



Workers' Compensation Section

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

MEMORANDUM

TO: The Board for Administration of the Subsequent Injury Account for Self-Insured Employers

FROM: Charles J. Verre, Chief Administrative Officer, Workers' Compensation Section

SUBJECT: Administrator's Recommendation on Request for Reimbursement from the Subsequent Injury Account Pursuant to NRS 616B.557

Claim No: 96853A375047

Date of Injury: 6/27/1996

Insurer: City of Reno

Employer: City of Reno

Third-Party Administrator: CCMSI

Submitted By: CCMSI

DATE: January 18, 2022

ADMINISTRATOR'S RECOMMENDATION:

It is the Administrator's recommendation to accept the twelfth supplemental request, pursuant to NRS 616B.557 for the heart.

AMOUNT OF REIMBURSEMENT:

The total amount requested for reimbursement is \$10,779.00. The amount of verified costs is \$9,201.04. An explanation of the disallowance is attached to this letter.

BACKGROUND:

This request was received from CCMSI on October 13, 2021. This request contains payment for widow's benefits from March 1, 2021 through September 30, 2021 in the monthly amount of \$2,155.80 for the calendar year of 2021. A certificate of survival, signed by the widow, was provided with the request. A notification of the widow's death on September 14, 2021, was also provided with the request. At this time, the Cost Of Living Allowance (COLA) for the calendar year of 2021 is being disallowed as the self-insured employer is eligible to seek reimbursement for the COLA through DIR pursuant to AB 370. The September 2021 payment has been prorated for payment through the date of death of the widow, September 14, 2021.

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Claim No: 96853A375047

Insurer: City of Reno

December 22, 2021 Recommendation Memorandum

WITNESSES:

List of witnesses who may be called to testify on behalf of the DIR and a brief summary of the proposed testimony of each.

Barbara Foster, Compliance/Audit Investigator, Workers' Compensation Section who may testify as to the basis of the Administrator's recommendation.

The Administrator reserves the right to call rebuttal and impeachment witnesses.

SUBROGATION RECOVERY NOTICE:

Please note that pursuant to NRS 616C.215, if an insurer receives reimbursement from the Subsequent Injury Account, the Nevada Division of Industrial Relations (DIR) has a statutory lien upon the total amount paid by the employer or upon the total proceeds of any recovery from a third party. Additionally, NRS 616C.215(8) makes the injured worker, claimant's counsel and third-party insurer jointly and severally liable for any amount to which the Subsequent Injury Account is entitled if the party has knowledge of the lien and does not notify the Administrator, DIR, for the Subsequent Injury Account within 15 days after the date of recovery by way of actual receipt of the proceeds of the judgment or settlement.

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Claim No: 96853A375047

Insurer: City of Reno

January 19, 2022 Recommendation Memorandum

CERTIFICATE OF SERVICE

Kasey McCourtney
CCMSI
PO Box 35350
Las Vegas, NV 89133

I certify that I am an employee of the Division of Industrial Relations, Workers' Compensation Section, and on 19th Jan., 2022 I served the attached Administrator's Recommendation Memorandum on the person(s) listed above:

<input checked="" type="checkbox"/>	By placing an original or true copy thereof in a sealed envelope, postage prepaid, placed for collection and mailing in the United States Mail, at Henderson, Nevada
<input type="checkbox"/>	By personal delivery
<input type="checkbox"/>	By Federal Express or other overnight delivery
<input type="checkbox"/>	By Certified Mail/Return Receipt Requested

Dated this 19th day of January, 2022

Barbara Foster
Division of Industrial Relations
Workers' Compensation Section

State of Nevada
DEPARTMENT OF BUSINESS AND INDUSTRY

Division of Industrial Relations
Workers' Compensation Section

*Explanation of Disallowance
Subsequent Injury Account*

January 19, 2022

Claim Number: 96853A375047
Date of Injury: 6/27/1996
Private Carrier: City of Reno
Employer: City of Reno
Submitted by: CCMSI

Total Reimbursement Requested: \$10,779.00

Amount Requested	Check Number	Date of Service	Type of Payment or Provider	Amount Disallowed	Explanation of Disallowance
\$8,463.20	8015 to 8209	5/01/2021 to 8/31/2021	Widows benefits	\$383.40	Cola Increase provided in AB370 is eligible for reimbursement from DLR and therefore excluded from SIF reimbursement (\$2,155.80 - \$2,059.95 = \$95.85) \$95.85 x 4 months = \$383.40
\$2,155.80	8276	9/01/2021 to 9/30/2021	Widows benefits	\$1,149.76	* Widows Death Date: 9/14/2021 (\$2,155.80/30 days= \$71.86) \$71.86 x 16 days = \$1,149.76
				\$44.80	*Cola Increase provided in AB370 is eligible for reimbursement from DLR and therefore excluded from SIF reimbursement (\$2,155.80 - \$2,059.95 = \$95.85) (\$95.85 divided 30 days = \$3.20 daily rate) \$3.20 x 14 days = \$44.80
			Total of Disallowance:	\$1,577.96	

Check #	Date Printed	Amount	Payee Name	Comment	Class
8015	5/7/2021	(\$2,155.80)		Wdw mthly payment 5/1/2021-5/31/2021	IND.FATALITY
8077	6/4/2021	(\$2,155.80)		Wdw mthly payment 06/01/2021-06/30/2021	IND.FATALITY
8140	7/2/2021	(\$2,155.80)		Wdw mthly payment 07/01/2021-07/31/2021	IND.FATALITY
8209	8/6/2021	(\$2,155.80)		Wdw mthly payment 08/01/2021-08/31/2021	IND.FATALITY
8276	9/3/2021	(\$2,155.80)		Wdw mthly payment 09/01/2021-09/30/2021	IND.FATALITY
INDEM TOTAL		(\$10,779.00)			

Certificate of Survival

Please complete this form in its entirety and return it to CCMSI PO Box 20068, Reno, NV 89515 within 30 days. Misrepresentation of the information requested is fraud and is a violation of law. Not completing and returning this form may result in the suspension of your benefits.

Claim # 96853A375047

Injured/Deceased Worker's Name _____

Date 6-27-96

Your Relationship to Injured/Deceased Worker - check all that apply:

____ self ____ widow(er) ☒ child ____ parent ____ guardian
____ other (if other, please explain) _____

Your Age 78 Your Date of Birth 062742

Your Name Your Social Security Number

Your Physical Address (where you live)

City, State, Zip Code

Salinas CA 93906

Your Mailing Address (where you would like us to mail your checks, if different from address above)

City, State Zip Code

Your Signature Date (Month, Day, Year)

Signature of Witness

Rayne J

RECEIVED

APR 20 2021

CCMSI - Reno



Claim Notes for

69F3A375047, DOL: 06/27/1996)

Service From	Service Through	Note Type	Created	Last Modified
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From: Andrena Arreygue <arreyguea@reno.gov>		CLIENT	09/27/2021 by LISA JONES	09/27/2021 by LISA JONES
Sent: Monday, September 27, 2021 8:54 AM				
To: Sharon Wilde <swilde@ccmsi.com>; Lisa Jones <l.jones@ccmsi.com>; Susie Ball <sball@ccmsi.com>				
Subject: [EXTERNAL] COR Claims				

Hello,

I wanted to let you all know of a couple of deaths we received regarding retirees.

passed on 9/14/2021. She was the widow of [REDACTED] (DOL 6/27/96) and was receiving monthly benefits.

Please let me know if you have any questions.
Andrena Arreygue, PHR, SHRM-CP
Management Analyst