

BEFORE ALLAN L. MCVEY, INSURANCE COMMISSIONER
OF THE STATE OF WEST VIRGINIA

In the Matter of:

FEDEX GROUND PACKAGE SYSTEM, INC.

Administrative Proceeding No. 23-IC-155831

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER ADOPTING
REPORT OF SELF-INSURED MARKET CONDUCT COMPLIANCE EXAMINATION
AND DIRECTING CORRECTIVE ACTION AND ASSESSING PENALTY

NOW COMES Allan L. McVey, Insurance Commissioner of the State of West Virginia (hereinafter, "Commissioner"), who after consideration of *the Report of Self-Insured Market Conduct Compliance Examination* (hereinafter, the "*Examination Report*") of FedEx Ground Package System, Inc. (hereinafter, "FedEx Ground.") for the audit period ending June 30, 2023, make the following findings of fact, conclusions of law and order.

FINDINGS OF FACT

1. A Self-Insured Compliance Audit concerning the operational affairs of FedEx Ground for the period ending June 30, 2023, was conducted in accordance with W.Va. Code §33-2-9, W.Va. Code §23-2-9, W.Va. Code §23-2C-22, W.Va. Code §33-2-21 and W.Va. Code R. §85-18-1, *et seq.* by auditors duly appointed by the Commissioner. The Self-Insured Compliance Audit began on October 31, 2023 and concluded on February 9, 2024.

2. On or about March 1, 2024, the examiner filed with the Commissioner, pursuant to W. Va. Code § 33-2-9(j)(2), the *Examination Report*.

3. A true copy of the *Examination Report* was provided to FedEx Ground and FedEx Ground was notified pursuant to W. Va. Code § 33-2-9(j)(2) that it had ten (10) days after receipt of the *Examination Report* to file a submission or rebuttal with the Commissioner.

4. As set forth in the *Examination Report*, the examination focused on the methods used by FedEx Ground to manage its operations for each of the business areas examined, including whether and

how FedEx Ground, a self-insured employer, complies with West Virginia's statutory and regulatory law.

5. The exam discovered six (6) areas where FedEx Ground failed to achieve 100% compliance with West Virginia law.

6. The Commissioner reviewed the *Examination Report* and considered FedEx Ground's submissions, if any, prior to issuing these findings of fact, conclusions of law and order.

CONCLUSIONS OF LAW

1. The Commissioner has jurisdiction over the subject matter of, and the parties to this proceeding.

2. This proceeding is pursuant to and in accordance with W.Va. Code §33-2-9, W.Va. Code §23-2-9, W.Va. Code §23-2C-22, W.Va. Code §33-2-21 and W.Va. Code R. §85-18-1, *et seq*

3. As detailed in the *Examination Report*, FedEx Ground failed to comply with provisions of West Virginia law as follows:

Claims Standard B1 (*Eight (8) violations*) The Self-Insured Employer did not provide an initial compensability ruling within 15 working days as required by W.Va. Code R. § 85-1-10.1.

Claims Standard C1 (*Six (6) violations*) The Self-Insured Employer did not properly notify the claimant of a TTD award as required by W.Va. Code § 23-5-1.

Claims Standard M3 (*Two (2) violations*) The Self-Insured Employer administratively closed two claims but did not update the claim status in the Electronic Data Interchange (EDI) as required by W.Va. Code § 23-2C-5(c)(8) and W.Va. Code R. §85-2-1, *et seq*.

4. The Commissioner is charged with the responsibility of verifying FedEx Ground's continued compliance with West Virginia Law.

5. The Commissioner has determined that FedEx Ground should be assessed a penalty for violating the aforementioned standards.

ORDER

Pursuant to W. Va. Code § 33-2-9(j)(3)(A), as a result of his review of the *Examination Report*, the examination work papers, and FedEx Ground's response therefore, it is **ORDERED** as follows:

1. The referenced and attached *Examination Report* is hereby **ADOPTED** and **APPROVED** and, by this reference, incorporated herein and made a part hereof;

2. FedEx Ground shall endeavor to comply with the recommendations contained in the *Examination Report*;

3. FedEx Ground shall continue to monitor its compliance with applicable West Virginia law;

4. FedEx Ground shall specifically cure the violations and deficiencies identified in the *Examination Report* so as to bring itself into compliance and conformity with West Virginia law, as set forth hereinabove, to the extent such has not already been completed and/or accomplished;

5. FedEx Ground **shall file a Corrective Action Plan (CAP)**, subject to the approval of the Commissioner, which said CAP shall detail FedEx Ground's changes to its procedures and/or internal policies to ensure compliance with West Virginia law, and shall further incorporate all recommendations of the Commissioner's examiners and address all violations specifically cited in the *Examination Report*;

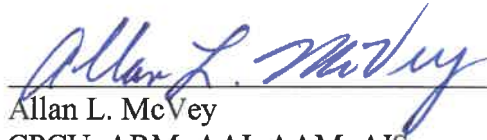
6. The CAP shall be submitted to the Commissioner for his approval within 30 days of the date this order is entered;

7. FedEx Ground shall make reasonable changes to the CAP if and as directed by the Commissioner within 30 days of its receipt of the Commissioner's changes to, or disapproval of the CAP;

8. FedEx Ground shall within 90 days of its receipt of notice from the Commissioner of his final approval thereof, implement the CAP; and

9. FedEx Ground **shall pay an administrative penalty in the amount of Four Thousand Dollars (\$4,000.00)** for its non-compliance with West Virginia law as set forth hereinabove, the assessment of which penalty is in lieu of any other regulatory penalty and shall be remitted within 30 calendar days of the date this order is entered.

Entered this 18th day of April, 2024.



Allan L. McVey
CPCU, ARM, AAI, AAM, AIS
Insurance Commissioner

Report of Self-Insured Market Conduct Compliance Examination

As of June 30, 2023



FedEx Ground Package System, Inc.

1000 FedEx Drive
Moon TWP., PA 15108

TPA
Sedgwick CMS, Inc.

Examination Number 23-IC-155831

**Date Prepared:
03/01/2024**

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03/01/2024

The Honorable Allan L. McVey, CPCU, ARM, AAI, AAM, AIS
West Virginia Insurance Commissioner
900 Pennsylvania Avenue
Charleston, West Virginia 25305

Dear Commissioner McVey:

Pursuant to your instructions and in accordance with West Virginia Code §§ 33-2-9, 33-2-10(b), 33-2-21(a), 23-1-1, 23-2-9(b)(1) & (2), 23-2C-22 and West Virginia Code of State Rules Title 85, a Market Conduct examination has been made for the period of July 1, 2020 through June 30, 2023 on the Workers' Compensation self-insured claims handling of

FedEx Ground Package System, Inc.
1000 FedEx Drive
Moon TWP., PA 15108

hereinafter referred to as the "Self-Insured Employer." The following report of the findings of this examination is herewith respectfully submitted.

COMPLIANCE WITH PREVIOUS EXAMINATION RECOMMENDATIONS

To comply with the Agreed Order signed on December 19, 2016 adopting the previous Self-Insured Compliance Examination, a corrective action plan was submitted by the Self-Insured/TPA to ensure initial rulings are made within fifteen (15) working days; however, the findings of this examination revealed that eight (8) claims did not provide an initial compensability ruling within fifteen (15) working days.

EXECUTIVE SUMMARY

This Self-Insured Market Conduct Compliance Examination (“examination”) was initiated to determine the compliance of FedEx Ground Package System, Inc. with the West Virginia statutes, rules and regulations governing the self-administration of workers’ compensation claims.

The examination work related to FedEx Ground Package System, Inc. commenced October 31, 2023, and concluded February 09, 2024. FedEx Ground Package System, Inc. maintains an electronic environment; the majority of the examination work was conducted by electronic virtual private network through the Third-Party Administrator’s (“TPA’s”) computer systems. Due to the limited number of claims for FedEx Ground Package System, Inc. during the examination period. There was a claim population of one hundred sixty-four (164). consisting of one hundred thirty (130) Medical Only (MO) claims, thirty-one (31) Temporary Total Disability (TTD) claims, and three (3) Permanent Partial Disability (PPD) claims. Also, the entire population of twenty-eight (28) denied claims was reviewed.

The following are areas of concern:

- **Element of review B.1.**

Eight (8) claims did not provide an initial compensability ruling within fifteen (15) working days as required by W. Va. Code §§ 23-4-1c (a) and (b) & W. Va. Code R. § 85-1-10.1

- **Element of review C.1.**

Six (6) claims did not properly notify the claimant of their TTD award as required by W. Va. Code § 23-5-1.

- **Element of review C.2.**

One (1) claim showed the TTD payment was not timely paid as an amount due the claimant for benefits upon determination of eligibility as required by W. Va. §§ 23-4-1c(b) and (g)

- **Element of review M.3.**

Two (2) claims were found to be administratively closed in the TPA system; however, the update to “closed” claim status was not uploaded to EDI as required by W. VA. Code §23-2C-5(C)(8) and W. VA. Code R. §85-2-1 ET SEQ. and West Virginia Offices of the Insurance Commissioner’s Electronic Data Interchange (“EDI”) Implementation Guide.

- **Element of review J.2.**

One (1) claim did not contain a proper notification, reasonable basis for denial and instructions for rebuttal as required by W. Va. Code §§ 23-5-1(a) 23-5-1(b)(1).

- **Element of review J. 4.**

One (1) claim did not contain the appropriate protest/grievance language on the decision order as required by W. Va. Code §§ 23-5-1(b)(1) and 23-4-3(f) and W. Va. Code R. §§ 85-1-7.2 and 85-21-10.2b.

HISTORY AND PROFILE

The Self-Insured Employer is a shipping company that was founded as Federal Express in 1971 and officially began overnight delivery service on April 17, 1973. In 1994 the company adopted the name “FedEx” as its official brand. In January 1998 FDX Corp. was renamed FedEx Corp. and in January of 2000, Federal Express became FedEx Express, RPS became FedEx Ground and the acquisition of two other companies became FedEx Freight. FedEx Ground Package System, Inc. has been self-insured in West Virginia since July 1, 1995 and as of the time of this report has approximately 688 employed in the state.

METHODOLOGY

The examiner conducted file reviews and was familiar with the Self-Insured Employer/TPA claim process in as much as prior examinations had been performed. This examination report is a report by test, rather than a report by exception, and all elements tested are described and the results indicated.

Typically, areas below 93% would generally require systemic corrective action. Any element scoring below 100% will detail the observations of the specific issue and include a recommendation.

Except as otherwise noted, all tests were conducted via a random sample taken from a given population of one hundred sixty-four (164) claims. A maximum initial sample of fifty (50) claims files was selected randomly using the following parameters. Denied Claims: A maximum initial

sample of twenty-five (25) denied claims files will be selected; if the population of denied claims is less than twenty-five (25) then the entire population will be reviewed. Paid Claims: A maximum initial sample of twenty-five (25) paid claims files will be selected; A weighted sampling methodology of "80% Indemnity" (20 Claims) and 20% "Medical Only" (5 Claims) will be utilized. If the population of indemnity claims is less than the indicated indemnity sample size, then the remaining sample size will be medical only. Supplemental (Secondary) Samples: Supplemental or secondary samples will be obtained if the pass rate for any given standard is greater than 80% but less than 100%. If the pass rate is less than 80% on the initial sample, no additional sample will be obtained.

Each area of the examination has specific elements that were tested, and the areas and elements are listed below. The examiners may not have discovered every unacceptable or non-compliant activity in which the Self-Insured Employer/TPA is engaged. The failure to identify, comment on, or criticize specific practices does not constitute an acceptance of the practices by the West Virginia Offices of the Insurance Commissioner or its' designee. A compliance table follows containing results of each area of review with the compliance percentage for the Self-Insured Employer/TPA.

ELEMENTS OF THE REVIEW

A. COMPLAINTS: THE TIME FRAME WITHIN WHICH THE EMPLOYER RESPONDS TO COMPLAINTS IS IN ACCORDANCE WITH APPLICABLE STATUTES, RULES, AND REGULATIONS.

1. Did the Self-Insured Employer respond to complaints received from the WVOIC within fifteen (15) working days? [W. Va. Code R. § 85-1-16]

B. INITIAL COMPENSABILITY DECISIONS AND INVESTIGATIONS ARE CONDUCTED IN A TIMELY MANNER.

1. Did the Self-Insured Employer properly investigate then provide a written ruling on a claim within fifteen (15) working days, or if “tolled” while evidence for the claim is gathered, rule in the appropriate time? [W. Va. Code §§ 23-4-1c (a) and (b) & W. Va. Code R. § 85-1-10.1]
2. Did the Self-Insured Employer include on the written notice of the decision the protest clause? [W. Va. Code § 23-5-1(b)(1) & W. Va. Code R. § 85-1-7.2]

C. TEMPORARY TOTAL DISABILITY (TTD)

1. Did the Self-Insured Employer/TPA properly notify the claimant of the TTD award? [W. Va. Code § 23-5-1]
2. Did the Self-Insured Employer/TPA immediately pay amounts due the claimant for benefits upon determination of eligibility? [W. Va. §§ 23-4-1c(b) and (g)]
3. Did the Self-Insured Employer/TPA calculate and pay indemnity payments correctly? [W. Va. Code § 23-4-14(b)(2) and Informational Letter 162A]
4. Did the Self-Insured Employer/TPA issue temporary total disability closure letters properly? [W. Va. Code §§ 23-5-1, 23-4-7a and 23-4-22]

D. PERMANENT PARTIAL DISABILITY (PPD)

1. Did the Self-Insured Employer/TPA act on PPD evaluations timely? [W. Va. Code R. § 85-1-10.5 a. The responsible party shall act on a permanent disability evaluation report received from a physician to whom the responsible party referred a claimant in a claim for injuries and occupational diseases other than occupational pneumoconiosis within thirty (30) working days of receipt by the responsible party of the report.]

2. Did the Self-Insured Employer/TPA make timely IME referrals? [W.Va. Code R. § 85-1-10.5 b. The responsible party shall make a referral of a claimant to a physician for examination and evaluation in response to a request by or on behalf of the claimant for consideration of a permanent disability award in a claim for injuries and occupational diseases other than occupational pneumoconiosis within thirty (30) working days from the date the request was received by the responsible party.]
3. Did the Self-Insured Employer/TPA commence PPD award payments timely? [W.Va. Code R. § 85-1-10.5 c. Permanent partial disability awards may be paid, at the discretion of the responsible party, either by lump sum or in installments consistent with applicable law. Payment of permanent partial awards shall commence within fifteen (15) working days of the decision granting the award.]
4. Did the Self-Insured Employer/TPA calculate and pay the payment correctly? [W. Va. Code § 23-4-14(b)(2) and Informational Letter 162A]

E. MEDICAL AUTHORIZATIONS

1. Did the Self-Insured Employer/TPA comply with W. Va. Code R. § 85-1-10.3? “Medical treatment, medications, appliances, devices, and supplies. – The responsible party shall act upon an injured worker’s request for authorization of medical treatment, medications, appliances, devices and supplies within fifteen (15) working days from the date the request was received by the responsible party.”

F. NON-AWARDED PARTIAL BENEFITS (NAP)

1. Were non-awarded partial disability benefits paid at the same rate as the permanent partial disability rate per W. Va. Code R. § 85-1-9.7?

G. DEATH CLAIMS (FATAL)

1. Were the death benefits in the proper amounts and to the proper person(s) per W. Va. Code §§ 23-4-1 and 23-4-10.

H. CLOSURE

1. Were the claims properly closed and a notice issued? [W. Va. Code § 23-4-16 and Supreme Court of Appeals of West Virginia decision May 23, 2008, LOVAS v. CONSOLIDATION COAL COMPANY]

I. OCCUPATIONAL PNEUMOCONIOSIS

1. Did the Self-Insured Employer enter non-medical decisions in occupational pneumoconiosis claims within ninety (90) days from the date the responsible party receives properly executed, prescribed forms? (can be “tolled” for no more than thirty (30) additional days during the evidence gathering process) [W. Va. Code § 23-4-15b and W.Va. Code R. § 85-1-10.2] (If necessary, this should reflect in the report as N/A with explanation as none were in the samples.)

J. DENIED AND CLOSED WITHOUT PAYMENT

1. Did the Self-Insured Employer properly investigate then give a written ruling on a claim within fifteen (15) working days, or if “tolled” while evidence for the claim is gathered, rule in the appropriate time? [W. Va. Code § 23-4-1c (a) and W. Va. Code R. § 85-1-10.1]
2. Were claims handling practices meeting West Virginia statutes, rules and regulations of “denied” and “closed without payment” claims including proper notifications, reasonable basis for denial, and whether or not claimants are provided adequate instructions for rebuttals? [W. Va. Code §§ 23-5-1(a) 23-5-1(b)(1)]
3. Were claims denied inappropriately due to a technicality? [W. Va. Code § 23-5-13]
4. Were appropriate protest/grievance language on the decision order? [W. Va. Code §§ 23-5-1(b)(1) and 23-4-3(f) and W. Va. Code R. §§ 85-1-7.2 and 85-21-10.2b]
5. Were denied claim investigations by the Self-Insured Employer/TPA complete and thorough?

K. OFFICE OF JUDGES (OOJ) AND BOARD OF REVIEW (BOR) ORDERS

1. Did the Self-Insured Employer comply with all orders of the Office of Judges (“OOJ”) and the Board of Review (“BOR”) and all mandates of the West Virginia Supreme Court of Appeals within thirty (30) days from the date of receipt, unless the responsible party is required to act sooner under the terms of the order or mandate, or the order or mandate is subject to a lawfully ordered stay? [W. Va. Code § 23-5-9(f) and W. Va. Code R. § 85-1-10.7]

L. DOCUMENTATION

1. Did the Self-Insured Employer follow state statutes, rules and regulations which require that claim files contain adequate documentation and to be maintained in a manner so that pertinent events and dates of such events can be reconstructed if necessary? [W. Va. Code R. §§ 85-18-13.3 and 13.4]

M. EDI - DOES THE SELF-INSURED EMPLOYER PROMPTLY AND ACCURATELY PROVIDE THE WVOIC WITH ALL NECESSARY CLAIM INFORMATION TO MAINTAIN THE WORKERS' COMPENSATION CLAIM INDEX? [W. VA. CODE §23-2C-5(C)(8) AND W. VA. CODE R. §85-2-1 ET SEQ. AND WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER'S ELECTRONIC DATA INTERCHANGE ("EDI") IMPLEMENTATION GUIDE]

1. FROI – Did the Self-Insured Employer/TPA submit the First Report of Injury report timely within ten (10) business days?
2. SROI - Did the Self-Insured Employer/TPA submit the Subsequent Reports of Injury report(s) updates on each claim either monthly or quarterly?
3. Closing - Did the Self-Insured Employer/TPA properly report closure of the claim when no additional transactions are expected on the claim? (For example: A notification that an accident has occurred is not a request for a compensability decision and therefore should not be denied (FROI 04) or administratively closed (SROI FN) and should be canceled as a FROI 01.)

N. THE SELF-INSURED EMPLOYER COOPERATES ON A TIMELY BASIS WITH EXAMINERS PERFORMING THE EXAMINATION.

1. Did the Self-Insured Employer respond to RFI's in a timely manner?
2. Did the Self-Insured Employer provide records in a timely basis and cooperate with the examination? [W. Va. Code R. § 85-18-13.6]

O. OTHER ISSUES

COMPLIANCE TABLE

<u>Review Section</u>	<u># Pass</u>	<u># Fail</u>	<u>N/A</u>	<u>Compliance %</u>	<u>Individual Corrective Action</u>	<u>Systemic Corrective Action</u>
A1	N/A	N/A	N/A	N/A		
B1	17	8	0	68%		*
B2	17	0	8	100%		
C1	14	6	5	73%		*
C2	19	1	5	95%	*	
C3	20	0	5	100%		
C4	20	0	5	100%		
D1	3	0	22	100%		
D2	3	0	22	100%		
D3	3	0	22	100%		
D4	3	0	22	100%		
E1	20	0	5	100%		
F1	N/A	N/A	N/A	N/A		
G1	N/A	N/A	N/A	N/A		
H1	25	0	0	100%		
I1	N/A	N/A	N/A	N/A		
J1	25	0	0	100%		
J2	24	1	0	96%	*	
J3	25	0	0	100%		
J4	24	1	0	96%	*	
J5	25	0	0	100%		
K1	N/A	N/A	N/A	N/A		
L1	50	0	0	100%		
M1	50	0	0	100%		
M2	25	0	0	100%		
M3	48	2	0	96%	*	
N1	50	0	0	100%		
N2	50	0	0	100%		
O	N/A	N/A	N/A	N/A		

*See "Observations and Recommendations" below.

OBSERVATIONS

A.1. – This element of review was N/A as there were no complaints for the exam period.

B.1. –Eight (8) claims did not provide an initial compensability ruling within fifteen (15) working days.

B.2. –Eight (8) claims were determined to N/A as they were not subject to protest language. There were no violations noted.

C.1.– Six (6) claims did not properly notify the claimant of their TTD award. Five (5) claims were determined to be N/A due to being medical only claims.

C.2. On one (1) claim the TTD payment was not timely paid. Five (5) claims were determined to be N/A due to being medical only claims.

C.3. – Five (5) were determined to be as N/A for being medical only claims. No violations noted.

C.4. –Five (5) claims were determined to be N/A due to being medical only claims. No violations noted.

D.1. –Twenty-two (22) claims were determined to be N/A, as no PPD benefits were requested nor rewarded. The remaining three (3) claims reviewed had no violations noted.

D.2. – Twenty-two (22) claims were determined to be N/A, as no benefits were requested nor rewarded. The remaining three (3) claims reviewed had no violations noted.

D.3. –Twenty-two (22) claims were determined to be N/A, as no PPD benefits were requested nor rewarded. The remaining three (3) claims had no violations noted.

D.4. –Twenty-two (22) claims were determined to be N/A, as no PPD benefits were requested nor rewarded. The remaining three (3) claims had no violations noted.

E.1. –Five (5) claims were determined to be N/A as they were not subject medical authorization review. The remaining twenty (20) claims had no violations.

F.1. – This element of review was N/A as there were no benefits awarded for Non-Awarded Partial (NAP) during the examination period.

G.1.– This element of review was N/A as there were no benefits awarded for Death Claims (FATAL) during the examination period.

H.1.– There were no violations for failure to properly close claims for the exam period.

I.1. – This element of review was N/A as there were no Occupational Pneumoconiosis claims during the examination period.

J.1. –There were no violations for failure to properly investigate and issue ruling within fifteen (15) working days.

J.2. – One (1) claim did not contain a proper notification, reasonable basis for denial and instructions for rebuttal.

J.3. No violations noted for improper denial.

J.4. – One (1) claim did not contain the appropriate protest/grievance language on the decision order.

J5. –Fourteen (14) closed claims were reviewed with no violations noted.

K.1. – This element of review was N/A as there were no Office of Judges orders with which to comply during the examination period.

L.1. –There were no violations for inadequate documentation.

M.1. –There were no violations for failure to send the First Report Of Injury (FROI).

M.2. –There were no violations for failure to submit Subsequent Reports of Injury -(SROI) updates for the examination period.

M.3. – Two (2) claims were found to be administratively closed in the TPA system; however, the update to “closed” claim status was not uploaded to EDI.

N.1. – There were no violations noted for failure to respond to RFI’s in a timely manner.

N.2. –There were no violations noted for failure to provide records on a timely basis.

O. – This element of review was N/A as there were no additional issues .

RECOMMENDATIONS

B.1. – The Self-Insured Employer/TPA should review its procedures - to ensure that compensability rulings on all claims are issued within the required fifteen (15) working day timeframe as required by W. Va. Code §§ 23-4-1c (a) and (b) & W. Va. Code R. § 85-1-10.1.

C.1. – The Self-Insured Employer/TPA should review its procedures to ensure that the claimant is properly notified of a TTD award as required by W. Va. Code § 23-5-1.

C.2. – The Self-Insured Employer/TPA should review its procedures to ensure that the TTD payment to the claimant is timely made upon determination of eligibility as required by W. Va. §§ 23-4-1c(b) and (g).


J.2. – The Self-Insured Employer/TPA should review its procedures to ensure claim file contains a Proper notification, reasonable basis for denial and instructions for rebuttal as required by W. Va. Code §§ 23-5-1(a) 23-5-1(b)(1).

J.4. – The Self-Insured Employer/TPA should review its procedures to ensure that claim files contain the appropriate protest/grievance language on the decision orders as required by W. Va. Code §§ 23-5-1(b)(1) and 23-4-3(f) and W. Va. Code R. §§ 85-1-7.2 and 85-21-10.2b.

M.3. – It is recommended the Self-Insured Employer provide timely FN reporting to EDI when a file is administratively closed or no further payments are expected as required by W. Va. Code §23-2C-5(C)(8) and W. Va. Code R. §85-2-1 et seq. and West Virginia Offices of The Insurance Commissioner’s Electronic Data Interchange (“EDI”) Implementation Guide.

EXAMINER'S SIGNATURE AND ACKNOWLEDGEMENT

The examiner would like to acknowledge the cooperation and assistance extended by the Self-Insured Employer/TPA during the course of the examination.



Jeremy White APIR
Examiner-in-Charge

EXAMINER'S AFFIDAVIT

State of West Virginia
County of Kanawha

EXAMINER'S AFFIDAVIT AS TO STANDARDS AND PROCEDURES USED IN AN EXAMINATION

I, Jeremy White, being duly sworn, states as follows:

1. I have the authority to represent West Virginia in the examination of FedEx Ground Package System, Inc.
2. I have reviewed the examination work papers and examination report, and the examination of FedEx Ground Package System, Inc was performed in a manner consistent with the standards and procedures required by West Virginia.

The affiant says nothing further.



Jeremy White APIR

Subscribed and sworn before me by Jeremy White on this 1st day of March 2024.



Notary Public

My commission expires: 10-11-2024

