonuses which are prorated over the period used to calculate the average monthly wage;”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**

**Certificate Number  
1094**

October 14, 2020

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**REQUIRED CORRECTIVE ACTIONS continued**

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- Pursuant to NAC 616C.435: “5. If information concerning payroll is unavailable for a period of at least 4 weeks, average earnings must be projected using the rate of pay on the date of the accident or illness and the projected working schedule of the injured employee... 8. The period used to calculate the average monthly wage must consist of consecutive days, ending on the date on which the accident or disease occurred, or the last day of the payroll period preceding the accident or disease if this period is representative of the average monthly wage.”
- Pursuant to NAC 616C.520: “1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, “Explanation of Wage Calculation.”
- Pursuant to NRS 616C.065: “5 The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied pursuant to subsection 1 or 2 by: (b) If the claim has been denied, in whole or in part, obtaining a certificate of mailing. (6) The failure of the insurer to obtain a certificate of mailing as required by paragraph (b) of subsection 5 shall be deemed to be a failure of the insurer to mail the written determination of the denial of a claim as required by this section.”
- Pursuant to NRS 616C.475: "1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage... 3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.”

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**REQUIRED CORRECTIVE ACTIONS continued**

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**Advance Installations, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- NAC 616C.583: “1. An offer of employment at light duty to an injured employee by his or her employer must: (a) Be in writing; (b) Be mailed to both the insurer and the injured employee; and (c) Include: (1) The net wage to be paid the injured employee; (2) The hours which the injured employee will be expected to work; (3) A reasonable description of the physical requirements of the employment; (4) A reasonable description of the duties the injured employee will be expected to perform; (5) A description of any fringe benefits of the employment; and (6) The geographical location of the employment.”

**Airport Van Rental, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**All City Management, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

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**REQUIRED CORRECTIVE ACTIONS continued**

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**Amaya Roofing & Waterproofing, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Bruce Olson Construction, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- NRS 616C.475: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

**Greenwood Homes is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

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**REQUIRED CORRECTIVE ACTIONS continued**

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**Greg & David Company is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation:...D-8, Employer’s Wage Verification Form...3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Help USA, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Petersen-Dean, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**RJP Framing, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”



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**REQUIRED CORRECTIVE ACTIONS continued**

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**Security Unlimited, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Western Single Ply Nevada, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**Willmark Communities, Inc. is responsible for developing policies and procedure to ensure compliance with:**

- NRS 616C.475: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

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**REDWOOD FIRE AND CASUALTY INSURANCE COMPANY**

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**ADMINISTRATIVE FINES**

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Pursuant to NRS 616D.120(2)

- One administrative fine, fine number, MA-0013-786, for three hundred seventy-five, dollars is being issued to Redwood Fire and Casualty Insurance Company for multiple violations of NAC 616C.091.
- One administrative fine, fine number, MA-0013-787, for three hundred seventy-five, dollars is being issued to Redwood Fire and Casualty Insurance Company for multiple violations of NAC 616C.423.
- One administrative fine, fine number, MA-0013-788, for three hundred seventy-five, dollars is being issued to Redwood Fire and Casualty Insurance Company for multiple violations of NRS 616C.475.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

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**SECURITY NATIONAL INSURANCE COMPANY**

**Certificate Number  
100333**

November 6, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Security National Insurance Company was certified for workers' compensation insurance in Nevada on February 27, 2008. The claims are administered by AmTrust North America, Inc. and their office is located at 4730 South Fort Apache Road, Suite 250, Las Vegas, Nevada, 89147.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

- 1) A total of twenty (20) claim files were examined during the audit;
- 2) Timely determination regarding commencement of payment or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of permanent partial disability;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration.

**STATE OF NEVADA  
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**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A / OP or UP Total \$ Amount</b>
NAC 616A.480 (1)	6	N/A
Improper Forms	20	N/A
NAC 616B.016 (3)(a)(b)	1	N/A
Incorrect Reporting	1	N/A
NAC 616C.091 (4)	2	N/A
Denial Determinations	2	N/A
NAC 616C.129 (2)	6	N/A
Missing Written Transfer of Care	6	N/A
NAC 616C.432 (1-2)	1	UP
Incorrect AMW Resulting in Underpayment of TTD	1	\$457.52
NAC 616C.432 (1-2)	1	OP
Incorrect AMW Resulting in Overpayment of TTD	1	\$46.48
NAC 616C.432 (1-2)	1	OP
Incorrect AMW Resulting in Overpayment of PPD	1	\$949.97
NAC 616C.502		
Incorrect Present Value Factor Resulting in Overpayment of PPD	2	OP
	2	\$0.18
NAC 616C.502		
Incorrect Present Value Factor Resulting in Underpayment of PPD	4	UP
	4	\$0.45
NRS 616A.480 (1)	3	N/A
Untimely or Incomplete D-8 Forms	3	N/A
NRS 616C.015	1	N/A
Incomplete C-1 Form	1	N/A
NRS 616C.045 (1)	2	N/A
Incomplete C-3 Forms	2	N/A
NRS 616C.475 (1)	3	OP
Overpayment in TTD	3	\$365.61

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**SECURITY NATIONAL INSURANCE COMPANY**

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**FINDINGS (continued)**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A / OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.475 (3)	2	N/A
Untimely TTD Payment	5	N/A
NRS 616C.475 (8)	2	N/A
Untimely Written Offers of Temporary Light-Duty	2	N/A
NAC 616A.480 (3)	1	OP
Overpayment of PPD Compensation	1	\$154.92

**REQUIRED CORRECTIVE ACTION**

**Security National Insurance Company must provide the Workers' Compensation Section with adequate written corrective action plans for the Notices of Correction listed below which clearly shows what action will be taken to ensure that these areas are corrected and will remain so:**

- NAC 616A.480 states in part, "1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation:... (c) C-1, Notice of Injury or Occupational Disease (Incident Report)...(j) D-9(a), Permanent Partial Disability Award Calculation Worksheet...(m) D-10(a), Election of Method of Payment of Compensation...(o) D-11, Reaffirmation/Retraction of Lump Sum Request...(hh) D-31, Notice of Intention to Close Claim...(zz) D-53, Alternative Choice of Physician or Chiropractor and Referral to a Specialist...4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator."

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**REQUIRED CORRECTIVE ACTION** (*continued*)

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- NAC 616B.016 (3)(a)(b) states, “as used in this section: (a) “Claim for accident benefits only” means a claim in which the benefits received by the injured employee or his or her dependents for the duration of the claim did not include benefits for a Temporary Total Disability, Temporary Partial Disability or Permanent Total Disability. (b) “Claim for benefits for lost time” means a claim in which the benefits received by the injured employee or his or her dependents for the duration of the claim included benefits for a Temporary Total Disability, Temporary Partial Disability or Permanent Total Disability.”
- NAC 616C.129 (2) states: “2. The insurer shall give written notice to all interested persons of the transfer of an injured employee to a new physician or chiropractor, which must include notice to the injured employee or the attorney or authorized representative of the injured employee of the right to appeal the transfer.”
- NAC 616C.091 (4) states: “4. A written notice of determination issued by an insurer or third-party administrator must include: (a) The claim number; (b) The name of the employer; (c) The name of the insurer; (d) The name of the third-party administrator, if applicable; (e) The date of the injury; (f) The date of the written notice of determination; (g) Notice that the injured employee may, pursuant to subsection 1 or 3 of NRS 616C.315, request a hearing or appeal the determination within 70 days after the determination is issued by the insurer; and (h) The addresses of the offices of the Hearings Division of the Department of Administration located in Carson City and Las Vegas.” **A response is not required.**

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**REQUIRED CORRECTIVE ACTION (*continued*)**

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- NAC 616C.432 (1-2) states: “the average monthly wage (AMW) will be calculated by multiplying the average daily wage of an employee during a period of earnings by 30.44. The following formulas will be used to compute an average daily wage and an average monthly wage: Gross earnings divided by days in period of earnings = average daily wage. Average daily wage x 30.44 = average monthly wage.”
- NRS 616C.475 (1) states in part: “1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.”
- NAC 616A.480 (3) states in part: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form.”
- NAC 616C.502 states: “The factors... must be applied whenever present value is computed to make a lump-sum payment for an award for a permanent partial disability. The determination of the age of an injured employee must be made by subtracting the birthdate of the injured employee from the date of the request by the injured employee for a lump-sum payment. Only the month and year may be used in the determination.”

**Island Pacific Enterprises, Inc. dba Island Pacific Seafood Market is responsible for developing policies and procedures to ensure:**

- NRS 616A.480 (1) states: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”

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**SECURITY NATIONAL INSURANCE COMPANY**

**Certificate Number  
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November 6, 2020

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**REQUIRED CORRECTIVE ACTION (*continued*)**

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**Sushi Way LLC is responsible for developing policies and procedures to ensure:**

- NRS 616C.475 (8) states: “If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

**ISM Management Company LLC is responsible for developing policies and procedures to ensure:**

NRS 616C.045 states in part: “1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer’s report of industrial injury or occupational disease....2. The report must:...(b) Be signed by the employer or the employer’s designee; (c) Contain specific answers to all questions required by the regulations of the Administrator...”

**Green Valley is responsible for developing policies and procedures to ensure:**

- NRS 616A.480 (1) states: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”
- NRS 616C.015 (3) states: “3. Upon receipt of the notice required by subsection 1, the employer, the injured employee’s supervisor or the agent of the employer who was in charge of the type of work or the area where the accident occurred shall sign the notice. The signature of the employer, the supervisor or the employer’s agent is an acknowledgment of the receipt of the notice and shall not be deemed to be a waiver of any of the employer’s defenses or rights.”



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**REQUIRED CORRECTIVE ACTION (*continued*)**

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- NRS 616C.475 (8) states: “If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

**Horizon Ridge is responsible for developing policies and procedures to ensure:**

- NRS 616A.480 (1) states: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”
- NRS 616C.045 states in part: “1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer’s report of industrial injury or occupational disease....2. The report must:...(b) Be signed by the employer or the employer’s designee; (c) Contain specific answers to all questions required by the regulations of the Administrator...”

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**ADMINISTRATIVE FINES**

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- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Security National insurance company, for a single violation of NRS 616C.475 (3), for failure to issue TTD payments in a timely manner.
- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Security National insurance company, for a single violation of NRS 616C.475 (3), for failure to issue TTD payments in a timely manner.
- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Security National insurance company, for a single violation of NRS 616C.475 (3), for failure to issue TTD payments in a timely manner.

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**SECURITY NATIONAL INSURANCE COMPANY**

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**ADMINISTRATIVE FINES (*continued*)**

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- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Security National insurance company, for a single violation of NRS 616C.475 (3), for failure to issue TTD payments in a timely manner.
- One administrative fine for three hundred seventy-five dollars (\$375.00) is being issued to Security National insurance company, for a single violation of NRS 616C.475 (3), for failure to issue TTD payments in a timely manner.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Provide the Workers' Compensation Section (WCS), by December 8, 2020, a written response prepared specifically with the above Findings and Claims Administration in mind, which will clearly show what action will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
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Pursuant to NRS 616B.003**

**United Wisconsin Insurance Company**

**Certificate Number**

**106612**

September 16, 2020

**BACKGROUND OF PRIVATE CARRIER**

United Wisconsin Insurance Company was certified for workers' compensation insurance in Nevada on May 17, 2011. The claims are administered by Gallagher Bassett Services, Inc., located at 777 N. Rainbow Blvd., Ste. 330, Las Vegas, NV 89107.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of sixteen (16) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

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**United Wisconsin Insurance Company**

**Certificate Number**

**106612**

September 16, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NRS 616A.480 Failure to timely provide a completed requested document	1 1	N/A
NRS 616.C.015 Failure to utilize the C-1 Form	2 2	N/A
NAC 616A.480 Use of out of date D-8 Forms	1 1	N/A
NAC 616C.432(1-2) Claim file contained an overpayment of TTD benefits	1 1	N/A

**REQUIRED CORRECTIVE ACTION**

**MicroMetl Corp is responsible for developing policies and procedures to ensure compliance with:**

NRS 616A.480 states: "1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days. 2. If an employer fails to comply with the provisions of subsection 1, the Administrator shall impose a fine of not more than \$1,000 for each failure to comply."

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**United Wisconsin Insurance Company**

**Certificate Number**

**106612**

September 16, 2020

**REQUIRED CORRECTIVE ACTION (*continued*)**

- NRS 616.C.015(1-5) states: "1. An employee or, in the event of the employee's death, one of the dependents of the employee, shall provide written notice of an injury that arose out of and in the course of employment to the employer of the employee as soon as practicable, but within 7 days after the accident. 2. The notice required by subsection 1 must: (a) Be on a form prescribed by the Administrator. The form must allow the injured employee or the dependent of the employee to describe briefly the accident that caused the injury or death. (b) Be signed by the injured employee or by a person on behalf of the employee, or in the event of the employee's death, by one of the dependents of the employee or by a person acting on behalf of the dependent. (c) Include an explanation of the procedure for filing a claim for compensation. (d) Be prepared in duplicate so that the injured employee or the dependent of the employee and the employer can retain a copy of the notice. 3. Upon receipt of the notice required by subsection 1, the employer, the injured employee's supervisor or the agent of the employer who was in charge of the type of work or the area where the accident occurred shall sign the notice. The signature of the employer, the supervisor or the employer's agent is an acknowledgment of the receipt of the notice and shall not be deemed to be a waiver of any of the employer's defenses or rights. 4. An employer shall maintain a sufficient supply of the forms required to file the notice required by subsection 1 for use by his or her employees. 5. An employer shall retain any notice provided pursuant to subsection 1 for 3 years after the date of the accident. An employer insured by a private carrier shall not file a notice of injury with the private carrier."
  
- NAC 616A.480(4) states: "4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator." (NC-0012-600)

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**United Wisconsin Insurance Company**

**Certificate Number**

**106612**

September 16, 2020

**REQUIRED CORRECTIVE ACTION (continued)**

**Gallagher Bassett Services, Inc. is responsible for developing policies and procedures to ensure compliance with:**

- Pursuant to NAC 616C.432(1-2) states: "1. The average monthly wage will be calculated by multiplying the average daily wage of an employee during a period of earnings by 30.44. The following formulas will be used to compute an average daily wage and an average monthly wage: 1. Gross earnings divided by days in period of earnings = average daily wage. 2. Average daily wage x 30.44 = average monthly wage." (NC-0012-579) **No further response required.**

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- Provide the Workers' Compensation Section (WCS), by October 16, 2020, a written plan of corrective action prepared specifically with the above Notices of Correction in mind, which clearly show what action will be taken to ensure that these areas are corrected and will remain so.

# **No Claims Audits**

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**AMERICAN SENTINEL INSURANCE COMPANY**

**Certificate Number  
14622**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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American Sentinel Insurance Company was certified for workers' compensation insurance on December 5, 2016. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On October 30, 2019, it was reported American Sentinel Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ARCH INDEMNITY INSURANCE COMPANY**

**Certificate Number  
171**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Arch Indemnity Insurance Company was certified for workers' compensation insurance on April 6, 2007. Gallagher Bassett Services, Inc has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 8, 2019, it was reported Arch Indemnity Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BERKSHIRE HATHAWAY DIRECT INSURANCE**

**Certificate Number  
815**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Berkshire Hathaway Direct Insurance was certified for workers' compensation insurance on October 6, 2015. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 18, 2019, it was reported Berkshire Hathaway Direct Insurance had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ENDURANCE AMERICAN INSURANCE COMPANY**

**Certificate Number  
1710**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Endurance American Insurance Company was certified for workers' compensation insurance on July 1, 1999. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 13, 2019, it was reported Endurance American Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**EXPLORER INSURANCE COMPANY**

**Certificate Number  
1482**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Explorer Insurance Company was certified for workers' compensation insurance on July 1, 1998. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 25, 2019, it was reported Explorer Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FOREMOST SIGNATURE INSURANCE COMPANY**

**Certificate Number  
1393**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Foremost Signature Insurance Company was certified for workers' compensation insurance on April 6, 2012. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 20, 2019, it was reported Foremost Signature Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**MAIDEN REINSURANCE NORTH AMERICA INC**

**Certificate Number  
11040**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Maiden Reinsurance North America Inc was certified for workers' compensation insurance on April 13, 2009. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 13, 2019, it was reported Maiden Reinsurance North America Inc had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**OBI AMERICA INSURANCE COMPANY**

**Certificate Number  
134517**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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OBI America Insurance Company was certified for workers' compensation insurance on July 5, 2016. Gallagher Bassett Services, Inc has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 13, 2019, it was reported OBI America Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**PRIVILEGE UNDERWRITERS RECIPROCAL EXCHANGE**

**Certificate Number  
114730**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Privilege Underwriters Reciprocal Exch was certified for workers' compensation insurance on July 5, 2016. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On December 6, 2019, it was reported Privilege Underwriters Reciprocal Exch had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**PROVIDENCE WASHINGTON INSURANCE COMPANY**

**Certificate Number  
551**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Providence Washington Insurance Company was certified for workers' compensation insurance on July 1, 1998. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 1, 2019, it was reported Providence Washington Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**SAMSUNG FIRE & MARINE INSURANCE CO LTD**

**Certificate Number  
116316**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Samsung Fire & Marine Insurance Co Ltd was certified for workers' compensation insurance on November 9, 2012. Broadspire Services, Inc. has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 20, 2019, it was reported Samsung Fire & Marine Insurance Co Ltd had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**SECURA INSURANCE, A MUTUAL COMPANY**

**Certificate Number  
112570**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Secura Insurance, A Mutual Company was certified for workers' compensation insurance on July 15, 2011. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 13, 2019, it was reported Secura Insurance, A Mutual Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**SECURA SUPREME INSURANCE COMPANY**

**Certificate Number  
112684**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Secura Supreme Insurance Company was certified for workers' compensation insurance on July 15, 2011. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 13, 2019, it was reported Secura Supreme Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ST PAUL MERCURY INSURANCE COMPANY**

**Certificate Number  
585**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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St Paul Mercury Insurance Company was certified for workers' compensation insurance on December 1, 1998. No administrator has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 22, 2019, it was reported St Paul Mercury Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**STATE AUTO PROPERTY & CASUALTY INSURANCE COMPANY**

**Certificate Number  
116421**

November 19, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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State Auto Property & Casualty Insurance Company was certified for workers' compensation insurance on March 7, 2012. Cannon Cochran Management Services, Inc. has been designated to administer claims.

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**SCOPE AND OBJECTIVES**

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The examination designated the time period from July 1, 2018, through June 30, 2019.

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**FINDINGS**

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On October 28, 2019 the Workers' Compensation Section requested a log of the claims that were filed with the insurer for the period of July 1, 2018, through June 30, 2019.

On November 19, 2019, it was reported State Auto Property & Casualty Insurance Company had no claims filed / no policies written for the audit period selected.

Zero (0) claims were examined.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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None required.

**Self-Insured Employers**

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BEST BUY CO. INC.**

**Certificate Number  
123211**

October 16, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Best Buy Co. Inc. was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on December 1, 1997. The claims are administered by Sedgwick Claims Management Services, Inc. (Sedgwick CMS), located at 9930 W. Cheyenne Avenue, Suite 150, in Las Vegas, Nevada 89129.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BEST BUY CO. INC.**

**Certificate Number  
123211**

October 16, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NRS 616A.480 D-8 forms received late	1 1	N/A
NRS 616C.040 C-4 forms submitted untimely	1 1	N/A
NRS 616C.045 Incomplete and inaccurate C-3 forms	9 9	N/A
NRS 616C.065 Untimely claim acceptance	1 1	N/A
NRS 616C.065 Certificate of Mailing not obtained for denial determination	1 1	N/A
NRS 616C.136 Provider bill paid untimely	1 1	N/A
NRS 616C.260 Provider bills paid incorrectly	1 1	2 Claims OP \$250.32
NRS 616C.475 Light duty offer not provided to claimant	1 1	N/A
NAC 616A.480 Inaccurate information on claim determination	1 2	N/A
NAC 616A.480 Unauthorized and/or outdated forms	10 21	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BEST BUY CO. INC.**

**Certificate Number  
123211**

October 16, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Best Buy Co., Inc. and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616A.480: “1. Every employer receiving from the insurer or Administrator any blank form with directions to fill it out shall: (a) Cause it to be filled out properly. (b) Answer fully and correctly all questions therein propounded, and if unable to do so, shall give sufficient reasons for his or her failure. Answers to questions must be verified and returned to the insurer or Administrator, as appropriate, within 6 working days.”
- Pursuant to NRS 616C.045: “1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer’s report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer’s designee; (c) Contain specific answers to all questions required by the regulations of the Administrator;”
- Pursuant to NRS 616C.065: “1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or (b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied... 5. The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied pursuant to subsection 1 or 2 by: (a) Mailing its written determination to the claimant or the person acting on behalf of the claimant; and (b) If the claim has been denied, in whole or in part, obtaining a certificate of mailing. 6. The failure of the insurer to obtain a certificate of mailing as required by paragraph (b) of subsection 5 shall be deemed to be a failure of the insurer to mail the written determination of the denial of a claim as required by this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BEST BUY CO. INC.**

**Certificate Number  
123211**

October 16, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**Best Buy Co., Inc. and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.136: “1. Except as otherwise provided in this section, an insurer shall pay or deny a bill for accident benefits received from a provider of health care within 45 calendar days after the insurer or third-party administrator receives the bill. Except as otherwise provided in this section, if the bill for accident benefits is not paid within that period, the insurer shall pay interest to the provider of health care at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest must be calculated from 45 calendar days after the date on which the bill is received until the date on which the bill is paid.”
- Pursuant to NRS 616C.260: “1. All fees and charges for accident benefits must not: (a) Exceed the amounts usually billed and paid in the State for similar treatment. (b) Be unfairly discriminatory as between persons legally qualified to provide the particular service for which the fees or charges are asked. 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits...”

and

The Medical Fee Schedule states: “Services provided by a nurse anesthetist, certified advanced practitioner of nursing or certified physician’s assistant must be identified with the modifier “-29” and be reimbursed at 85 percent of the maximum allowable fee established for physicians.”

- Pursuant to NRS 616C.475: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**BEST BUY CO. INC.**

**Certificate Number  
123211**

October 16, 2020

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**ADMINISTRATIVE FINE**

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**Pursuant to NRS 616C.045, NAC 616D.415(2) and NRS 616D.120(2):**

One administrative fine, totaling three hundred seventy-five (\$375.00) is being issued to Best Buy Co., Inc., for multiple violations of NRS 616C.045, for failure to accurately complete Employer's Report of Injury forms (C-3).

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CAESARS ENTERTAINMENT CORPORATION**

**Certificate Number  
123146**

November 10, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Caesars Entertainment Corporation was certified for workers' compensation as a self-insured employer in the State of Nevada on August 15, 1980. The claims are administered by ESIS Inc., located at 3753 Howard Hughes Parkway Suite 345, Las Vegas, Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CAESARS ENTERTAINMENT CORPORATION**

**Certificate Number  
123146**

November 10, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616A.480(3)	14	N/A
Forms not completely and accurately completed	14	
NAC 616A.480(4)	16	N/A
Forms not as approved	65	
NRS 616C.015	1	N/A
Form not signed by employee	1	
NRS 616C.475	1	N/A
TTD paid late	1	

**REQUIRED CORRECTIVE ACTION**

Pursuant to NRS 616D.120(2)(a)

**Caesars Entertainment Corporation is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480, “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section. 4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CAESARS ENTERTAINMENT CORPORATION**

**Certificate Number  
123146**

November 10, 2020

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**REQUIRED CORRECTIVE ACTION (continued)**

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- NRS 616C.015, “1. An employee or, in the event of the employee’s death, one of the dependents of the employee, shall provide written notice of an injury that arose out of and in the course of employment to the employer of the employee as soon as practicable, but within 7 days after the accident. 2. The notice required by subsection 1 must: ... (b) Be signed by the injured employee or by a person on behalf of the employee, or in the event of the employee’s death, by one of the dependents of the employee or by a person acting on behalf of the dependent.”
  
- NRS 616C.475, “3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.”

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**ADMINISTRATIVE FINE**

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Pursuant to NAC 616A.480(3,4), NAC 616D.415(2) and NRS 616D.120(2)(b)

- One administrative fine, totaling three hundred seventy-five dollars (\$375.00) is being issued to Caesars Entertainment Corporation for multiple violations of NAC 616A.480(3,4), failure to use approved forms or to complete them accurately.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers’ Compensation Section whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CITY OF SPARKS**

**Certificate Number  
123097**

December 9, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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City of Sparks was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on February 1, 1993. The claims are administered Cannon Cochran Management Services, Inc. (CCMSI), located at 595 Double Eagle Court, Suite 2003, in Reno, Nevada 89501.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Fifteen (15) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CITY OF SPARKS**

**Certificate Number  
123097**

December 9, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NRS 616C.015 Untimely C-1 form	1 1	N/A
NAC 616A.480 Missing and/or inaccurate documents	5 7	N/A
NAC 616A.480 Unapproved and/or outdated forms	14 41	N/A
NAC 616C.432 AMW calculated incorrectly	4 4	N/A
NAC 616C.520 D-7 not provided with initial payment	8 8	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**CITY OF SPARKS**

**Certificate Number  
123097**

December 9, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**City of Sparks and Cannon Cochran Management Services, Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- Pursuant to NAC 616C.432: “The average monthly wage will be calculated by multiplying the average daily wage of an employee during a period of earnings by 30.44. The following formulas will be used to compute an average daily wage and an average monthly wage: 1. Gross earnings divided by days in period of earnings = average daily wage. 2. Average daily wage x 30.44 = average monthly wage.”
- Pursuant to NAC 616C.520: “1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, “Explanation of Wage Calculation.”

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers’ Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**DOUGLAS COUNTY SCHOOL DISTRICT**

**Certificate Number  
123176**

July 22, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Douglas County School District was certified for workers' compensation as a self-insured employer in the State of Nevada on July 1, 1994. The claims are administered by Cannon Cochran Management Services, Inc. Reno office, located at 595 Double Eagle Court, Unit 2003, Reno, Nevada 89521.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**DOUGLAS COUNTY SCHOOL DISTRICT**

Certificate Number  
**123176**

July 22, 2020

**FINDING**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.040	4	N/A
Employee's Claim received late	4	

**AGENCY RESPONSE/ENFORCEMENT ACTION**

None at this time.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ENCOMPASS HEALTHCARE CORPORATION**

**Self-Insured Certificate Number 123143**

December 11, 2020

**BACKGROUND OF SELF-INSURED EMPLOYER**

Encompass Health Corporation (name change from HealthSouth Corporation effective January 1, 2018) was certified as a self-insured employer status on October 1, 1990. The claims are administered by York Risk Services Group, Inc. located at 9085 W. Post Rd., Ste. 100, Las Vegas, Nevada 89148.

**SCOPE AND OBJECTIVES**

The examination covered the time period from July 1, 2017 through June 30, 2018. The examination focused on the following areas:

1. A total of ten (10) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ENCOMPASS HEALTHCARE CORPORATION**

**Self-Insured Certificate Number 123143**

December 11, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files</b>	<b>N/A / OP or UP</b>
	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NAC 616A.480 (1) and (4)	2	N/A
Outdated forms	2	N/A
NRS 616C.045 (1)	2	N/A
C-3 Form missing or incomplete	2	N/A
NRS 616C.475 (8)	2	N/A
Light Duty Job Offer	2	N/A
NAC 616A.480 (1) and (4)	9	N/A
Outdated forms	18	N/A
NRS 616C.065 (5)	1	N/A
Missing Certificate of Mailing	1	N/A
NRS 616A.480 (3)	1	UP
Form completed inaccurately	1	\$3171.04
NAC 616C.082 (1)	9	N/A
Missing date of receipt on document	20	N/A
NAC 616C.088	8	N/A
Missing Documents	14	N/A
NAC 616C.094	1	N/A
Failure to respond in writing to a written request	1	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ENCOMPASS HEALTHCARE CORPORATION**

**Self-Insured Certificate Number 123143**

December 11, 2020

**REQUIRED CORRECTIVE ACTION**

**Encompass Health Corporation is responsible for developing policies and procedures to ensure:**

- NRS 616C.475 (8) states, "8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee's accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer."

**York Risk Services Group Inc. is responsible for developing policies and procedures to ensure:**

- NAC 616A.480 (1) and (4) states: "1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation.... 4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator."
- NAC 616A.480 (3) states: "3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section."
- Pursuant to NRS 616C.065 (5) (b) states: "5. The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied...pursuant to subsection 1 or 2: if a claim has been denied, in whole or in part, obtaining a certificate of mailing."
- NAC 616C.088 states in part: "Each file of claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain:..."

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**ENCOMPASS HEALTHCARE CORPORATION**

**Self-Insured Certificate Number 123143**

December 11, 2020

**REQUIRED CORRECTIVE ACTION**

- NAC 616C.094 (1) states in part: "1. Except as otherwise provided in this section, within 30 days after receipt of a written request relating to a claim made by: (a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them;...the insurer, third-party administrator or organization for managed care shall, in writing, notify the person making the request of its determination concerning the request."

**ADMINISTRATIVE FINES**

One administrative fine in the amount of seven hundred fifty dollars (\$750.00) is being issued to Encompass Health Corporation, for two violations of NRS 616C.045 (1), for failure to complete the C-3 Forms.

One administrative fine in the amount of one thousand dollars (\$375.00) is being issued to York Services Group Inc. for nine violations of NAC 616C.088 (1), for failure date stamp documents electronically.

**AGENCY RESPONSE/ENFORCEMENT ACTION**

- Provide the Workers' Compensation Section (WCS), by January 14, 2021, a written response, prepared specifically with the above Findings and Claims Administration in mind, which will clearly show what action will be taken to assure that these areas are corrected and will remain so.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FEDEX CORPORATION FOR FEDEX FREIGHT INC.**

**Certificate Number  
123050**

June 10, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Fedex Corporation for Fedex Freight Inc. was certified for workers' compensation as a Self-Insured Employer in the State of Nevada on November 1, 1991. The claims are administered by Sedgwick Claims Management Services Inc., located at 9930 West Cheyenne Avenue, Suite 150, Las Vegas, Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FEDEX CORPORATION FOR FEDEX FREIGHT INC.**

**Certificate Number  
123050**

June 10, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616A.480	6	N/A
Incomplete or missing forms	8	
NAC 616C.088	1	N/A
Missing documentation	2	
NRS 616C.065(1)	1	N/A
Denial sent late after more than 30 days of receipt of claim	1	
NRS 616C.065(5, 6)	1	N/A
No certificate of mailing obtained for the denial determination was provided.	1	

**REQUIRED CORRECTIVE ACTIONS**

Pursuant to NRS 616D.120(2)(a)

**Fedex Corporation for Fedex Freight Inc., is responsible for developing policies and procedure to ensure compliance with:**

- **NAC 616A.480** “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation ... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FEDEX CORPORATION FOR FEDEX FREIGHT INC.**

**Certificate Number  
123050**

June 10, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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- **NAC 616C.088** “1. Each maintained by an insurer or third-party administrator must contain: file of a claim concerning an industrial injury or occupational disease that is a) The employer’s report of the industrial injury or occupational disease. (b) The claim for compensation and any medical report associated with that claim that is issued after the claim is filed with the insurer.”
  
- **NRS 616C.065** “5. The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied pursuant to subsection 1 or 2 by: (a) Mailing its written determination to the claimant or the person acting on behalf of the claimant; and (b) If the claim has been denied, in whole or in part, obtaining a certificate of mailing. 6. The failure of the insurer to obtain a certificate of mailing as required by paragraph (b) of subsection 5 shall be deemed to be a failure of the insurer to mail the written determination of the denial of a claim as required by this section.”

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**ADMINISTRATIVE FINE**

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Pursuant to NRS 616C.065, NAC 616D.415(1) and NRS 616D.120(2):

One administrative fine, for three hundred seventy five, dollars (\$375.00) is being issued to Fedex Corporation for Fedex Freight, Inc. for violation of NRS 616C.065(1), failure to accept or deny the claim within 30 days after the insurer had been notified of an industrial accident.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**FEDEX CORPORATION FOR FEDEX FREIGHT INC.**

**Certificate Number  
123050**

June 10, 2020

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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HCA Healthcare Inc. was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on January 1, 1986. The claims are administered by Broadspire Services Inc. (Broadspire), located at 8360 W. Sahara Ave, Suite 220, in Las Vegas, Nevada 89117.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616B.012	1	
Misfiled forms for another claimant in file	1	N/A
NRS 616C.040	2	
C-4 forms submitted untimely	2	N/A
NRS 616C.045	1	
Unapproved and untimely C-3 form	1	N/A
NRS 616C.155	1	OP
Compensation paid before required	1	\$88.07
NRS 616C.235	11	
Required forms not provided to claimant	11	N/A
NRS 616C.260	1	OP
Provider bill incorrectly paid	1	\$556.23
NRS 616C.475	2	
Light Duty offer not provided to claimant	2	N/A
NRS 616C.490(2)	2	
Untimely scheduling of PPD evaluation	2	N/A
NRS 616C.490(6)	1	
Untimely PPD award offer	1	N/A
NAC 616A.480(1)(3)	16	
Incomplete, inaccurate, and/or missing forms.	20	N/A
NAC 616A.480(4)	18	
Unauthorized and/or outdated forms	36	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

**FINDINGS (continued)**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NAC 616C.082	16	N/A
Documents do not indicate date of receipt	42	
NAC 616C.112	12	N/A
Required D-13 form not provided to claimant	12	
NAC 616C.1162	2	N/A
10-day notice for medical evaluation not provided	2	
NAC 616C.148	2	N/A
PPD Evaluations submitted untimely	2	
NAC 616C.520	1	N/A
AMW determination, D-12, and D-7 not provided to claimant	1	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**HCA Healthcare Inc. and Broadspire Services Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.045: “1. Except as otherwise provided in NRS 616B.727, within 6 working days after the receipt of a claim for compensation from a physician or chiropractor, or a medical facility if the duty to file the claim for compensation has been delegated to the medical facility pursuant to NRS 616C.040, an employer shall complete and file with his or her insurer or third-party administrator an employer’s report of industrial injury or occupational disease. 2. The report must: (a) Be filed on a form prescribed by the Administrator; (b) Be signed by the employer or the employer’s designee; (c) Contain specific answers to all questions required by the regulations of the Administrator;”
- NRS 616C.260 states in part: “1. All fees and charges for accident benefits must not: (a) Exceed the amounts usually billed and paid in the State for similar treatment. (b) Be unfairly discriminatory as between persons legally qualified to provide the particular service for which the fees or charges are asked. 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits...”
- Pursuant to NRS 616C.475: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**HCA Healthcare Inc. and Broadspire Services Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.490: “2. Within 30 days after receiving from a physician or chiropractor a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractor selected pursuant to this subsection to determine the extent of the employee’s disability... 6. After receiving the evaluation, the insurer shall, within 14 days, provide the employee with a copy of the evaluation and notify the employee: (a) Of the compensation to which the employee is entitled pursuant to this section; or (b) That the employee is not entitled to benefits for permanent partial disability.”
- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section. 4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.”

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**ADMINISTRATIVE FINE**

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**Pursuant to NRS 616C.045, NRS 616D.120 and NAC 616D.415:**

One administrative fine, totaling three hundred seventy-five dollars (\$375.00), is being issued to HCA Healthcare Inc., for one violation of NRS 616C.045. Employer untimely submitted the Employer’s Report of Injury form (C-3).

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**HCA HEALTHCARE INC.**

**Certificate Number  
123099**

December 30, 2020

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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The Kroger Co. was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on November 1, 1981. The claims are administered by Sedgwick Claims Management Services, Inc. (Sedgwick CMS), located at 9930 W. Cheyenne Avenue, Suite 150, in Las Vegas, Nevada 89129.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

Certificate Number  
**122996**

July 10, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NRS 616C.015 C-1 forms untimely completed	7 7	N/A
NRS 616C.040 C-4 forms submitted untimely	3 3	N/A
NRS 616C.065 Untimely claim acceptance and/or denial	4 4	N/A
NRS 616C.065 Certificate of Mailing was not obtained for denial determination	1 1	N/A
NRS 616C.136 Provider bills paid untimely	2 5	N/A
NRS 616C.260 Provider bills paid incorrectly	2 2	2 Claims OP \$767.36
NRS 616C.475 TTD incorrectly paid	5 6	4 Claims OP = \$784.44 2 Claims UP = \$876.63
NRS 616C.475 Untimely TTD payments	4 4	N/A
NRS 616C.475 Untimely and/or missing light duty offers	3 3	N/A
NRS 616C.490 Untimely scheduling of PPD evaluation	1 1	N/A
NRS 616C.500 TPD incorrectly paid	1 5	OP \$219.74
NAC 616A.480 Incomplete and/or missing documents required by employer	20 27	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

**FINDINGS (continued)**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616A.480	13	N/A
Unauthorized and/or outdated forms	16	
NAC 616C.088	1	N/A
Documentation missing	1	
NAC 616C.094	4	N/A
Delay in response to written requests	6	
NAC 616C.148	3	N/A
PPD Evaluations submitted untimely	3	
NAC 616C.508	1	N/A
Untimely PPD award payment	1	
NAC 616C.520	3	N/A
AMW and D-7 forms not provided timely	3	
NAC 616C.598	1	N/A
Untimely TPD payments	3	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**The Kroger Co., and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.015: “1. An employee or, in the event of the employee’s death, one of the dependents of the employee, shall provide written notice of an injury that arose out of and in the course of employment to the employer of the employee as soon as practicable, but within 7 days after the accident. 2. The notice required by subsection 1 must: (a) Be on a form prescribed by the Administrator... (b) Be signed by the injured employee or by a person on behalf of the employee, or in the event of the employee’s death, by one of the dependents of the employee or by a person acting on behalf of the dependent... 3. Upon receipt of the notice required by subsection 1, the employer, the injured employee’s supervisor or the agent of the employer who was in charge of the type of work or the area where the accident occurred shall sign the notice... 5. An employer shall retain any notice provided pursuant to subsection 1 for 3 years after the date of the accident.”
- Pursuant to NRS 616C.065: “1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or (b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied.”
- Pursuant to NRS 616C.065: “5. The insurer shall notify the claimant or the person acting on behalf of the claimant that a claim has been accepted or denied pursuant to subsection 1 or 2 by: (a) Mailing its written determination to the claimant or the person acting on behalf of the claimant; and (b) If the claim has been denied, in whole or in part, obtaining a certificate of mailing. 6. The failure of the insurer to obtain a certificate of mailing as required by paragraph (b) of subsection 5 shall be deemed to be a failure of the insurer to mail the written determination of the denial of a claim as required by this section.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**The Kroger Co., and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.136: “1. Except as otherwise provided in this section, an insurer shall pay or deny a bill for accident benefits received from a provider of health care within 45 calendar days after the insurer or third-party administrator receives the bill. Except as otherwise provided in this section, if the bill for accident benefits is not paid within that period, the insurer shall pay interest to the provider of health care at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest must be calculated from 45 calendar days after the date on which the bill is received until the date on which the bill is paid.”
- Pursuant to NRS 616C.260: “1. All fees and charges for accident benefits must not: (a) Exceed the amounts usually billed and paid in the State for similar treatment. (b) Be unfairly discriminatory as between persons legally qualified to provide the particular service for which the fees or charges are asked. 2. The Administrator shall, giving consideration to the fees and charges being billed and paid in the State, establish a schedule of reasonable fees and charges allowable for accident benefits...”

and

The Medical Fee Schedule states: “Supplies are reimbursed at the providers’ actual cost, excluding tax and charges for freight, plus 20 percent, unless there is a written agreement between the insurer and provider for a lower reimbursement. Copies of the manufacturers’ or suppliers’ invoices from the provider are required for reimbursement.”

- Pursuant to NRS 616C.475: “1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**The Kroger Co., and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.475: “3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.”
- Pursuant to NRS 616C.475: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”
- Pursuant to NRS 616C.490: “2. Within 30 days after receiving from a physician or chiropractor a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractor selected pursuant to this subsection to determine the extent of the employee’s disability.”
- Pursuant to NRS 616C.500: “1. Every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, is entitled to receive for a temporary partial disability the difference between the wage earned after the injury and the compensation which the injured person would be entitled to receive if temporarily totally disabled when the wage is less than the compensation, but for a period not to exceed 24 months during the period of disability.”



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**The Kroger Co., and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation... 3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- Pursuant to NAC 616A.480: “4. An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.”
- Pursuant to NAC 616C.088: “1. Each file of a claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain... (c) All... (3) Written determinations made by an insurer, third-party administrator or an organization for managed care concerning a claim for compensation... (5) Except as otherwise provided in subparagraph (2) of paragraph (f), other documents which affect the amount, timing or denial of the payment of compensation.”
- Pursuant to NAC 616C.094: “1. Except as otherwise provided in this section, within 30 days after receipt of a written request relating to a claim made by: (a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them; or (b) A spouse, child or parent of an injured employee who is deceased or incapacitated, the insurer, third-party administrator or organization for managed care shall, in writing, notify the person making the request of its determination concerning the request. 2. If the insurer, third-party administrator or organization for managed care terminates or denies any benefit in response to a written request, it shall notify the person making the request, the injured employee and the attorney or authorized representative of the injured employee, in writing, giving the reasons for its determination and an explanation of the right of the person making the request to appeal the determination.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**The Kroger Co., and Sedgwick CMS, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NAC 616C.508: “2. An insurer or third-party administrator shall pay an injured employee for the loss of or permanent damage to a tooth within 30 days after he or she is notified by the treating dentist that the dental treatment related to the tooth has been completed.”
- Pursuant to NAC 616C.520: “1. Each insurer shall include with the initial payment of compensation for a temporary total disability a copy of Form D-7, “Explanation of Wage Calculation.”
- Pursuant to NAC 616C.598: “8. Compensation for a temporary partial disability must be paid within 14 days after receipt from the injured employee of information regarding his or her wages.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**ADMINISTRATIVE FINES**

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**Pursuant to NRS 616C.065, NAC 616D.415(2) and NRS 616D.120(2):**

One administrative fine, totaling three hundred seventy-five (\$375.00), is being issued to The Kroger Co. and Sedgwick CMS, for multiple violations of NRS 616C.065, for failure to provide claimants with timely claim acceptance and/or denial.

**Pursuant to NRS 616C.475(3), NAC 616D.415(2) and NRS 616D.120(2):**

One administrative fine, totaling three hundred seventy-five (\$375.00), is being issued to The Kroger Co. and Sedgwick CMS, for multiple violations of NRS 616C.475(3), for failure to timely pay compensation due to claimant.

**Pursuant to NAC 616C.094, NAC 616D.415(2) and NRS 616D.120(2):**

One administrative fine, totaling three hundred seventy-five (\$375.00), is being issued to The Kroger Co. and Sedgwick CMS, for multiple violations of NRS 616C.094, for failure to timely respond to written request by claimant.

**Pursuant to NAC 616C.598(8), NAC 616D.415(2) and NRS 616D.120(2):**

One administrative fine, totaling three hundred seventy-five (\$375.00), is being issued to The Kroger Co. and Sedgwick CMS, for multiple violations of NRS 616C.598(8), for failure to timely pay compensation due to claimant.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**THE KROGER CO.**

**Certificate Number  
122996**

July 10, 2020

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**MCDONALD'S CORPORATION**

**Certificate Number  
123131**

December 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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McDonald's Corporation was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on December 1, 1993. The claims are administered by Gallagher Bassett Services Inc. (GBS), located at 4670 Fort Apache Road, Suite 250, in Las Vegas, Nevada 89147.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**MCDONALD'S CORPORATION**

**Certificate Number  
123131**

December 30, 2020

**FINDING**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.065	1	N/A
Untimely claim determination	1	
NRS 616C.475	2	N/A
Light duty offers not provided to claimant	2	
NAC 616A.480(1)(3)	2	N/A
Incomplete and/or missing documentation	3	
NAC 616A.480(4)	10	N/A
Unauthorized and/or outdated forms.	32	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**MCDONALD'S CORPORATION**

**Certificate Number  
123131**

December 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**Pursuant to NRS 616D.120(2)(a)**

**McDonald's Corporation and Gallagher Bassett Services Inc., is responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.065: "1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or (b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied."

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEWMONT GOLDCORP CORPORATION**

**Certificate Number  
122968**

October 9, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Newmont Goldcorp Corporation (Newmont Goldcorp) was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on April 29, 2008. The claims are administered by Cannon Cochran Management Services, Inc. (CCMSI), located at 595 Double Eagle Court, Suite 2003, in Reno, Nevada 89501

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Fifteen (15) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEWMONT GOLDCORP CORPORATION**

**Certificate Number  
122968**

October 9, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.040	2	N/A
C-4 forms submitted untimely	2	
NRS 616C.475	5	3 Claims OP = \$769.56
TTD incorrectly paid	5	2 Claims UP = \$283.24
NAC 616A.480	4	N/A
Inaccurate, incomplete and/or missing documents	5	
NAC 616A.480	13	N/A
Unauthorized and/or outdated forms	32	
NAC 616C.088	1	N/A
Documentation missing	1	
NAC 616C.148	2	N/A
PPD Evaluations submitted untimely	2	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NEWMONT GOLDCORP CORPORATION**

**Certificate Number  
122968**

October 9, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Newmont Goldcorp Corporation and CCMSI, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.475: “1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage.”
- Pursuant to NAC 616A.480: “1. The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers’ compensation...  
3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers’ Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NV ENERGY INC.**

**Certificate Number  
123064**

December 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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NV Energy Inc. was certified for Workers' Compensation as a self-insured employer in the State of Nevada on July 1, 1992. The claims are administered by Cannon Cochran Management Services, Inc. (CCMSI), located at 7251 W. Lake Mead Boulevard, Suite 260, Las Vegas, NV.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**NV ENERGY INC.**

**Certificate Number  
123064**

December 30, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616C.082	2	NA
Documents do not show date of receipt	2	
NAC 616C.148	1	NA
PPD Evaluation reported late	1	
NRS 616C.040	1	NA
Claim for compensation reported late	1	
NRS 616C.490	1	NA
PPD Evaluation scheduled late	1	

**REQUIRED CORRECTIVE ACTION**

None

**AGENCY RESPONSE/ENFORCEMENT ACTION**

None at this time.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**RENOWN HEALTH**

**Certificate Number  
123237**

November 13, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Renown Health was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on August 1, 1985. The claims are administered by Hometown Health Providers Insurance Company (Hometown Health), located at 10315 Professional Circle Reno, NV 89521.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**RENOWN HEALTH**

**Certificate Number  
123237**

November 13, 2020

**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NRS 616C.040 C-4 forms submitted untimely	1 1	N/A
NRS 616C.050 Claimant not provided D-53 form	1 1	N/A
NRS 616C.475 Late TTD payment	1 1	N/A
NAC 616A.480(3) Incomplete and unapproved C-3 forms	20 20	N/A
NAC 616A.480(4) Unauthorized and/or outdated forms.	20 88	N/A
NAC 616C.435 AMW calculated incorrectly	1 1	N/A
NAC 616C.148 PPD Evaluation submitted untimely	1 1	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**RENOWN HEALTH**

**Certificate Number  
123237**

November 13, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Renown Health and Hometown Health, are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.475: “3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.”
- Pursuant to NAC 616A.480 states in part: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TREASURE ISLAND, LLC**

**Certificate Number 122972**

November 20, 2020

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**BACKGROUND OF PRIVATE CARRIER**

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Treasure Island, LLC was certified as a self-insured employer status on October 1, 2009. The claims are administered by York Risk Services Group, Inc. located at 9085 W. Post Rd., Ste. #100, Las Vegas, Nevada 89148.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018 through June 30, 2019. The examination focused on the following areas:

1. A total of twenty (20) claim files were examined during the audit;
2. Timely determination regarding commencement of payment or denial;
3. Timely payment of initial compensation;
4. Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
5. Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
6. Timely evaluation and offer of permanent partial disability;
7. Notification of the right of appeal concerning determination(s) made;
8. Timely responses to requests;
9. Vocational rehabilitation benefits;
10. Use of proper forms;
11. Claims administration.



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TREASURE ISLAND, LLC**

**Certificate Number 122972**

November 20, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A / OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NAC 616A.480 (1)	15	N/A
Self-Insured Employer Outdated forms	18	N/A
NAC 616A.480 (1) and (4)	9	N/A
TPA Outdated forms	9	N/A
NAC 616C.423 (1)	1	N/A
AMW Calculation	1	N/A

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TREASURE ISLAND, LLC**

**Certificate Number 122972**

November 20, 2020

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**REQUIRED CORRECTIVE ACTION**

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**Treasure Island, LLC is responsible for developing policies and procedures to ensure:**

- NAC 616A.480 (1) states: "The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation..."

**York Risk Services Group LLC is responsible for developing policies and procedures to ensure:**

- NAC 616A.480 (1) and (4) states: "(1) The following posters and forms or data must be used by an insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator in the administration of claims for workers' compensation... (4) An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator."
- Pursuant to NAC 616C.423 (1) (p), states: "The reasonable market value of either board or room, or both. At least \$150 per month will be allowed for board and room, \$5 per day or \$1.50 per meal for board, and \$50 per month for a room."

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Provide the Workers' Compensation Section (WCS), by December 23, 2020, a written response, prepared specifically with the above Findings and Claims Administration in mind, which will clearly show what action will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TRUE BLUE INC.**

**Certificate Number  
123180**

December 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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True Blue Inc. was certified for workers compensation as a self-insured employer in the State of Nevada on December 1, 1996. The claims are administered by ESIS Inc., located at 6935 Aliante Parkway, Suite 104-411, Las Vegas, NV.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TRUE BLUE INC.**

**Certificate Number  
123180**

December 30, 2020

**FINDINGS**

Violation Brief Description	Number of Files Total # Violations	N/A/OP or UP Total \$ Amount
NAC 616A.480(3)	10	N/A
C-3 forms were inaccurate or incomplete	10	
NAC 616A.480(4)	9	N/A
Files contained unapproved forms	27	

**REQUIRED CORRECTIVE ACTIONS**

Pursuant to NRS 616D.120(2)(a)

**TrueBlue Inc., is responsible for developing policies and procedure to ensure compliance with:**

- NAC 616A.480(3) states in part: “The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- NAC 616A.480(4) states in part: “An insurer, employer, injured employee, provider of health care, organization for managed care or third-party administrator may not use a different form or change a form without the prior written approval of the Administrator.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**TRUE BLUE INC.**

**Certificate Number  
123180**

December 30, 2020

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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US Foods Inc. was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on April 1, 1993. The claims are administered by Sedgwick Claims Management Services, Inc. (Sedgwick), located at 9930 W. Cheyenne Avenue, Suite 150, in Las Vegas, Nevada 89129.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through July 1, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

**FINDINGS**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616C.015 C-1 form not signed	1 1	N/A
NRS 616C.040 C-4 form not received	1 1	N/A
NRS 616C.065 Untimely or missing claim acceptance	4 4	N/A
NRS 616C.155 Compensation paid before required	1 1	OP \$109.33
NRS 616C.235 Required forms not provided to claimant	4 4	N/A
NRS 616C.475(1) TTD incorrectly paid	2 4	4 Claims OP \$3,244.02
NRS 616C.475(3) Untimely TTD payments	1 2	N/A
NRS 616C.475(8) Light Duty offer not provided to claimant	1 1	N/A
NRS 616C.490(2) Untimely scheduling of PPD evaluation	1 1	N/A
NRS 616C.490(6) Untimely PPD award offer	2 2	N/A
NRS 616C.500 TPD incorrectly paid	1 1	UP \$116.31

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

**FINDINGS (continued)**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NAC 616A.480(3)	7	N/A
Incomplete and/or inaccurate documentation	7	
NAC 616A.480(4)	10	N/A
Unauthorized and/or outdated forms	13	
NAC 616C.088	2	N/A
Documentation missing	2	
NAC 616C.094	2	N/A
Untimely or Missing response to written requests	2	
NAC 616C.148	2	N/A
PPD Evaluations submitted untimely	2	
NAC 616C.420 & 432	1	N/A
Incorrect AMW used for PPD calculation	1	
NAC 616C.598	1	N/A
Untimely TPD payments	1	



**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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**US Foods Inc. and Sedgwick Claims Management Services, Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.065: “1. Except as otherwise provided in NRS 616C.136, within 30 days after the insurer has been notified of an industrial accident, every insurer shall: (a) Accept a claim for compensation, notify the claimant or the person acting on behalf of the claimant that the claim has been accepted and commence payment of the claim; or (b) Deny the claim and notify the claimant or the person acting on behalf of the claimant and the Administrator that the claim has been denied.”
  
- Pursuant to NRS 616C.475: “1. Except as otherwise provided in this section, NRS 616C.175 and 616C.390, every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, or his or her dependents, is entitled to receive for the period of temporary total disability, 66 2/3 percent of the average monthly wage... 3. If a claim for the period of temporary total disability is allowed, the first payment pursuant to this section must be issued by the insurer within 14 working days after receipt of the initial certification of disability and regularly thereafter.”
  
- Pursuant to NRS 616C.490: “2. Within 30 days after receiving from a physician or chiropractor a report indicating that the injured employee may have suffered a permanent disability and is stable and ratable, the insurer shall schedule an appointment with the rating physician or chiropractor selected pursuant to this subsection to determine the extent of the employee’s disability... 6. After receiving the evaluation, the insurer shall, within 14 days, provide the employee with a copy of the evaluation and notify the employee: (a) Of the compensation to which the employee is entitled pursuant to this section; or (b) That the employee is not entitled to benefits for permanent partial disability.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

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**REQUIRED CORRECTIVE ACTIONS (continued)**

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**US Foods Inc. and Sedgwick Claims Management Services, Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.500: “1. Every employee in the employ of an employer, within the provisions of chapters 616A to 616D, inclusive, of NRS, who is injured by accident arising out of and in the course of employment, is entitled to receive for a temporary partial disability the difference between the wage earned after the injury and the compensation which the injured person would be entitled to receive if temporarily totally disabled when the wage is less than the compensation, but for a period not to exceed 24 months during the period of disability.”
- Pursuant to NAC 616A.480: “3. The forms listed in this section must be accurately completed, including, without limitation, a signature and a date if required by the form. An insurer or employer may designate a third-party administrator as an agent to sign any form listed in this section.”
- Pursuant to NAC 616C.088: “1. Each file of a claim concerning an industrial injury or occupational disease that is maintained by an insurer or third-party administrator must contain: (c) All: (5) Except as otherwise provided in subparagraph (2) of paragraph (f), other documents which affect the amount, timing or denial of the payment of compensation.”
- Pursuant to NAC 616C.094: “1. Except as otherwise provided in this section, within 30 days after receipt of a written request relating to a claim made by: (a) An injured employee, an employer, a health care provider or the attorney or other representative of any of them; or (b) A spouse, child or parent of an injured employee who is deceased or incapacitated, the insurer, third-party administrator or organization for managed care shall, in writing, notify the person making the request of its determination concerning the request. 2. If the insurer, third-party administrator or organization for managed care terminates or denies any benefit in response to a written request, it shall notify the person making the request, the injured employee and the attorney or authorized representative of the injured employee, in writing, giving the reasons for its determination and an explanation of the right of the person making the request to appeal the determination.”

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**US FOODS INC.**

**Certificate Number  
123102**

December 30, 2020

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**ADMINISTRATIVE FINE**

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**Pursuant to NRS 616C.065(1), NAC 616D.415 and NRS 616D.120:**

One administrative fine, totaling three hundred seventy-five (\$375.00), is being issued to US Foods and Sedgwick Claims Management Services, Inc., for four violations of NRS 616C.065, for failure to provide claimants with timely claim acceptance.

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers' Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**WASHOE COUNTY**

**Certificate Number  
123024**

June 30, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Washoe County was certified for Workers' Compensation as a Self-Insured Employer in the State of Nevada on July 1, 1981. The claims are administered by Cannon Cochran Management Services, Inc. (CCMSI), located at 595 Double Eagle Court, Suite 2003, in Reno, Nevada 89501.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Twenty (20) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**WASHOE COUNTY**

**Certificate Number  
123024**

June 30, 2020

**FINDING**

<b>Violation</b>	<b>Number of Files</b>	<b>N/A/OP or UP</b>
<b>Brief Description</b>	<b>Total # Violations</b>	<b>Total \$ Amount</b>
NRS 616B.012	1	N/A
Misfiled forms for another claim	1	
NRS 616C.136	1	N/A
Provider bill paid late	1	
NRS 616C.475	3	2 Claims OP = \$1,096.34 1 Claim UP = \$71.02
TTD incorrectly calculated	3	
NRS 616C.475	1	N/A
Claimant not provided Light Duty Offer	1	
NAC 616A.480	16	N/A
Unauthorized or outdated forms	25	
NAC 616C.148	1	N/A
PPD Evaluation submitted untimely	1	

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**WASHOE COUNTY**

**Certificate Number  
123024**

June 30, 2020

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**REQUIRED CORRECTIVE ACTIONS**

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Pursuant to NRS 616D.120(2)(a)

**Washoe County and Cannon Cochran Management Services, Inc., are responsible for developing policies and procedure to ensure compliance with:**

- Pursuant to NRS 616C.136 states in part: “1. Except as otherwise provided in this section, an insurer shall pay or deny a bill for accident benefits received from a provider of health care within 45 calendar days after the insurer or third-party administrator receives the bill. Except as otherwise provided in this section, if the bill for accident benefits is not paid within that period, the insurer shall pay interest to the provider of health care at a rate of interest equal to the prime rate at the largest bank in Nevada, as ascertained by the Commissioner of Financial Institutions, on January 1 or July 1, as the case may be, immediately preceding the date on which the payment was due, plus 6 percent. The interest must be calculated from 45 calendar days after the date on which the bill is received until the date on which the bill is paid.”
- Pursuant to NRS 616C.475 states in part: “8. If the certification of disability specifies that the physical limitations or restrictions are temporary, the employer of the employee at the time of the employee’s accident may offer temporary, light-duty employment to the employee. If the employer makes such an offer, the employer shall confirm the offer in writing within 10 days after making the offer.”

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**AGENCY RESPONSE/ENFORCEMENT ACTION**

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Written plans of corrective action must be provided to the Workers’ Compensation Section (WCS) whenever a Notice of Correction is issued, either before the final report or within thirty (30) days after issuance of the same.

Acceptable written plans of corrective action are those which are prepared specifically with the Notices of Correction in mind, clearly showing what actions will be taken to assure that these areas are corrected and will remain so.

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
DIVISION OF INDUSTRIAL RELATIONS  
WORKERS' COMPENSATION SECTION  
EXECUTIVE SUMMARY OF COMPLIANCE AUDIT  
Pursuant to NRS 616B.003**

**WENDOVER CASINOS, INC.**

**Certificate Number  
123036**

October 20, 2020

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**BACKGROUND OF SELF-INSURED EMPLOYER**

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Wendover Casinos, Inc. was certified a Self-Insured Employer in the State of Nevada on December 19, 2002. The claims are administered by Hometown Health Providers Insurance Company, located at 10315 Professional Circle, Reno, Nevada.

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**SCOPE AND OBJECTIVES**

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The examination covered the time period from July 1, 2018, through June 30, 2019. The examination focused on the following areas:

- 1) Ten (10) claims were examined.
- 2) Timely determination regarding claim acceptance or denial;
- 3) Timely payment of initial compensation;
- 4) Accurate calculation and payment of temporary partial disability (TPD), temporary total disability (TTD), permanent partial disability (PPD), and/or permanent total disability (PTD) compensation;
- 5) Timely and accurate payment of medical bills in accordance with the Nevada Medical Fee Schedule or as otherwise contracted;
- 6) Timely evaluation and offer of PPD;
- 7) Notification of the right of appeal concerning determination(s) made;
- 8) Timely responses to requests;
- 9) Vocational rehabilitation benefits;
- 10) Use of proper forms;
- 11) Claims administration; and
- 12) Violations of NRS 616D.120.

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**FINDINGS**

<b>Violation Brief Description</b>	<b>Number of Files Total # Violations</b>	<b>N/A/OP or UP Total \$ Amount</b>
NAC 616A.480	10	N/A
Notice of Claim Acceptance, D-30 & Notice of Intent to Close Claim, D-31 unapproved	20	N/A
NAC 616C.274	10	N/A
Forms missing required information	10	N/A
NRS 616C.015	1	N/A
Notice of Injury or Occupational Disease not signed by employee or employer	1	N/A
NRS 616C.045	1	N/A
Employer's Report of Industrial Injury or Occupational Disease, C-3, received late	1	N/A

**REQUIRED CORRECTIVE ACTION**

Corrective action has been taken, no further action required.

**AGENCY RESPONSE/ENFORCEMENT ACTION**

None at this time.