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Introduction



After almost 10 years of working in the Medicare Secondary Payer (MSP) compliance industry, John V. Cattie, Jr. made the following observation: while a lot of people (even attorneys) provided MSP compliance services to parties resolving workers' compensation, auto, and liability insurance claims in a non-legal capacity, few attorneys provided clients with legal advice about MSP compliance obligations when resolving those claims. Too many vendors relied on inexperienced staff to provide clients with results that clients could not rely on and protect them. John wanted to change that.

With that, John left Garretson Resolution Group in 2016 and 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 other words, if Medicare pursued any of the firm's clients, seeking additional dollars above and beyond amounts recommended by the firm to reimburse Medicare, the firm would defend its opinion against Medicare, including any post-settlement conditional payments arising from the client's application of and reliance on the firm's groundbreaking Medicare Set-Aside (MSA) Legal Opinion.

John's idea was simple but revolutionary in the MSP industry - provide clients seeking advice on MSP compliance issues with legal advice and stand behind that advice 100%. John set out to construct the premier law firm in the country handling MSP compliance work around that simple revolutionary concept. It was John's intent and purpose to make sure there was no possibility of Medicare recovering anything from the client resulting from the firm's legal advice and opinions. Anything ultimately owed was on the firm, not the client.

In 2020, John brought on Rafael Gonzalez 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 (MIR) compliance services, conditional payment reimbursement services, and set aside allocation or legal opinion services. In 2021, the firm expanded its service offerings to incorporate class action and mass torts in addition to the services provided on a single event basis. Now, Rafael and John invite you to learn more about the law firm of Cattie & Gonzalez, PLLC. Let's start with the firm's mission statement:

Mission Statement

WE PROTECT OUR CLIENTS

**from Federal, State, Local, and Private
Lienholders by Extinguishing Their
Future Medical Exposure Post-Settlement.**

Our Firm's Philosophy

John and Rafael believe that only a lawyer practicing law for a law firm that focuses on Medicare and Medicaid compliance can provide independent legal advice that truly protects the interest of the client. Only a lawyer practicing law for a law firm that focuses on Medicare and Medicaid compliance can provide independent legal counsel to a client regarding what is in his or her best interest. Vendors cannot do that.

In other words, only a lawyer practicing MSP law for a law firm devoting its practice to Medicare and Medicaid compliance can provide a client with legal advice and counsel on what is in the best interest of the client. Not what may be in the best interests of Medicare, or in the best interest of the vendor, or in the best interests of the opposing party, but solely what is the best course of action and in the best interest of you, the client. This is, after all, the ethical obligation of any lawyer you hire to provide you with legal advice and counsel.

"MSP compliance is no longer a part-time job to be handled by inexperienced handlers who do not comprehend the entirety and sequential requirements of the MSP Act."

MSP compliance is an ever evolving and changing landscape. Almost on a daily basis there are new Medicare guidelines, regulations, rules, procedures, and case law applicable to your case that need to be considered. 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.

"Over the last 15 years, MSP compliance has become complex, difficult, time-consuming, and expensive."

Today, it requires deep expertise in the technical components of mandatory reporting, a solid understanding of regulatory and case law specific to your jurisdiction pertaining to reimbursement of conditional payments, and a keen awareness of the medical and legal risks incidental to inappropriately allocating for future medical needs associated with the injuries related to the claim. Only an experienced lawyer with years of expertise handling these types of matters can provide legal advice and counsel to protect the client from the dangers of mishandling any one of these components.

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. In other words, if Medicare pursues our client by seeking additional dollars above and beyond that amount we recommend, the law firm will defend its opinion against Medicare. And if it is ultimately found that our legal advice was incorrect, the law firm will fund the conditional payments up to the amount of the difference between our MSA Legal Opinion and the amount that Medicare determines the MSA should have been.

"Only a lawyer practicing law for a law firm that focuses on Medicare and Medicaid compliance can provide independent legal counsel to a client regarding what is in his or her best interest regarding such Medicare and Medicaid issues."

In other words, only lawyers practicing Medicare and Medicaid law for a law firm that devotes its practice to Medicare and Medicaid compliance can provide a client with legal advice and counsel on what is in the best Interest of the client. Not what maybe in the best interests of Medicare or Medicaid, or in the best interest of the vendor, or in the best interests of the opposing party, but solely what is the best course of action and in the best interest of you, the client. 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.

1) Medicare Set-Asides

Perhaps one of the biggest differences between the typical MSP vendor and a law firm like Cattie & Gonzalez, PLLC providing MSP legal services is in the creation of a Medicare Set-Aside (MSA). Where historically the typical big box MSP vendor has solely relied on medical records and medical decision making to render an opinion about future costs, our law firm first looks at the law, the case law, the regulations, Medicare's policy, and the Medicare user guides to formulate the basis and foundation of the MSA. Only after doing so, does our law firm then look at medical records, medical notes, medical depositions, prescription history, and other medical evidence to determine our recommended set aside allocation.

As a result, an MSA legal opinion is more than just a regurgitation of the medical records on the file. It is an analysis of the legal requirements under the Medicare Secondary Payer Act. This is why in controverted or denied claims, our MSA legal opinions differ substantially from the average MSA vendor in the industry. This is why in cases where there is a justiciable issue, a real 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 big box MSA vendor.

And best of all, we back up our MSA legal opinions 100%. Just as you would expect with any other legal advice, our legal opinions regarding a Medicare set aside allocation are our legal advice to each client. We believe strongly that each client should be able to rely on that legal opinion and advice to go forward and settle the file. If however CMS seeks payments of any conditional payments post settlement from our client as a result of our inadequate or inappropriate allocation, we will take ownership of that issue, we will handle it legally, and if ultimately found to be wrong, we will pay it. That's how much we believe in our legal advice. That's how right we believe our MSA legal opinions are, and how confident we are in our work.

"This is why in cases where there is a justiciable issue, a real 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 big box MSA vendor."

"Our MSA legal opinion is more than just a regurgitation of the medical records on the file. It is a detailed analysis of the legal requirements under the Medicare Secondary Payer Act. This is why in controverted or denied claims, our MSA legal opinions differ substantially from the average MSA vendor in the industry."



2) Conditional Payments

Another big difference between the big box MSP vendor and our law firm providing MSP legal and compliance services is the rendition of representation services in the conditional payment resolution process. This concept truly comes to life on cases with unrepresented claimants, as it is in those situations when the big box MSP vendors are unable, and often times unwilling, to undertake representation of the claimant in order to resolve conditional payments post settlement.

Most big box MSP vendors today handle conditional payment resolution prior to settlement in worker's compensation and no-fault claims. Since CMS views the primary payer as legally responsible for such conditional payments if ongoing responsibility for medicals has been accepted by the primary payer, the responsibility for reimbursement of such conditional payments belongs to the primary payer. As a result, the average MSP vendor, working for the primary payer, can investigate, analyze, dispute, and ultimately resolve those conditional payments.

However, what if the conditional payment issue comes about post settlement? Most, if not all, big box MSP vendors are unable to and unwilling to provide legal services directly to the claimant in such circumstances. This is because they are not a law firm, they cannot provide legal services and advice to the claimant, and most importantly, have no experience in representing claimants through the conditional payment process post settlement.

As a law firm, we are able to undertake representation of the represented or unrepresented claimant through the post settlement conditional payment resolution process. We are able to provide the claimant with legal advice on every step of the evaluation, analysis, dispute, and appeals process on the conditional payments being sought by the CRC or BCRC. Our law firm is significantly experienced in this area, so we are prepared to provide the appropriate education to the unrepresented claimant or to his or her attorney or legal representative.

This may be the most significant legal protective service a primary payer may engage us on, as it will prevent legal action by the claimant, his/her counsel, CMS, US Department of Treasury, or US Department of Justice down the line, including a Medicare Secondary Payer private cause of action by Medicare itself, a Medicare Advantage plan, or a Medicare prescription drug plan. It may also prevent state Medicaid agencies or their managed care organizations from also seeking reimbursement of Medicaid payments or liens post settlement.

"Another big difference between the big box MSP vendor and our law firm providing MSP legal and compliance services is the rendition of representation services in the conditional payment resolution process."



"This concept truly comes to life on cases with unrepresented claimants, as it is in those situations when the big box MSP vendors are unable, and often times unwilling, to undertake representation of the claimant in order to resolve conditional payments post settlement."

3) Mandatory Insurer Reporting

By now, most insurers and third-party administrators have hired mandatory reporting agents to perform the reporting requirements mandated by the Medicare Secondary Payer Act. However, despite the fact that such services have been around for more than a decade, all reporting agents are still providing CMS with incorrect data as evidenced on the CMS town hall conference call on August 13, 2020.

Of course, the big box MSP vendors do not take any responsibility for reporting to CMS such incorrect data, as they blame their self-insured, insurer, and third party administrator clients for providing such mistaken or incorrect information. Over the years, these big box MSP vendors have continuously said that because they are not privy to the details of the file or claim, they are not able to indicate to the responsible reporting entity whether any of the reported points are correct or incorrect.

This is a huge differentiator between hiring a big box MSP vendor and a law firm like ours to satisfy your mandatory reporting compliance requirements. As a law firm, 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 (ORM) acceptance date and termination date, international classification of diagnosis (ICD) codes appropriately and accurately related to the claim, as well as total payment obligation to claimant (TPOC) date and amount.

Hiring a law firm like ours to provide legal analysis, advice, and recommendations regarding ORM, ICD, and TPOC will not only assure mandatory reporting compliance, but will also prevent civil monetary penalties. Furthermore, reporting these items correctly to CMS will do away with the possibility of post settlement lawsuits for inappropriate or inaccurate reporting by the primary payer that may ultimately affect the Medicare beneficiary's future Medicare coverage.

"Hiring a law firm like ours to provide legal analysis, advice, and recommendations regarding ORM, ICD, and TPOC will not only assure mandatory reporting compliance, but will also prevent civil monetary penalties."



"Furthermore, reporting these items correctly to CMS will do away with the possibility of post settlement lawsuits for inappropriate or inaccurate reporting by the primary payer."

A Higher Standard in MSP Compliance

Whether producing an appropriate to the legal facts of the case MSA, resolving conditional payments pre or post settlement from Medicare, an advantage plan, a prescription drug plan, a state Medicaid agency or its contracted managed care organization, or any of the military agencies, or identifying, counseling, and recommending the correct ORM acceptance and termination date, the appropriate ICD codes related to and associated with the claim, and the verified TPOC date and amount, we stand behind our work so that you are able to rely on our advice and counsel.

Our motto is "A Higher Standard in MSP Compliance." We live our motto every day because we really do believe that at the core of what we do is to pay attention to our client's needs, a willingness to listen to our client's concerns, a desire to provide our client the very best legal advice and compliance services, a real commitment to do right by our client, and to deliver what is in each of our client's best interest.

Simple, but Powerful.

Basic, but Monumental.

Natural, but Inspiring.



CATTIE & GONZALEZ

A Higher Standard in MSP Compliance



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 continues to call Charlotte home along with his wife and best friend, Stephanie, and their son and Master Lego builder, Tucker.

John graduated from Charlotte Latin School where he played 4 years of varsity soccer, winning 3 state championships and serving as co-captain during his senior year. John also played baseball, but not nearly as well. John attended the University of North Carolina at Chapel Hill, where he joined Sigma Chi fraternity and served on the school's Greek Judicial Board. He received his Bachelor of Arts degree in International Studies with a focus on Political Science as well as a minor in History. John did this while working multiple jobs to put himself through college. After graduation and a couple years in Charlotte in First Union National Bank's Foreign Exchange Department, he attended Villanova University for law school. While attending Villanova, John decided to not only obtain a law degree, but a business degree as well and graduated with both JD/MBA degrees. Once back in Charlotte, and having become a member of both the North Carolina and South Carolina bars, he worked for Moore & Van Allen practicing corporate law (mergers & acquisitions) until 2008, when John was "downsized" during our country's Great Recession.

Shortly thereafter, one of John's fraternity brothers recommended John look to Garretson Resolution Group (GRG). GRG was launching its MSA group and wanted someone with a legal background and entrepreneurial spirit to drive the group's growth. Within 18 months, John was primarily responsible for making the MSA group a 7 figure revenue center for GRG. 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, now a national law firm with hundreds of clients doing work in 44 states, and growing. John is dedicated to helping the firm's clients extinguish future medical exposure to the federal government. As he has done for years, John continues to help clients address Medicare Secondary Payer (MSP) compliance by addressing conditional payment reimbursement obligations, educating clients when a Mandatory Insurer Reporting (MIR) responsibility exists under Section 111 and advising clients when Medicare Set-Asides (MSAs) are appropriate. 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, answering the question "Is an MSA appropriate based on these specific facts and if so, for how much?" on behalf of his clients. His analysis and methods have not only been validated in federal and state court opinions, but have been held up as the gold standard in cases such as Smith v. Marine Terminals of Arkansas, Tye v. Upper Valley Medical Center, and Doe v. Company X.

These courts have cited his work as "comprehensive and detailed", "reasonable and reliable", and "...more credible [than others] in the liability context." In each case, the client's future medical obligation was minimized or extinguished based on how John analyzed the MSA issue. In each case, the court not only sided with his analysis, the court went out of its way to compliment and congratulate John for his work, his analysis, his explanation, and ultimately for his legal expert opinion on such matters. In the Doe case, that difference amounted to \$877,414.57 or a 90% reduction in the LMSA for his client. If you've heard John tell the story about this case while speaking at a CLE, you understand how his involvement in a case makes a material difference to the client.

John is a sought after speaker on all components of MSP law and compliance issues. He has spoken at more than 250 continuing educational events nationwide. He has authored or co-authored several published books and articles, including "What Are ... Medicare and Medicaid Secondary Payer Laws?", "Modernizing MSP Cost Containment Protocols" and "The MSP and the False Claims Act: The Government's Most Potent Recovery Tool." John is also active with several national organizations that focus on the study, evolution, and changes to Medicare Secondary Payer law. He has served as Managing Editor on DRI's "Defense Practitioner's Guide to Medicare Secondary Payer Issues," and in his role as Chair of DRI's Medicare Secondary Payer Task Force, John has been recognized for his leadership and dedicated efforts to educate DRI and its over 22,000 attorney members about MSP compliance issues.

About Our Team

Rafael Gonzalez

Partner



Born in Cuba, Rafael and his family escaped communism to Spain, and ultimately immigrated to the US. He owes everything he has achieved to his mother, Miriam Lera. Her love, persistence, and sacrifice have allowed him to live in freedom, succeed, and prosper. Grateful and appreciative for the opportunity to live in the greatest country in the world, he lives in Lithia, Florida with the love of his life, his wife Lisa, and his greatest pride, his two sons, Alex and Andres.

Rafael graduated from Miami Senior High School. After graduating from Miami High, he obtained a Bachelor's of Science degree from the University of Florida. While at UF, Rafael received numerous scholarships and served in various leadership roles in a number of state and national organizations.

After graduating from UF, Rafael earned his Jurisprudence Doctorate degree from the Florida State University. During law school, Rafael interned for Rep. Lincoln Diaz Balart at the Florida House of Representatives. He also clerked for Judge Charles McClure at the Florida 2nd Circuit Court, Judge James Joanas at the Florida 1st District Court of Appeal, and Justice Gerald Kogan at the Florida Supreme Court.

After graduating from FSU, Rafael practiced auto, liability, no-fault, social security disability, and workers' compensation law at Barrs Williamson. He then served as corporate counsel for FCCI Insurance, as CEO of The Center for Lien Resolution, The Center for Medicare Set Aside Administration and The Center for Special Needs Trusts Administration, as VP of Medicare & Medicaid Compliance for Gould & Lamb, as VP of Strategic Solutions at PMSI/Helios, as President of Flagship Services Group, and as President of UnitedHealth/Optum Settlement Solutions. Rafael is currently a partner in Cattie & Gonzalez, PLLC, focusing on Medicare and Medicaid Secondary Payer law and compliance.

Always interested in sharing his knowledge and expertise with others, over the last 35 years, Rafael has published over 300 articles, book chapters, and books, including his series on Workers' Compensation, Social Security Disability, and Medicare Set Asides. He has lectured over 600 times on a national basis on the history, substance, and legislative composition of the US workers' compensation system, the federal social security disability system, and the interplay between Medicare and Medicaid, including the Medicare Secondary Payer Act and Affordable Care Act's requirements affecting both. With an academic interest in these areas, Rafael has also taught workers' compensation, social security disability, Medicare, and Medicaid at the FSU College of Law, Stetson University College of Law, USF Department of Vocational Rehabilitation, USF Department of Occupational Medicine, USF College of Public Health, and the University of Tampa for the last 30 years.

Rafael has been actively engaged in the workers' compensation, social security, and Medicare/Medicaid legislative process at both the state and federal levels. He has attended hearings, testified before legislative committees, testified before executive commissions, drafted, reviewed, amended, and provided opinions on proposed legislation, and served as a consultant to legislative and congressional staff.

About Our Team

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 McClain **Lead MSA Allocator**

Jennifer serves as the Lead MSA Allocator 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 has spent more than 20 years as a Registered Nurse, working in intensive care, hospital administration, and as a certified case manager, transitioning this special skill set to the MSP compliance arena in 2009. Using her vast medical knowledge and expansive experience in MSP compliance, she provides her clients with comprehensive and accurate allocations for the most catastrophic of cases. Jennifer currently holds a license as a Registered Nurse in Louisiana in addition to national certification as a Certified Medicare Secondary Payer Professional Fellow (CMSP-F).

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.

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.

**Cattie & Gonzalez
on**

**Medical Record
&
Bill Review**

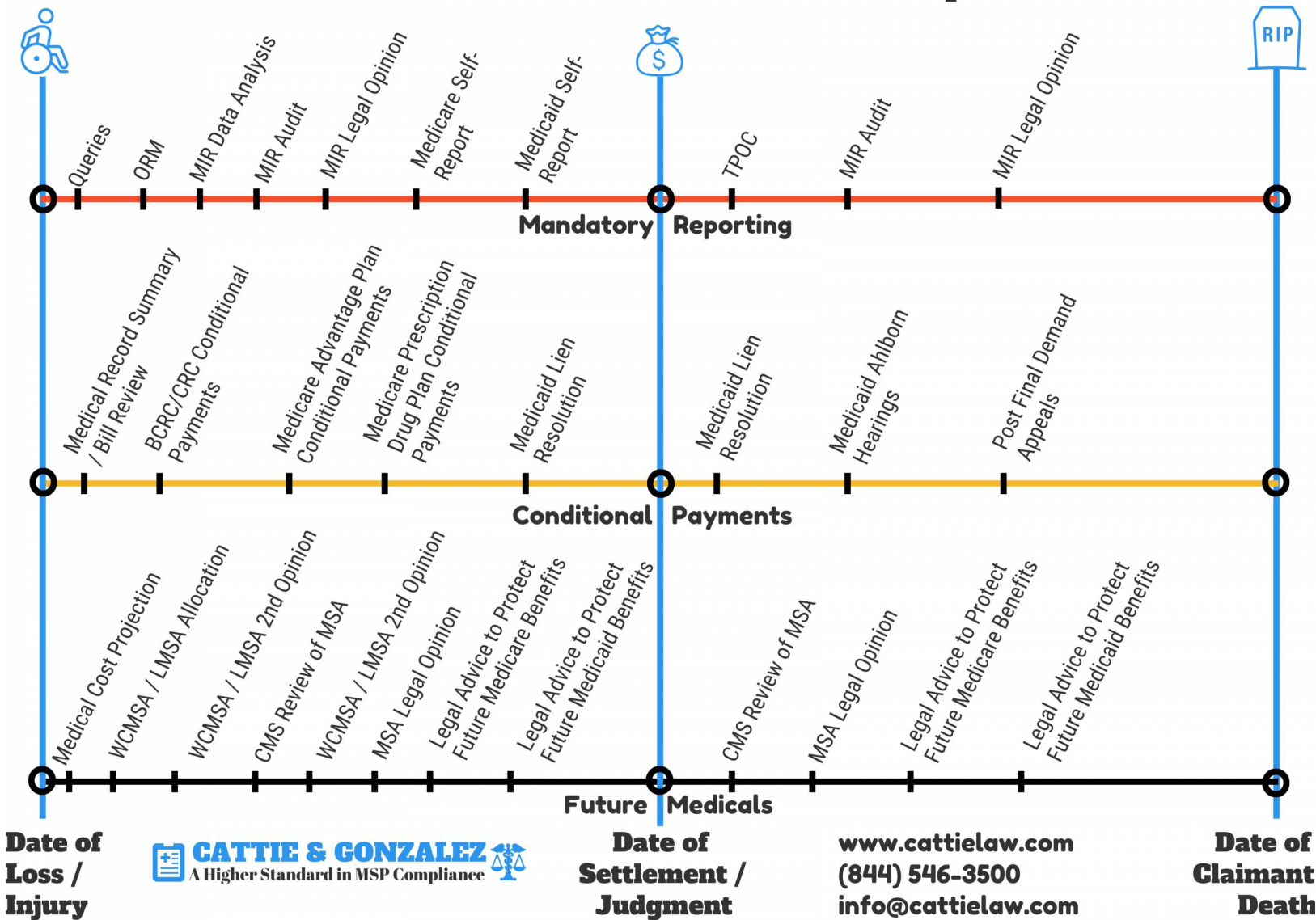


"Before you can proceed with a new case or claim, you need to understand what it's about. Medical records and bills can tell a powerful story when left in the hands of professionals experienced with that level of review and story-telling."

About Our Services

At Cattie & Gonzalez, we offer our clients a wide variety of healthcare compliance services. Central to those service offerings is Medicare & Medicaid Secondary Payer (MSP) law and compliance. For any cases involving current Medicare or Medicaid beneficiaries, all three (3) of the following components must be aligned and addressed in order for any settlement of the case can be said to be truly compliant.

MEDICARE & MEDICAID SECONDARY PAYER (MSP) COMPLIANCE When to Hire Cattie & Gonzalez to Help



MSP compliance is complicated stuff! Proper identification, coordination, and execution of all these obligations does not happen naturally. It takes experience, it takes knowledge, and it takes communication to do it right. It takes lawyers experienced in MSP law who know how the moving parts fit together and then how to communicate those moving parts to the right people at the right time in order to protect you from the costly penalties that come with non-compliance with the MSP Act. We do this for our clients everyday and our clients don't fear those penalties, knowing that Cattie & Gonzalez keeps them compliant.

MANDATORY INSURER REPORTING (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 incorporate 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 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 due to their reporting agent. If we are hired to provide MIR services, specifically, here's what we can do for you.

Queries, ORM and TPOC

Through the programming and platform provided by APP Technologies, Cattie & Gonzalez provides RREs the ability to 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 Audits

One of the most significant challenges for any size RRE is to truly understand and comprehend 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 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 the correct DOA/DOI and an accurate description of the accident/incident. We will also review your medical records to provide 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 the correct date of settlement and accurate amount to be reported as TPOC.

"With final MIR regulations on the horizon including Civil Monetary Penalties for non-compliance, being comfortable with the accuracy of your MIR data is more important than ever."

CONDITIONAL PAYMENT REIMBURSEMENT

Traditional Medicare (Parts A and B)

Conditional payments historically have been a “check the box” function. If Medicare says pay this much in a conditional payment letter (CPL) or conditional payment notice (CPN), you paid that amount without a second thought. This passé, laissez faire attitude means millions of dollars are paid annually that don’t need to be. Dollars coming out of your pockets.

BCRC/CRC Conditional Payment Resolution

Cattie & Gonzalez handle conditional payments differently. Our process is detailed, in-depth, and precise. Whether coming from the Commercial Repayment Center (CRC) in no-fault or work comp claims, or from the Benefits Coordination Recovery Center (BCRC) in liability claims, we handle all conditional payment issues at all levels. Whether representing the primary payer, its insurer, or third party administrator or the Medicare beneficiary and his/her attorney, we have extensive experience handling conditional payments from all perspectives. This extensive experience proves especially helpful when a primary payer hires us to assist an unrepresented Medicare beneficiary with outstanding conditional payments in auto, liability, no-fault, or work comp claims, where questions of representation and ethics may arise.



Upon receipt of a CPL or CPN from CMS (via its contractors at the CRC or BCRC), we review the itemization meticulously. Our audit considers whether everything listed is related to the compensable claim. If payments are not related to your claim, we dispute those charges, using medical and legal documentation to support our conclusions. For the entirety of the case, we continue to request updated conditional payment letters repeatedly (reviewing most recent itemization and disputing unrelated charges) until you resolve the case.

Final Conditional Payment Resolution

Everyone struggles knowing with precision how high Medicare’s final demand might be. No matter how many times you ask Medicare for an updated conditional payment letter, you never really know what that final amount might be until you’ve already agreed to settle the case. Then, you may receive a final demand from Medicare that is higher than the last conditional payment amount you received, sometimes by a lot.

You have the ability to obtain from Medicare a “final” conditional payment amount that you can rely on before you agree to settle your case. Cattie & Gonzalez offers clients the ability to leverage this “final” conditional payment process to limit the amount ultimately owed back to Medicare for conditional payments. The advice we provide linked to this service is precise, detailed, complex, and unlike anything offered by anyone else in the country helping clients resolve conditional payments. When you take the right steps in advance of settlement, you can mitigate the conditional payments owed back to Medicare. This Final Conditional Payment Resolution service aligns the case timeline with the Medicare timeline, providing our client the ability to resolve the case for an amount that makes sense and without an excessive Medicare reimbursement to deal with on the back end. Our sophisticated clients often choose this service because of great results we obtain when resolving Medicare conditional payments.

CONDITIONAL PAYMENT REIMBURSEMENT

Final Demands and Post-Final Demand Appeals

Once you resolve your case, we ask Medicare for a final demand, providing Medicare with settlement information (such as gross settlement value and date of settlement) along with an itemization of case costs/expenses. Immediately upon receipt of the final demand, we review it to determine: 1) how much Medicare is demanding for repayment; 2) when payment is due; and 3) whether all charges listed are related to the claim.

If you agree with the amount that Medicare demands as repayment, we provide you instructions on where to send payment. If you disagree with the amount, we recommend you still make that payment (under protest) while we appeal the final demand so interest does not accrue. Ultimately, you have many more chances to get it right.

Conditional Payment Appeals **"Too many people pay too much because they don't know they have appeal options."**

In cases where you disagree with the amount of Medicare's final demand, you have options. You are not necessarily stuck with that result. Clients of Cattie & Gonzalez know that they can rely on our attorneys to guide them through Medicare's post-final demand appeals process. Attorneys fighting for their clients to achieve fair and equitable results.

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 some or all of the following stages of appeal:

"Our attorneys will handle these appeals for you."

- Request for Redetermination from the Medicare Contractor;
- Request for Reconsideration by a Qualified Independent Contractor (QIC);
- 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. Settling parties pay millions of dollars annually because they either don't know they have appeal rights or don't understand how to exercise their appeal rights. With Cattie & Gonzalez on board, you don't need to know if you have appeal rights or how to exercise them; you just need to follow our lead and let us handle the appeal for you.

CONDITIONAL PAYMENT REIMBURSEMENT

Medicare Advantage Plans (Part C)

Most Medicare beneficiaries receive their Medicare coverage thru the traditional Medicare Parts A (hospital) and B (physician) program. However, close to forty percent (40%) of all Medicare beneficiaries today receive their coverage through a Medicare Advantage Organization (MAO) offering Medicare Part C coverage, and that number continues to increase annually. Generally speaking, MAOs have the same rights of recovery under the MSP Act as traditional Medicare. Therefore, it is critical to identify the potential involvement of an MAO as early as possible in a case, and verify and resolve those obligations like you would with traditional Medicare fee-for-service.

Cattie & Gonzalez ask the right questions to determine the involvement of an MAO. Once we identify the MAO, we reach out to negotiate with it to minimize the 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 a CPL, analyze same, and dispute unrelated charges. After reaching an agreement on the resolution amount, we will provide our client with instructions for payment. Should the client disagree with the final amounts allegedly owed to the MAO, we pursue and exhaust all available avenues of appeal.

Recent amendments to the MSP Act make this more critical than ever. MAOs (a/k/a Medicare Advantage Plans or 'MAPs') will now have greater visibility to when a Medicare beneficiary is resolving an insurance claim involving Medicare expenses. The path has been set to allow the MAOs to become more aggressive in recovering Medicare conditional payments, even using the judiciary to pursue double damages against those who ignore this reimbursement obligation. Our law firm can proactively identify the MAOs in play on a certain case, cutting off the possibility of a double damages penalty against you.



**"As of 2021, there are
3,550 Medicare
Advantage Plans
(MAPs) around the
country. Now that the
PAID Act is law, more
MAPs will be using the
MSP Act to seek
recovery of conditional
payments more than
ever before."**

CONDITIONAL PAYMENT REIMBURSEMENT

Medicare Prescription Drug Plans (Part D)

If the Medicare beneficiary receives prescription coverage through an MAO, then reimbursement of any payments associated with prescriptions will be handled and resolved through the MAO resolution process discussed above. If however, the Medicare beneficiary is receiving his/her Medicare coverage through Parts A and B, and in addition has purchased prescription drug coverage through a stand-alone prescription drug plan (PDP), then Cattie & Gonzalez will ask the right questions to determine the involvement of a PDP under the MSP Act.

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 compensable 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.



"Approximately 46 million Americans are enrolled in some type of Medicare Part D Prescription Drug Plan as of 2021."

LIEN RESOLUTION

While Medicare has received the brightest of spotlights over the past decade, other lien obligations exist that can derail an otherwise valid settlement if not addressed properly. Medicaid liens, military liens (asserted by the Veterans Administration or Tricare), private/ERISA liens, FEHBA liens, and other liens should all be verified, resolved, and satisfied as part of any settlement. Here's how Cattie & Gonzalez helps its clients to address these issues proactively and compliantly:

Medicaid Liens

When Medicaid has made payments for medical expenses related to an injury, it may assert a lien against the beneficiary's recovery. Each of the fifty (50) state Medicaid agencies and five (5) United States territories have unique recovery statutes that affect how a state agency, or its managed care contractor, can recover Medicaid medical payments paid from a personal injury, workers compensation or liability settlement.

As each state Medicaid agency has a unique recovery statute, each agency has different reduction formulas or guidelines pursuant to their statute. We have experience working with these agencies and negotiating reasonable lien reductions based on each state's current statutory and regulatory environment.

If the Medicaid agency is not willing to negotiate, Cattie & Gonzalez does not stop. Our attorneys have experience pursuing an equitable result for our client via an Ahlborn hearing. Thanks to a unanimous United States Supreme Court decision in 2006, Medicaid agencies are entitled to recoup liens only from those settlement proceeds allocated to medical expenses (as opposed to proceeds allocated to non-medical expenses such as wage loss, and pain & suffering). Our firm guides our clients through that process, pursuing legal relief via the judiciary. The ability to pursue and prevail in an Ahlborn hearing for our clients is simply one more reason why working with a law firm like Cattie & Gonzalez makes more sense than working with a traditional vendor.



"As Medicaid agencies continue to get more aggressive in seeking recovery of liens, an Ahlborn hearing may be your best approach to shutting down the issue permanently."

LIEN RESOLUTION

Military Liens

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, you need to be aware of the potential recovery rights of each program.

After rendering treatment, the VA may seek recovery for medical care it provides that is related to a claim. The VA has both a right of subrogation as well as an independent right of recovery when some responsible third party exists. Similar to the VA, Tricare has both a right of subrogation and an independent right of recovery when a responsible third party exists. ChampVA is a VA Health care program for the spouse or child of a Veteran who is permanently disabled or deceased from a service connected disability.

Part of the difficulty in resolving military liens is the amount of time it takes to receive a response from the agency, let alone complete the lien resolution process. Our attorneys and staff have worked with these agencies for years. We know who to contact and how to contact them to minimize the time it takes on the front end. We are then able to negotiate reasonable lien reductions based on the applicable federal statutory and regulatory provisions.



"Under certain circumstances, a military lienholder may seek to collect both past and future medicals related to a settlement, judgment, or award."

LIEN RESOLUTION

Private/ERISA Liens

While private liens may not be the most difficult type of lien to resolve, they do consume time and resources better spent doing other things. The degree of difficulty does increase when you believe 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.

FEHBA Liens

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 lien reductions. Cattie & Gonzalez have experience negotiating FEHBA liens, and would welcome the chance to work with you to procure the maximum lien reduction possible.

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, the settling parties should proactively assess whether IHS has a right of recovery. Let Cattie & Gonzalez conduct that due diligence on your behalf.

Workers Compensation Liens

An employer 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.

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 (LSMsAs)

LSMsAs have been a moving target over the past decade. In furtherance of assuring compliance, Cattie & Gonzalez offers a medically-based LSMA Allocation to help parties achieve resolution of their case. While it cannot be said that LSMAs 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 LSMA 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."

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%	\$2,000
\$1,750,000	\$486,391.18	\$182,523.17	\$303,868.01	62%	\$3,000
\$1,000,000	\$289,772.61	\$111,200.91	\$178,571.70	62%	\$3,000
\$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%	\$5,000
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 & CONZALEZ
A Higher Standard in MSP Compliance



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www.cattielaw.com

They Protect You From Medicare.



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.

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.

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.

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

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.



**Cattie & Gonzalez
on**

**Mass Tort (MT)
Lien Resolution**

**"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
<i>Average Days to Receive Initial Lien Figure</i>	65 days	17 days	15 days	21 days	9 days	38 days	36 days	48 days
<i>Average Days to Receive Dispute Response</i>	45 days	18 days	27 days	11 days	36 days	0	9 days	5 days
<i>% Dispute Success</i>		99%	100%	100%	100%	100%	100%	100%
<i>Average Days to Receive Final Lien Figure</i>	35 days	13 days	17 days	32 days	8 days	13 days	16 days	8 days
<i>Overall % of lien reduction</i>		86%	100%	79%	76%	63%	68%	99%

- 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 86.2% for Medicare and 81.1% overall.

WCMSA Statistics



Cattie WCMSA
Legal Opinions
save our clients
65% on average.



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	\$891,917.12
AVG. LMSA Legal Opinion	— \$80,707.38
AVG. LMSA Savings (91%)	\$811,209.74

CATASTROPHIC

AVG. LMSA Allocation	\$209,425.36
AVG. LMSA Legal Opinion	— \$15,886.68
AVG. LMSA Savings (92.4%)	\$193,538.68

NON
CATASTROPHIC

AVG. LMSA Allocation	\$41,155.85
AVG. LMSA Legal Opinion	— \$5,969.70
AVG. LMSA Savings (85.5%)	\$35,186.15

Cattie LMSA
Legal Opinions
save our clients
89% on average.



Mega Catastrophic =
LMSA Allocation > \$500,000

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

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

Client Testimonials

About Our Results

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.

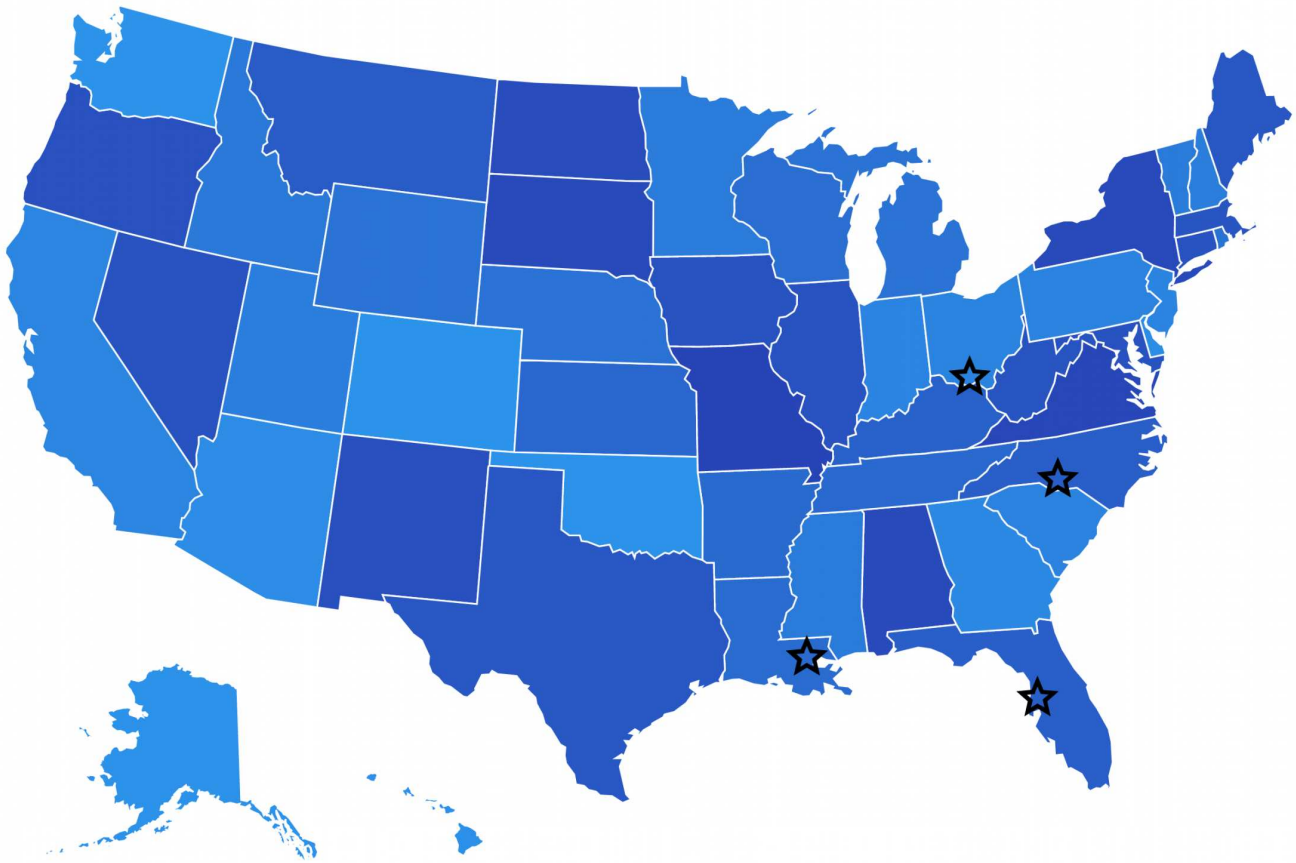
We will follow up with you same day to talk about your case, answer any questions you have, and determine the appropriate scope of service.

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

How to Hire Us

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

www.cattielaw.com

info@cattielaw.com

(844) 546-3500

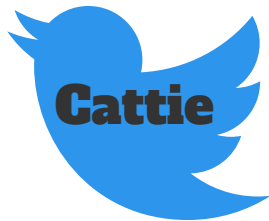


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A Higher Standard in MSP Compliance



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