



Department of Business and Industry

Nevada Division of Insurance

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INSTRUCTIONS - ANNUAL CERTIFICATION OF CLAIMS ADMINISTRATION

The Annual Certification of Claims Administration must be completed by the person or persons responsible for administering the Employer's claims. Once completed, the report and loss runs should be sent to the Employer to be included with the Annual Claims Information Report, which is due September 30.

A separate report form must be completed by each Administrator who has responsibility for claims administration. Also, since Employers are permitted to self-administer their workers' compensation claims, Employers must remit a separate Certification of Claims Administration for any periods that were or are self-administered.

All periods of claims, including assumed claims, must be reported on a Certification form.

Specific instructions regarding the completion of this form are shown below:

1. Employer Name – Indicate the name on the certificate of authority for the self-insured employer. If the Administrator is remitting a report for a specific subsidiary of the Employer, the subsidiary name should be included here.
2. Administrator Name, Address and Email – Enter the information for the Administrator who is completing this report. If the claims are self-administered by the employer, enter "Self-Administered."
3. Enter the period of dates of injury (mm/dd/yy) for the claims that are being reported on this Certification form.
4. NAC 616B.442 requires that each self-insured employer maintain such documents as are necessary to ensure the adequacy of the security deposit required by NRS 616B.300. To meet that requirement, the Employer shall maintain a list of open and closed claims for the Commissioner's review. As the Administrator for the dates specified in this Certification, please provide the Employer with loss runs or another type of list of claims that meets this requirement. Review NAC 616B.442 for minimum criteria, including total reserve, total amount paid, and total incurred, broken out for each claim.

For lines #5 through #13, please note the following:

- **Do not reduce amounts reported in loss runs by recoveries from any source.**
- **Do not reduce amounts reported on Certification forms by recoveries from any source.**
- **Do not include denied claims, incident reports or their associated costs when reporting expenditures or closed or open claims.**

5. Complete all fields regarding claims reported in the reporting period for the year ending June 30. (The reporting period is from 7/1 to 6/30 of each year.)
 - a. Line A Claims Filed should include all claims submitted, including denied and incident-only claims.
 - b. Line B Claims Accepted should follow the guidelines in the box above and exclude denied and incident-only claims.

If a claims status other than open or closed, such as pending or non-stipulated, is used, attach a detailed explanation of the term's usage and identify all claims that do not have the status of open or closed. Claims filed in June of one reporting year but accepted in the following reporting year **MUST** be reported on one of the year's reports. An OSHA report (or industry equivalent) report is required for each fatality.

6. Claims Expenditures – Enter the total dollars actually disbursed during each of the last three years. The total should include all amounts paid including medical, indemnity, and rehabilitation including claims expense.
7. After totaling the costs identified in #6, divide this number by three for an average.
8. Closed Claims – Enter the total number of closed claim files for which the Administrator is responsible. All closed claims for which the Administrator is responsible must be included.
9. Enter the total amounts paid for the accepted closed claims identified in #8.
10. Enter the total cost of administration of the claims identified in this Certification. This would be third-party administrator contract fees. If self-administered, enter the cost of administering the claims in house including salaries, equipment, office space or other related expenses. If the Employer is self-insured in multiple states, only the Nevada cost of claims administration should be reported.
11. Enter the number of claims that were open as of 6/30 of this reporting cycle, regardless of the date of injury. If a status other than open or reopen, such as pending, is used, attach a detailed explanation and identify all claims with such status.
12. Provide a breakdown of claim costs for the open claims identified in #11. NAC 616B.442 requires minimum reporting of:
 - a. The total reserve amount for medical and indemnity
 - b. The total amount paid for medical costs and indemnity
 - c. The total reserve balance for medical costs and indemnity
 - d. The total incurred cost

13. Enter the number of claims to be paid from other sources, such as excess insurance or subrogation, and attach supporting documentation. Excel format for the supporting documentation is recommended.

The supporting documentation for excess claims must include:

- Name of each claimant
- Claim number
- Date of injury
- Type of injury (medical only/indemnity)
- Medical, indemnity, other paid to date
- Medical, indemnity, other reserves
- Source(s) of recovery
- Self-insured retention
- Amount already recovered
- Amount remaining to be recovered

Supporting documentation for SIA and subrogation claims should include:

- Name of each claimant
- Claim number
- Date of injury
- Type of injury
- Total paid to date
- Amount recovered to date
- Amount remaining to be recovered
- Status of case

14. NAC 616B.460(3) requires that the report be signed by the person administering the program of self-insurance. Enter the name and title of the responsible person and the date the form was signed.

Electronic or scanned handwritten signatures are acceptable; typed names are not signatures.

ALL REPORT FORMS MUST BE RETURNED TO THE SELF-INSURED EMPLOYER. DO NOT REMIT THE CERTIFICATION TO THE DIVISION OF INSURANCE.