

Cattie & Gonzalez

2022

Client Prospectus

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Introduction

With years of experience in the MSP industry, in 2016 John launched the law firm of Cattie, PLLC. The law firm and the services he would provide his clients would be entirely unique from any other in the country. His clients would not only receive high quality MSP compliance advice, but would enjoy all the benefits that arise from establishing an attorney/client relationship. Specifically, communications would be protected and the firm would stand behind its work and advice. In 2020, John brought on Rafael, a nationally known and experienced MSP attorney as his partner, renaming the law firm Cattie & Gonzalez, PLLC. The firm now offers the most robust and diverse MSP compliance suite of services in the nation, including mandatory insurer reporting compliance services, conditional payment reimbursement services, and set aside allocation or legal opinion services.

John and Rafael believe that only a lawyer practicing law in a law firm that focuses on Medicare and Medicaid compliance can provide independent legal advice that truly protects the interest of the client. Whether it be mandatory reporting proposed rules on civil money penalties, continuing changes in the conditional payment resolution process, the dangers of CMS referring a client's outstanding debts to the US Department of Treasury, or even worse, referring the file to the US Department of Justice for prosecution, or the expected proposed code of federal regulations setting out a process and procedure for allocating for future medical needs related to the auto, liability, no-fault, or work comp claim, only a knowledgeable lawyer with years of experience handling these type of matters can provide legal advice and counsel to protect the client from the dangers of mishandling the numerous changes affecting your specific situation.

MSP legal services, like all other legal services provided by an attorney in a law firm setting, come with protections for the client that the non-legal MSP vendor industry has been unwilling or unable to provide. Clients hiring a lawyer for legal advice are entitled to rely on that legal advice. If a client relies on legal advice to their detriment, the client has recourse. MSP services are no different. As attorneys providing legal advice about mandatory insurer reporting, conditional payment resolution, and MSAs, we will stand behind our conclusions and defend our opinion against Medicare. When you hire our law firm to provide you with a legal opinion, you can rely on the conclusions of that opinion to settle your case and close your file for good, with no possibility of government recovering anything else from you going forward.



Our Firm's Difference

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.



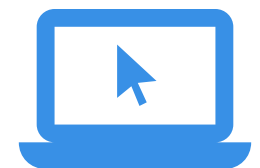
Conditional Payments



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.



About Our Team

John V. Cattie, Jr. Managing Partner



John V. Cattie, Jr. was born in Philadelphia, PA and grew up outside Charlotte, NC. John graduated from Charlotte Latin School and attended the University of North Carolina at Chapel Hill. He received his Bachelor of Arts degree in International Studies with a focus on Political Science as well as a minor in History. After graduation he attended Villanova University and received his JD/MBA. John joined Garretson Resolution Group (GRG) in 2008 to launch its MSA group. It was while working at GRG that John recognized a simple but important fact: while there were a lots of folks around the country that “did MSAs” and a lot of them had lawyers working for them, no one was providing clients with the legal advice they needed most, no one was providing clients with legal advice about their MSA exposure. John set out to change that.

In late 2016, he returned to the private practice of law and opened Cattie, PLLC, a law firm whose mission was to extinguish a client’s future medical exposure under the MSP Act. By providing legal advice about what Medicare’s rights of recovery were under federal law and what a client’s obligations were under the MSP Act, John’s firm was unique in that clients could obtain MSA legal advice and rely on that and that alone as the means of resolving a case and closing the file.

Today, John is the Managing Member of Cattie & Gonzalez, PLLC. Along the way, John has become one of the nation’s most well-respected names in the MSA industry. He has become a nationally known author and speaker, experienced in all components of MSA law and procedure. He has personally reviewed or overseen the review of over 13,000 distinct fact patterns.

Rafael Gonzalez

Partner

Rafael earned his Bachelors of Science degree from the University of Florida, and his Jurisprudence Doctorate degree from the Florida State University.

Rafael has over 35 years experience in the legal and insurance industries. Over that time, he practiced law at Barrs Williamson, served as corporate counsel for FCCI Insurance, as Chief Executive Officer of The Center for Lien Resolution, The Center for Medicare Set Aside Administration and The Center for Special Needs Trusts Administration, as Vice President of Medicare & Medicaid Compliance for Gould & Lamb, as Vice President of Strategic Solutions at PMSI/Helios, as President of Flagship Services Group, and as President of UnitedHealth/Optum Workers Compensation and Auto No-Fault Settlement Solutions.

Rafael is currently a partner in Cattie & Gonzalez, PLLC, focusing on Medicare and Medicaid secondary payer law and compliance in auto bodily injury, liability, mass tort, medical malpractice, nursing home, no-fault, products, workers compensation, and wrongful death claims and litigated cases.



Mike McCullough

Client Development Manager

Mike has over 28 years' experience in business development, marketing, and legal sales operations including Westlaw, Lexis/Nexis, and Garretson Resolution Group. He has created and implemented sales lead generation, sales product implementation, and he has always taken a consultative approach so he can better understand his clients needs prior to recommending the best solution(s) to help them continue to grow their practice. Mike has worked with attorneys across the country involved in the mass tort, asbestos & single event space. Mike is happily married and has 4 wonderful sons. He and his family currently reside in Cincinnati, Ohio.

Heidi Canova

Intake Coordinator

Heidi serves as the Client Referral Coordinator for Cattie & Gonzalez. She is our firm's initial internal point of contact for new matters. Her responsibilities include gathering requested information from our clients, setting up and maintaining client case files, and communicating with clients daily to ensure our firm maintains its industry leading level of client communication. She came to our firm as part of the team coming over from Cobalt Compliance Partners ("Cobalt"). During her time at Cobalt, she helped develop document review software called Veloci-Docs which our firm and others use to organize, review, and summarize electronic documents in half the time. Using Veloci-Docs, Heidi sets up a client case file electronically before our attorneys, paralegals, and medical team go to work.

Meghan Tiernan

Paralegal

Meghan H. Tiernan is a Paralegal at Cattie & Gonzalez, PLLC, where she oversees all lien resolution activities for Medicare, Medicare Advantage, Medicaid, Medicaid Managed Care Organizations, Tricare, Veterans Affairs, Indian Health Services and Private Insurance on behalf of the law firm. Meghan graduated from Asheboro High School with honors and received her Certified Nursing Assistant certification at Randolph Community College in Asheboro, North Carolina. She has over 12 years of experience navigating the intricacies of Medicare Secondary Payer and lien resolution, assisting Plaintiff's counsel, Defense counsel and Insurance Carriers in providing final resolution to these issues on their cases. Previously, Meghan was the Operations Manager at Garretson Resolution Group (GRG), responsible for Medicaid and Military lien operations for single event cases and mass tort cases. Other experience includes medical office management, insurance claims audit and workers compensation premium audit. Meghan has two boys, both active in sports, and loves to read and travel.

Drew Brett

Paralegal

Drew Brett received his Bachelor's Degree in 2006 from Liberty University and his Paralegal Technologies Diploma in 2009 from South Piedmont Community College. He worked at Garretson Resolution Group from 2010 to 2019, serving as an MSA Specialist, Senior Client Relationship Manager, and Program Operations Manager. He was Senior Paralegal for the MSP Compliance Taskforce which was responsible for working with senior Medicare officials on constructing and operating the global modeling processes that Mass Tort lien resolution teams would use. He was responsible for the lien resolution programs for such class action lawsuits as the NFL Concussion Litigation, Michigan State University Sexual Assault, Catholic Church Sexual Assault, and others. He joined Cattie Law in 2019 to operate in the MSA department after having worked with John while they were both at GRG. Drew also serves on the board of Generation Students, a youth ministry group in Union County, NC.

Jennifer Giavotella, CMSP

Manager of Medical Review Services

Jennifer serves as the Manager of Medical Review, and MSA Allocation for Cattie & Gonzalez, PLLC, where she provides expertise and oversight in the development of Medicare Set-Asides and Medical Cost Projections for clients for both workers' compensation and liability claims. She provides over 12 years of experience in the areas of Medicare Set-Aside, Medicare Set-Aside submissions to CMS, Section 111 Mandatory Reporting, Claims Analysis, as well as all aspects of Lien Resolution for Medicare, Medicare Advantage, Medicaid, and Personal Injury. Jennifer currently holds a certification as a Certified Medicare Secondary Payer Professional CMSP. She is an active member of MSP Network (NAMSAP), as well as Louisiana Association of Self-Insured Employers (LASIE). Jennifer and her husband of 27 years have 3 adult children, and 2 beloved Hungarian Vizsla's dogs who consume most of their free time. She is a native of New Orleans who enjoys cooking, entertaining, and travel.

Mary Beth Brubaker, CMSP

Senior MSP Analyst

Mary Beth Brubaker is a Senior MSP Analyst at Cattie & Gonzalez, PLLC, where she oversees lien resolution activities for Medicare, Medicare Advantage, Medicaid Managed Care Organization for our primary payer clients on behalf of the law firm. She also works closely with our MSA allocators to ensure that the MIR components on a case align with the MSA. Relying on her 36 years of experience in the workers' compensation industry, Mary Beth provides our clients with expansive knowledge of MSP and MIR compliance. She currently holds her Certified Medicare Secondary Payer designation, Associate Disability management designation and Associate in Claims designation. Other experience includes MIR auditing, Insurance claim auditing, and claims management. Mary Beth and her life partner enjoy fishing, diving, pickleball and they love traveling.

Alex Gonzalez

Data and Brand Specialist

Alex graduated from the University of Central Florida in 2018 with a Bachelor's Degree in Digital Media. Before joining Cattie & Gonzalez, PLLC, he spent some time in the music industry first in equipment and accessories and then as an instructor. Currently, he looks after client contact data in Salesforce and generates and assists with all marketing content and projects across the firm with multiple mediums, across multiple channels. Alex is still an accomplished multi-instrumentalist, songwriter, and producer and you can find him any day of the week practicing his instruments, playing with multiple bands, recording some sick riffs, or up on stage playing a rock show.



About Our Services

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

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



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:

MIR Components in All 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.

MIR Direct Data Entry

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.

MIR Query, ORM, ICD, and TPOC

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.

MIR Audits

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.

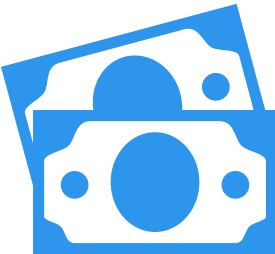
MIR Legal Opinions

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 Conditional Payment Resolution (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 Plans Organizations Conditional Payment Resolution (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 Plans (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

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 Conditional Payment Resolution



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.

Final Demands and Post-Final Demand Appeals

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 Liens Resolution 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 pursuing 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 Liens (VA/TriCare/CHAMPVA) Resolution 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 Liens Resolution 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 Liens Resolution 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 Liens Resolution 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 Resolution 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

Cattie & Gonzalez provides the most comprehensive list of services related to future medical services in the nation. Some services are best utilized pre-settlement; others are best utilized post-settlement. Our future medical services can help you calculate the potential future medicals anticipated to be incurred, what portion of those are Medicare-covered versus non-Medicare covered, what portion Medicare would expect to be funded into a Medicare Set-aside Arrangement (MSA), and what portion federal law dictates should be "set aside" before a claimant asks Medicare to pay future medical expenses related to any potential settlement, judgment, or award. Our future medical services can also protect clients future entitlement to Medicare and/or Medicaid while also protecting our clients from Medicare being able to collect any additional proceeds above and beyond that MSA amount that Cattie & Gonzalez finds to be appropriate under the law.

"Our clients request a variety of future medical services from us that help better position them for settlement and protect them post-settlement."

Medical Cost Projections (MCPs)



Whether an auto, 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, an 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.

FUTURE MEDICAL CARE

Workers' Compensation Medicare Set-Asides (WCMSAs)

Section 8.1 of 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 Medicare Set-Asides (LMSAs)

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, most professionals in the liability arena understand that 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 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.

"MSA Allocations, whether as an initial calculation or a second opinion, help position a case for a timely settlement."

MSA 2nd Opinions

Often, parties trying to settle a case are unable to do so due to an older MSA allocation report in the file. That report comes back at an amount which makes settlement impossible. John Cattie and Rafael Gonzalez see that often, which is why the 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 should 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 a 2nd Opinion. If we cannot provide you with a lower MSA, we will not charge you a fee.

FUTURE MEDICAL CARE

WCMSA Submission to Medicare WCRC for Review

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' principles 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 Submission to Medicare Regional Office for Review

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.

Re-Review and Amended Review of MSAs

In the past, Medicare did not offer any appeals process for MSAs. You were stuck with the result from CMS, whether you agreed with the result or not. It's a very different scenario these days.

CMS now offers MSA 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 a conditional approval/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.

Cattie & Gonzalez's experience extends to the CMS re-review and amended review process. Our combination of clinical and legal experience can best position your case for re-review or amended review, giving you the best chance for CMS to approve your MSA on the second go-around.

"While asking Medicare to review and approve your MSA proposal is always voluntary, some people prefer receiving Medicare's stamp of approval if possible. We are pleased to help our clients do exactly that."

FUTURE MEDICAL CARE

MSA Legal Opinions

No one likes receiving a CMS counter-higher letter to the original MSA proposal. This is not inevitable though. In fact, it's completely preventable. Instead of opening yourself up to the potential of a CMS counter-higher, sometimes in the hundreds of thousands of dollars higher, you might consider an alternative risk management technique: the Cattie & Gonzalez MSA Legal Opinion.



The Cattie & Gonzalez MSA Legal Opinion accomplishes the same as a CMS-approved MSA. Clients obtaining that legal opinion for the file may rely on its conclusions going forward. Like obtaining legal advice in any other context, you have the right to rely on legal advice in the MSA context, and the MSA Legal Opinion provides exactly that.

The Cattie & Gonzalez MSA Legal Opinion advises whether a future medical obligation exists based on the case-specific facts. 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. It presents potential funding and administrative options. It contemplates whether one must ask Medicare to 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. Avoiding the potential of a CMS counter-higher letter means resolving cases faster.

"Our MSA Legal Opinions provide clients with the absolute lowest defensible MSA amount, whether that is \$0 or some higher amount. Based on a combination of legal analysis and medical documentation, the MSA Legal Opinion allows clients to close a case permanently."

Why MSA Legal Opinions?

They Yield Smaller, More Appropriate MSAs.

We know that Medicare's review process for MSAs is based on medical records, not the legal realities of the case. Over time, this variance yields millions of dollars being funded into MSAs that may not be appropriate under the law. According to recent studies, MSAs have been overfunded in workers' compensation cases to the tune of approximately \$2 billion over the past decade.

In liability cases, a medically based MSA will almost ALWAYS overfund the MSA obligation. While the MSA assumes the case will settle for 100 cents on the dollar (and thus is priced based on usual, customary, and reasonable rates, the case never settles for that. It always settles for somewhere between 1¢ and 99¢ on the dollar. Thus, there will always be a difference between the MSA Allocation (based on medicals only) and the true amount being paid as compensation for future medicals in a settlement (based on legal analysis).

The MSA Legal Opinion factors in those reasons leading to that reduced settlement based on compromise. It then calculates how much of a potential settlement amount is payable for future medicals. What results is an appropriate MSA amount based on the legal realities of the case, not the future medical needs which are not being paid for in the settlement. The MSA Legal Opinion meets the standard set forth under the MSP Act by identifying those future medicals which Medicare will not pay for in the future as they were paid as part of the settlement itself.

MSA Legal Opinions & Return on Investment (ROI)



| Gross Settlement Value | MSA Allocation (Medical) | MSA Legal Opinion | Savings (\$) | Savings (% of MSA Exposure) | Cost of MSA Legal Opinion |
|----------------------------------|-------------------------------------|---|--|---|-------------------------------------|
| \$350,000 | \$101,214.31 | \$14,147.89 | \$87,066.42 | 86% | \$2,500 |
| \$1,750,000 | \$486,391.18 | \$182,523.17 | \$303,868.01 | 62% | \$3,500 |
| \$1,000,000 | \$289,772.61 | \$111,200.91 | \$178,571.70 | 62% | \$3,500 |
| \$500,000 | \$94,526.92 | \$0 | \$94,526.92 | 100% | \$2,500 |
| \$3,200,000 | \$814,448.20 | \$364,918.11 | \$449,530.09 | 55% | \$3,500 |
| Total GSV \$6,800,000 | Total MSA \$1,786,353.22 | Total MSA Legal Opinion \$672,790.08 | Total Savings (\$) \$1,113,563.14 | Total Savings (%) 62.34% | Total Costs \$15,500 |

MSA Legal Opinions pay for themselves almost every time!



CATTIE & GONZALEZ
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They Protect You From Medicare.



CATTIE & GONZALEZ

A Higher Standard in MSP Compliance



How A Cattie MSA Legal Opinion Protects Our Clients

The law firm of Cattie & Gonzalez ("Cattie") stands behind its conclusions 100%. Clients hiring lawyers for legal advice are entitled to rely on that legal advice. If a client relies on legal advice to their detriment, the client has recourse. The client can sue the attorney/firm for legal malpractice or can report that attorney to the state bar. Think about this:

Example 1 – You have a tax question. You hire a tax attorney to answer that question. That attorney reviews your case and provides you a tax opinion. You rely on that opinion to proceed in a certain way. If that advice turns out to be erroneous, you can sue your attorney for legal malpractice, or you can report your attorney to the state bar.

Example 2 – You want to buy a parcel of land, but want to know if the title to that parcel is free and clear. To answer that question, you hire a real estate attorney. That attorney provides you an opinion stating that the title is free and clear of any encumbrances. Based on that opinion, you buy the parcel of land. Later, another person shows up claiming the land belongs to them. As it turns out, their claim trumps yours. Since you relied on your attorney's advice to your detriment, you have recourse. You can sue your attorney for legal malpractice, or you can report your attorney to the state bar.

Medicare Set-Asides (MSAs) are no different. Attorneys providing legal advice about MSAs must stand behind their conclusions. Clients receiving legal advice about MSAs have a right to rely on that advice. To the extent they rely on that advice to their detriment, they have recourse. They can sue that attorney for legal malpractice or can report that attorney to the state bar. They cannot do that with an MSA vendor.

Clients hiring Cattie for an MSA Legal Opinion enjoy certain benefits that arise from the attorney/client relationship, with no additional strings attached. Cattie stands behind its conclusions 100%. If Medicare pursues our client seeking additional dollars above and beyond that amount we recommend, Cattie will defend its opinion against Medicare. This pursuit may take 1 of 2 forms: 1) Medicare rejects future medical bills from medical providers for reimbursement, advising the provider to seek payment from Cattie's client; or 2) Medicare pays certain future medical bills, but then seeks reimbursement from Cattie's client.

Cattie will defend, directly with Medicare, any post-settlement conditional payments arising solely from the client's application of and reliance on a Cattie MSA Legal Opinion, or resulting solely from Cattie's negligence in calculating MSA amounts in accordance with the Medicare Secondary Payer (MSP) Act.

If all funds set aside pursuant to a Cattie MSA Legal Opinion have been permanently depleted and CMS seeks reimbursement of additional post-settlement conditional payments as a result of Cattie's negligent calculation, Cattie will fund the conditional payments up to the amount of the difference between the Cattie MSA Legal Opinion and the amount that Medicare determines the MSA should have been.

When you hire Cattie for an MSA Legal Opinion, you can rely on the conclusions of that opinion to settle your case and close your file for good, with no possibility of Medicare recovering anything else from you going forward. This is our promise to our clients.

John V. Cattie, Jr.



Rafael Gonzalez

FUTURE MEDICAL CARE

Special Needs Trusts (SNTs) and SNT Administration

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. Lawyers have an ethical duty to ensure a client's health insurance coverage is not adversely affected by the receipt of settlement proceeds. At the very least, a conversation, documented in the client file, needs to occur affirming that the client does not wish to protect future needs-based benefits.

If the client does wish to protect future 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). An SNT serves the dual purpose of protecting a claimant's eligibility for future Medicaid benefits while granting the claimant access to proceeds contained within the SNT for certain specified expenditures.

Our lawyers handle the SNT process from start to finish. From speaking with clients about whether it makes sense to preserve needs based benefits to describing the options available to setting up the SNT and serving as the administrator and fiduciary on the SNT, our government benefit preservation lawyers work to protect our clients future medical coverage in a manner consistent with their wishes and desires. We collaborate with settlement planners and attorneys nationwide to provide the best possible advice.

"Our lawyers handle the Special Needs Trust (SNT) process from start to finish. Allow us to have the conversations with claimants about protecting access to Medicaid and other needs-based benefits."

"Receipt of settlement proceeds, even by a representing attorney, may jeopardize access to and future receipt of needs-based benefits like SSI, Medicaid, or food stamps."

FUTURE MEDICAL CARE

Protecting Future Medicare Benefits

Medicare is different than Medicaid. Unlike Medicaid and other needs-based benefits, receipt of settlement proceeds alone will not jeopardize a claimant's access to and eligibility for Medicare. However, lawyers have an ethical duty to ensure a client's health insurance coverage is not adversely affected by a settlement. Under the MSP Act, if a claimant is receiving compensation in a settlement for future medicals, Medicare has the statutory right to not pay for future medicals until that amount of compensation received for future medicals in the settlement has been spent down and exhausted.

That might mean obtaining an MSA Allocation or MSA Legal Opinion so you know for sure what the obligation looks like. Then, at the very least, a conversation, documented in the client file, needs to occur affirming that the client does not wish to protect future Medicare benefits.

If the client does wish to protect future Medicare benefits and the question becomes one of MSA administration, you might ask whether they wish to have help administering the MSA. If they do, then consider the help of a professional MSA administrator like [Ametros](#). If the claimant wants to hold the MSA proceeds themselves and seeks 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 while holding onto the MSA proceeds. For them, we can make our team available on a go forward basis to answer questions they might have, whenever those questions may arise. "Does Medicare cover this? Can I debit my MSA for that? Is Medicare entitled to cut off my benefits if I don't use my MSA proceeds the right way?" These are legal questions to be addressed by lawyers experienced in providing clients legal advice about the MSP Act and its obligations.

Our lawyers handle the MSA process from start to finish. From speaking with clients about whether it makes sense to preserve future Medicare benefits to describing the options available to being a phone call or email away to give legal advice, our government benefit preservation lawyers work to protect our clients future medical coverage in a manner consistent with their wishes and desires. We collaborate with settlement planners and attorneys nationwide to provide the best possible advice for those clients seeking experienced legal counsel to protect future Medicare eligibility.



"Our lawyers provide legal advice to claimants post-settlement about protecting Medicare benefits. Let us answer those questions about whether a claimant may debit her MSA for a certain medication or medical procedure in compliance with the MSP Act."

PREDICTIVE SETTLEMENT SOLUTIONS

With the vast amount of experience Cattie & Gonzalez has, we are able to advise clients on a variety of complex, interrelated Medicare compliance and lien resolution issues. As a law firm, we can, upon request from our clients, establish settlement strategies and utilize tools that will minimize (and extinguish) our clients' future medical exposure to Medicare and lien holders.

Qualified Settlement Funds (QSFs)

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 tactic 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.

"Sometimes, the facts dictate a non-traditional approach is the best approach to satisfying MSP and lien resolution concerns."

Judicial Allocations on the Merits

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. See, for example, Section 4.1.4 of Medicare's WCMSA Reference Guide. Obtaining the rubber stamp from a judge to the settling parties' agreement to allocate \$0 to medicals is insufficient. Sophisticated parties understand the need for a sophisticated solution that allows the parties to reimburse Medicare and others an appropriate amount from the settlement instead of an excessive amount.

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 to allocation settlement proceeds properly based on evidence presently independently. 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 for sophisticated clients.

REPRESENTED and UNREPRESENTED CLAIMANTS

Let's talk a minute about cases involving unrepresented claimants. These 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 adjuster 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 compliance and lien resolution issues, Cattie & Gonzalez can communicate with the claimant and provide the advice about reimbursing Medicare and lienholders that the claims professional cannot. When our work is done, reporting and reimbursement obligations are addressed compliantly, claims can be resolved, and files can stay closed permanently without jeopardizing the claimant's eligibility for health insurance and the organization's firm position about not providing the claimant legal advice.

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 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 MSA Legal Opinion.

"Our firm can serve as the go-between for the claims professional and the claimant. Hired for the sole purposes of handling Medicare compliance and lien resolution issues, Cattie & Gonzalez can communicate with the claimant and provide the advice about reimbursing Medicare and lienholders that the claims professional cannot provide."

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 provide clients a full suite of legal and compliance services that allow clients to settle the case and close the file with confidence that the lienholders in question will not be able to extract another dollar from them at a later date.



"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."

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 the proactively outreach to claimants to assess types of insurance coverage in play instead of taking for granted what appears on the plaintiff fact sheet. They know our firm uncovers the missing liens that plaintiff does not know even exist since they don't remember being enrolled in that specific Medicare Advantage Plan (MAP) or failed to understand that living in a certain state, even shortly, could give rise to a Medicaid lien. They know our firm will handle all incoming phone calls from plaintiffs and return those phone calls within one (1) business day. Imagine to mental and emotional bandwidth you gain by trusting Cattie & Gonzalez with those functions.

Cattie & Gonzalez also gets results! Here's our performance on a recent Mass Tort project:

- **Our firm identified more than double the amount of liens to be resolved compared to those disclosed by plaintiff fact sheets;**
- **all liens resolved in full for 82.43% of the universe of claimants within 120 days of engagement; &**
- **all MSA issues addressed in full for 90% of the universe of claimants within 120 days of engagement.**

Cattie & Gonzalez take a great deal of pride in the quality work accomplished by the firm. We get terrific results for our clients on a regular basis! We want you to know exactly how well we are doing.

LIEN RESOLUTION STATISTICS

Here's how long it takes Cattie & Gonzalez to resolve a lien or Medicare conditional payment as compared to Medicare's own time standards. How does this compare to your current lien resolution partner or your own internal staff?

| Category | Medicare Standard Timeframe | Medicare (BCRC) | Medicare (CRC) | Medicare Advantage Plan | Medicaid | Private or ERISA | Tricare | VA |
|--|-----------------------------|-----------------|----------------|-------------------------|----------------|------------------|----------------|----------------|
| Average Days to Receive Initial Lien Figure | 65 days | 15 days | 15 days | 25 days | 27 days | 33 days | 49 days | 71 days |
| Average Days to Receive Dispute Response | 45 days | 20 days | 19 days | 11 days | 24 days | 7 days | 4 days | 6 days |
| % Dispute Success | | 96% | 83% | 95% | 95% | 100% | 100% | 83% |
| Average Days to Receive Final Lien Figure | 35 days | 11 days | 13 days | 16 days | 9 days | 15 days | 9 days | 7 days |
| Overall % of lien reduction | | 45% | 31% | 48% | 27% | 22% | 22% | 10% |

- We hear back from Medicare/lienholders 67% faster than industry standards;
- We maintain a 99% success rate at disputing charges on a per file basis;
- We reduce liens by an average of 90% for Medicare and 82% overall.

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WCMSA Statistics



**Cattie WCMSA Legal Opinions
save our clients 73% on
average.**

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**Mega Catastrophic =
WCMSA Allocation > \$500,000**

**Catastrophic =
WCMSA Allocation between \$100,000 &
\$500,000**

**Non-Catastrophic =
WCMSA Allocation under \$100,000**

LMSA Statistics

**MEGA
CATASTROPHIC**

| | |
|--------------------------------|--------------------|
| AVG. LMSA Allocation | \$1,382,303 |
| AVG. LMSA Legal Opinion | — \$70,925 |
| AVG. LMSA Savings (92%) | \$1,169,707 |

CATASTROPHIC

| | |
|--------------------------------|------------------|
| AVG. LMSA Allocation | \$244,909 |
| AVG. LMSA Legal Opinion | — \$5,554 |
| AVG. LMSA Savings (94%) | \$223,124 |

**NON
CATASTROPHIC**

| | |
|--------------------------------|------------------|
| AVG. LMSA Allocation | \$197,412 |
| AVG. LMSA Legal Opinion | — \$8,474 |
| AVG. LMSA Savings (83%) | \$165,403 |

**Cattie LMSA Legal Opinions
save our clients 90% on
average.**

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**Mega Catastrophic =
LMSA Allocation > \$500,000**

**Catastrophic =
LMSA Allocation between \$100,000 &
\$500,000**

**Non-Catastrophic =
LMSA Allocation under \$100,000**

Client Testimonials

Cattie & Gonzalez take a great deal of pride in the quality work accomplished by the firm. We get terrific results for our clients on a regular basis! We want you to know exactly how well we are doing. Compare these client testimonials to your current vendor partner or your own internal staff. Do you feel the same about their performance as our clients feel about ours?

Giles Smith, Director of Claims

"Your expertise and knowledge of the laws, rules, and regulations surrounding all aspects of Medicare liens and potential set asides has been invaluable. Medicare compliance has become increasingly complex, making resolution of significant claims all the more difficult. Your assistance in dealing with these complex issues by providing legal opinions or representation of certain claimants where necessary has certainly resulted in better and quicker results for the Medical Center."

"I highly recommend the law services of Cattie [& Gonzalez] for anyone needing to navigate their way through a ... Medicare ... issue. Having consulted all of my limited legal resources in Metro Atlanta, I was unable to find anyone who was experienced in assisting me in preparing an Appeal to an Unfavorable Medicare Decision. Through his knowledge of the bureaucracy plus patience and tenacity, he was able to garner a Favorable Decision on my behalf. I only wish I had known of his services prior to trying to handle it myself."

Chuck Bogatie, Medicare Beneficiary

Nick Cotten, Trial Attorney

"Lawyers generally develop a skill set in a particular area of law. John has done exactly that with Medicare related issues. As a trial lawyer, I hire experts for my clients. Why would any lawyer not hire an attorney who focuses their practice on Medicare related issues for their client. Peace of mind and worth every penny."

"Rarely do I take such pleasure in writing a check to an expert consultant for litigation services. But rarely do experts wait until the end of a case for payment and save my client in excess of \$70,000.00 on repayment of a lien. "

Scott Fegley, Trial Attorney

Karen/Donald Emineth, Medicare Beneficiaries

"As you may be aware we had extensive difficulties with the Medicare people as they were claiming reimbursements for services non-related to the accident which entailed our numerous and frustrating "back and forth" claims and corrections. When Mr. Riley contacted us and suggested your services we were more than delighted to concur, and frankly, it was of the best decisions we made in this litigation. The good news Mr. Riley told us that you had negotiated with Medicare to waive all claims as it was determined that "it was no fault of the injured," and to which they agreed, was to say the least, a most delightful communication."

"Thank you for all your hard work. I think the Cattie firm is the best thing to ever happen to me in my life!!!! "

Brian Monaco, Trial Attorney

How to Hire Us

Now that you know who we are, what we do, and why we do it, the final step is getting started with us. This is the easy part.

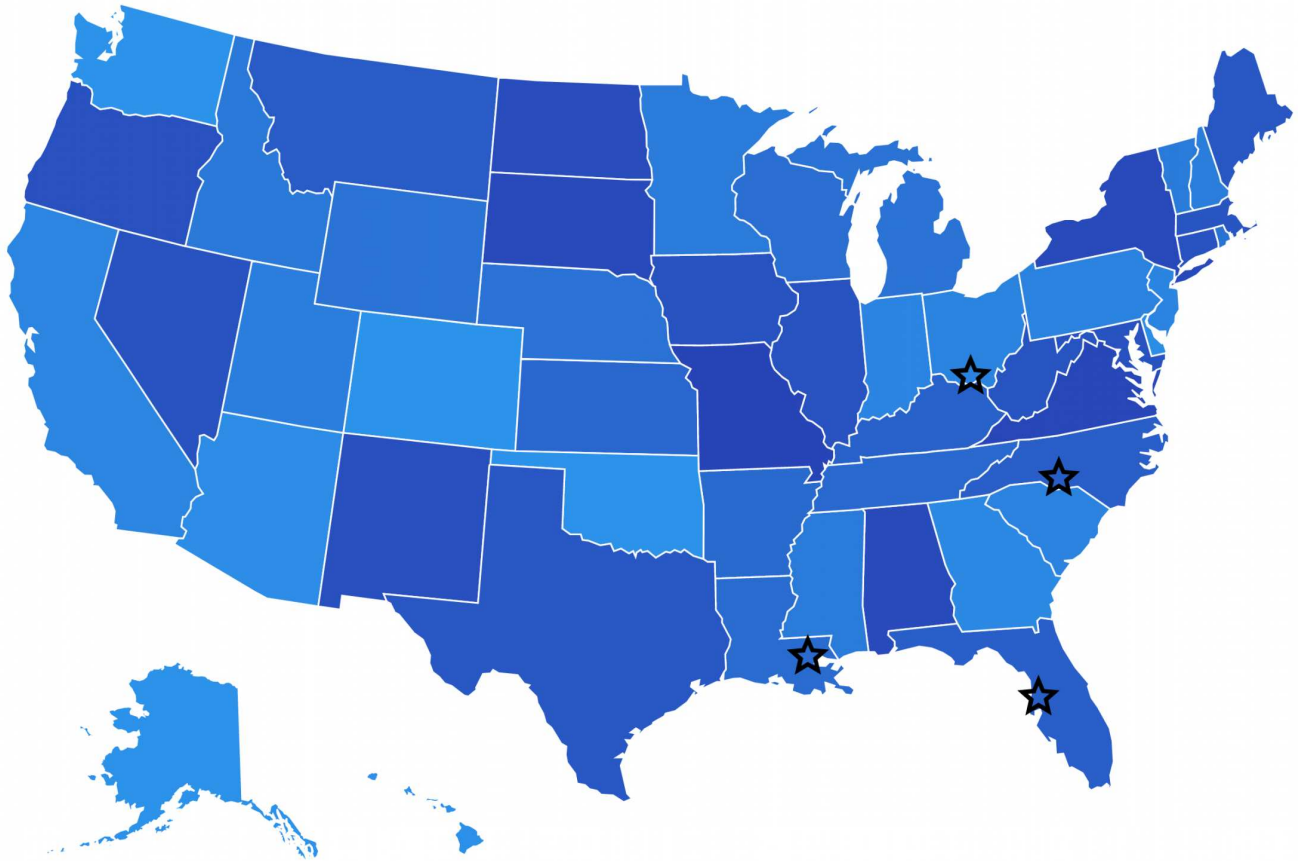
Simply send us an email at info@cattielaw.com.

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

Remember that you can hire us for any of the following services:

- Medical Record Summary & Bill Review Services
- Mandatory Insurer Reporting (MIR) Services
 - MIR ORM/TPOC Reporting
 - MIR Audits
 - MIR Legal Opinions
- Medicare Conditional Payment Services
 - BCRC/CRC Conditional Payments (Medicare Parts A/B)
 - Final Conditional Payments (Medicare Parts A/B)
 - Medicare Advantage Plans (Medicare Part C)
 - Prescription Drug Plans (Medicare Part D)
 - Conditional Payment Appeals
 - Post-Final Demand Appeals
- Lien Resolution
 - Medicaid Liens
 - Military Liens (VA/TriCare/CHAMPVA)
 - Private/ERISA Liens
 - FEHBA Liens
 - Indian Health Services
 - Workers' Compensation Liens
- Future Medical Services
 - Medical Cost Projections
 - WCMSA/LMSA Allocations
 - WCMSA/LMSA 2nd Opinions
 - WCMSA Submission to Medicare WCRC for Review
 - LMSA Submission to Medicare Regional Office for Review
 - WCMSA Re Reviews and Amended Reviews
 - WCMSA/LMSA Legal Opinions
 - Special Needs Trusts (SNTs) and SNT Administration
 - Protecting Future Medicare Benefits via Legal Advice
- Predictive Settlement Solutions
 - Qualified Settlement Funds (QSFs)
 - Judicial Allocations on the Merits

After talking with our team and figuring out exactly what you need and when you need it, we will then send you our Engagement Materials for review and consideration. Once you respond to that email and send us the information requested, we open a file on our side and start work immediately.



Providing client services from offices in the following metropolitan locations:

- Charlotte, North Carolina;
- Tampa, Florida;
- New Orleans, Louisiana; &
- Cincinnati, Ohio.

Working with clients from 44 states and counting ...

How to Reach Us

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