



DEPARTMENT OF
ADMINISTRATION

RISK MANAGEMENT
DIVISION

[HTTP://RISK.STATE.NV.US/](http://risk.state.nv.us/)

- Need workers' comp reports for your agency? E-mail your request to Ana Andrews.
- We need to know: Please e-mail us any contact information changes to your agency's workers comp liaison. This enables us to keep you "in the loop."
- We are looking for your questions related to workers compensation. Send us an e-mail and we will post the answer for all to read!

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Workers' Compensation Liaisons' Newsletter

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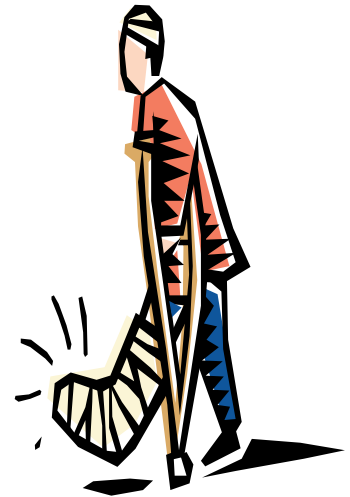
Permanent Disabilities

"I would like more information about the process for referring an employee to rehabilitation when they are unable to return to their job after a work related injury."

This information can be found on our website under the "Early Return to Work Program" link <http://risk.state.nv.us/ERTW%20Program001.PDF>

This section addresses permanent disabilities, i.e., the injured worker is unable to return to the job he/she held before the injury occurred. This differs from temporary modified duty as alternative positions will need to be permanent and the 90 days referred to in the modified duty procedure will not apply. **State employees have re-employment rights** to a position that they qualify for and for which their permanent limits do not preclude them from performing the position's essential

functions. The position must be at or below their pre-injury position grade level and is restricted to positions within the Department they were working in at the time of the injury (NAC 284.6013—284-6019). When an injured worker receives permanent limitations, the insurer (CCMSI) will send a formal letter to the agency for review of the possibility of reasonable accommodations or placement into an alternative position that will be available within 90 days. If the agency indicates that neither of these two options is possible, then the insurer will contact Risk Management's Early Return to Work program coordinator to set up a meeting with all parties to discuss the employee's options, to explain his/her rights to transfer or voluntarily demote and to review appropriate vacancies. From the date of this consultation the State, as the employer, will have 30 days to



review vacancies, offer alternative employment, or propose an "on-the-job" training opportunity. Once this 30-day period has elapsed, a Rehabilitation Counselor will pursue other rehabilitation options with the employee. For more information and a flowchart on how this process works please go to the link provided at the beginning of

Workers Compensation Reporting Procedure

"What to do when you are notified that a State employee has been injured?"

On the date you become aware of an injury, please provide the injured worker with a C-1 (**Notice of Injury or Occupational Disease**) form to complete as soon as possible. This protects the employee in the event that they do not immedi-

ately seek medical attention by making sure you (the employer) are notified within 7 days that they had an injury. Second, if they have sought medical care, you have to **COMPLETE** the C-3 (**Employer's Report of Industrial Injury or Occupational Disease**) within 6 working days from the date you receive a copy of the C-4 (**Claim**

for Compensation/Report of Initial Treatment). The C-3 must be filled entirely, i.e., each box must have something in it; if not, the agency is at risk of incurring a fine from the Division of Industrial Relations. Again, the C-3 must be sent to the third party administrator, i.e., CCMSI within 6 working days.

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**Risk Management
Division**



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Carson City, NV 89701
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Check out our new
and improved website
at:
<http://risk.state.nv.us>

You can also read past
issues of this newsletter
if you go to:
[http://risk.state.nv.us/
WC%20Liaison%
20Newsletters.htm](http://risk.state.nv.us/WC%20Liaison%20Newsletters.htm)

The New Drug Crisis: Addiction By Prescription

We have added this link to Risk Management's website under useful links as it highlights the results of overprescribing and prolonged pain management which can be more detrimental than helpful for an injured worker. The sad fact is that **Nevada is one of several states leading the nation in drug overdose deaths.**

Please follow this link to a very good article because "Well-intentioned pain policies plus powerful opiate meds is leading to a national epidemic of pill popping—and accidental overdosing." Jeffrey Kluger, TIME Magazine.
<http://risk.state.nv.us/Useful%20Links.htm>

Ergonomic Furniture and Equipment Vendor Showrooms/Contacts

Risk Management had to vacate the "Ergo Room" that was located at the Blasdel Building. However, with the assistance of our new Safety Specialist, Ingeborg Reinhardt and our new Safety Specialist, Ingeborg Thomas, we have made arrangements with various vendors to allow State employees to look at ergonomically correct office equipment. Normally, after an ergonomic evaluation has been done, the evaluation report that follows makes recommendations that often involve suggestions for ergonomically fit equipment. Following is a list that we encourage you to refer to as needed:

RENO/CARSON CITY

**RENO/CARSON CITY
MACHABEE OFFICE ENVIRONMENTS**
Machabee Office Environ-
ments
1335 Greg Parkway, #101
Sparks, NV 89431 89431
Phone: 775-329-3145
Fax: 775-786-5710
Contact: Andy Assuras, ex-
tension 113
aassuras@machabee.com

Note: Machabee Office En-
vironments is in the process of
setting up a workstation
showcasing various chairs,
furniture, and equipment.

Also available is a keyboard
tray, display with keyboards
from a variety of manufactur-
ers.
Phone: 775-329-3145
Fax: 775-786-5710
Contact: Andy Assuras, ex-
tension 113
aassuras@machabee.com
**RENO BUSINESS
INTERIORS**
Machabee Office Envi-
ronments, 427 Ridge Street, Suite 113
Setting up workstation
showcasing various chairs,
furniture and equipment.
Also available is a keyboard
tray, display with keyboards
from a variety of manufactur-
ers.
Note: Reno Business Interi-
ors utilizes their office as a
working showroom to display
various styles of chairs,
workstations, and equipment
from a variety of manufactur-
ers.

**SILVER STATE INDUS-
TRIES**

5500 Snyder Avenue, Bldg.
17, 2nd Floor
Carson City, NV 89702
Phone: 775-887-3309 or
775-887-3331
Contact: Bill Quenga 775-
887-9247
wquenga@doc.nv.gov

Note: Silver State Industries
is an Industrial Program
through the State of Nevada
Department of Corrections.
The Carson City manufactur-
ing facility is located in Car-
son City at the Northern Ne-

vada Correctional Center.
However, a showcase of
various products including
office furniture can be visited
by appointment at the con-
tact location above.

LAS VEGAS

**MACHABEE OFFICE
ENVIRONMENTS**

6435 Sunset Corporate Dr.
Las Vegas, Nevada 89120
Phone: 702-263-8800
Fax: 702-263-8801
Contact: J.D. Field, direct:
702-263-8800, extension
216

Note: Machabee Office En-
vironments has a large work-
ing showroom. Employees,
with an appointment, are
welcome to come to the of-
fice and view various chairs,
furniture, and equipment.

**SILVER STATE INDUS-
TRIES**

3955 W. Russell Road
Las Vegas, NV 89118
Phone: 702-682-3147
Contact: Bill Quenga 775-
887-9247
wquenga@doc.nv.gov

Note: (Contact Bill Quenga
until further notice).

Workers' Compensation Reporting Procedure—Cont'd

This information is not only essential, but critical for CCMSI's claims system (ICE) because it contains the employee's **date of hire**. CCMSI is unable to activate a workers compensation claim in ICE without a date of hire. The agency/employer may know they are your employee, but for CCMSI, verification of the date of hire as part of the confirmation that the injured worker is employed by the State of Nevada is necessary. The additional documentation needed for the claim file is requested directly from CCMSI and it is also required, if not by Statute, by our Division's Policy. A copy of the **Essential Job Functions with Physical characteristics** for the position/job the injured worker (IW) was performing is also required, because the physician(s) treating the IW does not know what physical requirements the average person must perform in their job. This document educates the physician(s) to enable him/her to make good decisions regarding return to work restrictions, if any. A wage history, provided on the D-8 form (**Employer's Wage Verification Form**) is necessary for all workers' compensation claims. Wages are requested because, at first glance, an injury may not appear to be severe enough to prevent someone from returning to work; but several months or even years down the road when surgery is scheduled, it is a more daunting task to collect a wage history than when the claim was filed.

An ancillary document that is necessary for management of the claim is the **Leave Choice Option** form, in which the injured worker chooses how his benefits will be paid, i.e., directly to him/her at 66 2/3 % of their wages or to the agency to buy back his/her leave time.

Summary of essential documentation and associated statutory requirements and fines for non-compliance:

C-1 Form

Notice of Injury or Occupational Disease – Incident Report (see NRS 616C.015 for further information).

Employee should complete within 7 days after the accident; must be maintained by employer for 3 years; employer required to keep adequate supply of blank forms for employee use.

C-3 Form

Employer's Report of Industrial Injury or Occupational Disease (see NRS 616C.045 for further information).

Employer must complete and file with the insurer within 6 working days after receiving a copy of the C-4 form.

Maximum fine of \$1,000 per occurrence.

D-8 Form

Employer's Wage Verification Form, NRS 616C.045 2(d).

Employer must complete and file with the insurer within 6 working days of receipt of the C-4 (if the C-4 indicates the injured employee will be off work for 5 days or more in a 20 day period) or when requested by the insurer.

Maximum fine of \$1,000.00 per occurrence.

Blank Forms Compliance, NRS 616A.480

Employer must fully complete any blank form received by the insurer or the administrator and return to appropriate party within 6 working days.

Workers' Compensation Coverage for Volunteers/ Board Members

Program Requirements

Each agency is responsible for maintaining a monthly roster of volunteers, interns, inmate labor and board members, and to report activity and payroll related workers' comp premium costs on a quarterly basis to Risk Management. If your agency uses the services of a volunteer, intern or inmate, premiums are due at the deemed wage of \$100.00 per month. For Calendar Year 2010 (January 1 through December 31, 2010) the rate for volunteer reportable premium is **\$2.73 per \$100.00** of payroll. **PLEASE NOTE: If a volunteer, intern or inmate laborer reports to you at anytime during the quarter, premiums are due for all three (3) months of that quarter.**

Also, any board members who are **NOT** set up in the Central Payroll Record System must be identified and quarterly reports of activity must be documented for payment of workers' comp premiums. Board member premiums are due at the deemed wage of \$250.00 per month. The Calendar Year 2010 & 2011 rate for board member reportable premiums is \$.45 per \$100.00 of payroll. If a Board meets at anytime during the quarter, premiums must be paid for that quarter.

PLEASE NOTE: If board members report to you at anytime during the quarter, premiums are due for all three (3) months of that quarter.

If an injury occurs, Risk Management will request a copy of the roster to determine claim coverage. If the individual is **not** listed on a roster and submits a legitimate claim, the state may be liable for an uninsured claim. These rosters are also used to determine premium costs for volunteer/board member quarterly activity, which are subject to annual audits **and must be submitted together with your billing when paying your agency's premium.**

To set up a budget and account for volunteer reporting, Risk Management Division has 3 documents to be completed by the agency representative: (1) A volunteer application form which has information needed for premium collection; (2) A short description of the duties to be performed by the volunteer, intern or board member; (3) A Memorandum of Understanding, which is a contractual agreement for use between the State of Nevada and volunteers or interns in service to the state. Once the documents have been completed, please forward them to Risk Management as soon as possible to ensure your volunteers; interns, inmates or board members are covered for workers' compensation.

Your agency will receive a quarterly billing notice from Risk Management for the reporting of volunteers' payroll and premium. Please complete the quarterly notice and return it to Risk Management accompanied with a billing claim for the amount of premiums due and volunteer roster. Your agency representative can either fax or return both documents to:

Risk Management Division
201 South Roop Street, Suite 201
Carson City, Nevada 89701

Phone: 775-687-3187
Fax: 775-687-3195

Questions on billing claim coding to pay volunteers' premium? Please call Mary Lehrer at 775-687-3188

Why is it important to provide workers' compensation coverage for volunteers/board members?

A volunteer or board member who is volunteering his/her services to your agency and is injured while performing volunteer work, may file a liability claim, i.e., tort claim, to recover the medical expenses incurred due to the injury. This can be very expensive since more often than not, tort claims involve litigation. If workers' compensation (WC) coverage is provided, the state is able to manage the claim as it does with any state employee's WC claim while at the same time ensuring the volunteer's medical care is monitored and managed properly. This practice encourages volunteers to do "volunteer work" for the state and its agencies. The cost to provide workers' compensation coverage is minimal since the volunteer's deemed wage is \$100 per month and the monthly premium in effect for CY2010 and 2011 is \$2.73 per \$100 of wages.

If you wish to read more about this program. please go to our website, click under Worker's Compensation and then under "Volunteer Information" where you will find the procedures, forms and Excel calculator that you will need to complete to report volunteers to our office. **Please note** that it is important for your agency to complete

CLAIMS ADMINISTRATOR

Cannon Cochran Management Services, Inc. (CCMSI)
PO Box 4990
201 S. Roop St. Suite 202
Carson City, NV 89701
General Phone: (775) 882-9600
General Fax: (775) 882-9601
Toll Free: (877) 243-1253

Dedicated Claims Team

Deena Carson, Account Manager
Karen Brasen-Corson, Claims Consultant
Cary Sims, Med Only Claims Rep.
Elizabeth Hickson, Med Only Claims Rep.
Marlene Foley, Claims Representative
Tani Consiglio Claims Representative
Doris Odermann, Claims Associate
Staci Jones, Claims Associate
Kim Campa, Claims Clerk

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Risk Management's Contact Information

Risk Manager	Karen Caterino	(775) 687-3192
Deputy Risk Manager	Ana M. Andrews	(775) 687-3191
Early Return to Work	Mary Lehrer	(775) 687-3188
Auto/Property Claims	DeAnna Guthrie	(775) 687-3189
Safety Specialist	Ingeborg Thomas	(775) 687-3190
Contracts	Maureen Martinez	(775) 687-3193
Health Program Specialist	Mandy Payette	(775) 687-3194
Risk Management Information		(775) 687-3187