

**PROPOSED REGULATION OF THE
DIVISION OF INDUSTRIAL REELATIONS**

STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS

In the matter of the adoption of Regulations pertaining to Information workers' compensation insurers shall submit to the Division relating to policy and claims data, the frequency of submission of such information, and the conditions under which penalties and/or fines may be assessed for the failure to submit information timely and/or accurately.

DIR 98-18
LCB: R143-98

NEW effective 7/1/99

Sect. 1. All insurers shall report to the designated agent of the administrator all required data fields in the data fields' prescribed formats as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____ for all claims activity occurring on or after July 1, 1999.

Sect. 2. The document entitled "Basic Claims for Compensation Information" is incorporated by reference into this section. A copy of that document may be obtained at no cost from the Division of Industrial Relations, 400 West King Street, Carson City, Nevada 89710.

Sect. 3. For purposes of this regulation, the following definitions apply:

(a) "Data field" or "data element" refers to a single piece of information relating to a claim as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____.

(b) "Record" refers to a group of data fields related to the same claim.

(c) "Report" refers to one or more records.

(d) "Report trigger" refers to an event occurring during the life of a claim at which certain data fields relating to the claim are required to be submitted to the designated agent of the administrator within thirty (30) days of occurrence.

(e) "Key Field" (K) refers to a data field which is required to be reported in every claim record which, if not present or is not in the prescribed format, would result in the rejection of the record.

(f) "Mandatory" (M) refers to a data field that is required to be reported for the indicated report trigger which, if not present or is not in the prescribed format, would result in the rejection of the data field and/or notification to the insurer that an accepted record contained an error or errors requiring correction.

(g) "Optional" (O) refers to a data field that is required to be reported for the earliest report trigger at which the information is available.

(h) "Conditional 1" (C1) refers to a data field that is required to be reported for the indicated report trigger only if the event occurs in the claim. The data field becomes mandatory when the indicated event occurs.

(i) "Conditional 2" (C2) refers to a data field that is required to be reported only if the conditions of other data field(s) as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____ are met. The data field becomes mandatory when the indicated condition(s) have been satisfied.

(j) "Indemnity" is defined as the status of a claim in which the injured employee has been paid temporary total disability or temporary partial disability benefits or in which the injured employee's regular wages have been paid by the employer in lieu of compensation during a period of certified disability.

(k) "Medical Only" is defined as the status of a claim in which temporary total disability and temporary partial disability benefits have not been paid and the injured employee's regular wages have not been paid by the employer in lieu of compensation during a period of certified disability.

Sect. 4. The report triggers as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____, are defined by the following codes:

<u>Code</u>	<u>Definition</u>
4	Receipt of a Claim for Compensation, C-4 form;
3	Receipt of an Employer's Report of Injury, C-3 form;
D	Determination of claim status at: (a) initial acceptance or denial of claim, and (b) the granting or denial of a request by an injured employee to reopen a previously closed claim;
S	Change in claim status from medical only to indemnity;
P	Payment of permanent partial disability benefit;
T	Payment of permanent total disability benefit;
C	Effective date of claim closure.

Sect. 5. The First Report(s) of Injury encompasses all data fields as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____ required for report trigger codes 4, 3 and D as defined in section 3.

Sect. 6. The Subsequent Report(s) of Injury encompasses all data fields as referenced in the "Basic Claims for Compensation Information" document, version _____, dated _____ required for report trigger codes S, P, T and C as defined in section 3.

Sect. 7. If at any time within the life of a claim a change occurs in the information submitted in a previous report, the change must be reported at the next required report trigger.

Sect. 8. Optional data fields are required to be reported not later than at report trigger code C, claim closure.

Sect. 9. Insurers may submit First Report(s) of Injury using any of the following methods:

(a) Hard copy, either by United States mail or by facsimile, utilizing

- (i) the C-4 and C-3 forms, or*
- (ii) the C-5 form, Insurer's First Report of Injury Form; or*
- (b) Flat File;*
- (c) Electronic data interchange;*
- (d) DIR Form obtained from the internet.*

Sect. 10. Insurers may submit Subsequent Reports(s) of Injury using any of the following methods:

- (a) Hard copy, either by United States mail or by facsimile, utilizing the C-6, Insurer's Subsequent Report of Injury Form;*
- (b) Flat File;*
- (c) Electronic data interchange;*
- (d) DIR form obtained from the internet.*

Sect. 11. Insurers may submit in one report data fields that are required at one or more report triggers if the data is reported within thirty (30) days of the earliest report trigger for that data.

Sect. 12. For the purposes of this regulation, the following definitions apply:

(a) Late reporting means one or more data fields that are required to be reported at a particular report trigger are reported more than thirty (30) days after the indicated report trigger.

(b) Late correction means one or more data fields that are required to be corrected that are submitted more than ten (10) days after receipt of notification from the administrator or his designated agent of the error or errors.

(c) Failure to report means one or more data fields that are required to be reported at a particular report trigger are absent from the report.

(d) Incorrect reporting means one or more data fields that are not in the prescribed format and/or do not accurately reflect the information of the claims file.