



CARDS (CLAIMS AND REGULATORY DATA SYSTEM)

External System User Manual



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External Portal Overview

Definition

The CARDS application includes a portal for External Administrators and Users to manage data and process claims. External Users must be authorized personnel of registered Insurers and licensed TPAs in the State of Nevada. Each Insurer or TPA must have an External Administrator setup to facilitate the setup and authorization of other External Users.

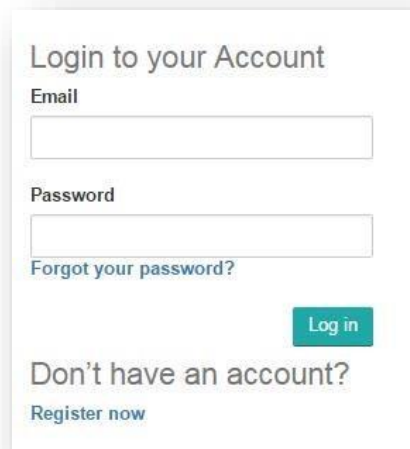
Permissions

The External Admin is the only user that has permissions to add new External Users for that Insurer or TPA and can grant or revoke privileges of those External Users. External Administrators can only be setup by state employees once requested by authorized personnel of the Insurer or TPA.

Registration Page

Definition

The first step required to be setup as an External User is to Register on the CARDS External Portal. The Home Page of the CARDS External Portal has a link titled 'Register Now' which will direct you to the CARDS Registration Page.

A screenshot of a web form titled "Login to your Account". It features two input fields: "Email" and "Password". Below the password field is a link that says "Forgot your password?". To the right of the password field is a green "Log in" button. Below the login section, there is a heading "Don't have an account?" followed by a blue link that says "Register now".

Permissions

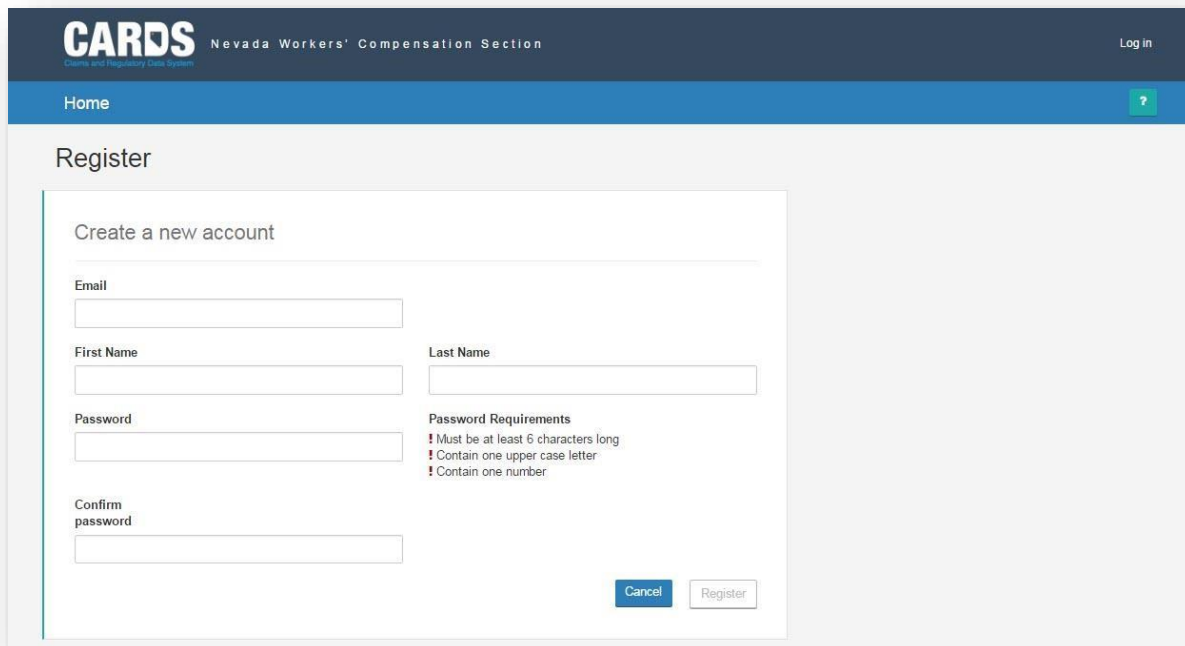
A Registered User can only access the CARDS External Portal if an Insurer or TPA has granted access and privileges specifically to the user or globally to the TPA. If you're an authorized External Admin review the section on User Management to learn more about how that operation works.

Page Layout

The Registration Page requires an Email Address and Name be entered and a Password be set up and confirmed before you can Register. An email will be sent to the Email Address submitted on



the CARDS Registration Page which must be confirmed to be activated as an authorized user to the CARDS External Portal.

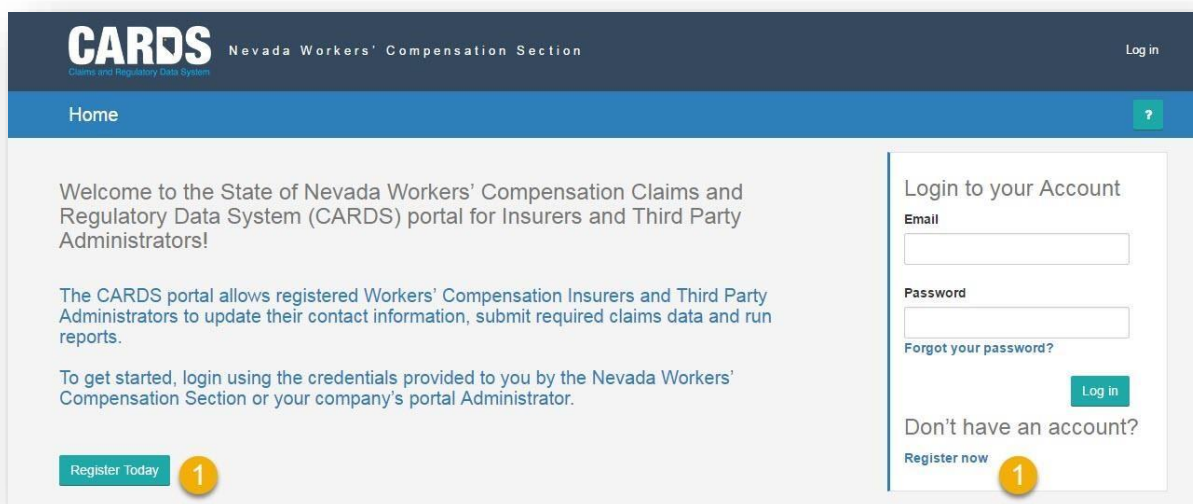


The screenshot shows the CARDS (Nevada Workers' Compensation Section) registration page. The header includes the CARDS logo and a 'Log in' link. The main content area is titled 'Register' and contains a form to 'Create a new account'. The form fields are: Email, First Name, Last Name, Password, and Confirm password. The Password Requirements are listed as: Must be at least 6 characters long, Contain one upper case letter, and Contain one number. There are 'Cancel' and 'Register' buttons at the bottom right of the form.



How To: Register as a New External User

1. Click the Register Today button or the Register Now click on the CARDS External Portal.



The screenshot shows the CARDS External Portal home page. The header includes the CARDS logo and a 'Log in' link. The main content area has a welcome message and instructions. On the right side, there is a 'Login to your Account' section with fields for Email and Password, a 'Forgot your password?' link, and a 'Log in' button. Below this, there is a 'Don't have an account?' section with a 'Register now' button. A yellow circle with the number '1' is placed over the 'Register Today' button in the bottom left corner.

2. Enter a valid Email Address that belongs to the user.
3. Enter the Name information



- Choose a password that meets the site requirements.
- Click the Register button.

- Open the registration email and select the link to activate your account.



- Login to the CARDS External Portal with the credentials you used to register.



Login Page

Definition

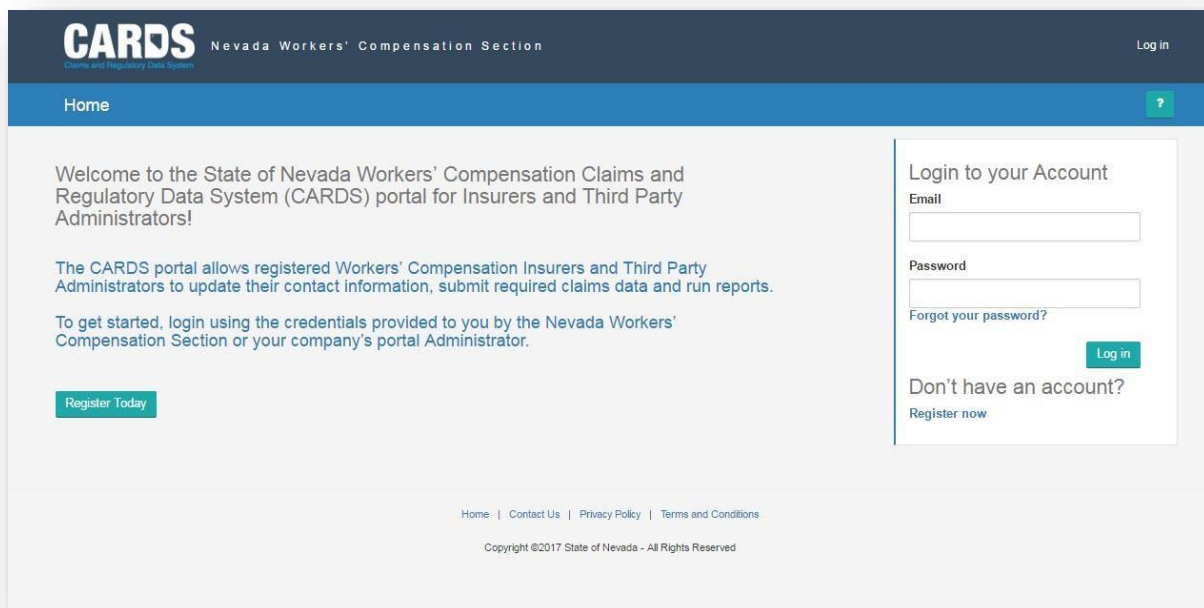
The CARDS External Portal Login Page requires an Email Address and Password to authenticate the user.

Permissions

Any Registered User can log onto the CARDS External Portal but only users authorized by an Insurer or TPA can access any information or features of the portal.

Page Layout

The CARDS External Portal Login Page has a section for the user to log in to the application as well as a link to facilitate resetting the user's password if necessary. It also contains links to the Registration Page for new users to register.



The screenshot shows the CARDS External Portal Login Page. The header features the CARDS logo and the text "Nevada Workers' Compensation Section" and "Claims and Regulatory Data System". A "Log in" link is in the top right. Below the header is a "Home" button. The main content area has a welcome message, a description of the portal, and a "Register Today" button. On the right, there is a "Login to your Account" section with fields for "Email" and "Password", a "Forgot your password?" link, and a "Log in" button. Below this is a "Don't have an account?" section with a "Register now" link. The footer contains links for "Home", "Contact Us", "Privacy Policy", and "Terms and Conditions", along with a copyright notice for 2017.



How To: Login to CARDS External Portal

1. Enter the Email Address.
2. Enter the Password.
3. Click the Log In button.



CARDS Nevada Workers' Compensation Section
Claims and Regulatory Data System

Log in

Home ?

Welcome to the State of Nevada Workers' Compensation Claims and Regulatory Data System (CARDS) portal for Insurers and Third Party Administrators!

The CARDS portal allows registered Workers' Compensation Insurers and Third Party Administrators to update their contact information, submit required claims data and run reports.

To get started, login using the credentials provided to you by the Nevada Workers' Compensation Section or your company's portal Administrator.

[Register Today](#)

Login to your Account

1 Email

2 Password

3 [Forgot your password?](#) [Log In](#)

Don't have an account? [Register now](#)

Forgot your password Feature

Definition

If an External User is unable to log in to the CARDS External Portal, a password reset can be done by clicking the Forgot Your Password link on the Login Page.

Permissions None.

Page Layout

The Forgot Your Password page accepts the Email Address of a registered External User and sends an email to the account on file. The External User will need to click the link in the email to be directed to the Reset Password Page.



How To: Reset your password to CARDS External Portal

1. Click the Forgot Your Password link on the CARDS Login Page.
2. Enter the registered Email Address.
3. Click the Email Link button.



CARDS Nevada Workers' Compensation Section
Claims and Regulatory Data System

Home ?

Forgot Password

To assure you that your identity is secure with us and to protect your online account, please enter the email that you provided when you registered.

Email

Cancel Email Link

4. Click the link in the Email.

Password Reset Inbox x

no-reply@nv.gov 1:52 PM (4 minutes ago)

to me

Click the following link to reset your password:

<http://10.231.8.59:1433/e/Account/ResetPassword?code=AO6x0g9RVAcKKRjIHnW4YbxilDUBABh8t9GcZA9XYOsU0UEHb4VGFVvV%2Bz%2BspZuKctdK9xPkFHFkZuA4kUSbvmfzJrb9dLynAJY8%2Fk0pR%2BA4LNsea0JV1TI7Re%2FR5mkWd0a5OAjMrY457ANDQQg3yg%3D%3D>

Please do not reply to this email

5. Enter the Email Address.
6. Create a new password in the Password field.
7. Re-enter the password in the Confirm Password field.
8. Click the Reset button.



9. Click the Return to Home button.

10. Login with the new password on the CARDS External Portal Login Page.

Home Page

Definition

The Home Page of the CARDS External Portal is the first page that an authenticated user will see after a successful login. The Home Page allows the user to choose an action using the Forms and Tools button or to choose a direct action for an associated TPA.



Permissions.

All authenticated users associated with an Insurer or TPA can access this page.

Page Layout

The External Portal Home Page for Insurers and TPAs has 2 sections:

1. Header that includes the menu
2. Associated TPAs (on Insurer's Page) OR Associated Insurers (on TPA's Page)

The screenshot shows the CARDS Nevada Workers' Compensation Section interface. The header includes the CARDS logo, the text "Nevada Workers' Compensation Section", and a user greeting "Hello, Boulevard Insurance" with a "Log Out" link. Below the header is a blue bar with "Home" and a help icon. The main content area has a light blue header with "BOULEVARD INSURANCE COMPANY" and "Header", and a "Forms and Tools" button. The main section is titled "Associated TPAs" and contains a table with columns "Name" and "FEIN #". The table lists "New TPA" and "Winchester Claims Management" with their respective FEINs. A "Showing 1 to 2 of 2 entries" message and a "Display 10 Per Page" dropdown are at the bottom.

Name *	FEIN #
New TPA	424525254
Winchester Claims Management	237473832

The screenshot shows the CARDS Nevada Workers' Compensation Section interface. The header includes the CARDS logo, the text "Nevada Workers' Compensation Section", and a user greeting "Hello, Winchester Claims" with a "Log Out" link. Below the header is a blue bar with "Home" and a help icon. The main content area has a light blue header with "Winchester Claims Management" and "Header", and a "Forms and Tools" button. The main section is titled "Associated Insurers" and contains a table with columns "Name" and "FEIN #". The table lists "Boulevard Insurance Company", "Collingham Insurance", and "Foundation Insurance" with their respective FEINs. To the right of each insurer name are buttons for "D-38: Create Claim", "D-38: Update Claim", and "Claims History Request". A "Showing 1 to 3 of 3 entries" message and a "Display 10 Per Page" dropdown are at the bottom.

Name *	FEIN #	D-38: Create Claim	D-38: Update Claim	Claims History Request
Boulevard Insurance Company	010471706			
Collingham Insurance	967654321			
Foundation Insurance	888888888			

Special Functions

The External Home Page for Insurers and TPAs includes a Forms and Tools button that allows you to access the functions that you have privileges for. The full list of functions for Insurers is:



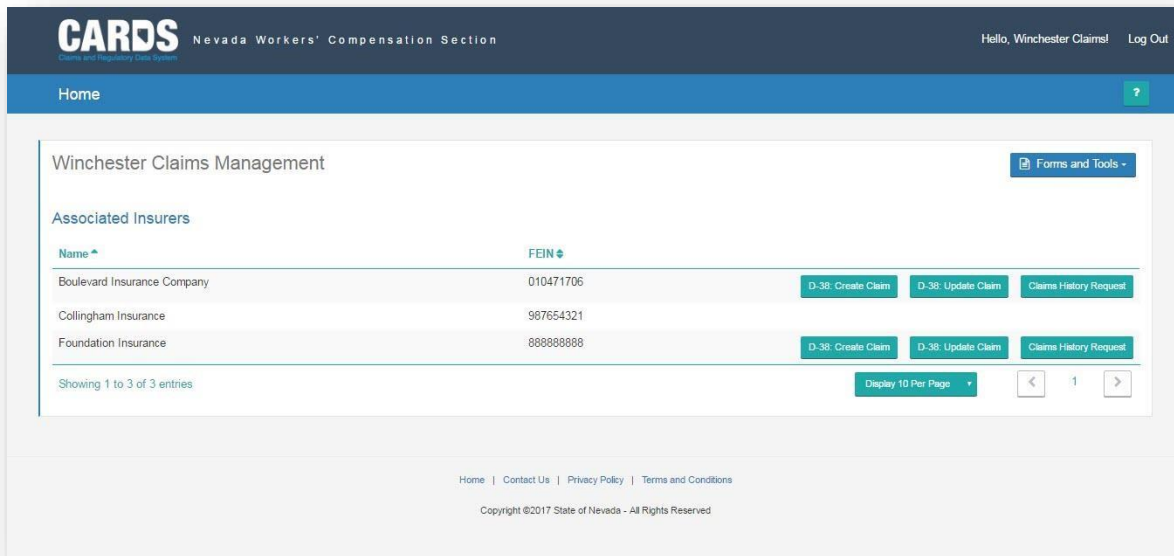
- Insurer Information Form – Information about the Insurer that is required to be sent to the State of Nevada’s Worker’s Compensation Section upon becoming certified and on regular intervals as required by Nevada statute.
- D-38 Create Claim – To register a new claim with the State of Nevada.
- D-38 Update Claim – To update a claim that has already been submitted to the State.
- Claims History Form – To retrieve any claims related to an injured employee that the insurer has a claim for.
- Reports – A suite of reports for comparison of an Insurer’s performance in relation to the industry statistics.
- User Access – A feature for External Administrators to administer access and privileges for External Users.

For TPAs the Forms and Tools list includes:

- TPA Information Form – Information about the TPA that is required to be sent to the State of Nevada’s Worker’s Compensation Section upon becoming licensed and also on regular intervals as required by Nevada statute.
- User Access – A feature for External Administrators to administer access and privileges for External Users.

TPAs can also be granted a global privilege that allows all users associated with the TPA to manage claims for Insurers that it’s contracted to do business with. These privileges appear on the External Portal Home Page as buttons in line with the Insurer that granted the privileges.





User Management – Insurers and TPAs

The CARDS External Portal allows External Administrators to manage the privileges of the External Users associated with **Insurers** and **TPAs** on the User Management Page.

Insurer User Management

Definition

The CARDS External Portal allows External Administrators to manage the privileges of the External Users associated with an Insurer on the User Management Page.

Permissions

Only External Admins can access the User Management Page on the External Portal.

Page Layout

The User Management Page for Insurers is organized in 3 sections:

1. Header
2. TPA External Access Management (only on Insurer's User Management Page)
3. Individual External Access Management



CARDS

Nevada Workers' Compensation Section

Hello, Boulevard Insurance! Log Out

Home

BOULEVARD INSURANCE COMPANY | User Management

BOULEVARD INSURANCE COMPANY

Header

TPA External Access Management

Name *	FEIN *	Relationship Beginning Date *	Relationship Ending Date *	Reason *	Global TPA Access *
Winchester Claims Management	237473832	2/15/2011		Contract	Yes

Showing 1 to 1 of 1 entries

Display 10 Per Page

1

Individual External Access Management

+ Add User

Active Users

Email Address *	Organization *	Admin Access *	Insurer Reports *	Insurer Information Form *	Claims Indexing Form *
WCStestCTV@boulevard@gmail.com	Boulevard Insurance Company	Yes	Yes	Yes	Yes

Showing 1 to 1 of 1 entries

Individual External Access Management

Display 10 Per Page

1

Open Invitations

Email Address *	Organization *	Invitation Date *
No data available in table		

Showing 0 to 0 of 0 entries

Display 10 Per Page

Header

The header shows the user the purpose of the page and which Insurer is being worked. The navigation panel includes a link to the Home Page of the External Portal.

TPA External Access Management

This section allows the External Administrator to view and set the global permissions for any TPAs that are related to the Insurer. If the Global TPA Access privilege is set to Yes for a TPA, then all of the registered users associated with that TPA can submit and view D-38 Claim Forms on behalf of the related insurer granting the privilege as well as obtain claims history reports. There are no capabilities in this section to change the relationship between the Insurer and TPA only to grant the Global TPA Access privilege.



This section only appears on the Insurer User Management page but is hidden on the TPA User Management page.





Each TPA relationship will have the Global TPA Access privilege set to 'No' as the default. The Admin should use the Edit button to change the settings of that privilege.

Individual External Access Management

An Insurer may grant specific privileges to external users for processing claims or submitting insurer information to CARDS. To do so there is an Add User button that allows you to enter the email address and organization of the external user. Once entered the individual will be displayed in the Active Users section if the user's account is registered with CARDS or in the Open Invitations section if the account has not yet been registered. For active users, this section will also display which of the privileges are set to Yes and which are not.



The external user will need to be sent a manual email stating that the individual should register with CARDS to gain access to the CARDS External Portal.



Each individual user added to the CARDS External Portal will have every privilege set to 'No' as the default. The Admin should use the Edit button to change the settings of the privileges.

The following privileges are available to the External Administrators for Insurers:

- Insurer Reports
- Insurer Information Forms
- D-38 Claims Indexing Form



The Admin Access checkbox cannot be accessed by External Admins. It can only be modified by Worker's Compensation Section, Research & Analysis employees.



The Administrators for the Insurer can view the settings for each privilege as well in this section.

Individual External Access Management						+ Add User
Active Users						
Email Address ▲	Organization ▼	Admin Access ▼	Insurer Reports ▼	Insurer Information Form ▼	D-38 - Claims Indexing Form ▼	
mk@mk.com	Boulevard	Yes	Yes	Yes	Yes	Edit
WCSTestCTV+boulevard@gmail.com	Boulevard Insurance Company	Yes	Yes	Yes	Yes	Edit
Showing 1 to 2 of 2 entries						Display 10 Per Page < 1 >

TPA User Management

Definition

The CARDS External Portal allows External Administrators to manage the privileges of the External Users associated with a TPA on the User Management Page.

Permissions

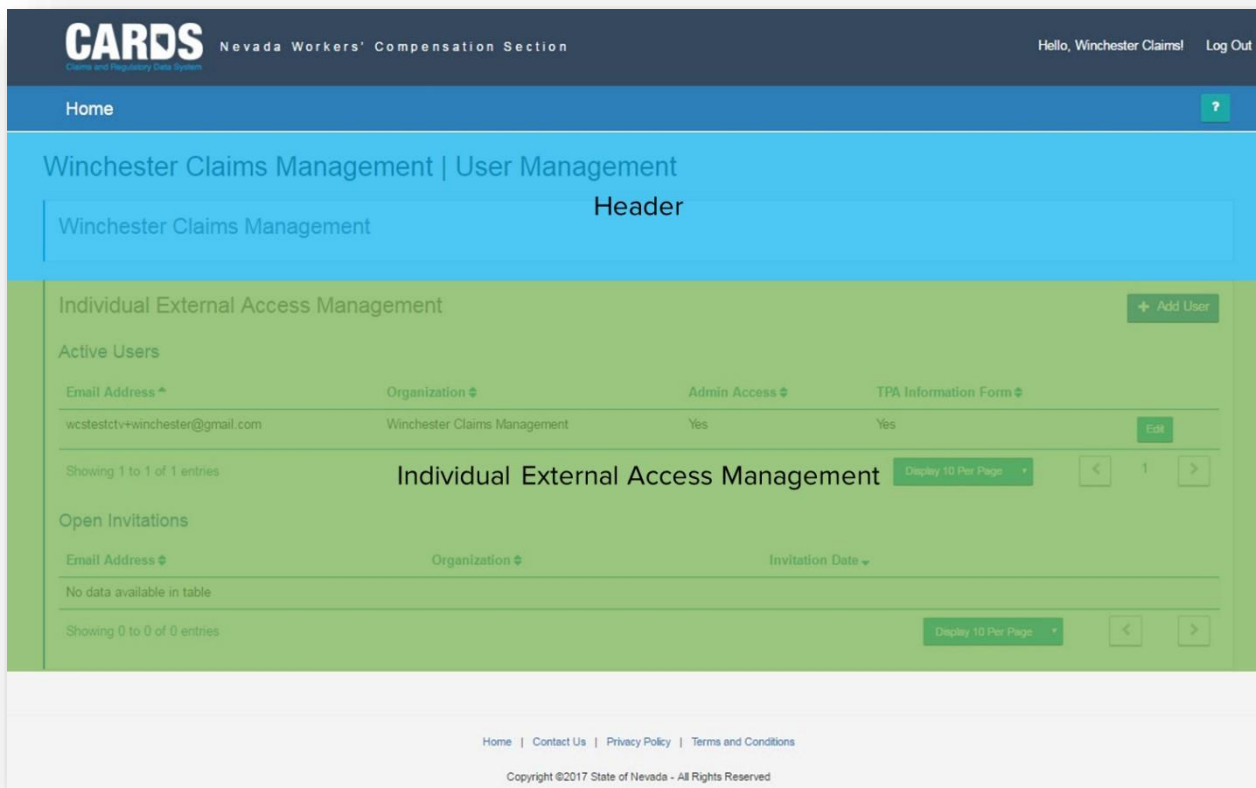
Only External Admins can access the User Management Page on the External Portal.

Page Layout

The User Management Page for TPAs is organized in 2 sections:

1. Header.
2. Individual External Access Management.





Header

The header shows the user the purpose of the page and which TPA is being worked. The navigation panel includes a link to the Home Page of the External Portal.

Individual External Access Management

A TPA may grant specific privileges to external users for processing claims or submitting the TPA Information Form to CARDS. To do so there is an Add User button that allows you to enter the email address and organization of the external user. Once entered the individual will be displayed in the Active Users section if the user's account is registered with CARDS or in the Open Invitations section if the account has not yet registered. For active users, this section will also display which of the privileges are set to Yes and which are not.



The external user will need to be sent a manual email stating that the individual should register with CARDS to gain access to the CARDS External Portal.

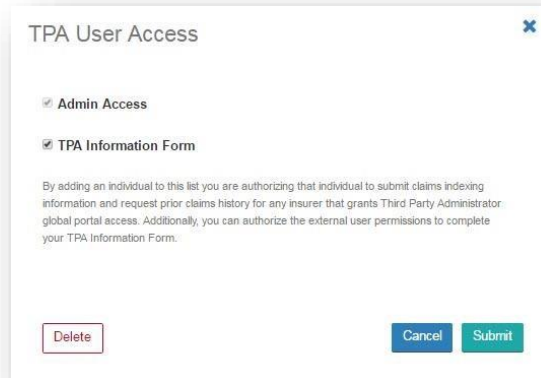


Each individual user added to the CARDS External Portal will have every privilege set to 'No' as the default. The Admin should use the Edit button to change the settings of the privileges.

The following privileges are available to be granted to individual External Users by the External Administrators for TPAs:



TPA Information Form



TPA User Access

☒ Admin Access

☒ TPA Information Form

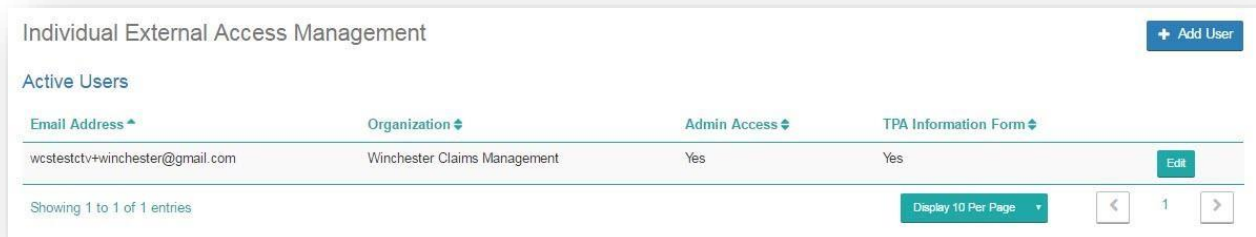
By adding an individual to this list you are authorizing that individual to submit claims indexing information and request prior claims history for any insurer that grants Third Party Administrator global portal access. Additionally, you can authorize the external user permissions to complete your TPA Information Form.

Delete Cancel Submit



The Admin Access checkbox cannot be accessed by External Admins. It can only be modified by Worker's Compensation Section, Research & Analysis employees.

The Administrators for the TPA can view the settings for each privilege as well in this section.



Individual External Access Management				+ Add User
Active Users				
Email Address	Organization	Admin Access	TPA Information Form	
wctestctv+winchester@gmail.com	Winchester Claims Management	Yes	Yes	Edit

Showing 1 to 1 of 1 entries

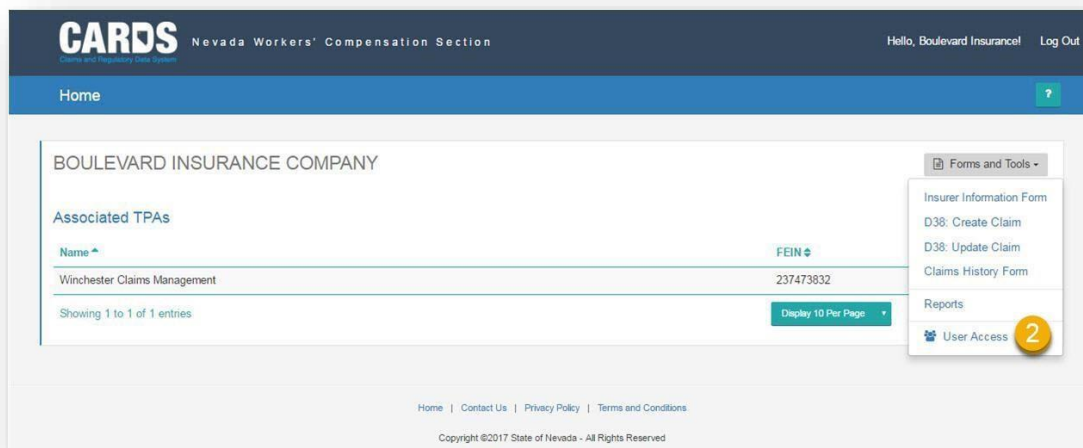
Display 10 Per Page



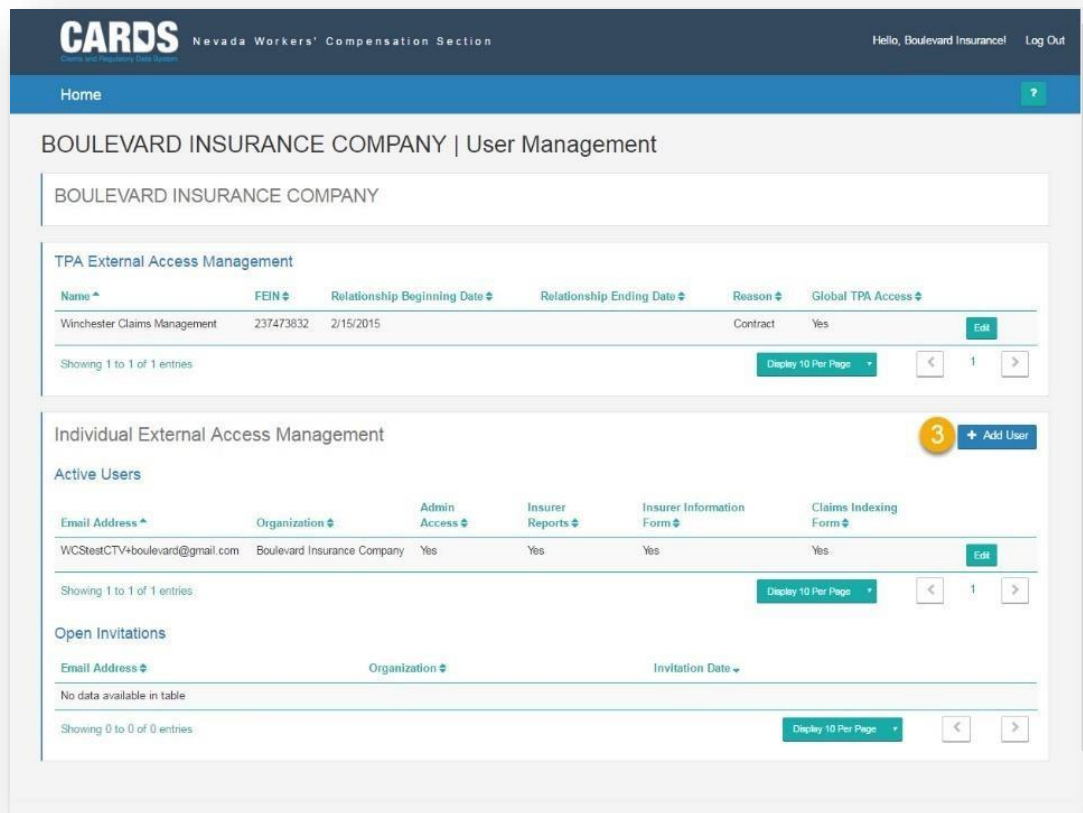
How To: Invite a New External User

1. Login to the External Portal.
2. Click the User Access button.





- Click the Add User button.



- Enter the Email Address.
- Enter Organization of the user.
- Click the Submit button.



Insurer User Access

4

Email

5

Organization

By adding an individual to this list you are authorizing that individual access to your insurer information in the areas you have indicated.

6

Cancel

Submit

7. Verify that the external user is setup in the Active Users or the Open Invitations table.

Individual External Access Management + Add User

Active Users

Email Address	Organization	Admin Access	Insurer Reports	Insurer Information Form	D-38 - Claims Indexing Form	
WCSTestCTV+boulevard@gmail.com	Boulevard Insurance Company	Yes	Yes	Yes	Yes	Edit

Showing 1 to 1 of 1 entries Display 10 Per Page < 1 >

Open Invitations

Email Address	Organization	Invitation Date	
WCSTestCTV+chateau@gmail.com	Chateau Corp	3/21/2017	Delete

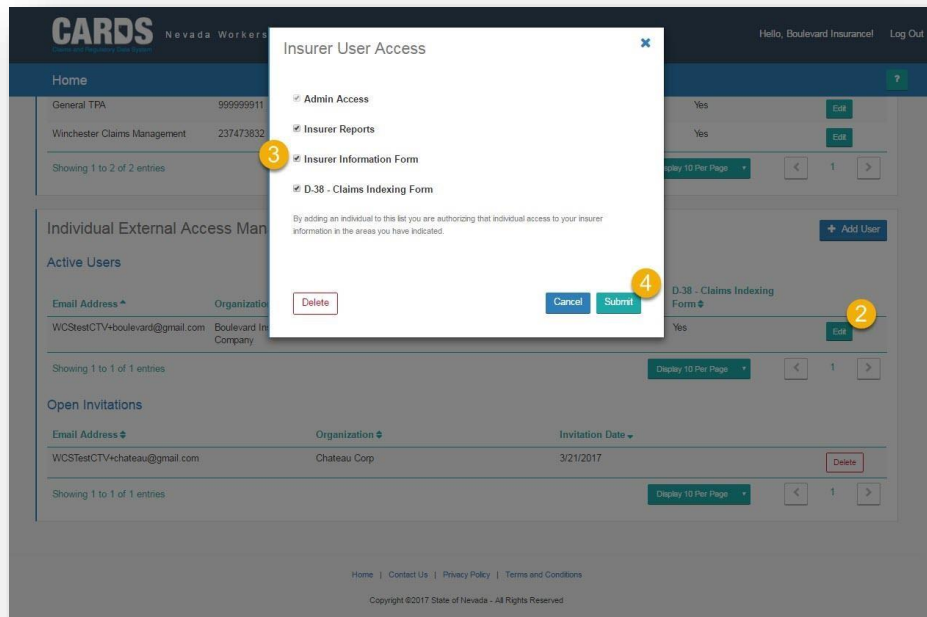
Showing 1 to 1 of 1 entries Display 10 Per Page < 1 >



How To: Add the Additional Privileges to a Registered External User

1. Choose the External User to modify.
2. Click on the Edit button of the External User that you want to update.
3. Check the checkbox of the privilege that needs to be modified.
4. Click the Submit button.





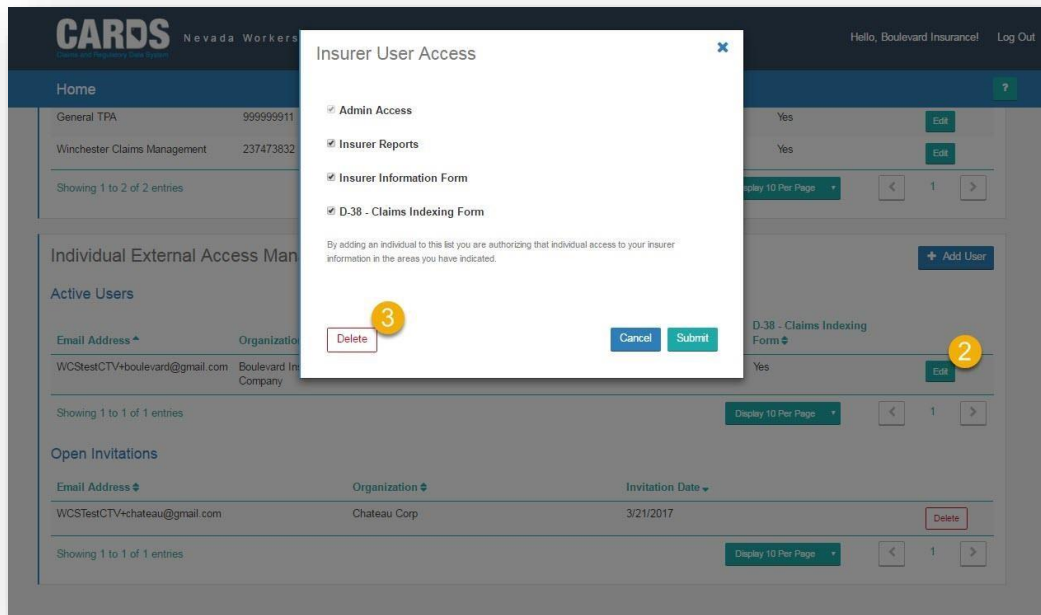
5. Verify that the appropriate privilege has been modified.



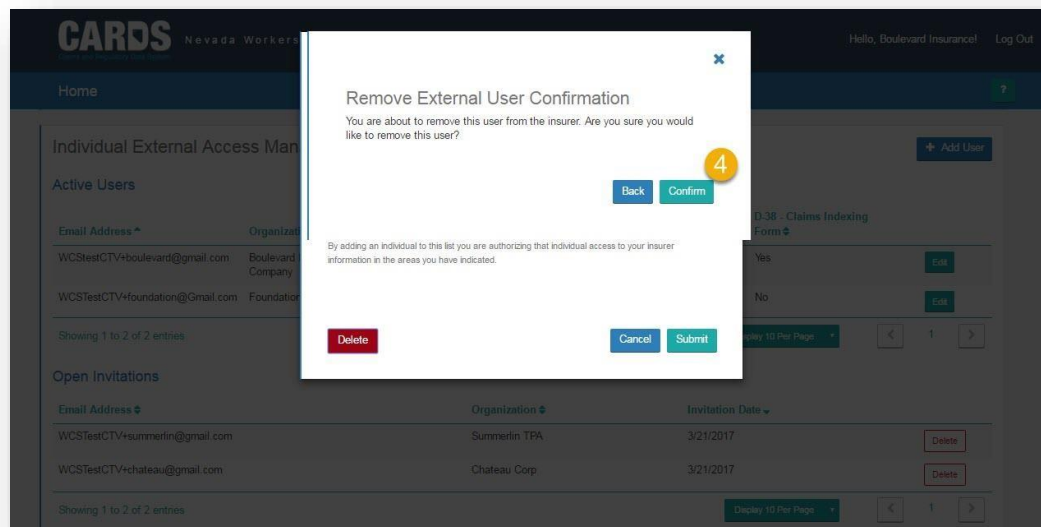
How To: Delete a Registered User

1. Find the proper External User account to delete from the User Access page.
2. Click on the Edit button of the External User that you want to update.
3. Click the Delete button.





4. Click the Confirm button.



Insurer Information Form

Definition

The CARDS External Portal has a feature that provides a way for the Insurers to submit address and other critical information to the State to meet the existing statutes.



Permissions

Only External Users with the Insurer Information Form privilege set to 'Yes' can access the Insurer Information Form Page on the External Portal.

Page Layout

The Insurer Information Form for Insurers is organized into 5 sections:

1. Header
2. Contact Information – made up of 8 separate address blocks (not all shown in image below):
3. Related TPA Section
4. Claims Office and Optional Contacts Section
5. Individual Completing Form Section

The screenshot displays the 'Insurer Information Form' within the CARDS system. The form is divided into five color-coded sections: a blue 'Header' section at the top, a green 'Contact Information' section, a yellow 'Related TPA Section', a purple 'Claims Office Section', and a red 'Individual Completing Form Section'. Each section contains various input fields for text, email, phone numbers, and addresses. The 'Contact Information' and 'Claims Office' sections both include fields for 'Main Physical' and 'Secondary' addresses, phone numbers, and email addresses. The 'Individual Completing Form' section includes a 'First Name' field and a 'Last Name' field. The form is titled 'BOULEVARD INSURANCE COMPANY | Insurer Information Form' and includes a 'Home' link in the top left corner.

Header

The header shows the user the basic information for the Insurer. This information cannot be updated through the CARDS External Portal. To make a correction to any values in this section you must contact the Worker's Compensation Section.



Contact Information

This section contains the 9 contact blocks that must be submitted to the WCS and include:

1. Main Physical
2. Main Mailing
3. Corporate Contact
4. State Statutory Reporting Contact
5. Location of Physical Records
6. Location of Electronic Records
7. Compliance Contact
8. Coverage Verification Contact
9. Proof of Coverage Contact



There is a checkbox in each contact block after the first one to assist you in filling out repeating fields with the same content in each contact/address section.

Related TPA Section

An Insurer may use a Third Party Administrator to handle claims management. If this is the case, the form will require that this be stated and the TPA must be chosen from the list of licensed TPAs in the State of Nevada.

Claims Office Section

If an Insurer indicates that it does not currently use or plan to use a Third Party Administrator to manage its claims, the form will require that the Insurer indicate the address of the Insurer's claims office located in the State of Nevada.

Individual Completing Section

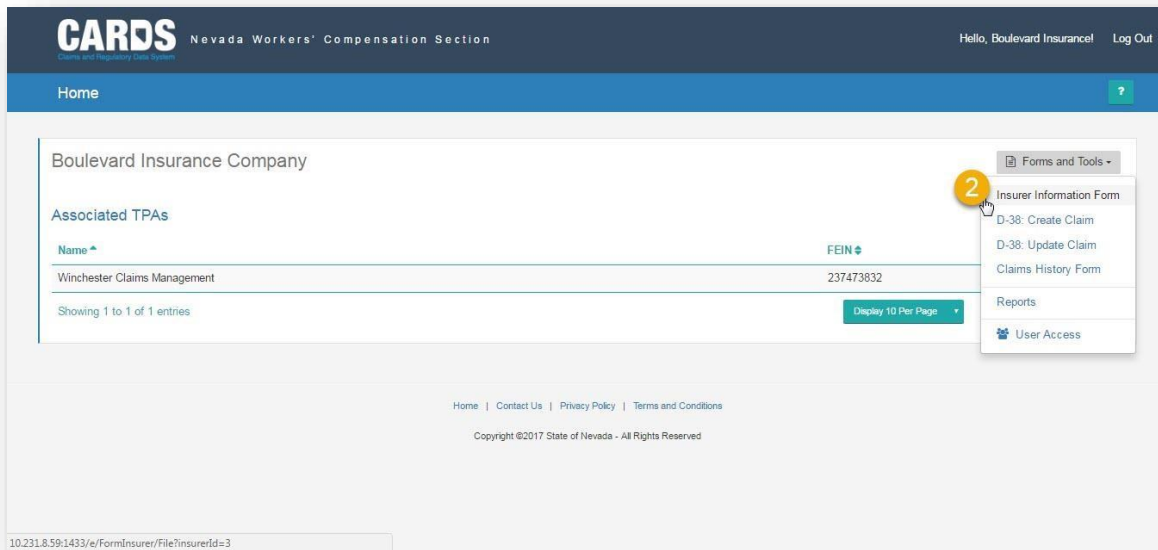
This section contains the contact information for the user filling out the Insurer Information Form. It will pre-populate some of the data fields based on the information related to the logged in user accessing the form.



How To: Enter an Insurer Information Webform

1. Login to the CARDS External Portal.
2. Click on the Insurer Information Form on the Forms and Tools menu button.





3. Enter all of the required data into the Insurer Information Form.
4. Click Submit.

TPA Information Form

Definition

The CARDS External Portal has a feature that provides a way for the authorized users from licensed TPAs to submit address and other critical information to the State to meet the existing statutes. Once the TPA Information Form is submitted it will need to be processed by internal State personnel before the data changes will be committed to the system.

Permissions

Only External Users with the TPA Information Form privilege set to 'Yes' can access the TPA Information Form Page on the External Portal.



Page Layout

The TPA Information Form for TPAs is organized into 4 sections:

1. Header
2. Contact Information
3. Secondary Contacts Section
4. Location of Records Section

CARDS Nevada Workers' Compensation Section Home Hello, Winchester Clame! Log Out

Winchester Claims Management | TPA Information Form

Header

FIRM: 221475032 Date Certified: 2/15/2025 License Number: 27012
TPA3 SE Effective Date: 6/28/2016 TPA3 SE Expiration Date: 6/28/2016 TPA4 PC Effective Date: 7/1/2016 TPA4 PC Expiration Date: 7/1/2016

Contact Information

In-State Physical

Title: [Select] First Name: [Text] MI: [Text] Last Name: [Text] Suffix: [Select]

E-Mail: [Text]

Organization Name: [Text] Contact Description: [Text]

Address Line 1: [Text] City: [Text] State/Province: [Select: Nevada]

Address Line 2: [Text] Postal Code: [Text]

Address Line 3: [Text]

Phone 1 Type: [Text] Phone Number 1: [Text] CA / Claims Fax Number: [Text] CA / Claims Fax Number: [Text]

Contact Information

In-State Mailing

Title: [Select] First Name: [Text] MI: [Text] Last Name: [Text] Suffix: [Select]

E-Mail: [Text]

Organization Name: [Text] Contact Description: [Text]

☐ Use In-State Physical

Address Line 1: [Text] City: [Text] State/Province: [Select: Nevada]

Address Line 2: [Text] Postal Code: [Text]

Address Line 3: [Text]

Phone 1 Type: [Text] Phone Number 1: [Text] CA / Claims Fax Number: [Text] CA / Claims Fax Number: [Text]

Secondary Contacts Section

☐ Include Secondary ☐ Include Secondary

Location of Records

Title: [Select] First Name: [Text] MI: [Text] Last Name: [Text] Suffix: [Select]

E-Mail: [Text]

Organization Name: [Text] Contact Description: [Text]

Address Line 1: [Text] City: [Text] State/Province: [Select]

Address Line 2: [Text] Postal Code: [Text]

Address Line 3: [Text]

Phone 1 Type: [Text] Phone Number 1: [Text] Phone 2 Type: [Text] Phone Number 2: [Text]

[Cancel](#) [Submit](#)

Home | Contact Us | Privacy Policy | Terms and Conditions
Copyright ©2017 State of Nevada - All Rights Reserved



Header

The header shows the user the basic information for the TPA. This information cannot be updated through the CARDS External Portal. To make a correction to any values in this section you must contact the Worker's Compensation Section.

Contact Information

This section contains the 2 contact blocks that must be submitted to the WCS.

1. In-State Physical.
2. In-State Mailing.



There is a checkbox in each contact block after the first one to assist you in filling out repeating fields with the same content in each contact/address section.

Secondary Contacts Section

This section contains the 2 checkboxes that expand 2 contact blocks.

- ☐ Include Secondary In-State Physical
- ☐ Include Secondary In-State Mailing

These contacts can optionally be submitted for TPAs that have more than one physical and/or mailing address.

1. Secondary In-State Physical
2. Secondary In-State Mailing

Location of Records Section

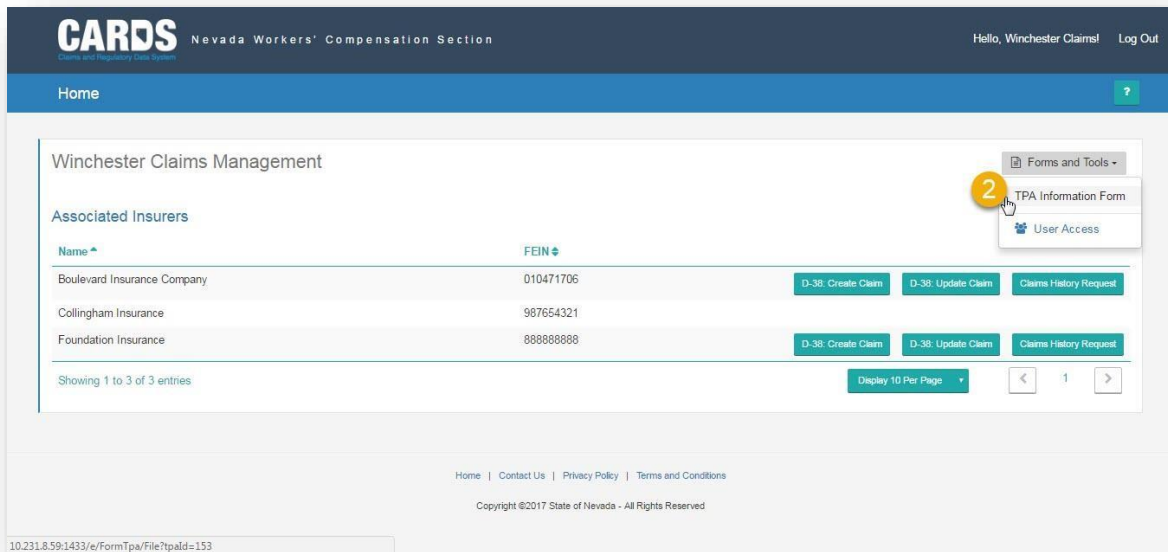
This section contains the contact information for the TPA to submit the location of either physical or electronic records.



How To: Enter a TPA Information Webform

1. Login to the CARDS External Portal.
2. Choose the TPA Information Form from the Forms and Tools button.





3. Fill in the required fields.
4. Click the Submit button.

D-38 Claim Webform

The CARDS External Portal allows Insurers and TPAs to **Create** and **Update** D-38 Claims through the D-38 Claim Create / Update Webform. The specific process and requirements for each are described in the sections below.

D-38 Claim Form - Create

Definition

The CARDS External Portal allows Insurers and TPAs to submit D-38 Claims through the D-38 Claim Webform. This Webform will capture all of the critical claim information for processing by internal State personnel.

Permissions

Only an Insurer's External Users with the Claims Indexing privilege set to 'Yes' and a TPA's External Users with the Global TPA Access privilege set to 'Yes' can access the D-38 Claims Webform.

Page Layout

The D-38 Claims Webform is organized into 5 sections as displayed on the following page:

1. Claim Information
2. Related Entities
3. Claim Closed/Reopened
4. Private Carrier Information
5. Injury Information



Page Layout



Claim Information

This section contains the Claim Number and other claim information, Submitter information, and Injured Employee information. Additionally, there's an optional section that allows the submission of specific date periods indicating when the Inured Employee received benefit payments under the worker's compensation policy related to the claim.



The submitter information will be pre-populated in the D-38 Claim Webform based on the information of the authenticated user of the CARDS External Portal.

CARDS Nevada Workers' Compensation Section
Claims and Regulatory Data System

Hello, Boulevard Insurance! Log Out

Home

BOULEVARD INSURANCE COMPANY | D-38 Claim Form

Claim Number *
[Text Field]

Claim Type
[Select...]

Submitter Information

Date Claim/Webform Submitted to WCS *
[Text Field]

Submitter First Name *
Boulevard

Submitter Last Name *
Insurance

Submitter Phone *
[Text Field]

Submitter Email *
WCSTestCTV+boulevard@gmail.com



The Benefit Period table on the D-38 Claims Webform will allow multiple benefit periods to be created but will not allow benefit period date ranges to overlap.

ADD

Add Benefit Type Period

Benefit Type *
[Select...]

Benefit Period Start *
[Text Field]

Benefit Period End
[Text Field]

Close Update

Add Benefit Type Period +



Related Entities Section

The Related Entities section contains areas for the External User to enter information about the Employer, the Insurer and the TPA.

The Employer information is required and will be compared to known Employers in the system using the FEIN entered. If the entered FEIN matches a known FEIN then the Claim will be linked to the existing Employer in the system. The system will retain the submitted Employer information for comparison in the event that an incorrect Employer match occurred.

The screenshot shows the 'Related Entities' section of the CARDS Nevada Workers' Compensation Section. The form is organized into three main sections: Employer, Insurer, and TPA. The Employer section includes fields for Employer Name, Address Line 1, Address Line 2, Employer FEIN, City, Postal Code, State/Province (a dropdown menu currently showing 'Nevada'), and Phone. The Insurer section includes fields for Insurer Name (pre-populated with 'Boulevard Insurance Company'), Insurer FEIN (pre-populated with '010471706'), and Insurer Type (pre-populated with 'Private Carrier'). The TPA section includes a dropdown menu with 'Select...' and a search icon, and a list of options including 'Winchester Claims Management'. The top of the page shows the CARDS logo, 'Nevada Workers' Compensation Section', and a user greeting 'Hello, Boulevard Insurance!' with a 'Log Out' link. A 'Home' button is also visible.



The Insurer information will be pre-populated in the D-38 Claim Webform based on the related Insurer information of the authenticated user of the CARDS External Portal.

The TPA information can be optionally selected from a set of TPAs related to the established Insurer.

Claim Closed / Reopened Section

This section stores any dates related to the closure and/or re-opening of the claims as well as the NRS Code related to the closure and the total cost of the claim at closure.



Claim Closed/Reopened

Date Closed

Reopen Effective Date

Reopen Decision Date

NRS Close Code

Select...

NRS 616C.235 (1)

NRS 616C.235 (2)

Reopen Decision

Select...

Total Cost at Closure

\$

Private Carrier Section

The required information for the Private Carrier section is the policy number and the policy effective and expiration date. This section will not appear for self-insured employers.

Private Carrier Information

Policy Effective Date *

Policy Expiration Date *

Policy Number *

Injury Information Section

This section provides a button that enables a pop-up window for the External User to use to lookup the injured body part(s) of the injured employee.

Injury Information

None

Add Body Part +

Additionally, the External User can optionally indicate more specifics about the injured body part such as which side (or bilaterally) was affected and whether the injury has been rated and accepted.



Body Parts

Code

Name

Category

Description

filter

filter

filter

filter

0010	Multiple Head injury	Head	Any combination of below parts
0011	Skull	Head	
0012	Brain	Head	
0013	Ear(s)	Head	Includes: hearing, inside eardrum
013A	Ear(s)	Head	Total deafness of both ears
013B	Ear(s)	Head	Total deafness of one ear
013C	Ear(s)	Head	Where worker prior to injury has suffered a total loss of hearing in one ear, and as a result of the accident loses total hearing in remaining ear
0014	Eye(s)	Head	Includes: Optic nerves, vision, eye lids
014A	Eye(s)	Head	The loss of eye by enucleation (including disfigurement resulting there from)
014B	Eye(s)	Head	Total blindness in one eye

Showing 1 to 10 of 91 entries

Display 10 Per Page

<

1

2

3

4

5

...

10

>

Injured Side

Accepted

Rated

Select...

Close

Create

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The Body Parts can be filtered using the four-digit alphanumeric Code or by using the Name or Category values to assist in looking up the desired body part.

Body Parts

Code

Name

Category

Description

033

filter

filter

filter

0033	Lower Arm	Upper extremities	Forearm
------	-----------	-------------------	---------

Showing 1 to 1 of 1 entries (filtered from 91 total entries)

Display 10 Per Page

<

1

>

Injured Side

Accepted

Rated

R

Close

Create

D-38 Claim Form – Update

Definition

Workers' Compensation Regulatory Software System
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33

Confidential (Client)

The CARDS External Portal allows Insurers and TPAs to update D-38 Claims through the D-38 Claim Update Webform. This update will require the External User to submit the Claim Number to retrieve the processed Claim from the system. The External User can then review and modify information related to the Claim and submit the changes to the system for processing.

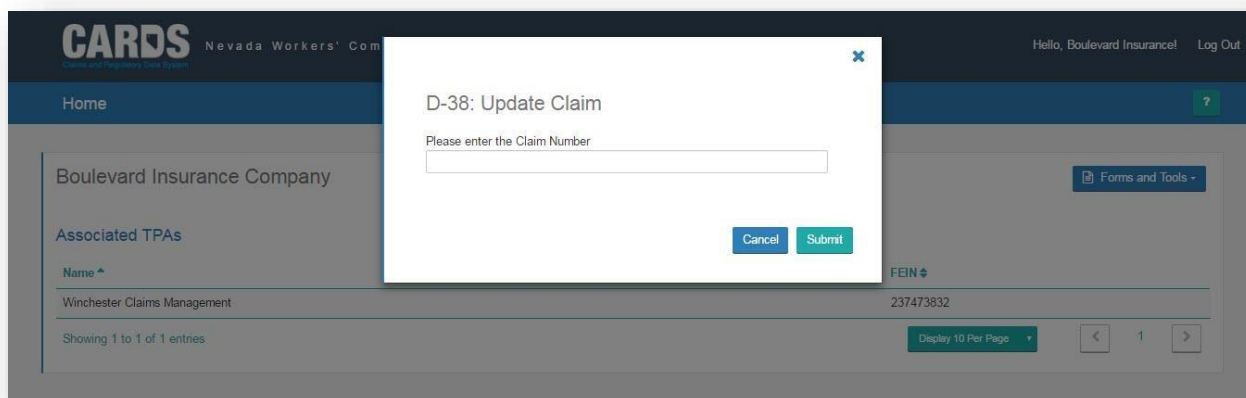
Permissions

Only an Insurer's External Users with the Claims Indexing privilege set to 'Yes' and a TPA's External Users with the Global TPA Access privilege set to 'Yes' can access the D-38 Claims Update Webform.

Page Layout

The D-38 Claims Update Webform requires input of the Claim Number and once retrieved it follows the same format as the D-38 Claims webform. The Claim Number must be related to the Insurer FEIN associated with the External User's Insurer of record.

If a valid Claim Number is not found, an error message stating 'The claim was not found. Please enter a valid claim number.' will be displayed.



Claims History Request

Definition

The CARDS External Portal allows Insurers and TPAs to request D-38 Claims through the Claim History Request.

Permissions

Only an Insurer's External Users with the Claims Indexing privilege set to 'Yes' and a TPA's External Users with the Global TPA Access privilege set to 'Yes' can access the Claims History Request.

Page Layout

The Claims History Request page is broken into 2 sections:

1. Requestor Information



2. Claim Information

The screenshot shows the 'BOULEVARD INSURANCE COMPANY | Claims History Request' webform. The header includes the CARDS logo, 'Nevada Workers' Compensation Section', and user information 'Hello, Boulevard Insurance! Log Out'. The main form is divided into two sections: 'Requestor Information' (light blue) and 'Claim Information' (light green). The 'Requestor Information' section contains fields for Name (Boulevard Insurance), Phone Number (empty), Email (WCTestCTV@boulevard@gmail.com), Insurer Type (Private Carrier), Insurer Name (BOULEVARD INSURANCE COMPAN), and Insurer FEIN (010471706). The 'Claim Information' section has a field for 'Injured Employee SSN(s)' (empty) and an 'Add ID' button. At the bottom right of the form are 'Cancel' and 'Submit' buttons. The footer contains links for Home, Contact Us, Privacy Policy, and Terms and Conditions, along with a copyright notice for 2017 State of Nevada.

Requestor Information

This webform requires the submitter's phone number be entered. All other submitter information will be pre-populated by the application based on the information from the login use account on the CARDS External Portal and cannot be changed.

Claim Information

The Claims are accessed by entering the SSN of the Claimant. Claims can only be accessed by authenticated users related to an Insurer that has previously submitted a Claim for that same Claimant. Multiple Claims can be retrieved with one request. You can add more SSNs by pressing the Add ID button.



Claim Information	
Injured Employee SSN(s)	
<input type="text"/>	
Add ID	



Every Claim for that Claimant's SSN will be returned with the request. Even Claims made against other Insurer's policies.

Report Download

The report will be provided as PDF file that can be downloaded to the user's local computer. Click the Download Report Now link to execute the download.

Claims History Request
<p>Your request has been filed and is your report is ready for download.</p> <p>Download Report Now</p>

Report Output

The report format will be grouped by Claimant SSN followed by the details about the Claim including the injured body parts and the benefit periods.



CLAIM HISTORY REPORT

CLAIMANT SSN	LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH
111-11-1111	Wren	Paul		2/24/2017

Claim No: pw-2.23-1128

Type: Medical Only

Claim Accept/Deny: Accept

Date of Injury/Disability: 2/21/2017

Date Claim Accepted/Denied: 2/22/2017

Permanent Impairment Percentage: 0%

Total Cost of Claim:

TYPE	NAME	FEIN	NV CERT OF AUTH
Employer	Tacos & Beer	738294610	
Insurer	BOULEVARD INSURANCE COMPANY	010471706	105343
TPA	Winchester Claims Management	237473832	

Injured Body Part	Description	Side	Accepted	Rated
0012	Brain	R	NO	NO

Benefit Type Code	Description	Start Date	End Date
070	Temporary Partial	2/19/2017	

Reports

Definition

The Reports feature allows the External Users of an Insurer to execute the Insurer comparison reports. The Reports include:

1. Claim Denial and Injury (NRS 616) / Occupational Disease (NRS 617) Report – this report provides comparisons of Claim processed counts between an individual insurer and the rest of the industry within each Claim Type category.
2. Claim Closure and Average Cost per Claim Report – this report provides comparisons of Claims closed and their respective costs between an individual insurer and the rest of the industry.

Permissions

Only an Insurer's External Users with the Insurer Reports privilege set to 'Yes' can access the Reports feature of the CARDS External Portal.

Page Layout

The Reports Page is broken into 2 sections:

1. The Report Criteria Section
2. The Legal Terms Section



CARDS Nevada Workers' Compensation Section
Claims and Regulatory Data System

Hello, Boulevard Insurance! Log Out

Home

Reports

Report Criteria Section

Report Type *
Claim Denial and Injury (NRS 616) / Occupational Disease (NRS 617) Report

Output Format *
PDF

Date Type *
Select...

Start Date *

End Date *

Back Submit

Information provided on WCS web sites is intended to provide immediate access to public information. While all attempts are made to provide accurate, current and reliable information we recognize the possibility of human and/or mechanical error. Therefore, the State of Nevada, its employees, officers, and agencies expressly deny any warranty of the accuracy, reliability or timeliness of any information published by this system. No liability shall be assumed for any losses caused by reliance upon the accuracy, reliability or timeliness of such information. Any person who relies upon such information obtained from this system does so at his or her own risk.

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Report Criteria Section

The reports can be run using a Start and End Date for 3 different Date Types. The Date Types available differ slightly based on the type of report being executed.

1. Claim Denial and Injury (NRS 616) / Occupational Disease (NRS 617) Report:
 - a. Date Accepted/Denied
 - b. Date of Injury/Disablement
 - c. Date C-4 Received
2. Claim Closure and Average Cost per Claim Report:
 - a. Date Claim Closed
 - b. Date of Injury/Disablement
 - c. Date C-4 Received

The Reports can be created in 2 formats for downloading:

1. PDF
2. Excel

Legal Terms Section

The Legal Terms section contains specifics about the accuracy of the data and the responsibilities of the user regarding the use of the information:

Information provided on WCS web sites is intended to provide immediate access to public information. While all attempts are made to provide accurate, current and reliable information we recognize the possibility of human and/or mechanical error. Therefore, the State of Nevada, its employees, officers, and agencies expressly deny any warranty of



the accuracy; reliability or timeliness of any information published by this system and shall not be held liable for any losses caused by reliance upon the accuracy, reliability or timeliness of such information. Any person who relies upon such information obtained from this system does so at his or her own risk.

Report Output

1. Claim Denial and Injury / Occupational Disease Report (as a PDF):

Claim Denial Rate/Type of Loss by Date Claim Accepted/Denied (11/27/2016-3/2/2017)				
BOULEVARD INSURANCE COMPANY FEIN: 010471706 NV Cert #105343				
All Claims (Injury & Disease)	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
BOULEVARD INSURANCE COMPANY	9	7	2	22.22%
Private Carrier	14	12	2	14.29%
Self-Insured Employer	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	NaN
Third Party Administrator	0	0	0	NaN
Other	0	0	0	NaN
Total	14	12	2	14.29%
Traumatic Injury (616)				
	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
BOULEVARD INSURANCE COMPANY	2	2	0	0.00%
Private Carrier	7	7	0	0.00%
Self-Insured Employer	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	NaN
Third Party Administrator	0	0	0	NaN
Other	0	0	0	NaN
Total	7	7	0	0.00%
Occupational Disease (617)				
	# Claims	# Claims Accepted	# Claims Denied	Denial Rate
BOULEVARD INSURANCE COMPANY	7	5	2	28.57%
Private Carrier	7	5	2	28.57%
Self-Insured Employer	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	NaN
Third Party Administrator	0	0	0	NaN
Other	0	0	0	NaN
Total	7	5	2	28.57%

2. Claim Closure and Average Cost per Claim Report (as a PDF):



**Claim Closure/Average Cost per Claim
by Date of Injury/Disablement (11/27/2016-3/2/2017)**

BOULEVARD INSURANCE COMPANY
FEIN: 010471706
NV Cert #105343

All Claims (Med Only & Lost Time)	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
BOULEVARD INSURANCE COMPANY	8	0	0	0	NaN
Private Carrier	161	0	34	34	\$0.00
Self-Insured Employer	0	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	0	NaN
Third Party Administrator	0	0	0	0	NaN
Other	0	0	0	0	NaN
Unknown	2759	37	67	105	\$0.00
Total	2868	37	101	138	\$0.00

Medical Only	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim
BOULEVARD INSURANCE COMPANY	6	0	0	0	NaN
Private Carrier	139	0	32	32	\$0.00
Self-Insured Employer	0	0	0	0	NaN
Association of Self-Insured Employers	0	0	0	0	NaN
Third Party Administrator	0	0	0	0	NaN
Other	0	0	0	0	NaN
Unknown	2415	34	66	101	\$0.00
Total	2566	34	98	132	\$0.00

Lost Time	# Claims Filed	# Closed NRS 616C.235 (1)	# Closed NRS 616C.235 (2)	Total Claims Closed	Average Cost Per Claim	Avg Number TTD Days per Claim
BOULEVARD INSURANCE COMPANY	2	0	0	0	NaN	9
Private Carrier	22	0	2	2	\$0.00	20.666666666666666
Self-Insured Employer	0	0	0	0	NaN	667
Association of Self-Insured Employers	0	0	0	0	NaN	NaN
Third Party Administrator	0	0	0	0	NaN	NaN
Other	0	0	0	0	NaN	NaN
Unknown	344	3	1	4	\$0.00	NaN
Total	368	3	3	7	\$0.00	20.666666666666666



CARDS (Claims & Regulatory Data System)

External System Updates

CARDS 2.0 Enhancements



External Portal Overview

Definition

The CARDS application includes a portal for External Administrators and Users to manage data, run reports, submit forms, handle payments, and process claims. External Users must be authorized personnel of registered Insurers and licensed TPAs in the State of Nevada, Attorneys, or Clinical Practitioners. Each Insurer, TPA, Attorney, or Clinical Practitioner must have an External Administrator set up to facilitate the setup and authorization of other External Users.

Permissions

The External Admin is the only user that has permissions to add new External Users for that entity* can grant or revoke privileges of those External Users. External Administrators can only be set up by state employees once requested by authorized personnel of the Insurer or TPA.

**Entities are the parent account that external users can be linked under. CARDS has the following entity types:*

(1) Insurer, (2) Third Party Administrator, (3) Clinical Practitioner, (4) Law Firm



Registration

Definition

The first step required to be setup as an External User is to Register on the CARDS External Portal. The Home Page of the CARDS External Portal has links titled 'Register Now' which will direct you to the CARDS Registration Page.



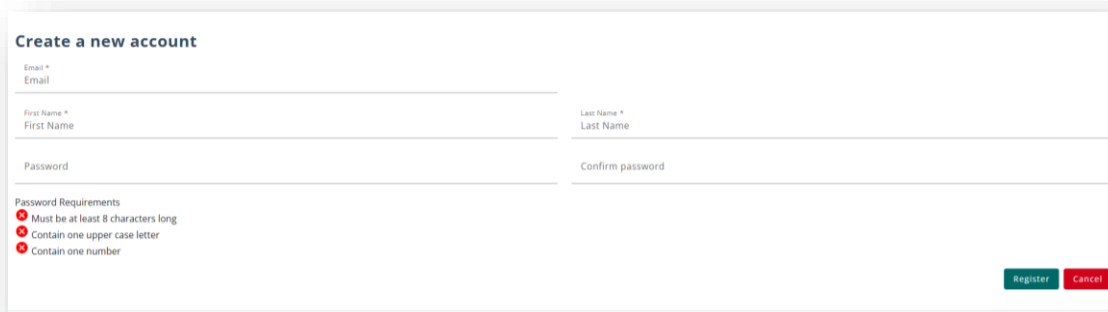
The screenshot shows the CARDS External Portal Home Page. The header includes the CARDS logo and navigation links: Home, Find a Treating Provider, Benefit Penalties Search, Make a Payment, and My Account. The main content area welcomes users to the State of Nevada Workers' Compensation Claims and Regulatory Data System (CARDS) portal for Insurers and Third Party Administrators. It provides a brief description of the portal's purpose and a 'Register Today' button. On the right side, there is a 'Login to your Account' section with fields for Email and Password, a 'Log in' button, and links for 'Forgot your password?' and 'Don't have an account? Register now'.

Permissions

A Registered User can only access the CARDS External Portal if they have been granted access and privileges specifically to the user or globally to the TPA. If you're an authorized External Admin, review the section on User Management to learn more about how that operation works.

Page Layout

The Registration Page requires an Email Address and Name be entered and a Password be set up and confirmed before you can Register. An email will be sent to the Email Address submitted on the CARDS Registration Page to activate your account.



The screenshot shows the CARDS Registration Page titled 'Create a new account'. It features a form with the following fields: Email (with a red asterisk), First Name (with a red asterisk), Last Name (with a red asterisk), Password, and Confirm password. Below the Password field, there are 'Password Requirements' listed with red circular icons: 'Must be at least 8 characters long', 'Contain one upper case letter', and 'Contain one number'. At the bottom right of the form, there are 'Register' and 'Cancel' buttons.



How To: Register as a New External User

1. Click the Register Today button or the Register Now click on the CARDS External Portal.

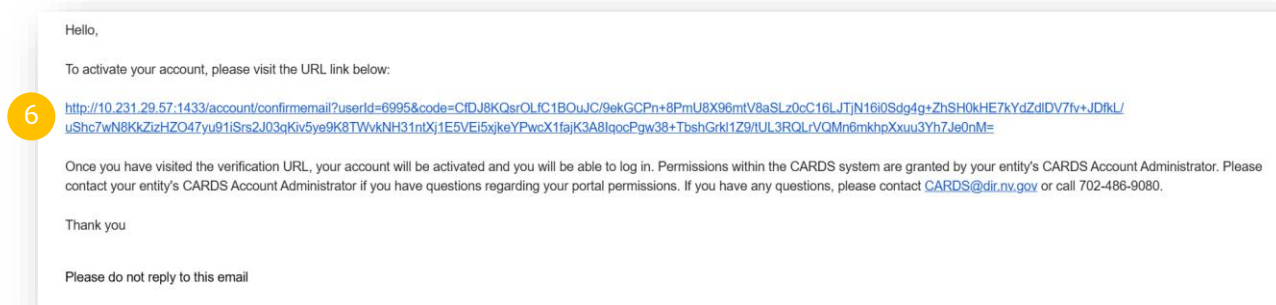
The screenshot shows the CARDS portal home page. The header includes the CARDS logo and navigation links: Home, Find a Treating Provider, Benefit Penalties Search, Make a Payment, and My Account. The main content area welcomes users to the State of Nevada Workers' Compensation Claims and Regulatory Data System (CARDS) portal for Insurers and Third Party Administrators. It provides instructions on how to get started and login. A yellow circle with the number '1' highlights the 'Register Today' button. On the right side, there is a login section with fields for Email and Password, a 'Log in' button (also highlighted with a yellow circle '1'), and links for 'Forgot your password?' and 'Don't have an account? Register now'.

2. Enter a valid Email Address that belongs to the user.
3. Enter the Name information.
4. Choose a password that meets the site requirements.
5. Click the Register button.

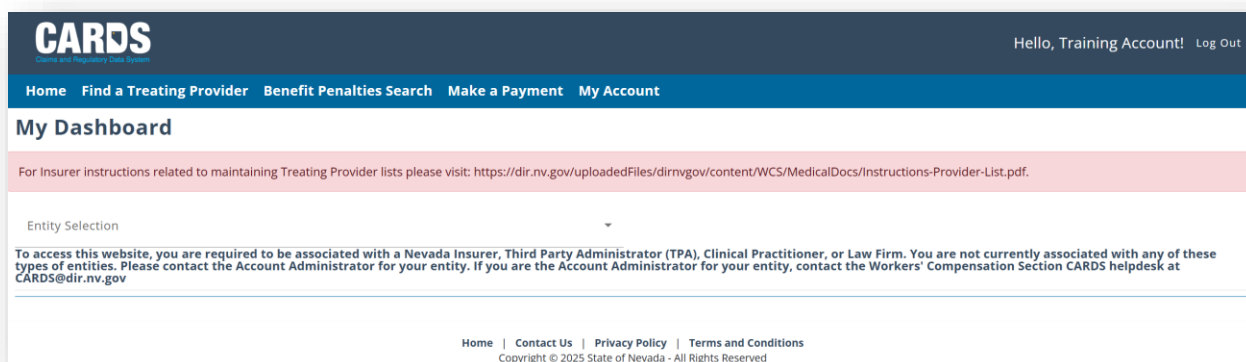
The screenshot shows the 'Create a new account' page. The header is the same as the previous page. The main content area has a title 'Create a new account' and several input fields: Email (highlighted with a yellow circle '2'), First Name (highlighted with a yellow circle '3'), Last Name (highlighted with a yellow circle '3'), Password (highlighted with a yellow circle '4'), and Confirm password (highlighted with a yellow circle '4'). Below the password field, there are 'Password Requirements' listed with red 'X' icons: 'Must be at least 8 characters long', 'Contain one upper case letter', and 'Contain one number'. At the bottom right, there is a 'Register' button (highlighted with a yellow circle '5') and a 'Cancel' button.



6. Open the registration email and select the link to activate your account.



7. Login to the CARDS External Portal with the credentials you used to register.
8. Ensure your account is associated with an Entity. If you have not been added to an entity group prior to activating your account, upon login, the homepage will appear like the following:



Note: Reach out to the account administrator of the entity you wish to join to be added to the group. The External Users module will review adding users and setting permissions for each user. If you are the administrator of the account and have not been added to the entity group, reach out to WCS (CARDS@dir.nv.gov or call 702-486-9080) to be added to your entity

Login

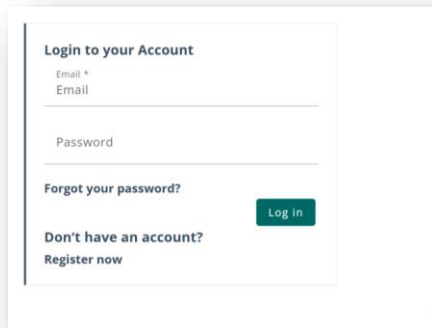
Definition

The CARDS External Portal Login Page requires an Email Address and Password to authenticate the user.



Page Layout

The CARDS External Portal Login Page has a section for the user to log in to the application as well as a link to facilitate resetting the user's password if necessary. It also contains links to the Registration Page for new users to register.

A screenshot of the CARDS External Portal Login Page. The page has a white background with a light gray border. At the top, it says "Login to your Account". Below this, there are two input fields: "Email *" and "Email". Below the "Email *" field, there is a "Password" field. To the right of the "Password" field, there is a green "Log in" button. Below the "Log in" button, there is a link "Forgot your password?". Below the "Forgot your password?" link, there is a link "Don't have an account? Register now".

How To: Login to CARDS External Portal

1. Enter the Email Address.
2. Enter the Password.
3. Click the Log In button.

Forgot Your Password Feature

Definition

If an External User is unable to log in to the CARDS External Portal, a password reset can be done by clicking the Forgot Your Password link on the Login Page.

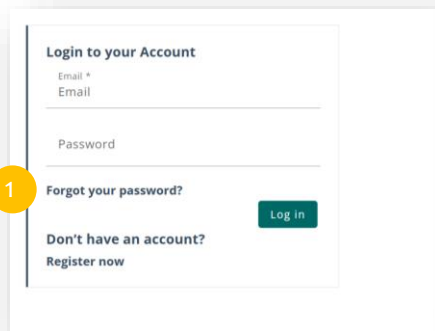
Page Layout

The Forgot Your Password page accepts the Email Address of a registered External User and sends an email to the account on file. The External User will need to click the link in the email to be directed to the Reset Password Page.

How To: Reset Your Password in CARDS

1. Click the Forgot Your Password link on the CARDS Login Page.





Login to your Account

Email *

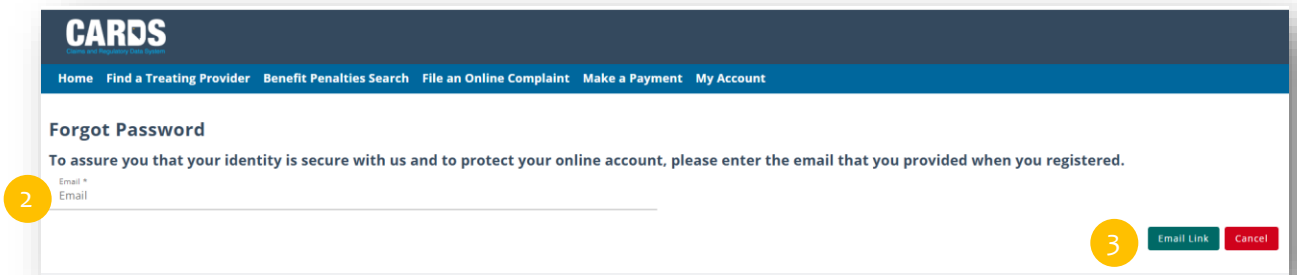
Password

[Forgot your password?](#)

[Log in](#)

[Don't have an account? Register now](#)

2. Enter the registered Email Address.
3. Click the Email Link button.



CARDS

[Home](#) [Find a Treating Provider](#) [Benefit Penalties Search](#) [File an Online Complaint](#) [Make a Payment](#) [My Account](#)

Forgot Password

To assure you that your identity is secure with us and to protect your online account, please enter the email that you provided when you registered.

Email *

[Email Link](#) [Cancel](#)

4. Click the link in the Email.
5. Enter the Email Address.
6. Create a new password in the Password field.
7. Re-enter the password in the Confirm Password field.
8. Click the Reset button.
9. Click the Return to Home button.
10. Login with the new password on the CARDS External Portal Login Page.



My Dashboard

Definition

My Dashboard on the CARDS External Portal is the first page that an authenticated user will see after a successful login. The Dashboard allows the user to choose an action using the Forms and Tools menu, view entity information, and take actions related to their account.

Page Layout

The Dashboard layout is dependent on the entity type of the user. The general layout has three sections:

1. Entity Selection – dropdown menu to access all entities the user account is linked to
2. Entity Detail Block – displays entity name, general information, and the Forms and Tools menu
3. Tabs – records for entity-specific submissions and transactions

CARDS Hello, Insurer Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

My Dashboard

For Insurer instructions related to maintaining Treating Provider lists please visit: <https://dir.nv.gov/uploadedFiles/dirnvgov/content/WCS/MedicalDocs/Instructions-Provider-List.pdf>.

IMPORTANT: CLICK HERE TO PAY INVOICES DUE. FAILURE TO PAY BY THE DEADLINE CAN RESULT IN FINES OR PENALTIES AND REFERRAL TO COLLECTIONS.

Entity Selection
Boulevard Insurance

Entity Selection

Boulevard Insurance

test
test, Nevada 11111

FEIN
000000000

NV Certificate of Authority Number
NV CERT

NCCI Carrier Code
CARRIER CODE

NAIC Number
NAIC

Date Certified
01/01/1999

Worker Comp Status
Active

Worker Comp Status Date
01/01/1999

Forms and Tools

Entity Detail Block

Associated TPAs

Name	FEIN	Effective Date	Expiration Date
WINCHESTER CLAIMS	000000000	1/1/2023	6/30/2025

Showing (1-1) of 1 Items per page 10

Claim Submissions Filing History PPD Rating Request Tab Audits

Ticket #	Status	Status Date	Submitted By	Claim #	SSN (Last 4)	Date of Injury	Insurer
----------	--------	-------------	--------------	---------	--------------	----------------	---------

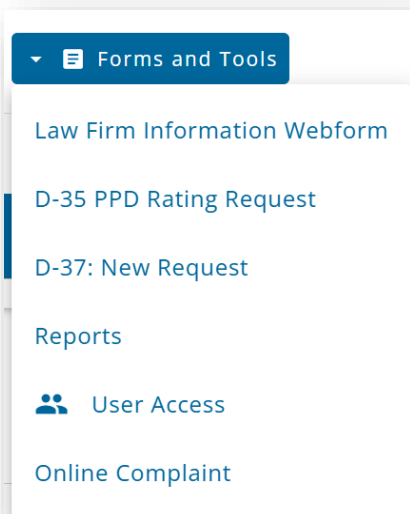
User Management

Definition

Each Entity group will have a designated admin user who will be responsible for setting permissions for each user that is added to the group. Admins can only be set up by the internal WCS staff, which will be done when the Entity is added to the CARDS application. Setting user permissions allows account admin to control what CARDS functions individual accounts can access based on their role.



Permissions can be set or updated from the **User Management Page** accessible through the **Forms and Tools** menu on the homepage.



Page Layout

The User Management page allows account administrators to control user permissions and add new users to their entity. The page is organized into three sections:

Header

The header shows the user the purpose of the page and which Insurer is being worked.

TPA External Access Management

This section allows the External Administrator to view and set the global permissions for any TPAs that are related to the Insurer. If the Global TPA Access privilege is set to Yes for a TPA, then all of the registered users associated with that TPA can submit and view D-38 Claim Forms on behalf of the related insurer granting the privilege as well as obtain claims history reports. There are no capabilities in this section to change the relationship between the Insurer and TPA only to grant the Global TPA Access privilege. This section also allows permissions to be altered for individual TPA users for Insurer Reports, D-38 Claims Indexing Form, Claims Expenditure and Premium Data, D-35 – PPD Rating Request, Updated Treating Provider List, Audit-Claim, and Subsequent Injury.

Individual External Access Management

An Insurer may grant specific privileges to external users for processing claims or submitting insurer information to CARDS. To do so there is an Add User button that allows you to enter the email address and organization of the external user. Once entered the individual will be displayed in the Active Users section if the user's account is registered with CARDS or in the Open Invitations section if the



account has not yet been registered. For active users, this section will also display which of the privileges are set to Yes and which are not. Each individual user added to the CARDS External Portal will have every privilege set to 'No' as the default. The Admin should use the Edit button to change the settings of the privileges. The Admin Access permission can only be modified by Worker's Compensation Section, Research & Analysis employees.

CARDS

Claims and Regulatory Data System

Hello, Attorney Account! [Log Out](#)

[Home](#)
[Find a Treating Provider](#)
[Benefit Penalties Search](#)
[Make a Payment](#)
[My Account](#)

Training Ground | User Management

123 Random Ln
Anywhere,

Individual External Access Management

Active Users

+ Add User

Email Address	Organization	Admin Access	Law Firm Information Form	D-35 - PPD Rating	Subsequent Injury	
attorney@training.com	Training Ground	Yes	Yes	Yes	Yes	

Showing (1-1) of 1

Items per page 10

Unregistered Users

Email Address	Organization	Date Added	Added By	
No data found				

Showing (0-0) of 0

Items per page 10

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How To: Invite a New External User

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Click the User Access link.
4. Click the Add User button at the top of the Individual External Access Management section or Active TPA Users section for a TPA user.

CARDS
Claims and Regulatory Data System

Hello, Attorney Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

Training Ground | User Management

123 Random Ln
Anywhere,

Individual External Access Management

Active Users

4 + Add User

Email Address	Organization	Admin Access	Law Firm Information Form	D-35 - PPD Rating	Subsequent Injury	
attorney@training.com	Training Ground	Yes	Yes	Yes	Yes	

Showing (1-1) of 1 < > 1 > Items per page 10

Unregistered Users

Email Address	Organization	Date Added	Added By	
No data found				

Showing (0-0) of 0 < > > Items per page 10

Home | Contact Us | Privacy Policy | Terms and Conditions
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5. Enter the Email Address of the new user (for TPA users under an Insurer, this will be a select option from a table of associated TPA users).
6. Enter the Organization of the user.
7. Select the desired permissions.
8. Click the Create button.



Law Firm User Access

Email * 5
Email

Organization * 6
Organization

Admin Access
No

☐ Law Firm Information Form

☐ D-35 - PPD Rating 7

☐ Subsequent Injury

By adding an individual to this list you are authorizing that individual access to your law firm information in the areas you have indicated.

8 Create Close

The new user you have just created will populate in the table of Unregistered Users until they complete the registration process.



How To: Update User Permissions

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Click the User Access link.
4. Click the ellipses for the individual account you want to modify.
5. Click Edit.

CARDS Hello, Attorney Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

Training Ground | User Management

123 Random Ln
Anywhere, 89122

Individual External Access Management

Active Users

Email Address	Organization	Admin Access	Law Firm Information Form	D-35 - PPD Rating	Subsequent Injury	
attorney@training.com	Training Ground	Yes	Yes	Yes	Yes	<div>4</div> <div>5</div> <div>Edit</div> <div>Delete</div>

Showing (1-1) of 1 |< < 1 > >| Items per page 10

Unregistered Users

Email Address	Organization	Date Added	Added By
---------------	--------------	------------	----------

6. Select or deselect desired permissions.
7. Click the Update button.

Law Firm User Access

Email *
attorney@training.com

Organization *
Training Ground

Admin Access
Yes

☒ Law Firm Information Form

☒ D-35 - PPD Rating

☒ Subsequent Injury

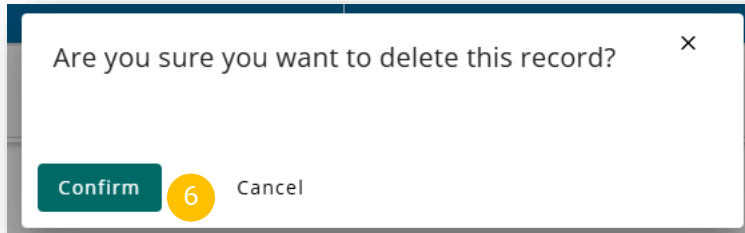
By adding an individual to this list you are authorizing that individual access to your law firm information in the areas you have indicated.

7 Update Close



How To: Delete a Registered User

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Click the User Access link.
4. Click the ellipses for the individual account you want to modify.
5. Click Delete.
6. Click the Confirm button on the Remove External User Confirmation pop up.



Insurer Information Form

Definition

Information forms are an efficient method of collecting necessary contact information from insurers and TPAs. This form must be updated on an annual basis. Entities that do not comply could become eligible for a fine. The following contacts may be included on the Insurer Information Form:

- In-State Physical Office Location
- Corporate Contact
- Compliance Manager
- Coverage Verification Contact
- Statutory Reporting Contact
- Proof of Coverage Contact
- Location of Claim Records
- WC Safety Fund Assessment Contact
- Receipt of Claim Documentation

Permissions

The Insurer Information Form is accessible from the Forms and Tools menu for users with proper permissions.

Page Layout

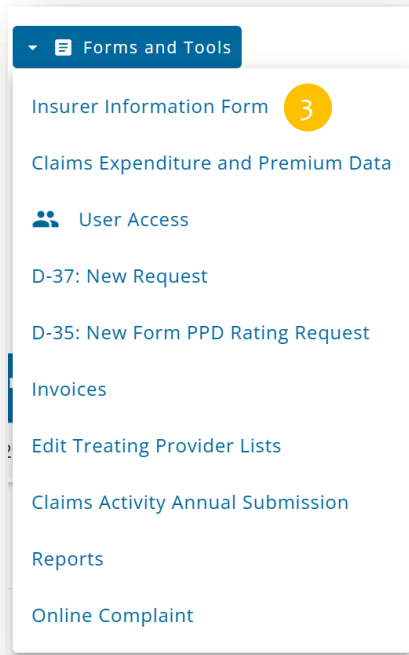
The Insurer Information Form is organized into three sections:

1. General Information – pre-populated Insurer information associated with the entity.
2. Claims Administration – related TPA and self-administered claims information.
3. Contact Information.



How To: Submit Insurer Information Form

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Click the Insurer Information Form link.



4. Enter all of the required data into the Insurer Information Form.
5. Click Submit.
6. View the submitted information in the Filing History tab on the Dashboard.

A screenshot of the 'Filing History' tab in a web application. The tab is active, and the table below it displays one submission record. The table has columns for Ticket #, Submission Type, Status, Insurer/TPA, Filing Date, and Filed By. The record shows a submission of type 'RAU - Insurer Information Form' with a status of 'Accepted', filed by 'Boulevard Insurance' on '4/10/2025 1:41 PM'.

Claim Submissions					
Filing History					
PPD Rating Request Tab					
Audits					
Filters					
Column Value Apply Submission Type Filed By					
Information Form Insurer Account					
Ticket #	Submission Type	Status	Insurer/TPA	Filing Date	Filed By
	RAU - Insurer Information Form	Accepted	Boulevard Insurance	4/10/2025 1:41 PM	Insurer Account
Showing (1-1) of 1					
Items per page 10					



How To: Link a TPA User

TPAs will be linked to an Insurer account using the Insurer Information Webform. If an Insurer has an active relationship with a TPA, external users who belong to the TPA can be added as authorized users on the Insurer group.

1. Navigate to the Insurer Information Form.
2. Select Yes to the Related TPAs question.
3. Click the Add TPA button.
4. Select a registered TPA from the dropdown menu.
5. Enter an Effective Date and an Expiration Date (if applicable).
6. Click the Add Button.

The screenshot shows a modal window titled "Add TPA" with a close button (X) in the top right corner. The form contains the following fields and controls:

- A dropdown menu labeled "TPA *" with a yellow circle containing the number 4 next to it.
- Two date input fields: "Effective Date *" and "Expiration Date". Both have yellow circles containing the number 5 next to them. Below each field is the placeholder text "(mm/dd/yyyy)".
- At the bottom left, there is a green "Add" button and a "Close" link. A yellow circle containing the number 6 is positioned to the left of the "Add" button.

7. Finish entering all required data into the webform.
8. Click the Submit button or Update button if this is not the first submission.



TPA Information Form

Definition

Information forms are an efficient method of collecting necessary contact information from insurers and TPAs. This form must be updated on an annual basis. Entities that do not comply could become eligible for a fine. The following contacts may be included on the TPA Information Form:

- In-State Physical Office Location
- Compliance Manager
- Location of Claim Records
- Receipt of Claim Documentation

Permissions

The TPA Information Form is accessible from the Forms and Tools menu for users with proper permissions.

Page Layout

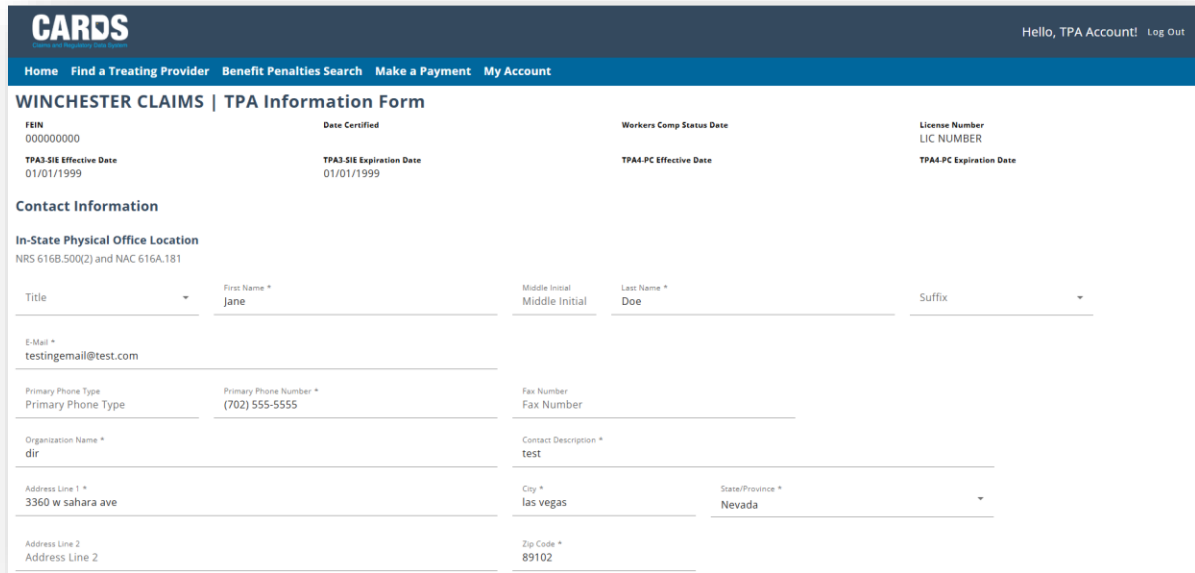
The TPA Information Form has two sections:

1. General Information – pre-populated information associated with the entity.
2. Contact Information.



How To: Submit TPA Information Form

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Click the TPA Information Form link.
4. Enter all of the required data into the TPA Information Form.



The screenshot shows the CARDS (California Automated Regulatory Data System) interface. The header includes the CARDS logo and a user greeting "Hello, TPA Account! Log Out". The navigation bar contains links: Home, Find a Treating Provider, Benefit Penalties Search, Make a Payment, and My Account. The main section is titled "WINCHESTER CLAIMS | TPA Information Form". It contains several input fields for company and contact information. The "Contact Information" section includes fields for Title, First Name, Middle Initial, Last Name, and Suffix. The "In-State Physical Office Location" section includes fields for Address Line 1, Address Line 2, City, State/Province, and Zip Code. The form is partially filled with test data.

WINCHESTER CLAIMS TPA Information Form			
FEIN 000000000	Date Certified 01/01/1999	Workers Comp Status Date TPA4-PC Effective Date	License Number LIC NUMBER TPA4-PC Expiration Date
Contact Information			
In-State Physical Office Location NRS 616B.500(2) and NAC 616A.181			
Title	First Name *	Middle Initial Middle Initial	Last Name *
	Jane		Doe
E-Mail *			
testingemail@test.com			
Primary Phone Type Primary Phone Type	Primary Phone Number *	Fax Number Fax Number	
	(702) 555-5555		
Organization Name *	Contact Description *		
dir	test		
Address Line 1 *	City *	State/Province *	
3360 w sahara ave	las vegas	Nevada	
Address Line 2 Address Line 2	Zip Code *		
	89102		

5. Click the Submit button.
6. View the submitted information in the Filing History tab on the Dashboard.



Complaint Webform

Definition

One of the new features of CARDS is the ability to file an online complaint. The form will gather basic information about the complainant and the details of the complaint, as well as asking a series of questions to determine the nature of the complaint. Once the complaint form is submitted, it will be routed to the proper department to be worked depending on what the complaint relates to.

There are two complaint forms available within CARDS. For users with CARDS accounts, the complaint form is accessible using their Forms and Tools menu. For others who do not have an account, there is a publicly available complaint form located in the navigation ribbon on the login page.

CARDS
Claims and Regulatory Data System

Home Find a Treating Provider Benefit Penalties Search File an Online Complaint Make a Payment My Account

Online Complaint

A COMPLAINT is an allegation of a violation of Nevada Revised Statutes (NRS) Chapters 616A to 616D, and Chapter 617 or Nevada Administrative Code (NAC) Chapters 616A to 616D, and Chapter 617

1 Complaint Information 2 Done

Submitter Details

First Name *
First Name

Last Name *
Last Name

Email *
Email

Claim / Injured Worker Detail

Claim Number
Claim Number

Employer Name *
Employer Name

Date Of Injury *
(mm/dd/yyyy)

Date Of Birth *
(mm/dd/yyyy)

Complainant Information

Please enter details about the complainant in the section below. Any email correspondence regarding this complaint will be sent to the submitter's email address and the complainant's email address if different.

Users will be provided with a Complaint confirmation number that can be used for any future communications with the investigator assigned to the complaint.

Permissions

Users must be registered and associated with an entity in order to submit a complaint webform with any attachments.

How To: Submit a Complaint in CARDS

1. Login to the External Portal.



- Open the Forms and Tools Menu.
- Click on the Online Complaint link.
- Search for a claim on the “Claim Search” step.
- Click “Continue with a Claim” if a claim is found or “Continue without a Claim” if one is not.

Online Complaint
A COMPLAINT is an allegation of a violation of Nevada Revised Statutes (NRS) Chapters 616A to 616D, and Chapter 617 or Nevada Administrative Code (NAC) Chapters 616A to 616D, and Chapter 617

1 Claim Search 2 Complaint Information 3 Done

Claim Search 4

Claim Number *
Claim Number

Date Of Injury *
(mm/dd/yyyy)

Date Of Birth *
(mm/dd/yyyy)

Clear Search

5 Cancel Continue without a Claim Continue with a Claim

- Fill out required information in the “Complaint Information” step.

Online Complaint
A COMPLAINT is an allegation of a violation of Nevada Revised Statutes (NRS) Chapters 616A to 616D, and Chapter 617 or Nevada Administrative Code (NAC) Chapters 616A to 616D, and Chapter 617

1 Claim Search 2 Complaint Information 3 Done

Submitter Details

First Name
Attorney

Last Name
Account

Email
attorney@training.com

Claim / Injured Worker Detail

Complainant Information
Please enter details about the complainant in the section below. Any email correspondence regarding this complaint will be sent to the submitter's email address and the complainant's email address if different.

Complainant Type *

- Upload any attachments in the “Supporting Documentation” section.

Supporting Documents

+ Upload Document

Document Type	Document Name	Description	Received Date	Added By	Added Date	Remove

Back Submit Cancel

- Click the Submit button.
- View the complaint submission in the Filing History tab.



D-38 Webform

Definition

The D-38 webform has been updated to include a field for the NAICS (North American Industry Classification System) code. An Employer may already have their NAICS code associated with their profile. Data is provided to the State by DETR (The Department of Employment, Training & Rehabilitation), on a quarterly basis to provide the related NAICS Industry Title and Code based on the FEIN of the employer. To search for the NAICS code on the employer, enter the FEIN of the Employer in the NAICS Lookup section. If a successful match is made, the user can then copy the information on the D-38.

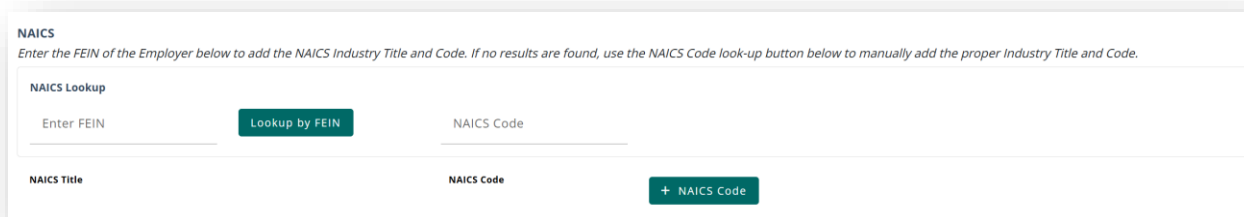
Permissions

The D-38 Webform can be accessed by Insurer or TPA users with the correct permissions. Permissions to access the D-38 can be granted by an admin user selecting the “D-38 – Claims Indexing Form” option.

How To: Add a NAICS Code to the D-38 Webform

If the NAICS code does not exist on the Employer, the NAICS code can be added manually with the help of the NAICS Code Lookup modal. The user can select the “+ NAICS Code” button and filter on the different NAICS Industry to select the most appropriate industry for the Employer on the claim.

1. Login to the External Portal.
2. Open the Forms and Tools Menu.
3. Select the D-38: Create Claim or D-38 Update Claim link.
4. Scroll down to the NAICS section of the webform.



The screenshot shows a modal titled "NAICS" with a subtitle: "Enter the FEIN of the Employer below to add the NAICS Industry Title and Code. If no results are found, use the NAICS Code look-up button below to manually add the proper Industry Title and Code." The modal contains two sections. The "NAICS Lookup" section has a text input labeled "Enter FEIN" and a green button labeled "Lookup by FEIN". The "NAICS Code" section has a text input labeled "NAICS Code" and a green button labeled "+ NAICS Code".

5. Enter the FEIN of the employer and click the Lookup by FEIN button.
6. If a successful match is made, click the Copy button to add the NAICS code onto the webform.



NAICS
Enter the FEIN of the Employer below to add the NAICS Industry Title and Code. If no results are found, use the NAICS Code look-up button below to manually add the proper Industry Title and Code.

NAICS Lookup

Enter FEIN × Lookup by FEIN 5

NAICS Code
522110 Commercial Banking Copy 6

NAICS Title
Commercial Banking

NAICS Code
522110 + NAICS Code

7. If a NAICS code does not exist, select the + NAICS Code button.
8. Filter the list to find the most appropriate industry for the employer on the claim.
9. Click the Add button.

Add NAICS Code ×

NAICS Title	NAICS Code	⌵
Soybean Farming	111110	
Oilseed (except Soybean) Farming	111120	
Dry Pea and Bean Farming	111130	
Wheat Farming	111140	
Corn Farming	111150	
Rice Farming	111160	
Oilseed and Grain Combination Farming	111191	
All Other Grain Farming	111199	
Potato Farming	111211	
Other Vegetable (except Potato) and Melon Farming	111219	

Showing (1-10) of 1,012 ⌵ < 1 2 3 4 5 > ⌵ Items per page 10 ⌵

9 Add Close



OD-8 Webform

Definition

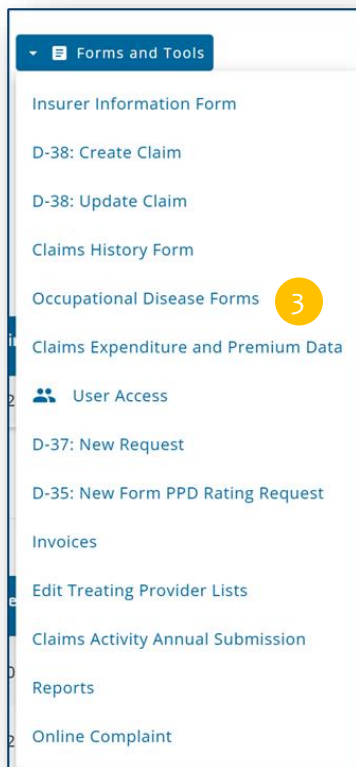
External users with the proper permissions will be able to search on an indexed claim to either submit an initial report, an update, or submit a statement of inactivity for the calendar year.

Permissions

Permissions to access the OD-8 can be granted by an admin user selecting the “D-38 – Claims Indexing Form” option.

How To: Submit the OD-8 Webform

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Select the Occupational Disease Forms link.



4. Click the OD-8 Create or OD-8 Update button.



Occupational Disease Forms

Submit an OD-8 for a Claim?
OD-8: Create

Update an OD-8 for a Claim?
OD-8: Update

Submit an Annual Statement of Inactivity?
OD-8: Statement of Inactivity

5. Search for a claim with the Occupational Disease (617) loss type.
6. Select the Next button.

CARDS

Hello, Insurer Account!
Log Out

Home
Find a Treating Provider
Benefit Penalties Search
Make a Payment
My Account

OD-8 Webform

1 Claim Search
2 OD-8 Information

OD-8 - Claim Search

Claim Number *

Date Of Injury *

Claim Number

Date Of Birth *

Home
Contact Us
Privacy Policy
Terms and Conditions

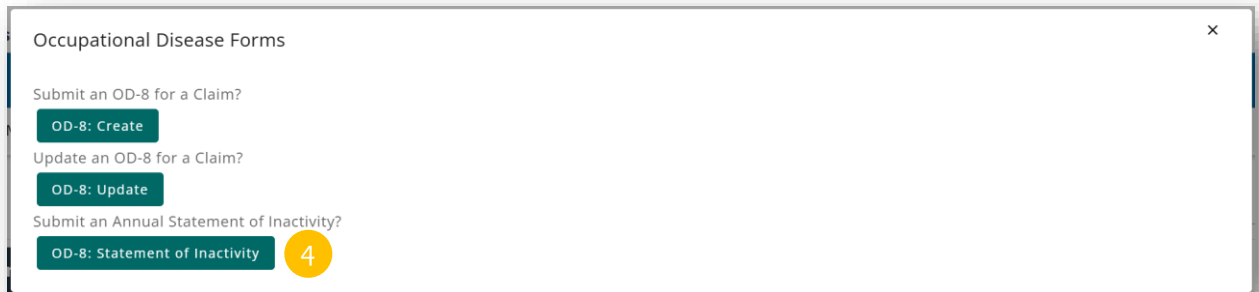
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7. Fill out the webform with the required data.
8. Click the Submit button (the Save button can be used to come back later).
9. View the submission in the Filing History tab.



How To: Submit a Statement of Inactivity

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Select the Occupational Disease Forms link.
4. Click the OD-8: Statement of Inactivity button.



Occupational Disease Forms

Submit an OD-8 for a Claim?

OD-8: Create

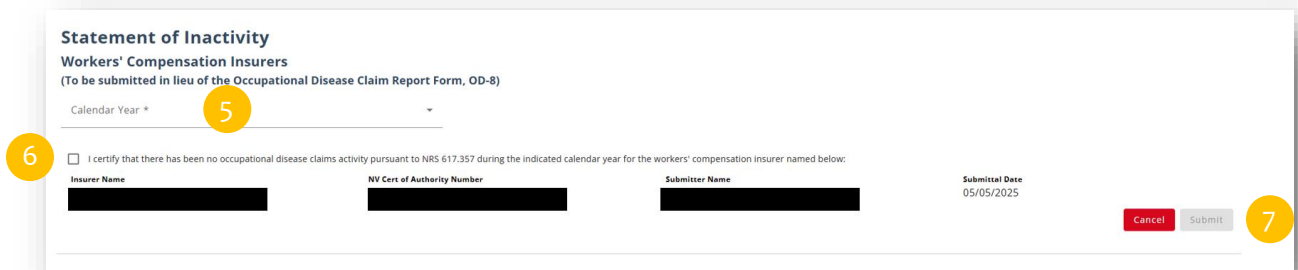
Update an OD-8 for a Claim?

OD-8: Update

Submit an Annual Statement of Inactivity?

OD-8: Statement of Inactivity 4

5. Select the Calendar Year from the dropdown menu.
6. Click the checkbox certifying the statement.
7. Click the submit button.



Statement of Inactivity
Workers' Compensation Insurers
(To be submitted in lieu of the Occupational Disease Claim Report Form, OD-8)

Calendar Year * 5

6 ☐ I certify that there has been no occupational disease claims activity pursuant to NRS 617.357 during the indicated calendar year for the workers' compensation insurer named below:

Insurer Name	NV Cert of Authority Number	Submitter Name	Submission Date
			05/05/2025

Cancel Submit 7



D-37 Webform

Definition

The D-37 (subsequent injury) webform allows users to submit initial and supplemental subsequent injury data. Some things to note about the D-37:

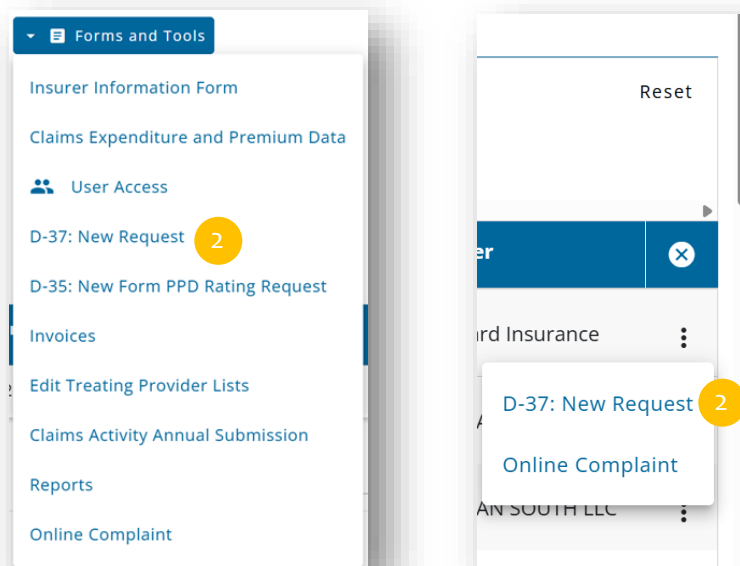
- It is only available to Insurer, TPA, and Attorney user types
- To initiate the form, the user must link to an existing claim
- The D-37 consists of 8 parts, collecting information about the request along with multiple document uploads
- Once the request is submitted, the Subsequent Injury Unit will begin reviewing the request to determine the amount allowed versus disallowed
- The Ticket Number (TK-0000-000) will be linked to the request and can be used for communication with the division if additional documentation or information is requested once the review of the request has begun

Permissions

Permissions for the D-37 webform can only be set by an account administrator. Account admins can set or change permissions for any active user from the User Access Management page, available from the Forms and Tools menu by selecting the Subsequent Injury permission.

How To: Submit the D-37 Webform

1. Login to the External Portal.
2. Open the Forms and Tools menu or open the action menu for a claim in the Claim Submissions tab and select D-37: New Request.



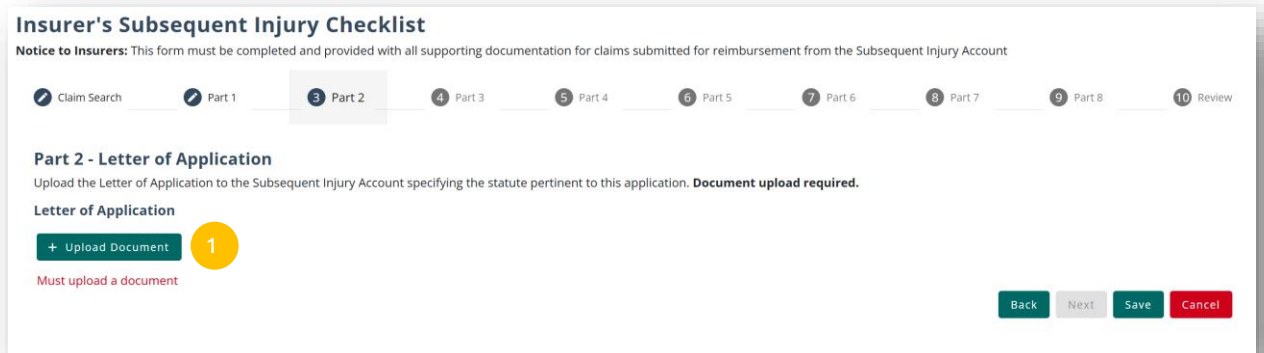
3. Search for an existing claim.
4. Click Next.
5. Fill out required data in parts 1 – 8 of the webform.
6. Review the webform.
7. Click the Submit button.

Note: The D-37 Webform is long and requires a significant number of documents. Be sure to use the Save button to come back to the webform later.



How To: Upload Documents

1. Click the Upload Document button.



Insurer's Subsequent Injury Checklist

Notice to Insurers: This form must be completed and provided with all supporting documentation for claims submitted for reimbursement from the Subsequent Injury Account

Progress bar: 1 Claim Search, 2 Part 1, 3 Part 2, 4 Part 3, 5 Part 4, 6 Part 5, 7 Part 6, 8 Part 7, 9 Part 8, 10 Review

Part 2 - Letter of Application

Upload the Letter of Application to the Subsequent Injury Account specifying the statute pertinent to this application. **Document upload required.**

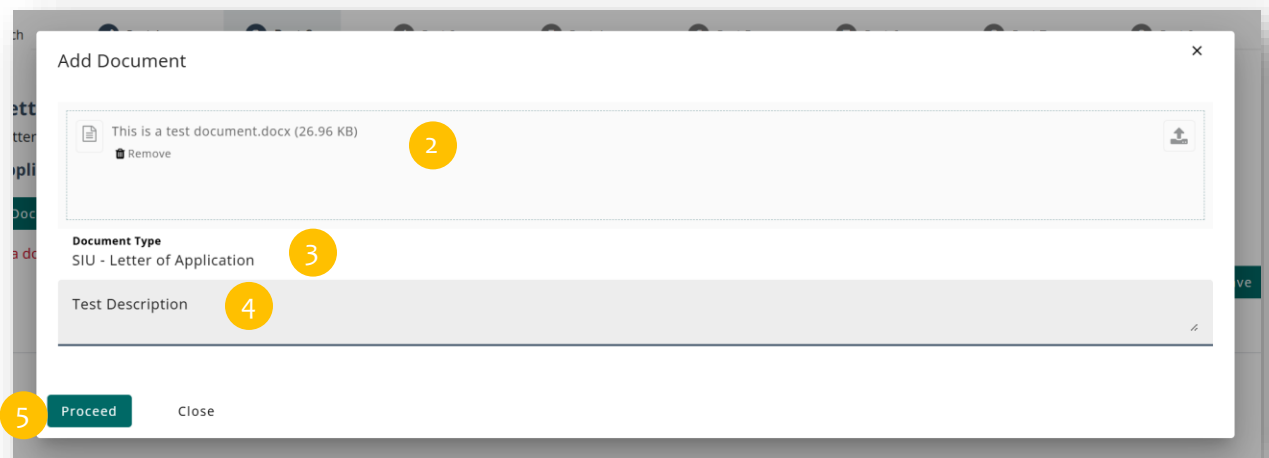
Letter of Application

+ Upload Document 1

Must upload a document

Buttons: Back, Next, Save, Cancel

2. Add the document from the file location.
3. Select the Document Type using the dropdown menu.
4. Enter a Description of the document being uploaded.
5. Click the Proceed or Add button.



Add Document

This is a test document.docx (26.96 KB) 2

Remove

Document Type 3

SIU - Letter of Application

Test Description 4

5 Proceed Close



D-35 Webform

Definition

The D-35 webform allows users to submit data for a PPD (Permanent Partial Disability) Rating Request on behalf of an injured worker. Some things to note about the D-35:

- The webform can be submitted by attorneys, insurers, and third-party administrators
- All PPD Requests must be linked to an approved claim*
- Once the request has been submitted, the internal staff will review the request, and a rating physician will be assigned to the request
- If the rating physician decides to decline a request, updates can be made on the D-35 form
- After a rating physician has been assigned, and the rating has been performed, the rating physician will submit the rating report via CARDS

***IMPORTANT:** A claim must be indexed prior to the submission of a D-35 webform. If you attempt to submit the D-35 webform, but the claim has not been indexed at that time, you will be unable to continue the form.

Permissions

Permissions for the D-35 and PPD Rating webforms can only be set by an account administrator. Account admins can set or change permissions for any active user from the User Access Management page, available from the Forms and Tools menu.

Communication

When an assignment has occurred on the request, the submitter of the form and the assigned physician will be notified via email of the assignment. The contact information of the physician will be provided in the email.

When an assignment has occurred on the request, request will remain in the “Pending” status until the physician chooses to either decline a request, mark themselves as ineligible to perform the request, or two days have elapsed since the assignment. Once the two days have elapsed, the request will be accepted, and the rating appointment can be completed.

If the assigned rating physician chooses to decline a request or mark them as ineligible to perform the rating, the status of the request will update to reflect the action taken. You will have the ability to update the rating for a new assignment, or a random assignment will occur automatically after 6 days.

The rating process is complete once the rating has been submitted. An email will be sent to all involved parties including the requestor, the clinical practitioner, and any additional emails provided in the PPD transaction.

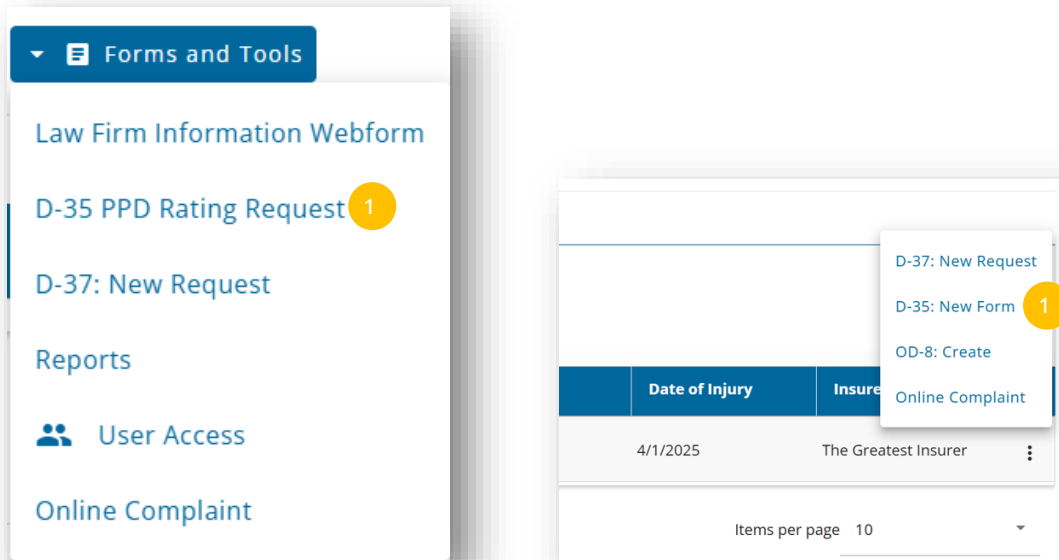


When a request is withdrawn, an email will be sent to all involved parties including the requestor, the clinical practitioner, and any additional emails provided in the PPD transaction. No additional action can be taken once a request is withdrawn.



How To: Submit a D-35 to Request a Rating Physician

1. Open the Forms and Tools menu and click the D-35 PPD Rating Request link, or click D-35: New Form on the action menu on a claim in the Claim Submissions tab. Note: attorneys cannot access the webform from the Claim Submissions tab.



2. Search for a valid claim number.
3. Click the Next button.
4. Fill out the webform with the required requestor and claim information.



D-35 Webform

1 Claim Search 2 D-35 Information 3 Court Ordered Document Upload

Request For A Rating Physician Or Chiropractic Physician
 State of Nevada - Department of Business and Industry - Division of Industrial Relations - Workers' Compensation Section
 Email Questions to MedUnit@dir.nv.gov

Requestor Information

Request Date 5/6/2025	First Name TPA	Last Name Account
Email tpa@training.com	Secondary Email Secondary Email	Phone Number * Phone Number
Address 1 * Address 1	City * City	
State/Province *	Zip * Zip	

Claim Information

[Refresh](#)

Updates to the claim by the insurer/TPA via a D-38 require 2-3 days for processing.

Insurer Name Boulevard Insurance	Claim Number ADSAD123123
Tpa Name WINCHESTER CLAIMS	Date Of Injury 1/7/2025
Employee Name test naics	Date Of Birth 1/1/1999
Employee City *	State/Province *
	Zip *

5. Select the Add button to add any body parts that were included on the approved claim.

Request Information

Stable And Ratable Date Received * **Current and Prior Treating/Evaluating Physician(s)/Chiro...**

(mm/dd/yyyy)

Body Part Code	Name	Injured Side	Diagnosis
0012	Brain	B	

[Add](#) 5

Selected Body Parts

None

Comments

Comments

6. If the request is court ordered, select the Next button.
7. Upload the court ordered document.



D-35 Webform

1 Claim Search

2 D-35 Information

3 Court Ordered Document Upload

Court Ordered D-35 PPD Rating Request

PPD Rating Request for Claim ADSAD123123

Upload court ordered documents to complete the D-35 PPD Rating Request

+ Upload Document

7

Back

Submit

8. Click the Submit button.



How To: Respond to a PPD Request

1. Login to the External Portal.
2. Open the PPD Rating Requests tab.
3. Click on the action menu for the specific claim.
4. Click View PPD.
5. If you cannot complete the rating:
 - a. Click on the action menu for the specific claim.
 - b. Click Decline/Mark as Ineligible.
 - c. Select a Statement of Ineligibility or Statement of Decline on the Request Decision Webform.

Statements of Ineligibility

If you meet one of the criteria below, you are ineligible to perform the rating evaluation pursuant to NAC 616C.021(7). If applicable, please select an option below.

- ☐ I have previously examined or treated the injured employee; or
- ☐ I have reviewed the health care records of the injured employee for any purpose relating to his or her claim for workers' compensation and have made recommendations regarding the likelihood of the injured employee's ratable impairment; or
- ☐ I previously provided a rating for the injured employee and the injured employee is requesting a second determination of the percentage of disability pursuant to NRS 616C.100 or 616C.145.

Statement of Decline

NRS 616C.490(2)(b)(3) allows rating physicians or chiropractic physicians to decline a random selection. To decline this rating selection, you must select the option below and agree to the following statement.

- ☐ I decline this rating selection because I believe that I do not have the ability to rate the disability at issue.

Cancel

Submit

- d. Click the Submit button.
 - e. Note: This option is available the first two days after the assignment notification.
6. If you are able to complete the rating:
 - a. Click on the action menu for the specific claim.
 - b. Click Submit Rating.
 - c. Fill out the necessary information based your evaluation of the injured worker.
 - d. Upload the PPD Report document.
 - e. Click Submit.
 - f. Use the Filing History tab to view the submission.

Claims Activity Report

Definition

The Claims Activity Report must be submitted annually by each insurer entity. For insurers with related TPAs, the TPAs will send their data to the insurer to submit. The submission window is open from July 15th through September 1st each year. Users who do not submit the data within the allotted timeframe can become eligible for fines.



Insurers can elect to report no claims activity for the previous fiscal year. If there was claims activity for the fiscal year, the webform includes six parts as follows:

1. Part 1 – Claims Information
2. Part 2 – Compensation Expenditures
3. Part 3 – Medical Expenditures
4. Part 4- Rehabilitation Expenditures
5. Part 5 – Recoveries
6. Part 6 – Summary

Permissions

The Claims Activity Report webform is available through the Forms and Tools menu for insurers only. Only users who have been granted access by their admin user will be able to see the option.

How To: Submit a Claims Activity Report

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Click the Claims Activity Annual Submission link.
4. Select a submission status (if you select no claims activity, submit after this step).

The screenshot shows a webform titled "FY2024 WCS Workers' Compensation Claims Activity Report" for the period "July 1, 2023 - June 30, 2024". It is from the "State of Nevada, Department of Business and Industry, Division of Industrial Relations". The submission deadline is "September 1, 2024".

Insurer Information

Insurer	Certificate of Authority Number	NAIC Number
Boulevard Insurance	NV CERT	NAIC

Submitter Information

First Name	Last Name	Email
Insurer	Account	insurer@training.com

Attestation

Select one of the following submission statuses based on the existence of claims activity for the FY2024 period (July 1, 2023 through June 30, 2024)

☐ I attest that no claims activity occurred in FY2024 (July 1, 2023 through June 30, 2024)

☐ You have identified the following related TPAs. Please ensure that your report includes all activity from all TPAs and claims administrators for FY2024:

Related TPAs

WINCHESTER CLAIMS

Footer: Last submitted date: 2025-03-17. Form last submitted by: Epic 15 Demo. Buttons: Save, Cancel, Submit.

5. Fill in the required data for parts 1 – 6 of the form.



Attestation

Select one of the following submission statuses based on the existence of claims activity for the FY2024 period (July 1, 2023 through June 30, 2024)

☐ I attest that no claims activity occurred in FY2024 (July 1, 2023 through June 30, 2024)

☒ You have identified the following related TPAs. Please ensure that your report includes all activity from all TPAs and claims administrators for FY2024:

Related TPAs

WINCHESTER CLAIMS

Part 1 - Claims Information | Boulevard Insurance

1. **Medical Only** refers to any claim for accident benefits only in which the benefits received by the injured employee or his/her dependents for the duration of the claim did not include benefits for a TTD, TPD, or PTD.

2. **Lost Time** refers to any claim in which the benefits received by the injured employee or his/her dependents for the duration of the claim included benefits for a TTD, TPD, or PTD.

	Amount of Activity in FY2024	Activity for this category is unknown or not captured
A. Number of NEW Claims Filed/Reported in FY2024 (Accepted, Denied and Pending)	<input type="text"/>	<input type="checkbox"/>
B. Number of Claims Denied in FY2024	<input type="text"/>	<input type="checkbox"/>
<div>Occupational Injury Claims NRS 616</div> C. Number of Medical Only (1) Claims Accepted in FY2024	<input type="text"/>	<input type="checkbox"/>
D. Number of Lost Time (2) Claims Accepted in FY2024	<input type="text"/>	<input type="checkbox"/>

Part 6 - Summary | Boulevard Insurance

	FY2024 Totals
A. Part 2 - Compensation Expenditures	\$0.00
B. Part 3 - Medical Expenditures	\$0.00
C. Part 4 - Rehabilitation Expenditures	\$0.00
Subtotals	
D. SUBTOTAL	\$0.00
E. MINUS Part 5 - Recoveries	\$0.00
Net Expenditures	\$0.00

Certification | Boulevard Insurance

☐ I certify that the information contained in this report is true and correct.

First Name

Insurer

Title *

Title

Last Name

Account

Phone Number *

Phone Number

Email

insurer@training.com

Request Date

5/5/2025

Last submitted date:

2025-03-17

Form last submitted by:

Epic 15 Demo

Save

Cancel

Submit

6. Click the Submit button (or Save button to return to the form later).

7. View submission in the Filing History tab.



Reports

Definition

Reports are available to Insurer and TPA users within CARDS. The reports include:

- Claims Denial and Injury (NRS 616)/Occupational Disease (NRS 617) Report
- Claim Closure and Average Cost per Claim Report
- Claims Expenditure & Premium Data Report
- Claims Activity Report
- Claims Report
- Invoices & Payments
- Complaints Report
- Occupational Disease (OD-8) Report
- Subsequent Injury (D-37) Report
- PPD Rating (D-35) Report

Permissions

For some reports, users need permissions granted to them by the account admin in addition to having the correct user type, including:

- Claims Expenditure and Premium Data
- Monetary Assessment Review (Invoices & Payments)
- D-38 – Claims Indexing Form
- Subsequent Injury

Page Layout

Reports can be navigated to from the Forms and Tools menu. Based on the report you wish to create, use the filters on the screen to select the report type. Additional filters can be applied depending on the type of report.

Reports

Report Type *
Claims Report

Date Type *
Date of Injury/Disablement

Start Date *
7/1/2023

End Date *
6/30/2024

Output Format *
Excel

Add Data Element

Sort By
Claim Number (Ascending)

Back Submit

Information provided on WCS web sites is intended to provide immediate access to public information. While all attempts are made to provide accurate, current and reliable information we recognize the possibility of human and/or mechanical error. Therefore, the State of Nevada, its employees, officers, and agencies expressly deny any warranty of the accuracy, reliability or timeliness of any information published by this system and shall not be held liable for any losses caused by reliance upon the accuracy, reliability or timeliness of such information. Any person who relies upon such information obtained from this system does so at his or her own risk.



How To: Download Reports

Larger reports may take longer to download. If a report is taking a longer time to download, you can choose to be notified via email when it is ready. Smaller reports tend to download more quickly. They will typically be saved to your “Downloads” folder.

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Click the Reports link.
4. Use the filters to select the correct report type.
5. Click the Submit button.
6. Wait for the report to download or click the Notify Me Later button.

CARDS
Workers' Compensation Regulatory Software System

Hello, Insurer Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

Reports

Report Type *
Claim Denial and Injury (NRS 616) / Occupational Disease (NRS 617) Report

Output Format *
Excel

Date Type *
Date C-4 Received

Start Date *
1/1/2020
(mm/dd/yyyy)

End Date *
12/31/2024
(mm/dd/yyyy)

Back Submit

We are working on your requested report

You can continue to wait or choose to be notified later.

Notify Me Later

Information provided on WCS web sites is intended to provide immediate and accurate, current and reliable information we recognize the possibility of human and/or mechanical error. Therefore, the State of Nevada, its employees, reliability or timeliness of any information published by this system and shall not be held liable for any losses caused by reliance upon the accuracy of such information obtained from this system does so at his or her own risk.

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Audit Process

Definition

Insurers who are selected for the 5-year Audit process will have the ability to submit all documentation for their Audit using the CARDS application. Here are a few things to note about the process:

- An Insurer can be selected for an Audit every 5 years
- Claims with an incident date (date of injury) within the audited fiscal year may be selected using the following criteria:
 - 6% of insurers claims with a maximum of 20 claims selected



- 20% indemnity denials
- 30% indemnity accepts
- 25% medical only denials
- 25% medical only accepts
- Insurers must provide the proper documentation with 30 days of being selected for the Audit. If all documentation is not submitted in a timely manner, they may be eligible for a fine

After the internal WCS staff have reviewed the Audit Response Webform, they will make a final determination on the audit-claim. A certified letter will be sent with the results. Depending on the determination, the insurer or TPA may have to pay a fine or will be sent a notice of correction with a request to submit a corrective action plan.

The details of the Audit, including the determinations made will be summarized in the Final Audit report, once the Audit has been completed. This includes the findings made on all claims and the information that was provided by the Insurers in response to each of the findings.

Communications

Once selected for the audit, Insurers will be notified by email when they are being required to participate in a compliance audit. The email will include a link to CARDS to submit the requested claim documentation. The Audit Entrance Letter will be attached to the initiation email, providing the Insurers additional context on what information and documentation should be provided for each of the selected claims.

If an insurer has not responded to the audit within 30 days after receiving the initial audit email, they will receive a reminder email. If the insurer does not submit the required information within 5 days of the reminder email, another email will be sent, and they may be subject to fines.

Permissions

To access the Audit features on the external application, users must have the Audit permission set by an admin user. Only insurer users can grant audit access. These permissions can be viewed and updated on the User Access Management page available from the Forms and Tools menu. For insurer users, the permission is titled “Audit” and will grant access to the Audit Dashboard and all related webforms.

For TPA users, permissions can be granted by the insurer admin to allow TPAs to upload documentation on specific claims that were selected for the Audit. The permission is titled “Audit-Claim” and will grant TPA users access to the Audit Dashboard and the Audit-Claim webform for specific claims the TPA is linked to.

How To: Submit an Audit Response Webform

1. Login to the External Portal.



2. Navigate to the Audits tab.
3. Click the action menu for an audit in the Not Started Status.
4. Click Open Form.

Claim Submissions

Filing History

Audits

Audit	Audit Year	Audit Period	Due Date	Status					
^ AU-0002-980202407/01/2023 - 06/30/20246/11/2025Not Started⋮									
Claim	Audit-Claim	Injured Employee Name	Claim Type	Claim Status	Date of Injury	TPA	Due Date	Status	Open Form
	AC-0007-563		Medical Only	Denied	8/15/2023		6/11/2025	Not Started	⋮
	AC-0007-564		Medical Only	Denied	10/20/2023		6/11/2025	Not Started	⋮
	AC-0007-562		Lost Time	Accepted	10/19/2023		6/11/2025	Not Started	⋮
	AC-0007-565		Medical Only	Accepted	7/14/2023		6/11/2025	Not Started	⋮

5. Upload a document for all policies and procedures and enter the total number of claims for the fiscal year.

Insurance | Audit Details

Audit: AU-0002-940 | Audit Period: July 01, 2023 - June 30, 2024

Audit Response Submission Due Date: May 29, 2025

FEIN

Date Certified
01/01/1999

Workers' Comp Status
Active

NCCI Carrier Code
CARRIER CODE

NV Cert of Authority Number
NV CERT

Audit Details

Upload the policies and procedures used to govern operating practices for the administration of claims*

+ Upload Document

Must upload a document

Total of claims filed with a date of injury during the period between July 1, 2023 and June 30, 2024 *

Total of claims filed with a date of injury during the period between July 1, 2023 and June 30, 2024

Cancel

Submit

6. Click the Submit button.

The Audits tab will be updated with a Submitted status once the webform has been submitted. The user can then begin submitting documentation for each of the claims selected for the Audit.

How To: Submit an Audit-Claim Webform

1. Login to the External Portal.
2. Navigate to the Audits tab.
3. Expand an Audit with a Submitted status.
4. Click the action menu for an audit-claim in the Not Started Status.
5. Click Open Form.



Claim Submissions		Filing History		Audits						
Audit		Audit Year		Audit Period		Due Date		Status		⌵
^ AU-0002-980		2024		07/01/2023 - 06/30/2024		6/11/2025		Submitted		⋮
Claim	Audit-Claim	Injured Employee Name	Claim Type	Claim Status	Date of Injury	TPA	Due Date	Status	⌵	
	AC-0007-563		Medical Only	Denied	8/15/2023		6/11/2025	Not Started	⋮	
	AC-0007-564		Medical Only	Denied	10/20/2023		6/11/2025	Not Started	⋮	
	AC-0007-562		Lost Time	Accepted	10/19/2023		6/11/2025	Not Started	⋮	
	AC-0007-565		Medical Only	Accepted	7/14/2023		6/11/2025	Not Started	⋮	

6. Upload documentation with proof of receipt.

INSURANCE COMPANY | Audit-Claim Submission

Audit: AU-0002-980 | AC-0007-563 | Audit Period: July 01, 2023 - June 30, 2024

Claim Number:
Injured Worker:
TPA:

Instructions: Upload files with proof of date of receipt of each document from the claims administrator as required in NAC 616C.082. Select the document type as one of the following categories: Claim Notes, Claim Correspondence, Claim Determinations, Explanation of Review, Medical Bills, Medical Records, Legal, Medical Payment History, Indemnity Payment History, State Forms, PPD Documents, Vocational Rehab, Other Documents.

Documents

Supporting Attachments

+ Upload Document

Document Type	Document Name	Description	Received Date	Added By	Added Date	Remove
Must upload a document						

Cancel
Mark As Complete

7. Click the Mark As Complete button.

Documents

Supporting Attachments

+ Upload Document

Document Type	Document Name	Description	Received Date	Added By	Added Date	Remove
AUD - Medical Records	Another Testing Document.docx	Testing Description	May 1, 2025	Insurer Account	May 13, 2025	
AUD - PPD Documents	This is a test document.docx	PPD Description	April 8, 2025	Insurer Account	May 13, 2025	

Cancel
Mark As Complete



How To: Submit the Audit-Claim Findings Response Webform

1. Navigate to an audit-claim with the status Findings Available.
2. Open the action menu and select Review Findings.

Claim Submissions

Filing History

Audits

Audit	Audit Year	Audit Period	Due Date	Status					
^ AU-0002-980	2024	07/01/2023 - 06/30/2024	6/11/2025	Submitted	⋮				
Claim	Audit-Claim	Injured Employee Name	Claim Type	Claim Status	Date of Injury	TPA	Due Date	Status	
	AC-0007-563		Medical Only	Denied	8/15/2023		6/11/2025	Findings Available	⋮
	AC-0007-564		Medical Only	Denied	10/20/2023		6/11/2025	Not Started	<div>Review Findings</div>
	AC-0007-562		Lost Time	Accepted	10/19/2023		6/11/2025	Not Started	⋮
	AC-0007-565		Medical Only	Accepted	7/14/2023		6/11/2025	Not Started	⋮

3. Review the findings and select Agree or Disagree.
4. Add a comment for any findings you disagree with and upload supporting documents.

State of Nevada Findings

Finding AC-0007-563.1	NRS/NAC NAC 111	Date 05/12/2025
Criteria Here is the criteria	Issue And this is the issue that was found	
<input checked="" type="radio"/> Agree <input type="radio"/> Disagree		

Finding AC-0007-563.2	NRS/NAC NRS 222	Date 05/13/2025
Criteria This is the criteria again	Issue This is the issue	
<input type="radio"/> Agree <input checked="" type="radio"/> Disagree		

Here is the reason I disagree with the Finding that was added to this claim

Upload any supporting documents below

+ Upload Document

Document Type	Document Name	Description	Received Date	Added By	Added Date	Remove
AUD - Supplemental Info	Another Testing Document.docx	Training	April 22, 2025	Insurer Account	May 13, 2025	

Cancel Save Submit

5. Click the Submit button.



Claims Expenditure & Premium Data Reporting

Definition

The Insurer Claims Expenditures & Premium Data Webform provides a way for insurers and TPAs to submit bi-annual claims expenditure and premium data for the purpose of calculating assessments. Some things to note about the webform:

- Data call windows open twice a year to collect expenditure data over a six-month period
- Data collected for the July-December period is collected from January 31st – February 28th
- Data collected for the January-June period is collected from July 31st – August 31st
- Verification period opens at the end of the year, allowing users to validate the previous fiscal year's data prior to the assessment calculations. The verification window is open from October 31st – January 1st
- The webform collects claims expenditure and earned premium data, categorized between mining and non-mining data
- TPAs can only enter claims expenditure and premium data as a registered user of the insurer they are associated with

Communications

When the Claims Expenditure and Premium Data webforms become available, either on January 31st or July 31st, insurers will be notified via email to submit the claims expenditure and earned premium data. If an insurer has not submitted the webform when the data call window is active, a reminder will be sent to the insurer 30 days and 45 days after the initiation of the data call window.

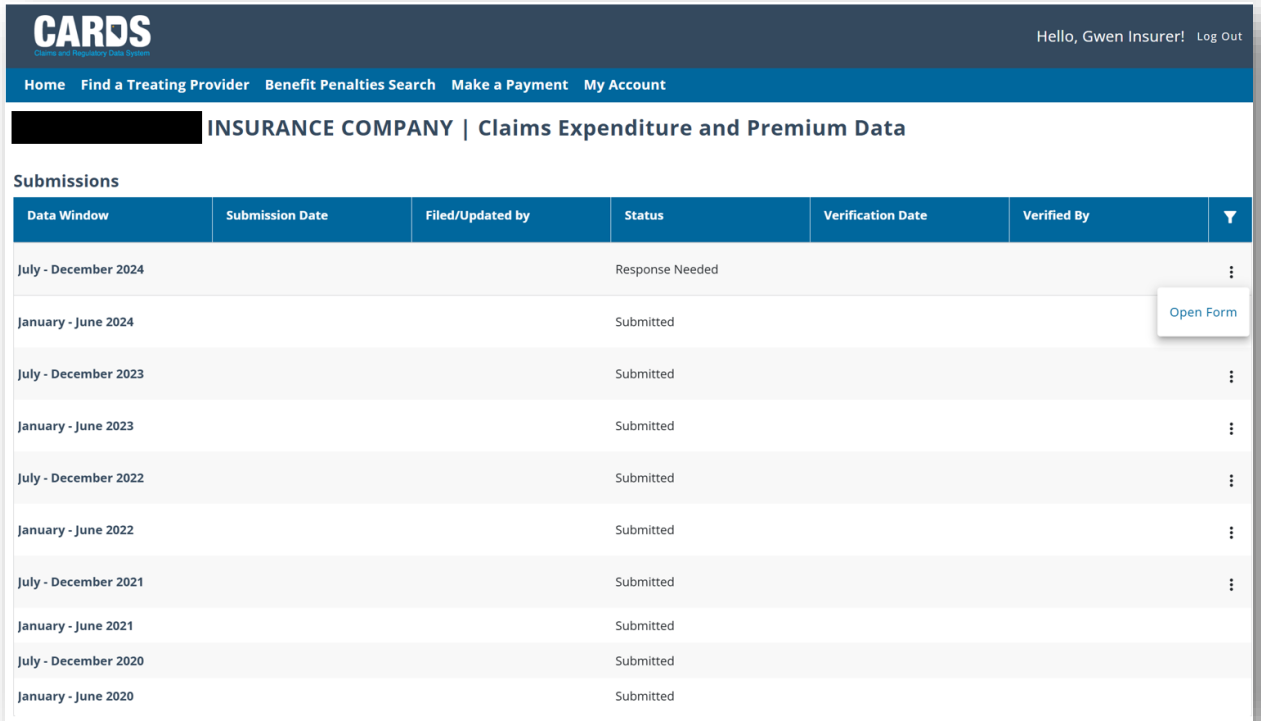
Permissions

Insurer users with admin access can grant the Claims Expenditure and Premium Data permission to give access to the webform. Permissions can be set from the User Access Management page available from the Forms and Tools menu.



How To: Submit Claims Expenditure and Premium Data Webform

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Click on the Claims Expenditure and Premium Data link.
4. Use the action menu for a Data Window to select Open Form.



Data Window	Submission Date	Filed/Updated by	Status	Verification Date	Verified By	
July - December 2024			Response Needed			⋮
January - June 2024			Submitted			⋮
July - December 2023			Submitted			⋮
January - June 2023			Submitted			⋮
July - December 2022			Submitted			⋮
January - June 2022			Submitted			⋮
July - December 2021			Submitted			⋮
January - June 2021			Submitted			⋮
July - December 2020			Submitted			⋮
January - June 2020			Submitted			⋮

5. Enter required data for earned premiums and claims expenditure information.



INSURANCE COMPANY | Claims Expenditure and Premium Data Webform for 07/01/2024 - 12/31/2024

FEIN

NV Cert of Authority Number

NAIC Number

Date Certified

Workers Comp Status

Workers Comp Status Date

NCCI Carrier Code

NCCI Group Code

Active

09/03/2008

Earned Premiums Information:

(Please round all amounts to the nearest dollar)

Non-Mining *

10000

Mining *

0

Total

\$10,000.00

Claims Expenditure Information:

(Please round all dollar amounts to the nearest dollar) July 1, 2024 through December 31, 2024 (For injuries on or after 7/1/99)

Important: The insurer must submit claims information for each decertified self-insured employer or association of self-insured employers that this insurer has entered into or is a party to a loss portfolio transfer. Separate out the data below for claims expenditures under this insurer as a private carrier versus claims expenditures for each decertified self-insured employer or association of self-insured employers that this insurer assumed through a loss portfolio transfer. Place one decertified insurer on each line.

Private Carrier Name

Non-Mining *

10000

Mining *

0

Total

\$10,000.00

NGM INSURANCE COMPANY

Decertified Self-Insured Employer:

July 1, 2024 through December 31, 2024 For claims for a decertified self-insured employer assumed through a loss portfolio transfer

+ Add

Decertified Association of Self Insurer Employers:

July 1, 2024 through December 31, 2024 For claims for a decertified association of self-insured employers assumed through a loss portfolio transfer

- Confirm information is correct and select a submission statement.

User Submission:

☒ If executed in Nevada: Pursuant to Nevada Revised Statutes (NRS) 53.045, I declare under penalty of perjury that the foregoing is true and correct.

Username

insurer@training.com

☐ Except as otherwise provided in NRS 53.250 to 53.390, inclusive, if executed outside of Nevada: I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Date Submitted

5/8/2025

Enter your full name below to electronically sign *

Enter your full name below to electronically sign

Cancel

Submit

- Electronically sign.
- Click the Submit button.



Invoicing and Payment Process

Definition

Using the data submitted on the Claims Expenditure and Premium Data webform, assessments will be calculated for the insurers and invoices issued to collect payments on each of the three assessments.

Some important notes about the Assessment process:

- The three assessment types are: Estimated, Final, and COLA
- The Estimated Assessment is calculated based on an average of the previous 3 years' worth of claims expenditure data
- The estimated amount will be split into installment payments that will be paid over a four-month period (December – March)
- The Final Assessment will determine whether the estimated payments resulted in under or over payments, and either an additional amount will be invoiced, or a refund will be processed for the Insurer
- The COLA Assessment determines the Cost-of-Living Adjustment
- Invoices that are not paid in a timely manner may become eligible for a fine or penalty

Communications

Once the internal process of calculating the Estimated, Final, and COLA assessment occurs, invoices will be generated, and Insurers will be notified of the assessment payment via email. The invoice attached to the email will include the cover letter and invoice for the associated assessment.

You will receive a confirmation email with a receipt when your payment is complete.

Permissions

Insurer users with admin access can update user permissions to view invoices by selecting the Monetary Assessment Review permission on the User Access Management page.



How To: Make a Payment in CARDS

1. Login to the External Portal.
2. Open the Forms and Tools menu.
3. Click on the Invoices link.
4. Expand an individual invoice record and select Pay Now or click Select All to pay all invoices.

Invoice	Invoice Number	Assessment Year	Total Amount Due	Category	Type	Installment	Amount Paid	Balance Due	Payment Status	Due Date	Payment Date	Online Receipt	Pay
		2024	\$1,521.93	Assessment	Cola		\$0.00	\$1,521.93	Unpaid	6/30/2025			
		1	\$1,521.93	Assessment	Cola	1	\$0.00	\$1,521.93	Unpaid	6/30/2025			<input checked="" type="checkbox"/> Pay Now
		1	\$1,521.93	Assessment	Cola	1	\$0.00	\$1,521.93	Unpaid	6/30/2025			<input type="checkbox"/> Pay Now
>		2024	\$1,521.93	Assessment	Cola		\$0.00	\$1,521.93	Unpaid	6/30/2025			
>		2024	\$1,521.93	Assessment	Cola		\$0.00	\$1,521.93	Unpaid	6/30/2025			
>		2024	\$1,521.93	Assessment	Cola		\$0.00	\$1,521.93	Unpaid	6/30/2025			
>		2025	\$30,656.65	Assessment	Estimated		\$7,664.17	\$22,992.48	Unpaid	3/1/2025			
>		2025	\$30,656.65	Assessment	Estimated		\$7,664.17	\$22,992.48	Unpaid	3/1/2025			

5. Click the Pay Now button at the bottom of the Invoicing Details page.

Showing (1-22) of 22 < 1 > >>

Items per page 25

[Pay Now](#)

6. Click the Pay Now button in the Secure Acceptance pop up modal.

Secure Acceptance

Click Pay Now to complete payment with Secure Acceptance.

Payment Total: \$1,521.93

[Pay Now](#) Cancel

7. Enter Billing Information and Payment Details.



CARDS

Claims and Regulatory Data System

Billing Information

* Required field

First Name *

Last Name *

Address Line 1 *

Address Line 2

City *

Country/Region *

Zip/Postal Code *

Phone Number *

Email *

Your Order

Total amount

\$271.65

eCheck selected. [Change payment method](#)

Payment Details

Routing Number *

Account Number *

Account Type *

By clicking Pay, I agree to the [Electronic Check Terms & Conditions](#)

Cancel

Pay

8. Select the Pay button.
9. Confirm payment details.

CARDS

Claims and Regulatory Data System

Hello, Insurer Account!

Log Out

[Home](#)
[Find a Treating Provider](#)
[Benefit Penalties Search](#)
[Make a Payment](#)
[My Account](#)

Payment Confirmation

Your payment was successful.

Payment Date

05/08/2025

Order Number

20250508IOxOTA

Billing Information

Name

Insurer Account

State

NV

Email

test@test.com

Address

123 Main St

Country

US

City

Henderson

Phone

(555) 555-5555

Postal Code

89011

Payment Details

Payment Method

card

Order Total

\$1,521.93



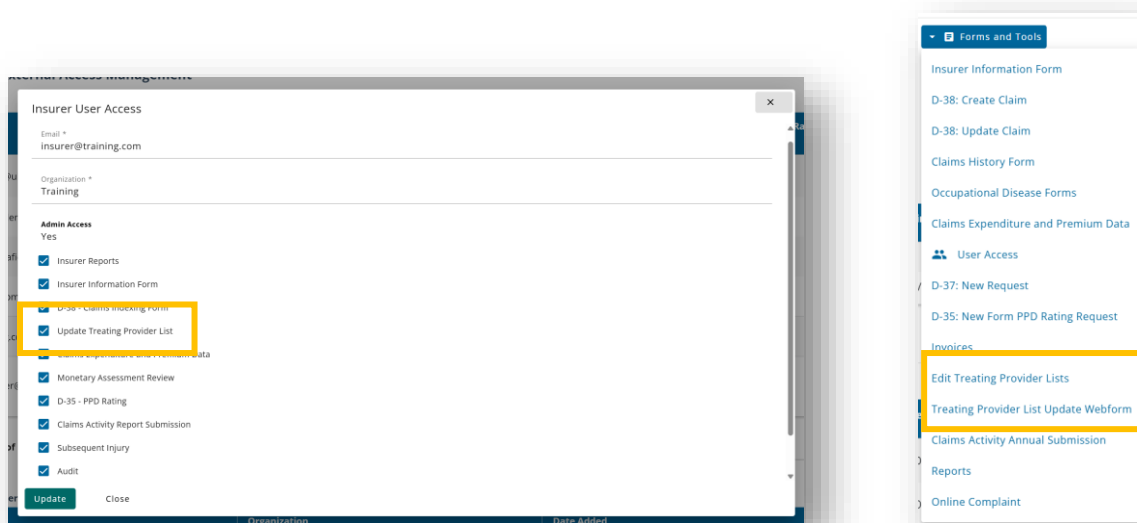
Treating Panel Enhancements

Definition

Updates have been made to the Treating Provider List page and the Find a Treating Provider search page, as well as a new Update Treating Provider List Webform has been added to the CARDS application. The formatting and functionality of these pages remains largely the same with enhancements and updates to the data filtering between insurers and TPAs to improve the search and update capabilities.

Permissions

Insurer admin users can grant permission to update the Treating Provider List by selecting the Update Treating Provider List permission for a TPA user on the User Access Management page via the Forms and Tools Menu.



The Insurer admins can also apply the Treating Provider permission to the TPA users on their User Access Management Page.



How To: Submit the Treating Provider List Update Webform

The webform includes separate uploads for the treating provider list and the auxiliary treating provider list. Instructions are included for the correct document type and format. Submitted information will replace any currently stored information and the list that is publicly available will reflect the changes. A list should be uploaded for each Insurer/TPA combination

The screenshot shows the 'Treating Provider List Update Webform | Boulevard Insurance'. At the top, there is a dropdown menu for 'TPA Name' with 'None' selected. Below this, the 'Treating Provider List Upload *' section contains instructions: 'upload a properly formatted csv of the providers that are approved for the specific organization(s) listed above. Uploading a new list will replace any of the Provider information previously stored for the specific organization(s). Only csv file types are allowed. If a provider ID is not found in CARDS it will be ignored and not updated or added. For file format details click here.' This section has a 'Document Type' dropdown set to 'Treating Provider File Upload', a 'Select a file...' input with a 'Browse' button, a 'Description' field, and an 'Upload Document' button. The 'Auxiliary Treating Provider List Upload' section follows, with instructions: 'optionally upload a list of auxiliary treating providers in a pdf format. This list will be available for viewing on CARDS.' It has a 'Document Type' dropdown set to 'Auxiliary Provider File', a 'Select a file...' input with a 'Browse' button, a 'Description' field, and an 'Upload Document' button. At the bottom right are 'Cancel' and 'Submit' buttons.

TPA users that were granted permissions to edit the treating provider lists from the Insurer will be able to navigate to the Update webform, but in the TPA drop down, they will only see the TPAs that user is directly linked to, rather than all the TPA entities the Insurer is linked to.

This screenshot shows the 'Treating Provider List Update Webform | NUTMEG INSURANCE COMPANY'. The 'TPA Name' dropdown is open, showing a list of options: 'None', '---', 'BROADSPIRE SERVICES, INC.', and 'None' with a checkmark. The main form area shows the 'Treating Provider List Upload' section with a 'Select a file...' input and a 'Browse' button. The 'Auxiliary Treating Provider List Upload' section is also visible below it.

Once the document has been submitted, users will be taken back to the external dashboard. There is no filing status maintained for the Treating Provider Update Webform.



Edit Treating Provider List

The Treating Provider List is available from the Forms and Tools Menu. The information shown will be based on the entity the user has selected from the Entity Selection dropdown on the dashboard page.

CARDS Hello, Insurer Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

Insurer: Boulevard Insurance TPA*: None

Treating Provider List: Boulevard Insurance

Click [here](#) for a list of Auxiliary Health Care Providers not included in the required treating provider list. [Export](#) [+ Add New](#)

Provider ID	Provider Name	License Type	Body Part	Orthopedic	Specialty	Certified Adjuster Name	Certified Adjuster License Number	Date Modified	Modified By
5002	KEVIN KALDY	DC	SHOULDER, ELBOW, WRIST, HAND, ARM (UNSPECIFIED), CERVICAL SPINE, THORACIC SPINE, LUMBAR SPINE, PELVIS/HIPS/SACRUM, TRUNK/RIBS, KNEE, ANKLE, FOOT, TEMPOROMANDIBULAR JOINT (TMJ)		CHIROPRACTIC	Gwen Booth	1234567	5/8/2025 12:25 PM	dave@daveinvega...
5113	HALA ABDELAZIZ	MD	ALL (GENERALIST)		OCCUPATIONAL MEDICINE	Gwen Booth	1234567	5/8/2025 12:25 PM	dave@daveinvega...

Selecting a TPA for a given insurer will return the providers that are associated with the selected combination. If the user selects 'None', the results will display the list of providers that are associated only with the Insurer.

CARDS Hello, Insurer Account! Log Out

Home Find a Treating Provider Benefit Penalties Search Make a Payment My Account

Insurer: Boulevard Insurance TPA*: None

Treating Provider List: Boulevard Insurance

Click [here](#) for a list of Auxiliary Health Care Providers not included in the required treating provider list. [Export](#) [+ Add New](#)

Provider ID	Provider Name	License Type	Body Part	Orthopedic	Specialty	Certified Adjuster Name	Certified Adjuster License Number	Date Modified	Modified By
			SHOULDER, ELBOW, WRIST						

TPA* dropdown menu options: --, WINCHESTER CLAIMS, My Great TPA, Test TPA, None (checked)

TPA users that were granted permissions to edit the treating provider lists from the Insurer will be able to navigate to the edit page, but in the TPA drop down, they will only see the TPAs that user is directly linked to, rather than all of the TPA entities the Insurer is linked to.



Once a TPA has been selected from the dropdown menu, users can export a CSV file of the treating provider list or add a new provider to the list.

Insurer: Boulevard Insurance

TPA*: WINCHESTER CLAIMS

Treating Provider List: Boulevard Insurance - WINCHESTER CLAIMS

Click [here](#) for a list of Auxiliary Health Care Providers not included in the required treating provider list: [Export](#) [+ Add New](#)

Provider ID	Provider Name	License Type	Body Part	Orthopedic	Specialty	Certified Adjuster Name	Certified Adjuster License Number	Date Modified	Modified By
			SHOULDER,						

After selecting the Add New button, users will be prompted to enter a Provider ID for the provider they wish to add to the list and then press the Lookup button. If a treating provider is located, they will then be able to confirm that their name is correct based on the entered ID.

Add New Treating Provider

Please enter the Provider ID*
5002

Lookup

Confirm Close

Once a user selects Confirm, they will be brought to a detail page for the selected provider and enter in the certified adjuster name before saving the provider to the list. Updating an individual record brings the user to the same page, with the saved information populated on the form.



Certified Adjuster Name *	Certified Adjuster License Number *
Insurer	Account

Body Parts:

Description
SHOULDER
ELBOW
WRIST
HAND
ARM (UNSPECIFIED)
CERVICAL SPINE
THORACIC SPINE
LUMBAR SPINE
PELVIS/HIPS/SACRUM
TRUNK/RIBS
KNEE
ANKLE
FOOT
TEMPOROMANDIBULAR JOINT (TMJ)

Orthopedic Surgery:

None

Specialties:

Description
CHIROPRACTIC

Once a user hits the Save button, they will be brought back to the Treating Provider List and will be able to see the new provider they have just added. Note: Newly added providers will populate at the top of the list.

There may be additional treating providers that do not populate on the list that are considered auxiliary treating providers. By clicking the link above the results table, a PDF will be downloaded with a list of these providers. Note: This link will only be displayed if the information is available for the selected insurer.

Click [here](#) for a list of Auxiliary Health Care Providers not included in the required treating provider list. [Export](#) [+ Add New](#)

	Specialty	Certified Adjuster Name	Certified Adjuster License Number	Date Modified	Modified By	Y
--	-----------	-------------------------	-----------------------------------	---------------	-------------	---

Find a Treating Provider

The Find a Treating Provider search page now includes a TPA Name dropdown for additional filtering. Results will show only providers that match both the Insurer Name and TPA Name selected.



CARDS

Claims and Regulatory Data System

Hello, Insurer Account! Log Out

[Home](#)
[Find a Treating Provider](#)
[Benefit Penalties Search](#)
[Make a Payment](#)
[My Account](#)

Find a Treating Provider

Insurer Name *
Boulevard Insurance

TPA Name *
WINCHESTER CLAIMS

Provider Name
Provider Name

Provider Body Part

Provider State

Search

Clear

**
WINCHESTER CLAIMS ✓
My Great TPA
Test TPA
None

Provider Ortho

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A list of the treating providers found for a given search can be downloaded as a CSV file using the Export button. The file now includes the fields of Certified Adjuster Name and Certified Adjuster License Number.

Find a Treating Provider

Insurer Name *
Boulevard Insurance

TPA Name *
WINCHESTER CLAIMS

Provider Name
Provider Name

Provider Body Part

Provider Specialty

Provider Ortho

Provider State

Provider Zip Code
Provider Zip Code

Search

Clear

To see full results data, click the Export button below

Export

Provider ID	Provider Name	Provider Body Part	Provider Specialty	Provider Ortho	Provider Address	Provider Phone
SHOULDER, ELBOW, WRIST,						

