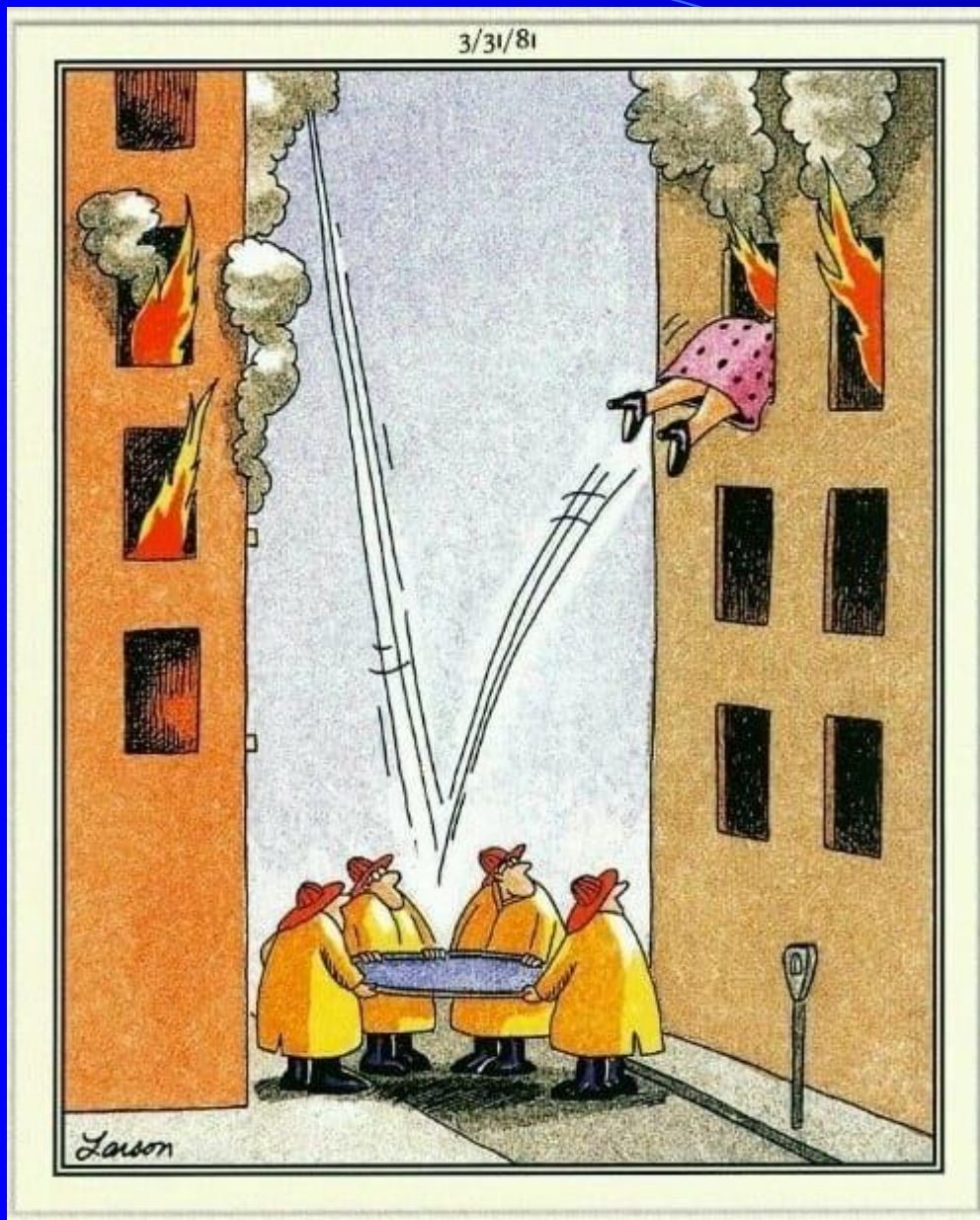


# Compliance and You: A Success Story

## **DISCLAIMER**

**The views and opinions expressed in the written materials and in any of the presentations at this conference are those of the presenter and do not necessarily reflect the official policy or position of the Department of Business and Industry, Division of Industrial Relations. The Division does not warranty the materials' completeness or accuracy.**



Success????





Money?????



Little Foxes  
Spoil the  
Vineyard



# ***THE TRUTH ABOUT SUCCESS***

People see this

Success

What  
really  
happens

Hard work  
Risk  
Late nights  
Struggles  
Failures  
Perseverance  
Action  
Discipline  
Courage  
Doubts  
Change  
Criticisms  
Disappointments  
Adversity  
Rejections  
Sacrifices  
Persistence

# Successful Compliance Keys

- ▶ Staff well-educated: knowledge of law, requirements, recommendations
- ▶ Willingness to learn: our world constantly changing, no one knows everything
- ▶ Consistent growth: pursue understanding
- ▶ Teamwork instead of adversarial attitudes/actions

# How Can You Get There?

- ▶ Staff education: free training at DIR/WCS, **participate often not “one and done”**
- ▶ Willingness to learn: ask questions; don't guess, don't assume
- ▶ Consistent growth: widen your perspective, consider other stakeholders, pursue understanding (not justification)
- ▶ Teamwork: professional communication, quit blame game, collaboration, avoid petty responses



# The Audit Process



# The Audit Process

## NRS 616B.003

- ▶ Insurer/TPA Claim log requested
- ▶ Response due within 30 days
- ▶ Field audit appointment scheduled
- ▶ Claim selection sent to insurer/TPA prior to start of audit

# The Audit Process

- ▶ **Field audit performed in person or via remote access**
- ▶ **Exit interview with TPA and/or insurer to identify problems or issues found in audit if necessary**
- ▶ **Written findings sent to insurer and TPA**
- ▶ **Responses to findings are due within 30 days**



# Audit Foci

- ▶ Timeliness and accuracy of indemnity payments
- ▶ Timely determinations
- ▶ Timely submission and completion of mandated forms
- ▶ Compliance with all administrative and legal decisions

\*See Standard Audit Requirements on the DIR/WCS website, Insurers/TPAs tab (<http://dir.nv.gov/WCS/home/>)

# Audit Foci

- Timely responses to all written requests
- Timely scheduling of PPD rating evaluations
- Timely and accurate payment of medical bills

# Common Misconceptions

## 1. Written determinations not always required

- ▶ NAC 616C.094 (1)  
Within 30 days after receipt of a written request the insurer/TPA **shall, in writing**, notify the person making the request of its determination concerning the request
- ▶ Must copy injured employee and injured employee's attorney



# Common Misconceptions

## 2. No appeal rights needed for medical appointments

- ▶ Any response to a written request is considered a determination (NAC 616C.094)
- ▶ All written determinations made by an insurer/TPA relating to a benefit, including scheduling doctor appointments, must include appeal rights

# Common Misconceptions

## 3. Case notes are not part of the claim files

NAC 616C.088(1) Each file must contain . . . (h) A summary of conversations or oral negotiations, or both, conducted by the insurer or the third-party administrator with the injured employee, the legal counsel who represents the injured employee or any other party other than the physician or chiropractor of the injured employee, if action is requested or taken.

# Common Misconceptions

## 3. Case notes are not part of claim files (continued)

- ▶ Only privileged communications with insurer's/TPA's attorney or fraud investigations excluded  
NAC 616C.088(1)(f)
- ▶ Written job offers must be included in claim files  
NAC 616C.088(1)(c)(5)



# Common Misconceptions

## 4. Transfer of Care – Pursuant to NAC 616C.129(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.

# Common Misconceptions

## 5. Altered Forms

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.***

# **Permanent Partial Disability (PPD) Evaluations**



# PPD Rater Assignments

PPDs raters assigned by three methods:

- ▶ Rotation
- ▶ Mutual Agreement
- ▶ Court Order

# PPD Rater Assignments

## Current Law

NAC 616C.021(5)

- ▶ Ophthalmologists may only rate impaired vision
- ▶ Psychiatrists may only evaluate brain function, mental/behavioral disorders
- ▶ Neurologists/neurosurgeons rate brain function including concussions, closed head injuries, traumatic brain injuries
- ▶ PTSD rated **only** by MDs/DOs designated on DIR/WCS' Rating Panel of Physicians and Chiropractors

# Chiropractors

**NRS 634.013** “Chiropractic” is defined to be the science, art and practice of palpating and adjusting the articulations of the human body by hand, the use of physiotherapy, hygienic, nutritive and sanitary measures and all methods of diagnosis.

# NRS 634.220

- ▶ **NRS 634.220** Nothing in this chapter shall be construed to permit a chiropractor to practice medicine, osteopathic medicine, dentistry, optometry or podiatry, or to administer or prescribe drugs.
- ▶ Related: NRS 634.225, NRS 454.213(1)(o)



# PPD Rater Assignments

## NAC 616C.021(7)

A rating physician or chiropractor may not rate the disability of an injured employee if the physician or chiropractor has:

- (a) Previously examined or treated the injured employee for the injury related to his or her claim for workers' compensation; or
- (b) Reviewed the health care records of the injured employee and has made recommendations regarding the likelihood of the injured employee's ratable

# PPDs Current Law

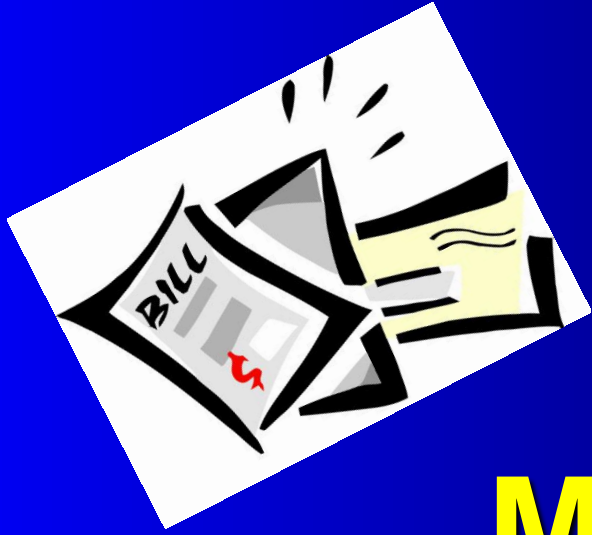
## NAC 616C.021 (8)

A rating evaluation of a permanent partial disability performed by a rating physician or chiropractor is subject to review by the Administrator pursuant to the provisions of NAC 616C.023.

\*Therefore DIR/WCS requires all raters to send copies of all PPD reports to DIR/WCS

# PPDs Keys to Remember

- ▶ Know which raters allowed to rate which injuries/occupational diseases; rating assignments must follow NAC 616C.021; Call DIR/WCS with ???s
- ▶ Submit D-35 Form to DIR/WCS for all impairment ratings then to rater with medical records
- ▶ Do not send D-35 Form to DIR/WCS for independent medical evaluations (IMEs)
- ▶ Specify body parts in Comments section



# **Medical Billing and Injured Employees**



# Current Law

## NRS 616C.135 (1)(2)

- ▶ Must bill insurer/TPA for treatment related to industrial injury/occupational disease
- ▶ May charge injured employee for services NOT related to industrial injury/occupational disease

# Current Law

NRS 616C.135 (3)

HCP may accept payment from patient/casualty insurer for services the patient alleges related to industrial injury/occupational disease pursuant to NRS 616C.138

# Current Law

NRS 616C.138

- ▶ Workers' comp insurer/TPA already denies authorization or responsibility for payment of services
- ▶ Obtain copy of written denial by insurer/TPA
- ▶ Insurers/TPAs **not** responsible to pay hospital charges unrelated to industrial injury/disease

# Uninsured Employers

- ▶ Coverage will not be able to be verified, C-4 to DIR/WCS, referred to ECU
- ▶ ECU investigates, issues determination, MUST copy HCP
  - \*No employee/employer relationship
  - \*No w/c coverage verified
  - \*Leads to premium penalty and admin fine or referral to AG office
- ▶ C-4 referred to Uninsured Employers' Claim Account Coordinator



# Uninsured Employer

- ▶ Referred to contracted TPA to administer claim
  - ▶ TPA sends written determination re: compensability, **MUST** copy HCP
  - ▶ Normal course for IE
  - ▶ Employer reimburses UECA for all expenses (plus fines/penalties)
- \*\* HCP must** wait until receive copy of written claim approval/denial prior to billing payer or injured employee

# Medical Billing Summary

HCPs may **ONLY** bill injured employee if:

- ▶ Insurer/TPA denies claim
- ▶ Insurer/TPA determines services unrelated to industrial injury/disease

# Medical Billing Summary

## Caveats:

- ▶ HCPs need copy of written denial
- ▶ Appeal rights re: **compensability** issues
  - \*Provided to injured employee, appeal to Department of Administration (HO/AO)
- ▶ Other reimbursement disputes:
  - \*Appeal to DIR/WCS **if** unable to resolve, appealed timely, not contractual dispute

# Questions





# Don't Forget . . .

**Please fill out the Evaluation Online:  
<http://dir.nv.gov/WCS/Training/>**

➤ [Session 3A Compliance and You – A Success Story](#)

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