CATTIE & GONZALEZ

A Higher Standard in MSP Compliance

2023

Medicare & Medicaid Compliance Services

Contents

About Our Services

So exactly what is the difference between Medicare Secondary Payer (MSP) services provided by the typical big box vendors and the legal and compliance services provided by a law firm like Cattie & Gonzalez, PLLC? While there are many, here are three specific differences that starkly differentiate us from those vendors. At the core of it is attention to our client's needs, a willingness to listen to our client's concerns, a desire to provide our client the very best services, and a real commitment to do right by our client, to deliver what is in our client's best interest.

Medicare Set-Asides

Where historically MSP vendors have solely relied on medical records to render an opinion about future costs, our law firm first looks at state and federal law, case law, regulations, policy, user guides, pleadings, evidence, and the parties' settlement agreement to formulate the basis and foundation of an MSA legal opinion. Our law firm also looks at medical records, notes, depositions, prescription history, and other medical evidence to determine our recommended set aside allocation. As a result, our MSA legal opinions are more than just a regurgitation of the medical records on the file. It is an analysis of the legal requirements under your state law and the Medicare Secondary Payer Act. This is why in controverted or denied claims, in cases where there is a justiciable issue, a disagreement as to entitlement to a benefit, our MSA legal opinions differ substantially from the average MSA vendor in the industry. And this is why our results show a greater than 80% savings as compared to the average MSA provided by the typical industry vendor.

Conditional Payments

Most, if not all, MSP vendors are unable to provide conditional payment legal services. This is because they are not a law firm, they cannot provide legal services and advice, and most importantly, have no experience in representing parties through the conditional payment resolution process. As a law firm, we are able to undertake representation of the defendant or its insurer, the represented or unrepresented claimant, through the post settlement conditional payment resolution process. We are able to provide our client with legal advice on every step of the evaluation, analysis, dispute, and CRC and BCRC appeals process. We are also able to provide legal counsel and representation in matters associated with US Department of Treasury, US Department of Justice, Medicare advantage plans, Medicare prescription drug plans, and state Medicaid agencies or their managed care organizations.

Mandatory Insurer Reporting

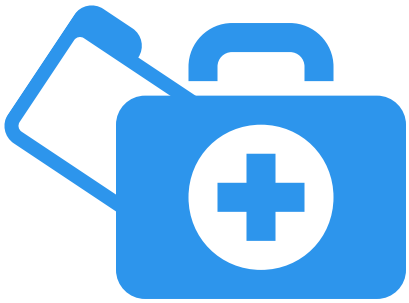
Despite the fact that mandatory reporting services have been around for more than a decade, all reporting agent vendors are still providing CMS with incorrect data because they refuse to look at claims data to verify the information reported on each claim. Our law firm's mandatory reporting services are different. We will look at all of the medical information you provide us with, all of the pleadings and legal information you provide us with, and all of the historic and analytical information you provide us with in order to come up with our recommendations regarding ongoing responsibility for medical acceptance date and termination date, international classification of diagnosis codes appropriately and accurately related to the claim, as well as total payment obligation to claimant date and amount. This will not only assure mandatory reporting compliance, but will also prevent civil monetary penalties.

MEDICAL RECORD SUMMARY and BILL REVIEW

Before you can proceed with a new case or claim, you need to understand what it's about. Often, the medical records will tell that story. Instead of relying on internal staff to organize and review those records, allow Cattie & Gonzalez to handle that for you. Our team of medical professionals can take those medical records, organize them in chronological order by provider, and then review them to determine what is related to the case or claim and what is not.

Medical Record Summary Services

Our complete medical record review solution includes a start to finish review. Utilizing the proprietary Veloci-Docs document review software, our medical record audit team scrutinizes each medical record carefully. From there, our team provides a summary of the contents of the document set in chronological order by provider. We will highlight any gaps in treatment or time revealed by the records as well as which conditions may be considered as pre-existing. We will also note how compliant the patient acts in light of medical treatment recommendations. What results for you is a professional analysis by experienced minds, allowing you to focus on what you do best.



Bill Review Services

Our comprehensive bill review solution includes a start to finish review by experienced medical professionals. Utilizing the proprietary Veloci-Docs document review software, our medical bill audit team scrutinizes each medical bill carefully, assessing for consistency in treatment and care. Duplicate charges and charges unrelated to the pending claim are identified, categorized, and removed from the total charges. What results is a clear understanding of what charges are related to the pending case or claim versus what charges are not related to the case or claim.

MANDATORY INSURER REPORTING SERVICES (MIR)

Mandatory Insurer Reporting (MIR) became law in 2007. It became mandatory in workers' compensation claims in 2010, and in liability claims in 2011. Since then, Responsible Reporting Entities (RREs) now must provide Medicare with specific data outlining the details of any claim in which the claimant is a current Medicare beneficiary. Cattie & Gonzalez provides the following MIR services:

Data for CPs and MSAs Services

Cattie & Gonzalez incorporates MIR components in every one of the services we provide. In other words, if hired to calculate an MSA Allocation or draft an MSA Legal Opinion, we will reach out to the client's reporting agent and obtain all relevant information regarding the correct type of claim (LIA, NF, or WC), ongoing responsibility for medical (ORM), medical codes related to the claim (ICD), and total payment obligation to claimant (TPOC). If we are hired to work on Medicare conditional payments, we will audit for accuracy and consistency of 1) ORM dates and termination of ORM, 2) ICD reported codes, and 3) TPOC dates and amounts to help protect clients from unnecessary exposure to potential Civil Monetary Penalties.

Direct Data Entry Services

Cattie & Gonzalez specializes in Direct Data Entry (DDE) mandatory reporting services. For clients with less than 500 reportable claims per year, we provide RREs the ability to directly report all necessary and required components of liability, no-fault, and workers compensation claims as delineated in the latest CMS NGHP MIR User Guide, so as to be compliant with the mandates of MIR and not liable for potential $1,000 per day per file civil money penalties.

Query, ORM, ICD, and TPOC Services

We will query each claimant for current Medicare beneficiary status, including Medicare Advantage and Prescription Plan eligibility on a monthly basis. If the claimant is Medicare eligible, we will then and report ORM assumption date/termination date if applicable, ICD-10 related codes, and TPOC date(s) and amount(s) in order to help protect clients from unnecessary exposure to potential $1,000 per day per file civil money penalties.

Audit Services

One of the most significant challenges for any size RRE is to truly understand and comprehend their reporting agent's MIR compliance, the status of its current MIR data, the accuracy of its MIR data points, and the likelihood of successful transmission of those to CMS. Through our MIR Audit Services, Cattie & Gonzalez provides its clients the opportunity to review, analyze, test, and determine the accuracy of a client's own internal or reporting agent's process, whether the right MIR information is being collected, whether that data is accurate, whether the data points are being communicated timely to CMS, and whether such information is being used as intended by CMS throughout the conditional payments resolution process and set aside allocation review process.

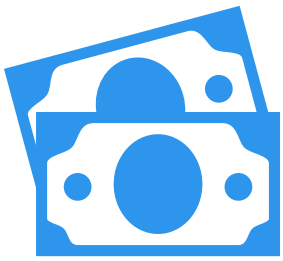
Legal Opinion Services

Perhaps the most frustrating component of MIR for any size RRE, whether using a reporting agent or reporting the data on its own, is the determination of whether the data points reported to CMS on a quarterly basis are correct. This has now taken on significant importance given the fact that up to $1,000 per day per file civil money penalties may apply to incorrect data provided to CMS. Cattie & Gonzalez will review your claim's accident/incident information to provide a legal opinion indicating the correct DOA/DOI and an accurate description of the accident/incident. We will also review your medical records to provide our legal opinion on the correct ICD-10 related to the claim and an accurate description of the medical conditions treated as a direct result of the claim to be reported as ORM. We will also review legal pleadings and settlement documentation to ascertain and provide our legal opinion on the correct date of settlement and accurate amount to be reported as TPOC.

CONDITIONAL PAYMENT REIMBURSEMENT SERVICES

With close to 65 million beneficiaries today, Medicare has become the second largest health insurance program in the United States, second only to Medicaid. One out every 5 Americans is insured by the Medicare system. Whether thru Part A (hospital coverage), Part B (physician services), Part C (advantage organizations) or Part D (prescription plans), all components of Medicare are entitled to reimbursement should Medicare make a payment where a primary payer or applicable plan is responsible for same. Cattie & Gonzalez offers conditional payment reimbursement services in each of these areas

Medicare Services (Parts A and B)



Close to 60% of Medicare beneficiaries receive their hospital and physician services through traditional Parts A and B coverage. We will verify eligibility and obtain confirmation of payments made by Medicare. Upon receipt of correspondence detailing same, we review the itemization meticulously. Our audit considers whether everything payment listed is/not related to the claim. If payments are not related to your claim, we dispute those charges, using medical and legal documentation to support our conclusions. Throughout the course of the life of the case, we continue to request updated conditional payment letters (reviewing most recent itemization and disputing unrelated charges) until you resolve the case. Upon resolution of the claim, we ask for a final demand and provide you with detailed instructions of when, how, and where to send payment to Medicare.

Medicare Advantage Plan Services (Part C)

Over forty percent (40%) of all Medicare beneficiaries today receive their coverage through a Medicare Advantage Organization (MAO) offering Medicare Part C coverage. Once we identify the MAO, we reach out to negotiate and minimize the our client's repayment obligation. While some MAOs handle their own recovery, others will engage recovery agents to work on its behalf. Whether dealing directly with the MAO or with a recovery agent, on behalf of our client, we request an itemized listing of all payments, analyze same, and dispute unrelated charges. Should the client disagree with the final amounts allegedly owed to the MAO, we pursue and exhaust all available avenues of appeal.

Medicare Prescription Drug Plan Services (Part D)

Over 80% of all Medicare beneficiaries today receive their prescription coverage through a Medicare Prescription Drug Plan (PDP) offering Medicare Part D coverage. If the Medicare beneficiary has purchased prescription drug coverage through a stand-alone PDP, then once we identify the PDP, we reach out to obtain a copy of the prescriptions provided by and paid for by the PDP. We then analyze such payments to determine if they are related to the claim. Whether dealing directly with the PDP or with a recovery agent, we dispute, on behalf of our client, unrelated charges. When we have reached an agreement on the reimbursable medications and amounts, we will request a finalized bill in writing from the PDP and will provide our client with specific instructions on when, how, and where to send payment. Should the client disagree with the final amounts allegedly owed to the PDP, we pursue and exhaust all available avenues of appeal.

BCRC/CRC Conditional Payment Resolution Services

Whether coming from the Commercial Repayment Center (CRC) in no-fault or work comp claims in which the primary payer has accepted ongoing responsibility for medical, or from the Benefits Coordination Recovery Center (BCRC) in automobile, medical malpractice, nursing home, products, slip and fall, trucking, and other general liability claims in which the primary payer has not accepted ongoing responsibility for medical, we handle all CRC and BCRC conditional payment issues at all levels, understanding the differences between these government contractors processes, policies, and procedures. Upon receipt of a conditional payment notice (CPN) from the CRC, or a conditional payment letter (CPL) from the BCRC, we review the itemization meticulously. If payments are not related to your claim, we dispute those charges on a timely basis, using medical and legal documentation to support our conclusions. On CPLs coming from the BCRC, we continue to request updated conditional payment letters repeatedly reviewing the most recent itemization and disputing unrelated charges until you resolve the case, at which point we ask for a final demand and provide you with detailed instructions of when, how, and where to send payment to BCRC. On CPNs coming from the CRC, we dispute unrelated charges within 30 days, redetermination within 120 days, and reconsideration within 180 days, at which point we provide you with detailed instructions of how, when, and where to send payment to CRC

Portal Only Pre-Settlement Final Demand Services

Cattie & Gonzalez offers clients the ability to leverage Medicare's portal only pre-settlement "final" conditional payment process to limit the amount ultimately owed back to Medicare for conditional payments. This service is unlike anything offered by anyone else in the country helping clients resolve conditional payments. When you take the right procedural and timely steps in advance of settlement, you can mitigate the conditional payments owed back to Medicare. Our most sophisticated clients often choose this service because of the great results we obtain when using this portal only, pre-settlement process. Strict adherence to specific time frames and procedural requirements are a must in order to take advantage of these unique opportunity to significantly reduce your Medicare conditional payment responsibility.

Compromise/Waiver/Appeal Requests Services

In cases where you disagree with the amount of Medicare's final demand, you have options. We understand the detailed steps involved with the appeals process as well as the strict time standards that must be met in order for your appeal to be heard on the merits. That work may include Request for Redetermination, Request for Reconsideration, Request for Hearing before an Administrative Law Judge (ALJ); Request for Review by the Medicare Appeals Council; and Legal action in United States District Court. As attorneys who have handled thousands of conditional payment cases, Cattie & Gonzalez fully comprehends, understands and actively utilizes the complete Medicare appeals process on behalf of our clients when necessary to achieve the right result in a case. Depending on the case, the facts, and the issue at hand, we lead our clients through a sophisticated array of options on how to best prove our argument through testimony of the claimant and his/her family members, testimony from active participants in the litigation of the claim, consequential and significant evidence born from the litigation of the case, and written documentation and communication between the parties and the various medical experts who provided care throughout the case.

LIEN RESOLUTION SERVICES

Medicaid Services

When Medicaid has made payments for medical expenses related to an injury, it may assert a lien against the beneficiary's recovery. As each state Medicaid agency has a unique recovery statute, each agency has different reduction formulas or guidelines pursuant to their unique statute. We have experience working with all 50 state agencies and negotiating reasonable lien reductions based on each state's current statutory and regulatory environment. If the Medicaid agency is not willing to resolve their lien with us, Cattie & Gonzalez does not stop there. Our attorneys have experience pursing equitable relief for our clients via an Ahlborn hearing. Our firm guides our clients through that process, pursuing legal remedy via the judiciary, presenting evidence and testimony pertinent to the reduction of the lien.

Military (VA/TriCare/CHAMPVA) Services

Military veterans and their family members may have health insurance coverage under the Veterans' Administration (VA), Tricare or ChampVA. When settling a case involving beneficiaries of one of those programs, litigants need to be aware of the potential recovery rights of each program. The VA has both a right of subrogation as well as an independent right of recovery when a responsible third party exists. Tricare has both a right of subrogation and an independent right of recovery when a responsible third party exists. Our attorneys and staff have worked with these agencies for years. We know who to contact and how to negotiate reasonable lien reductions based on the applicable federal statutory and regulatory provisions.

Private/ERISA Services

While private liens may not be the most difficult type of lien to resolve, they do consume a great deal of time and resources better spent doing other important and necessary things in your firm or department. The degree of difficulty does increase when the lien may fall under the Employee Retirement Income Security Act ("ERISA"). Cattie & Gonzalez is able to help navigate that path, helping you understand whether the plan is self-funded or not, and what the plan's true recovery rights are. We assist our clients through complete resolution.

FEHBA Services

If you have a case involving a federal employee, a former federal employee, or the family member of a current or former federal employee, you may have a lien issue arising under Federal Employees Health Benefits Act (FEHBA) of 1959 (5 U.S.C. 8901 et seq.). FEHBA liens can be difficult to negotiate. Cattie & Gonzalez has experience negotiating FEHBA liens, and would welcome the chance to work with you to procure the maximum lien reduction possible.

Workers' Compensation Services

An employer, its carrier, or third party administrator may assert a workers' compensation lien when its employee has been injured in an industrial accident, the employer accepted the employee's workers' compensation claim, and the employee is also pursuing and resolving a 3rd party liability case arising from the same accident. Cattie & Gonzalez rely on decades of experience within the workers' compensation industry to help clients verify, resolve, and satisfy workers' compensation liens quickly, efficiently, and compliantly.

Indian Health Services

While not technically a "lien", Indian Health Services ("IHS") may seek subrogation of claims under 25 U.S.C. §1682 including but not limited to automobile insurance claims, no-fault insurance claims, liability insurance claims, and worker's compensation insurance claims. When resolving an insurance claim involving bodily injuries to a member of an Indian nation, we can help the settling parties proactively assess whether IHS has a right of recovery. Cattie & Gonzalez conducts due diligence on your behalf, investigating, confirming, analyzing, disputing, and resolving such claims

FUTURE MEDICAL CARE SERVICES

Medical Cost Projection (MCP) Services

Whether a liability, no-fault, or workers' compensation claim, this snapshot provides a comprehensive look at potential future medicals in play. Different from an MSA in form and function, a MCP provides critical information for parties trying to maneuver a case towards settlement. MCPs are useful for all cases in which a Life Care Plan (LCP) may be excessive (in scope and/or cost). Our MCPs contemplate both Medicare and non-Medicare medical care and treatment, including prescriptions, priced using the various nationally accepted fee schedules available. Clients obtaining MCPs from Cattie & Gonzalez can better position a case for settlement with authoritative evidence and support for future medical expenses at issue in the case.

Workers Compensation (WCMSA) Allocation Services

Medicare's WCMSA Reference Guide advises that its future interests must be considered in all workers' compensation cases, regardless of whether a case meets its arbitrary workload review threshold. As a result, a Cattie & Gonzalez WCMSA Allocation can help you by predicting what portion of a potential settlement, judgment, or award may need to be "set-aside" for future medical care related to the work comp claim. This medically-based review fully adheres with CMS pricing methodology as set forth by CMS in its WCMSA Reference Guide. Getting a WCMSA report allows you to consider Medicare's future interest in your workers' compensation case, meeting Medicare's expectations and standards.

Liability (LMSA) Allocation Services

LMSAs have been a moving target over the past decade. In furtherance of assuring compliance, Cattie & Gonzalez offers a medically-based LMSA Allocation to help parties achieve resolution of their case. While it cannot be said that LMSAs are "required" today, Medicare possesses a right of recovery for future medicals in a liability case. The MSP Act advises that Medicare will not pay medical expenses when payment has been made or can reasonable be expected to be made under a liability insurance plan. 42 U.S.C. § 1395y(b) (2)(A)(ii). An LMSA Allocation provides you with a snapshot of the maximum amount CMS may be able to claim at a later date, thereby allowing you to take Medicare's future interests into account and assuring the Medicare beneficiary's future entitlement to benefits.

LMSA/WCMSA 2nd Opinion Services

Often, parties trying to settle a case are unable to do so due to an older MSA allocation report in the file. That report may have provided an amount which makes settlement impossible. We see that often, which is why our firm offers an MSA 2nd Opinion service. Our firm will review the previous MSA and bring it current to the present day. Laws change, regulations change, rules change. Older MSAs change too. If you have an MSA in your file that is too high and is preventing an otherwise valid settlement, ask Cattie & Gonzalez for an MSA 2nd Opinion. If we cannot provide you with a lower MSA, we will not charge you a fee.

LMSA/WCMSA Legal Opinion Services

The Cattie & Gonzalez MSA Legal Opinion advises whether a future medical obligation exists based on the specific facts of your case. If one does, it then proceeds to present the client with potential vehicles (i.e., MSAs, Medical Savings Accounts, etc.) to ensure Medicare is not billed prematurely for claim related medical expenses. It presents potential funding and administrative options. It contemplates whether Medicare should review/approve the MSA. Finally, it shares a path to obtain a judicial allocation on the merits of the case, which Medicare must respect. The MSA Legal Opinion transfers all risk away from you, and ensures you will not have to pay an additional dime above and beyond that amount recommended in the MSA Legal Opinion. Our MSA Legal Opinions avoid the potential of a CMS counter-higher, allowing parties to resolve their cases faster.

MCP/LMSA/WCMSA Revision Services

Things change. Medical needs change. Diagnostic needs change. Medications change. As time passes, you may need us to consider new or updated information. We are happy to revise our MCPs and MSAs to account for updated medical and claim related information.

WCMSA Submission to Medicare for Review Services

Cattie & Gonzalez is able to submit our own MSA Allocation to CMS for review or an MSA Allocation you obtained from another group. Importantly, CMS will recognize one and only one representative at a time when it comes to reviewing MSAs. The first one to the CMS window, in effect, can lock out the other side. If you do choose to seek CMS review and approval of your MSA, then you must adhere to CMS' rules and requirements. We can help you maintain as much control of that process as possible. Working with Cattie & Gonzalez to get your MSA approved by CMS assures value and compliance.

LMSA Re-Review and Amended Review Services

Currently, Medicare does not provide a formal review process for LMSAs. Despite that, some settling parties prefer to document their files evidencing their efforts to seek Medicare's approval of their LMSA Allocation. Our firm facilitates that for certain clients. We serve as the conduit between the settling parties and Medicare by connecting with the appropriate Medicare regional office and request its review and approval of the LMSA. While the regional office typically will not approve LMSAs, it also typically will not disagree with the LMSA. This process, in advance of any potential LMSA formal review process, allows parties to evidence efforts to obtain CMS' approval of a LMSA Allocation.

WCMSA Re-Review and Amended Review Services

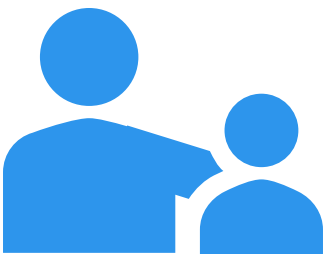
In the past, Medicare did not offer any appeals process for WCMSAs. You were stuck with the result from CMS, whether you agreed with the result or not. It's a very different scenario these days. Although we still do not have a full appeals process, CMS now offers WCMSA re-reviews and amended reviews under specific circumstances. You may have a right to an immediate re-review if CMS made an obvious mathematical error or did not consider certain documentation dated prior to the initial submission date. You may have a right to an amended review if 1) CMS has issued an approved amount at least twelve (12) but no more than seventy-two (72) months prior; 2) the case has not yet settled as of the date of the request for re- review; and 3) projected care has changed so much that the submitter's new proposed amount would result in a 10% or $10,000 change (whichever is greater) in CMS' previously approved amount.

Protecting Future Medicaid Benefits Services

Receipt of settlement proceeds, even by the representing attorney in a law firm's client trust account, may jeopardize a claimant's access to and eligibility for certain needs-based benefits like Supplemental Security Income (SSI), Medicaid, or food stamps. If the claimant wishes to protect future needs-based benefits like Medicaid, that's where Cattie & Gonzalez steps in. Our lawyers provide guidance and counsel to claimants seeking to protect future Medicaid benefits. For those wishing to protect those benefits, we may advise that they establish a Special Needs Trust (SNT). Our lawyers handle the SNT process from start to finish. We collaborate with settlement planners and attorneys nationwide to provide the best possible advice.

Protecting Future Medicare Benefits Services

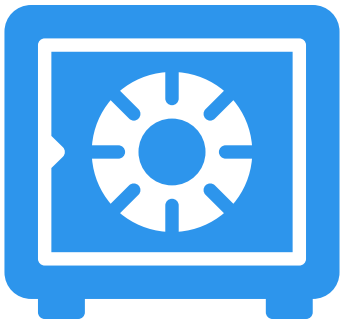
If the claimant wishes to protect future Medicare benefits and the question becomes one of MSA account management, you might ask whether they need help administering the MSA account and funds. If the claimant wants to hold on to the MSA funds and wishes to seek legal advice about next steps, that's where Cattie & Gonzalez steps in. Our lawyers provide guidance and counsel to claimants seeking to protect future Medicare benefits who hold onto the MSA funds and wish to self-administer their own MSA account. In addition, should Medicare deny payment of medical care related to the settled claim after exhaustion of LMSA/WCMSA funds, our lawyers will represent the claimant throughout the appeals process, including representation at hearing and request for review on appeal.



PREDICTIVE SETTLEMENT SERVICES

Qualified Settlement Funds (QSFs) Services

Qualified Settlement Funds (QSFs) are a vastly underutilized settlement tool. Widely used in the mass tort context, more and more parties are turning to QSFs as a solution to shield settling defendants from all potential exposure to Medicare and lienholders. At the same time, a QSF affords settling plaintiffs the time necessary to ensure proper steps are being taken to minimize Medicare conditional payment and lien resolution obligations while protecting future medical eligibility for Medicare and Medicaid. The lawyers at Cattie & Gonzalez assist clients with all aspects of the QSF process, from the initial steps necessary to establish the QSF legally to opening appropriate accounts and submitting proper tax returns. For those seeking a sophisticated legal manner to walk away exposure free from a pending settlement or buy time to make critical decisions about future medical coverage, the QSF might be your solution.



Judicial Allocations on the Merits Services

While Medicare and other agencies seeking recovery do not necessarily have to respect allocations made by settling parties, they must respect judicial allocations determined on the merits of the case. The lawyers at Cattie & Gonzalez shepherd clients through this process upon request. After taking steps proactively to minimize reimbursement obligations pre-settlement, we route parties just prior to settlement to enter into a single event arbitration process involving arbitrators with ample litigation and MSP compliance experience. Once the arbitration process is complete and the arbitrator issues an award, the parties may then enter that award on the record with the judiciary and satisfy MSP and lien obligations accordingly. Done right, judicial allocations on the merits represent a sophisticated settlement solution providing the parties with exact and precise details and corresponding protection.

REPRESENTED and UNREPRESENTED CLAIMANTS

Unrepresented claimant cases pose unique concerns for the claims professional. On the one hand, their job is to review the claim, make appropriate adjustments to the claim, and resolve the claim as quickly, efficiently and effectively as possible. Accomplishing those goals necessarily means addressing Medicare compliance and lien resolution issues head-on. On the other hand, there's a line between claimant and adjustor that cannot be crossed. The claims professional does not represent the unrepresented claimant, and cannot provide that claimant with legal advice. Under no circumstances can it be alleged that the claims professional or the organization be accused of the unauthorized practice of law in handling Medicare compliance and lien resolution issues on the claim.

Cattie & Gonzalez solves that dilemma. Our firm can serve as the go-between for the claims professional and the claimant. Hired for the sole purposes of handling Medicare and Medicaid compliance and lien resolution issues, Cattie & Gonzalez can communicate with the claimant and provide legal advice about reimbursing Medicare/Medicaid and other lienholders that the claims professional cannot. When our work is done, reporting and reimbursement obligations are addressed compliantly, claims can be resolved without jeopardizing the claimant's eligibility for Medicare, Medicaid, or other health insurance.

Our services may be provided on cases involving unrepresented claimants just as they can when the claimant has decided to hire counsel. Parties to a claim may also decide to hire Cattie & Gonzalez jointly. Since it is true that addressing Medicare and Medicaid compliance and lien resolution issues benefits all parties trying to resolve a claim, we have cases where the parties agree to split our firm's fees. By doing this, all benefits of the firm's work flows to all parties. Importantly, this also includes the protection provided by services such as our Future Medical Projections and MSA Legal Opinion.

SINGLE EVENT & MASS TORT CASES

Clients of Cattie & Gonzalez know they can hire us to handle all reporting and reimbursement issues that may be related to their case. The case may involve a single incident with a single lienholder. The case may involve thousands of incidents with multiple lienholders and mandatory reporting obligations to those lienholders or the judiciary. Either way (and for all situations in between), Cattie & Gonzalez provides clients a full suite of legal and compliance services that allow clients to settle the single event case or mass tort cases and close the file(s) with confidence.

For most, the concept of mass torts and personal service can't possibly belong in the same sentence. Mass tort clients of Cattie & Gonzalez know better. They know that our firm will handle all components of the task, including the proactive outreach to claimants to assess the types of insurance coverage in play instead of taking for granted what appears on the plaintiff fact sheet. Our clients know our firm uncovers the missing liens that often times plaintiffs do not know even exist. Sometimes plaintiffs don't remember being enrolled in a specific Medicare Advantage Plan (MAP). Sometimes they fail to understand that living in a certain state, even shortly, could give rise to a Medicaid lien.

Here's our performance on a recent Mass Tort project:

- **Our firm identified more than double the amount of liens to be resolved.**
- **All liens resolved in 82.43% of cases within 120 days of engagement; &**
- **All MSA issues addressed in 90% of cases within 120 days of engagement.**

How to Reach and Hire Cattie & Gonzalez

Now that you know who we are, what we do, and why we do it, here are 3 easy steps to getting started with us:

- Email us at info@cattielaw.com
- Visit us at www.cattielaw.com
- Call us at (844) 546-3500

We will follow up with you same day to talk about your case, answer any questions you may have, and determine the appropriate scope of service.

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