

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: NATIONAL FOOTBALL LEAGUE	:	No. 2:12-md-02323-AB
PLAYERS’ CONCUSSION INJURY	:	
LITIGATION	:	MDL No. 2323
	:	
<hr/>	:	Hon. Anita B. Brody
THIS DOCUMENT RELATES TO:	:	
	:	
ALL ACTIONS	:	
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CLAIMS ADMINISTRATOR STATUS REPORT NO. 24

I. INTRODUCTION

1. *The Purpose and Scope of this Status Report.* BrownGreer¹ is the Court-appointed Claims Administrator for the Class Action Settlement in this litigation, approved by this Court on April 22, 2015, as amended May 8, 2015. BrownGreer filed its first Status Report on April 13, 2018. In it, we reviewed opening the Program, the Claim process, set up of the Qualified MAF Physician list, and retention of the Appeals Advisory Panel after the Settlement became final and effective on January 7, 2017. Since then, we have submitted 22 additional Status Reports apprising the Court, Settlement Class Members, their lawyers, and the public in general about claim filings, review process and determinations made, payments issued, the Qualified MAF Physician network, audits, and other aspects of the Program. We submit this Status Report No. 24 to update the Court on the implementation of our duties as the Claims Administrator and other developments.² In this Report, and as we look forward to

¹ BrownGreer has performed crucial administration or review roles in more than 100 major programs involving over 35,000,000 class members and the disposition of nearly \$36 billion in payments to qualifying claimants.
² Our earlier Status Reports are posted to the Settlement Website (under “Useful Information,” click “Status

the tenth anniversary of the Program³, we will examine and highlight the Program's achievements, what has worked well, areas where we have and can continue to make improvements, and on-going recommendations for continued successful implementation of the Program.

2. **Contents.** This 24th Report contains seven sections, as follows:
 - (a) ***Participation in the Program and Engagement (pp. 2-5)***
 - (b) ***Monetary Award Claims (pp. 5-26)***
 - (c) ***Qualified MAF Physicians (pp. 26-33)***
 - (d) ***Appeals Advisory Panel and Consultants (pp. 33-35)***
 - (e) ***Appeals (pp. 35-37)***
 - (f) ***Audit (pp. 37-42)***
 - (g) ***Conclusion (p. 42)***

II. PARTICIPATION IN THE PROGRAM AND ENGAGEMENT

3. ***Overall Participation at a Glance.*** As of November 4, 2024, 19,418 Settlement Class Members⁴ have successfully registered to participate in the Settlement Program. Approximately 47% of those Settlement Class Members are currently represented by counsel.

4. ***Class Member Representation.*** Currently, there are 406 law firms that represent registered Settlement Class Members. We have assigned Law Firm Contacts to each of these firms to assist them with their clients' participation in the Program. There are 335 firms that represent fewer than 10 Settlement Class Members each, with many

Reports"). We do not repeat here what we covered in them. All numbers and other information in this Status Report No. 24 are as of November 4, 2024. We will cover developments after that date in future reports.

³ The Class Action Settlement Agreement was filed on June 25, 2014; received Preliminary Approval on July 7, 2014; was amended on February 13, 2015; received Final Approval on April 22, 2015; and became effective on January 7, 2017.

⁴ This number includes 14,981 Retired NFL Football Players, 1,158 Representative Claimants, and 3,279 Derivative Claimants.

representing only one Settlement Class Member. The remaining 71 firms represent 10 or more Settlement Class Members. One hundred twenty-seven (127) of the firms that represent fewer than 10 Settlement Class Members have submitted 174 claims over the years; three of these firms submitted claims in the last year. In addition, 54 of these firms scheduled Baseline Assessment Program (“BAP”) appointments for Retired NFL Football Players they represent. Of the 71 firms that represent 10 or more Settlement Class Members, 70 have submitted claims, and 36 have submitted claims in the last year. Furthermore, 70 of the 71 firms have scheduled BAP appointments.

5. Client Engagement. The Claims Administrator is currently coordinating with the Special Masters and Class Counsel on an initiative to engage all lawyers representing Settlement Class Members to confirm that they continue to represent them and that they are actively engaged with their clients to provide updates about the Program. We are developing a procedure to confirm contact information and representation of all Settlement Class Members with a launch date in early 2025.

6. Unrepresented Class Members. Of the 7,933 Settlement Class Members⁵ who currently are not represented by counsel, or “*pro se*,” 732 have submitted claims and 2,063 have scheduled appointments in the BAP.

7. Our Contact Activity. Since our contact center opened on February 6, 2017, we have handled 112,021 total communications, including 69,786 calls made or received and 42,175 emails to us at our Claims Administrator email box, and 60 hardcopy letters mailed or received. Since Status Report No. 23, we have handled 4,401 such total communications. The most

⁵ This number includes 7,291 Retired NFL Football Players and 642 Representative Claimants.

common topics of these communications have been General Settlement Information, Payment, Change in Lawyers, Baseline Assessment Program, and Audit.

8. *Insights Newsletters.* We issue and send quarterly “Insights” newsletters to unrepresented Settlement Class Members and lawyers by email or mail. We also post them to the Settlement Website at <https://www.nflconcussionsettlement.com/Newsletters.aspx>. We use these newsletters to explain and clarify our policies and processes, draw attention to key deadlines and important developments or reminders and highlight other new or noteworthy issues affecting Settlement Class Members and the Program. We invite all lawyers and Settlement Class Members to send us suggested topics for our newsletters by email to ClaimsAdministrator@NFLConcussionSettlement.com or through the online submission screen on the Newsletters page of the Settlement Website.

9. *Program Doctors Newsletters.* In the fourth quarter of 2020, we issued our first newsletter to Qualified MAF Physicians as a tool to share relevant and valuable information. With the Second Quarter 2021 edition, we expanded our newsletter audience to include all Program doctors. We emailed the Third Quarter 2024 Program Doctors Newsletter on September 10, 2024, to all Qualified MAF Physicians, Qualified BAP Providers and other approved evaluating Neuropsychologists. All Program Doctors can access the newsletters on their Provider Portal, which we discuss in more detail in Paragraph 22. The most recent newsletter provided information on Qualified MAF Physician reliance on historical testing, informants at exams, neurologists’ responsibility for administering the CDR, BAP exam scheduling, automated email and appointment tracker reminders and finalizing BAP exams.

10. *Settlement Program Website.* We regularly update the Settlement Website to reflect progress and changes to the Program. Currently, we are undertaking a major update to provide clear information to *pro se* Settlement Class Members and to reflect Program improvements.

11. *Frequently Asked Questions.* There are 391 FAQs in 18 categories. These FAQs contain links to other tools and resource guides posted on the Settlement Website to help Settlement Class Members and their lawyers navigate the Program. The banner at the top of the page contains a link to a printable PDF version of the full set of FAQs. In coordination with the Special Masters, we are updating the FAQs and expect to launch the revised set early in 2025.

III. MONETARY AWARD CLAIMS

12. *Submitted Monetary Award Claims.* Since we launched the claims process on March 23, 2017, we have received 4,109 Monetary Award Claims. The number of claims filed has been increasing over the last three years, when compared to more recent years (with the first three years still comprising more than half of all claims to date), as shown in Table 1:

Table 1		MONETARY AWARD (MA) AND SUPPLEMENTAL (SUPP) CLAIMS SUBMITTED									
	YEAR FILED	PRE-EFFECTIVE DATE	MAF		BAP		UNKNOWN ⁶		TOTAL		
		MA	MA	SUPP	MA	SUPP	MA	SUPP	MA	SUPP	TOTAL
1.	2017	1,330	162	0	5	0	64	0	1,561	0	1,561
2.	2018	260	209	0	72	0	58	0	599	0	599
3.	2019	385	180	4	121	1	113	0	799	5	804
4.	2020	3	89	11	64	1	10	0	166	12	178
5.	2021	0	90	13	46	0	8	0	144	13	157
6.	2022	1	150	28	68	1	19	0	238	29	267
7.	2023	0	193	49	50	0	4	1	247	50	297
8.	2024 ⁷	1	148	19	56	1	20	1	225	21	246
9.	Totals	1,980	1,221	124	482	4	296	2	3,979	130	4,109

13. **Claims Review Outcomes.** Claims submitted in the Program can be separated by the type of provider who made the Qualifying Diagnosis and based on the type of the Qualifying Diagnosis made. This section gives an overview of both characteristics, based on when claims were submitted in the Program. As discussed more thoroughly in Paragraph 15, we have seen the quality of the information provided in support of diagnoses improve over the years, which has had the effect of increasing the Program’s approval rates.

(a) **Pre-Effective Date Claims.** February 6, 2019 was the deadline for Claim Package submissions of the pre-Effective Date claims with diagnoses made by board-certified physicians pursuant to the Settlement Agreement. We have processed all of these claims. Following the

⁶ Claims are in the “Unknown” category where we could not determine from what was submitted to us what Qualifying Diagnosis was the basis for the claim. That happens when a Claim Package does not include a Diagnosing Physician Certification, or when the Diagnosing Physician Certification submitted is missing a Qualifying Diagnosis, a Qualifying Diagnosis Date, or both. Also, in the instances where a Diagnosing Physician Certification Form is not required under Section 8.2 of the Settlement Agreement, we cannot discern the Qualifying Diagnosis asserted if there are no medical records submitted showing it. Once we can confirm the Qualifying Diagnosis, the claims move into the pre-Effective Date, BAP, or MAF claim counts as appropriate. If we are unable to confirm the Qualifying Diagnosis, we deny the claim for insufficient information. Of the 298 “Unknown” claims, 256 were denied, 25 were withdrawn, and 17 are still in progress.

⁷ 2024 data is not yet complete. We received 21% of all submitted claims in 2022 and 18% of all submitted claims in 2023 in the months of November and December. Based on this information, we would expect approximately 20%, or around more 60 claims, to be submitted in the remainder of 2024.

Effective Date, a Qualifying Diagnosis could be made only by Qualified MAF Physicians and Qualified BAP Providers as set forth in the Settlement Agreement. Table 2 shows final outcomes of all pre-Effective Date claims:

Table 2		FINAL DETERMINATION OF PRE-EFFECTIVE DATE CLAIMS											
	QUALIFYING DIAGNOSIS DETERMINED	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		APPROVED AND PAID		TOTAL⁸	
1.	Death with CTE	0	0.0%	0	0.0%	3	2.4%	43	34.1%	80	63.5%	126	6.4%
2.	ALS	0	0.0%	0	0.0%	14	27.5%	3	5.9%	34	66.7%	51	2.6%
3.	Alzheimer's Disease	38	8.9%	3	0.7%	41	9.6%	67	15.8%	276	64.9%	425	21.5%
4.	Parkinson's Disease	0	0.0%	0	0.0%	16	11.7%	10	7.3%	111	81.0%	137	6.9%
5.	Level 2.0	146	28.9%	31	6.1%	129	25.5%	132	26.1%	67	13.3%	505	25.5%
6.	Level 1.5	179	24.3%	31	4.2%	112	15.2%	290	39.4%	124	16.8%	736	37.2%
7.	Totals	363	18.3%	65	3.3%	315	15.9%	545	27.5%	692	34.9%	1,980	100.0%

(b) *Claims Based on Diagnoses Made by a Qualified MAF Physician.* On April 7, 2017, 90 days after the Effective Date, we posted on the Settlement Website a list of approved Qualified MAF Physicians eligible to provide Qualifying Diagnoses and have maintained that list since then. Retired NFL Football Players or their lawyers may schedule appointments with these physicians for purposes of evaluation for and diagnosis of Qualifying Diagnoses. We have received 1,221 claims based on examinations by a Qualified MAF Physician. Table 3 shows the status and outcomes of these claims:

⁸ Percentages in the Total column show distribution of Diagnoses as submitted; percentages attributed to each status show distribution by status within that Diagnosis; this applies to Tables 2, 3, 4, and 5.

Table 3		STATUS AND DETERMINATIONS OF MAF CLAIMS													
	DIAGNOSIS DETERMINED	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		IN REVIEW		APPROVED AND PAID		TOTAL	
1.	ALS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	13	100.0%	13	1.1%
2.	Alzheimer's Disease	18	8.5%	21	9.9%	2	0.9%	9	4.2%	23	10.8%	140	65.7%	213	17.4%
3.	Parkinson's Disease	0	0.0%	1	0.5%	1	0.5%	5	2.6%	46	24.3%	136	72.0%	189	15.5%
4.	Level 2.0	4	1.3%	64	21.3%	21	7.0%	44	14.7%	53	17.7%	114	38.0%	300	24.6%
5.	Level 1.5	3	0.6%	78	15.4%	16	3.2%	95	18.8%	65	12.9%	248	49.1%	505	41.4%
6.	No Qualifying Diagnosis	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0.1%
7.	Totals	25	2.0%	164	13.4%	40	3.3%	154	12.6%	187	15.3%	651	53.3%	1,221	100.0%

(c) *Claims Based on Diagnoses Made by Qualified BAP Providers.* Retired NFL

Football Players who receive a diagnosis of Level 1.5 or Level 2 Neurocognitive Impairment through a BAP exam⁹ may submit a claim for a Monetary Award based on that diagnosis. We have received 482 claims based on diagnoses made through the BAP. Table 4 shows the status and outcomes of these claims:

Table 4		STATUS AND DETERMINATIONS OF BAP CLAIMS													
	DIAGNOSIS DETERMINED	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		IN REVIEW		APPROVED AND PAID		TOTAL	
1.	Level 2.0	1	0.7%	0	0.0%	5	3.5%	12	8.5%	14	9.9%	110	77.5%	142	29.5%
2.	Level 1.5	1	0.3%	5	1.5%	9	2.7%	21	6.3%	35	10.5%	262	78.7%	333	69.1%
3.	No Qualifying Diagnosis	0	0.0%	0	0.0%	0	0.0%	7	100.0%	0	0.0%	0	0.0%	7	1.5%
4.	Totals	2	0.4%	5	1.0%	14	2.9%	40	8.3%	49	10.2%	372	77.2%	482	100.0%

⁹ The Baseline Assessment Program (BAP) provides the opportunity for each qualified Retired NFL Football Player to receive a BAP exam, which includes: (a) a standardized neuropsychological examination and (b) a basic neurological examination performed by a Qualified BAP Provider, as set out in the Settlement Agreement.

(d) **Supplemental Claims Based on MAF and BAP Diagnoses.** Section 6.8 of the Settlement Agreement explains that a Retired NFL Football Player who has received a Monetary Award based on a certain Qualifying Diagnosis and subsequently is diagnosed with a different Qualifying Diagnosis may be entitled to a Supplemental Monetary Award. We have received 130 claims for Supplemental Monetary Awards based on MAF and BAP diagnoses since we received the first one in 2019. Table 5 shows the status and outcomes of these claims:

Table 5		STATUS AND DETERMINATIONS OF SUPPLEMENTAL CLAIMS													
	QUALIFYING DIAGNOSIS DETERMINED	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		IN REVIEW		APPROVED AND PAID		TOTAL	
1.	ALS	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	0.8%
2.	Alzheimer's Disease	3	5.3%	9	15.8%	0	0.0%	3	5.3%	8	14.0%	34	59.6%	57	43.8%
3.	Parkinson's Disease	0	0.0%	0	0.0%	0	0.0%	2	8.3%	6	25.0%	16	66.7%	24	18.5%
4.	Level 2.0	0	0.0%	5	10.6%	2	4.3%	10	21.3%	14	29.8%	16	34.0%	47	36.2%
5.	No Qualifying Diagnosis	0	0.0%	0	0.0%	0	0.0%	1	100.0%	0	0.0%	0	0.0%	1	0.8%
6.	Totals	3	2.3%	14	10.8%	2	1.5%	16	12.3%	28	21.5%	67	51.5%	130	100.0%

14. Monetary Award Payments. As of November 4, 2024, the Program has paid 1,782 Monetary Awards for a total of \$1,312,424,150, following the Settlement Agreement-mandated payment process:

(a) We have issued 1,825 Notices of Monetary Award for claims totaling \$1,383,364,043 in claims found payable.¹⁰

(b) We request funding from the NFL Parties by the 10th of each month (or the next business day if the 10th falls on a weekend or holiday) for claims that have received a

¹⁰ The amount of these Notices of Monetary Award includes the 1% Derivative Claimant Award deductions allocated to eligible Derivative Claimants.

Notice of Monetary Award for which the appeals process is complete (or the appeal deadline has passed with no appeal) and that are not in Audit.

(c) Of the 1,825 eligible claims with Notices of Monetary Award, we requested \$1,352,769,511 from the NFL Parties for the 1,802 claims that have reached the point at which we can request funding. The NFL Parties have deposited funds for 1,787 of those claims.¹¹

(d) Of the 1,787 Monetary Award claims for which the NFL Parties have deposited funds, the Program paid 1,782 claims for a total of \$1,312,424,150.

(e) The remaining five funded claims, filed by four Settlement Class Members, were not yet ready for payment when we submitted the most recent Disbursement Report; two have holds preventing payment, and in three cases, the Settlement Class Member or counsel have not a submitted the required Payment Election Form and/or SWS-5.¹²

(f) Initially, in an Order filed June 27, 2018, the Court required that we hold back 5% of each award for a Common Benefit Fund. On December 21, 2023, the Court changed the amount of the hold back to 1% of each award. Of the 1,782 paid claims from Retired NFL Football Players and Representative Claimants, the Trustee sent \$61,977,974 (5% or 1% of those Monetary Awards, depending on when the payment was issued) to the Attorneys' Fees Qualified Settlement Fund. Beginning with the February 24, 2024 disbursement, we reduced the percentage we send to the Attorneys' Fees Qualified

¹¹ The NFL Parties have 30 days from the date of the Funding Request to fund the amount requested.

¹² The Court's April 5, 2018 Order (ECF No. 9863) capped Individually Retained Plaintiffs' Attorneys ("IRPAs") fees at 22% plus reasonable costs unless the terms of a contingent fee contract reflect a rate lower than the 22% fee cap, in which case the lower fee will apply, or unless the Court granted an upward or downward deviation from the presumptive fee cap. To effectuate the Court's Order, the Special Masters directed the Claims Administrator to require IRPAs to record their fee arrangements and present their reasonable costs before receiving funds. Pursuant to the Court's April 5, 2018 Order and at the direction of the Special Masters, an attorney from each law firm representing Settlement Class Members with Monetary Awards included on a Funding Request must complete a Statement of Attorneys' Fees and Costs for each such Settlement Class Member.

Settlement Fund to 1% of Monetary Awards in accordance with the Court's December 21, 2023 Order.

(g) The Court also ordered that 4% of the 5% holdback from paid claims be returned to the attorney managing the case or to the Player or family if they proceeded without an attorney. That process is underway. As of November 4, 2024, we have released \$42,735,357 of previously withheld Common Benefit Funds to Players or their attorneys.

(h) Finally, the Settlement requires that we withhold money for unresolved Liens and for third-party funders. Table 6 shows the distribution of the \$1,312,424,150 paid by the Settlement Program:

Table 6		MONETARY AWARD PAYMENTS	
	PAID TO	TOTAL PAID	
1.	Settlement Class Members (or their lawyers on their behalf, if represented)	\$1,264,000,190	
2.	Medical Lienholders (Paid on behalf of Settlement Class Members to the Lien Resolution Administrator to resolve medical Liens once a final Lien resolution amount is determined)	\$4,512,813	
3.	Non-Medical Lienholders (Paid on behalf of Settlement Class Members to lienholders to resolve non-medical Liens)	\$20,828,191	
4.	Third-Party Funders (Paid on behalf of Settlement Class Members to third-party funders who have accepted rescission of and/or terminated prohibited assignments that they had entered into with Settlement Class Members)	\$23,082,956	
5.	Total	\$1,312,424,150	

Table 7 shows the total Notices of Monetary Award and amounts paid by Claim Package submission year since the Settlement's Effective Date:

Table 7		TOTAL MONETARY AWARD NOTICES AND PAYMENTS BY YEAR			
	PROGRAM YEAR ¹³	NOTICES		PAYMENTS	
		NO.	\$ AMOUNT	NO.	\$ AMOUNT
1.	2017	158	\$194,921,519	63	\$74,989,632
2.	2018	508	\$311,164,526	469	\$335,476,963
3.	2019	362	\$198,524,152	420	\$219,236,241
4.	2020	179	\$118,161,946	229	\$131,235,196
5.	2021	160	\$125,257,705	126	\$91,515,196
6.	2022	151	\$131,329,235	145	\$110,325,246
7.	2023	170	\$158,659,216	211	\$182,502,797
8.	2024 ¹⁴	137	\$145,345,744	119	\$167,142,879
9.	Totals	1,825	\$1,383,364,043	1,782	\$1,312,424,150

15. Overall Claims Processing Results. Rates at which claims are approved and denied in this Program have changed over time as the Program has evolved. In the early years of the Program, the majority of claims were based on diagnoses that were made before the Settlement's Effective Date, by doctors who were not approved Qualified MAF Physicians or Qualified BAP Providers and who were not trained on the Settlement's diagnostic criteria. These claims were denied at a higher rate because they often were not generally consistent with the Settlement's diagnostic criteria, and a significant number of them were diagnosed by doctors who were disqualified from participation in the Program because of fraud concerns or otherwise implicated by various Audit decisions, many of which are published on the Settlement Website.

After the deadline to submit pre-Effective Date diagnoses passed in February 2019, the make-up of the claims received consisted mostly of diagnoses made by Qualified MAF Physicians and Qualified BAP Providers who were trained on the Settlement's diagnostic

¹³ Program Year column shows Notices issued/claims paid that year, regardless of when the claim was filed.

¹⁴ 2024 data is not yet complete as it is missing November and December anticipated payments (anticipated approximately 20% of the yearly activity). Also, five claims from four claimants totaling \$2,823,924.52 have been funded, but have not yet been paid.

criteria. The adoption of the Rules Governing Qualified MAF Physicians in 2019 gave us guidelines for training and monitoring the network of Qualified MAF Physicians, and we have seen the quality of the information provided in support of diagnoses improve in the years since, which has had the effect of increasing the Program’s approval rates. Table 8 shows the rate at which claims for Monetary Awards and Supplemental Monetary Awards are approved is much higher now than it was when the Program began in 2017:

Table 8		APPROVAL RATES FOR ALL CLAIMS BY YEAR CLAIM SUBMITTED		
	YEAR CLAIM SUBMITTED	CLAIMS WITH A DETERMINATION NOTICE¹⁵	APPROVED CLAIMS¹⁶	
			HOW MANY	%
1.	2017	933	471	50.5%
2.	2018	470	357	76.0%
3.	2019	518	342	66.0%
4.	2020	156	123	78.8%
5.	2021	135	121	89.6%
6.	2022	236	190	80.5%
7.	2023	242	162	66.9%
8.	2024	68	57	83.8%

16. *Claim Processing Overview.* By definition, each claim is reviewed and considered independent of all other claims. Accordingly, the time for review from one case to another is varied and is determined by a variety of factors:

¹⁵ This is the count of facially complete claims submitted each year that have received either an Award or a Denial Notice (excludes Audit denials and denials for incompleteness). Claims that are still in process or that were withdrawn are not counted here. Of the 264 “in review” claims detailed in Tables 3, 4, and 5, 211 claims may still, when a determination notice will issue, be added to these totals. Of these 211 claims, over 70% were submitted in 2024, and over 25% were submitted in 2023. Also, more claims will be submitted in 2024 in the remaining months as noted in footnote 7.

¹⁶ The claims counted as “approved” include those that have been paid, those that are ready for payment, those that have an Award Notice but are still within the window for appeal, and those that are currently on appeal following an Award Notice.

(a) The Settlement Agreement states what proof a claim must have, how a Settlement Class Member qualifies for payment, and how the claim is to be processed. The Settlement Agreement has been interpreted over its first years by the Court and Special Masters, and these interpretations have led to procedures and Rules that we follow on each claim. Exhibit A outlines the governing claim processing provisions in detail.

(b) We build and enhance sophisticated systems to support the implementation of this Program.

(c) We continually evaluate, in collaboration with the Special Masters, our processes alongside state-of-the-art online systems, reports, and information analysis to propose enhancements, simplifications, and improved procedures for the effective administration of the Settlement.

17. *Notice Outcomes and Processing Times.* Looking at the many governing precepts in the Settlement Agreement, it is evident that a claim may take different pathways in the Program. Those different routes lead to different interim outcomes and notices, and different end points and notices. Those alternative processes require differing amounts of time. To apply the rules we must follow, we designed and created the mechanisms to reach and then issue notices on the various possible outcomes. For each of these notices, there are certain steps and timelines associated with issuing determinations, summarized in Table 9:

Table 9		NOTICE OUTCOMES AND PROCESSING TIMES
	NOTICE TYPE	PROCESSING TIME
1.	Notice of Monetary Award Claim Determination	Possible 105 days: 45 days to determine completeness + 60 days to issue determination + steps to verify claim [8.6(b)] + seek explanation from MAF Physicians + audit + deficiency + seek input from AAP/AAPC/AAPLC.
2.	Payment	Possible 190 days (assume no steps to verify claim [8.6(b)]; seek explanation from MAF Physicians; audit; deficiency; input from AAP/AAPC/AAPLC; receipt of required payment documents): 45 days to determine completeness; if complete and other issues + 60 days to issue determination + 30 days for appeal + Funding Request issued on 10 th of each month (assume 5 days for this step) + 10 days for Parties to object + 30 days for the NFL to fund + Claims Administrator send to Special Masters for approval (assume 5 days for this step) + bank issues payments at the Special Masters' direction (assume 5 days for this step).
3.	Notice of Denial of Monetary Award Claim	Possible 225 days: 45 days to determine completeness + 120 to respond to incompleteness + 60 days to issue determination + steps to verify claim [8.6(b)] + seek explanation from MAF Physicians + audit + seek input from AAP/AAPC/AAPLC.
4.	Deficiency Notice	45 days to determine completeness, and the 45 days do not necessarily start running from the date claim is filed.
5.	Notice of Audit of Claim	The Claims Administrator may place a Claim in Audit at any time, regardless of its processing or payment status, even if previously found payable or paid.
6.	Claim Withdrawn	Claimant can withdraw at any time, unless the claim has already been closed because it was paid in full or denied as ineligible and all steps after a denial have been finished, or it was denied for fraud, misrepresentation, omission, or concealment of a material fact after concluding an audit investigation under Section 10.3 of the Settlement Agreement.

We have handled many claims within these timeframes. Consider, for illustrative purposes, our work in 2024:

(a) Fifty-seven claims submitted in 2024 received an Award Notice within an average of 113 days; 33 of these claims have been paid, and that payment was issued within an average of 174 days from filing a claim.

(b) Nineteen claims received a Denial Notice within an average of 122 days.

(c) In Table 10, we highlight some examples of claims that were processed in much shorter time periods.

Table 10		EXAMPLE CLAIMS ILLUSTRATING CLAIMS PROCESSING TIMELINE	
	PLAYER	YEAR CLAIM SUBMITTED	NOTES
1.	Player A	2024	Received a Denial Notice in 90 days after submitting a complete Claim Package, including time for input from AAP.
2.	Player B	2023	Received payment on his claim 38 days after submitting a complete Claim Package.
3.	Player C	2022	Received a determination in 25 days and was paid 102 days from the date of filing his complete claim.
4.	Player D	2023	Received a determination in 41 days and was paid 63 days from the date of filing his claim, including time for input from the AAP and additional explanation from the diagnosing physician.
5.	Player E	2022	Received a determination in 21 days and was paid 72 days from the date of filing his complete claim.
6.	Player F	2021	Received a determination in 26 days and was paid 99 days from the date of filing his claim, including time for input from the AAP.
7.	Player G	2022	Received a determination in 27 days and was paid 71 days from the date of filing his complete claim.

18. *Exceptions to Processing Times.* Our procedures, applied consistently across all claims, meet the anticipated processing times when the information provided to us in a claim satisfies all the Program's requirements. We consistently evaluate the timelines in Paragraph 17 to determine if there are specific process steps that tend to create longer processing times. The most evident reason for delay is the filing of Claim Packages that require additional follow up, either from providers or from Settlement Class Members and/or law firms, and the sometimes slow pace in receipt of this information after notice that this follow up is required. There are also external and unanticipated events that sometimes affect them, including delays

by claimants or their lawyers in filing required submissions and motions and other legal proceedings that stay particular claims or groups of claims (most notably, the proceedings and revisions modifying the impact of norming criteria used by mental health professionals required re-review in 2022 of all previously submitted Level 1.5/ Level 2 claims). Additional processes that affect timelines on individual claims are discussed here:

(a) **Notices for Missing Materials.** We have sent one or more notices requesting required documents or information on 2,320 Monetary Award claims, as shown in Table 11:

Table 11 CLAIMS RECEIVING DEFICIENCY NOTICES FOR MISSING MATERIALS				
	CLAIMS	TOTAL REVIEWED	NOTICES ISSUED	% MISSING MATERIALS
1.	Death with CTE	126	48	38.1%
2.	ALS	65	30	46.2%
3.	Alzheimer's Disease	694	339	48.8%
4.	Parkinson's Disease	346	124	35.8%
5.	Level 2.0	987	597	60.5%
6.	Level 1.5	1,565	938	59.9%
7.	Multiple/ Unknown ¹⁷	303	244	80.5%
8.	Totals	4,086	2,320	56.8%

To date, 88% of the Settlement Class Members who received a notice requesting required documents have complied, taking an average of about 61 days to respond. We generally receive up to one response to these notices each week and review each reply to determine if it results in a Claim Package meeting Program requirements. Of those who responded, only 46% of those responses met Program requirements, creating the need for additional follow up on these files.

(b) **Deviation Explanations for Level 1.5 and Level 2 Diagnoses.** Under Rule 20 of the Rules Governing Qualified MAF Physicians, the Settlement requires an explanation

¹⁷ These "Multiple/Unknown" claims are ones where the Settlement Class Member asserted more than one Qualifying Diagnosis, or the claim is so incomplete that we cannot tell what Qualifying Diagnosis is claimed. We process and pay a person for only one Qualifying Diagnosis per claim submission.

from a Qualified MAF Physician and/or neuropsychologist whenever the BAP criteria are not strictly followed on a diagnosis of Level 1.5 or Level 2 Neurocognitive Impairment. We cannot process these claims further until we receive the required explanation. There are currently 13 claims based on a diagnosis of either Level 1.5 Neurocognitive Impairment or Level 2 Neurocognitive Impairment that require additional explanation from a Qualified MAF Physician and/or neuropsychologist, representing approximately 11% of all MAF Level 1.5 and Level 2 Claim Packages currently in review. Table 12 shows how many claims required additional explanation from the Qualified MAF Physician before we can issue award or denial notices:

Table 12		CLAIMS REQUIRING DEVIATION EXPLANATION FROM QUALIFIED MAF PHYSICIANS		
	DIAGNOSIS TYPE	MAF CLAIMS SUBMITTED	CLAIMS REQUIRING EXPLANATION	%
1.	Level 1.5	505	122	24.2%
2.	Level 2	300	91	30.3%
3.	Totals	805	213	26.5%

(c) *Clarification Explanations From Providers.* On May 31, 2022, we officially launched the Provider Portal, a secure online system for MAF Physicians, BAP Providers, and other approved evaluating Neuropsychologists to use for all Program-related evaluations. We designed the Provider Portal to address common problems created when Qualified BAP and/or MAF neurologists and neuropsychologists do not provide the necessary information in their reports, and to improve the quality and completeness of reports submitted to us. Table 13 shows all requests for clarifications, explanations, and missing information that we sent at our discretion to the Qualified MAF Physicians over the years. The table shows that the Provider Portal is helping to reduce the number of requests we have to send to providers for

required information; there are fewer requests to providers for claims filed in 2024 (claims filed in 2022 and 2023 required more outreach related to implementation of the Norming Agreement):

Table 13		CLAIMS REQUIRING ADDITIONAL EXPLANATION FROM QUALIFIED MAF PHYSICIANS ¹⁸		
	YEAR CLAIM SUBMITTED	MAF CLAIMS SUBMITTED	CLAIMS REQUIRING EXPLANATION	%
1.	2017	162	2	1.2%
2.	2018	209	20	9.6%
3.	2019	180	114	63.3%
4.	2020	89	83	93.3%
5.	2021	90	63	70.0%
6.	2022	150	7	4.7%
7.	2023	193	54	28.0%
8.	2024	148	21	14.2%
9.	Totals	1,221	364	29.8%

(d) **Review by the Appeals Advisory Panel.** The Appeals Advisory Panel (“AAP”) and Appeals Advisory Panel Leadership Council (“AAPLC”) assist us with the medical aspects of claims review.

- (1) **Pre-Effective Date Diagnoses.** In the early years of the Program, as required by the terms of the Settlement Agreement, the Appeals Advisory Panel reviewed most claims based on pre-Effective Date diagnoses. Overall, 35% of all pre-Effective Date claims were approved, 49% were denied, and 16% were withdrawn by the Settlement Class Member.
- (2) **MAF Claims.** The AAP does not review all claims based on diagnoses made by Qualified MAF Physicians. Those subject to AAP review are by definition more complicated, where we determine we need guidance and input on claim outcome. In accordance with Rules 23 and 27 of the Rules Governing Qualified MAF Physicians, we have requested that the AAP and AAPLC review 539 of 1,221 total Monetary Award claims submitted for diagnoses made by Qualified MAF Physicians. This is 44.1% of all claims based on diagnoses by Qualified MAF Physicians, but it includes claims that

¹⁸ Table 13 includes all MAF claims submitted since the start of the Settlement Program. It includes the MAF Level 1.5 and 2 claims reflected in Table 12.

required AAP review because they relied on diagnoses from terminated providers. Table 14 shows the status of all MAF claims and whether we requested AAP review:

Table 14		AAP REVIEW STATUS AND DETERMINATIONS OF MAF CLAIMS													
	AAP REVIEW STATUS	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		IN REVIEW		APPROVED AND PAID		TOTAL ¹⁹	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
1.	Reviewed by AAP	18	3.3%	127	23.6%	10	1.9%	90	16.7%	91	16.9%	203	37.7%	539	44.1%
2.	Not Reviewed by AAP	7	1.0%	37	5.4%	30	4.4%	64	9.4%	96	14.1%	448	65.7%	682	55.9%
3.	Total	25	2.1%	164	13.4%	40	3.3%	154	12.6%	187	15.3%	651	53.3%	1,221	100.0%

(3) **BAP Claims.** Likewise, the Settlement Agreement provides avenues for AAP review of BAP claims: their review is indicated when a Player fails two or more effort tests during neuropsychological testing (see, e.g., Section 2 of Exhibit A-2), as well as under Section 8.6(b) of the Settlement Agreement, which provides the Claims Administrator with the discretion to verify and investigate the sufficiency of a Claim Package to determine if it qualifies for a Monetary Award. The Court has stated (Doc 11931), “a BAP diagnosis is not an automatic rubber stamp for a Class Member to receive a monetary award. Rather, the BAP program is distinct from the claims review process, and BAP diagnosis is simply only one component of a successful Claim Package, which must be reviewed by the Claims Administrator. the Claims Administrator may request AAP review of the medical records underlying a Claim Package in making a determination of whether a Class Member is entitled to receive a Monetary Award, regardless of whether there are conflicting diagnoses.” The Claims Administrator has requested the AAP and AAPLC review of 88 of 482 total claims submitted based on Qualifying Diagnoses made through the BAP (18% of all claims based on BAP diagnoses). Table 15 shows the status of all BAP claims and whether we requested AAP review:

¹⁹ Percentages in the Total column show distribution of all Claims Reviewed or not Reviewed by AAP; percentages attributed to each status show distribution for each category separately (Reviewed by AAP and Not Reviewed by AAP); this applies to Tables 14 and 15.

Table 15		AAP REVIEW STATUS AND DETERMINATIONS OF BAP CLAIMS													
	AAP REVIEW STATUS	DENIED DIRECTLY AFTER AUDIT		DENIED DUE TO DISQUALIFIED/TERMINATED PHYSICIAN		WITHDRAWN BY SETTLEMENT CLASS MEMBER		DENIED FOR LACK OF SUFFICIENT PROOF OF DIAGNOSIS		IN REVIEW		APPROVED AND PAID		TOTAL ²⁰	
1.	Reviewed by AAP	1	1.1%	3	3.4%	1	1.1%	20	22.7%	12	13.6%	51	58.0%	88	18.3%
2.	Not Reviewed by AAP	1	0.3%	2	0.5%	13	3.3%	20	5.1%	37	9.4%	321	81.5%	394	81.7%
3.	Total	2	0.4%	5	1.0%	14	2.9%	40	8.3%	49	10.2%	372	77.2%	482	100.0%

In Table 16, we highlight some examples of claims that take much longer to process than the more ordinary timelines set out in Paragraph 17:

Table 16		EXAMPLE CLAIMS ILLUSTRATING CHALLENGES TO CLAIMS PROCESSING TIMELINES		
	PLAYER	YEAR CLAIM SUBMITTED	NOTES	
1.	Player H	2022	546 days to Denial Notice; 297 days waiting for the firm and provider to respond with required information and explanation. We determined that we needed required information from the diagnosing physician and reached out on June 14, 2022, with the request. We followed up on July 7, 2022, had a feedback call on September 20, 2022, followed up again on December 5, 2022, then again on February 8, 2023. The provider responded to our inquiry on April 7, 2023. As we finalized the review, this provider informed us that there were additional records to share and provided those on August 16, 2023. That required us to review the claim again. Subsequently, the provider told us she is no longer taking MAF patients because of scheduling issues, so we have removed her from the posted list. We issued a Denial Notice on September 7, 2023.	

²⁰ Percentages in the Total column show distribution of all Claims Reviewed or not Reviewed by AAP; percentages attributed to each status show distribution for each category separately (Reviewed by AAP and Not Reviewed by AAP); this applies to Tables 14 and 15.

Table 16		EXAMPLE CLAIMS ILLUSTRATING CHALLENGES TO CLAIMS PROCESSING TIMELINES	
	PLAYER	YEAR CLAIM SUBMITTED	NOTES
2.	Player I	2022	758 days to Denial Notice; 586 of these days waiting for the firm and provider to respond with required information and explanation. We determined that we needed required information from the provider. The provider's response was incomplete. We determined that the law firm/Player might be able to provide information to assist the provider and noticed the firm of missing records; that notice remained unanswered for 163 days, at which point the Player changed law firms. We then issued a second notice for missing records and received a response from the new firm within 21 days. With the documents provided, we sent a follow-up request to the provider to provide a complete response. However, the provider's response was still incomplete, necessitating a third outreach. During this time, the claim also was subject to a 60-day processing audit related hold. We terminated the provider from participating in the MAF Program for breach of contract.
3.	Player J	2023	303 days to Payable Determination Notice; 252 of these days waiting for the firm and provider to respond with required information and explanation. We issued notice for missing information (e.g., what was the claimed Qualifying Diagnosis?) shortly after the claim was filed. When the firm responded and clarified the Qualifying Diagnosis after 88 days, we determined that we needed an explanation from the diagnosing physician and sent such request. We followed up with the provider after 14 days and again after 36 days; having received no response from the provider, we issued a second notice of missing records. We received a response from the firm within 22 days, but not from the provider, so we followed up with the provider within 13 days. The provider responded to the third outreach in 43 days. After we received all the missing information, we issued a notice of a payable claim determination within 40 days. The provider withdrew from the Program, telling us that he realized these assessments were not his area of expertise and that he had no interest in further involvement.
4.	Player K	2022	745 days to issue a Denial Notice; 542 of these days the claim was in audit. After we communicated with the law firm with requests for clarification, we did not receive a timely response to our questions. Between October of 2022 and November of 2023, we communicated with the law firm approximately eight times. The law firm explained that they had been unable to obtain any response from the Player. We discussed options that included denying the claim for lack of cooperation with the audit pursuant to Section 10.3(b)(ii) of the Settlement Agreement. We finally received a response on November 21, 2023.

Table 16		EXAMPLE CLAIMS ILLUSTRATING CHALLENGES TO CLAIMS PROCESSING TIMELINES	
	PLAYER	YEAR CLAIM SUBMITTED	NOTES
5.	Player L	2021	404 days to Award Notice; 316 of these days waiting for the firm and provider to respond with required information and explanation. We determined that we needed required information from the diagnosing physician and reached out on June 29, 2021. After exchanging several emails with the diagnosing physician, he was unwilling to provide more information and eventually suggested reaching out to the neuropsychologist (90 days after our request). The provider withdrew from the program after retiring and expressing frustration with our requests for additional information. We reached out to the neuropsychologist on September 27, 2021. We did not receive a response and followed up on October 11, 2021; October 21, 2021; November 11, 2021; December 7, 2021; January 4, 2022; March 1, 2022; March 30, 2022. The provider responded to our inquiry on April 18, 2022, after 203 days. After we received all the missing information, we issued a notice of a payable claim determination within 88 days, during which we sought and received final AAP review.
6.	Player M	2018	705 days to initial Denial Notice. The Claim was submitted on November 14, 2018, and was one of the 34 Level 1.5 or 2 claims that were pending when the Rules Governing MAF Physicians were adopted on April 11, 2019, necessitating us to ask the MAF Physician for missing required information before we could issue a determination notice. We alerted the firm that we would perform outreach to the MAF Physician on May 3, 2019. We learned later that year that the Player had passed away on May 25, 2019. The MAF Physician provided additional information on May 11, 2020, and we referred the claim to the AAP for determination and issued a denial on October 19, 2020. The firm appealed on November 11, 2020, and the appeal was pending for 15 months by request of the law firm to await the implementation of the Norming Agreement. It was remanded to the Claims Administrator on March 10, 2022 to rescore the testing using the New Method and seek additional AAP input. We issued a notice of a payable claim determination on July 15, 2022, and paid the claim on October 19, 2022.

Table 16		EXAMPLE CLAIMS ILLUSTRATING CHALLENGES TO CLAIMS PROCESSING TIMELINES	
	PLAYER	YEAR CLAIM SUBMITTED	NOTES
7.	Player N	2024	246 Days Pending (as of November 4, 2024). We placed this claim in audit as mandated by the Special Master Decision regarding former clients of Howard & Associates, P.A. We immediately requested information necessary to assess any potential issues related to prior representation. In addition, however, despite the player's assertions to his medical providers that he last worked for a rehab facility and is currently unemployed, we observed that he is listed as the Registered Agent and Managing Member of an active entity, online sources suggest that he is working as an independent sales agent for a legal company, and his personal website states that he is an author, speaker, entrepreneur, and wellness coach. We also observed various pieces of evidence online suggesting that he is still actively engaged in public speaking, an activity that he did not disclose to his providers and that is inconsistent with the level of moderate functional impairment reported in his medical records. These activities have the potential to affect validity of the Level 2 Neurocognitive Impairment Diagnosis. On July 26, 2024, we sent questions to the player's attorney, which asked him to address the information we observed about these activities, as well as income he reported to the IRS that was reflected in his tax transcripts. However, the player's attorney has not responded to our questions. Between August 8, 2024 and September 9, 2024, we followed up with the player's attorney four times for an answer to our questions. On September 13, 2024, the player's attorney responded and asked for a minimum of a 14-day extension to reply. As of today, 101 days since our first request for the information related to the observed activities, we have not received any response from the player or his attorney that addresses the information and activities we observed.

19. Evolution of Processing Times. The question is whether these long timelines are normal or idiosyncratic. When analyzing claims that have been Paid or received a Final Denial over the life of the Program, we see that the average time it takes to issue Determination Notices in the Program has been steadily decreasing:

Table 17		DAYS TO ISSUE A MONETARY AWARD OR DENIAL NOTICE BY SUBMISSION YEAR AND FINAL DETERMINATION			
	CLAIM PACKAGE SUBMISSION YEAR²¹	PAID		FINAL DENIAL	
		CLAIMS²²	AVERAGE DAYS TO A DETERMINATION NOTICE	CLAIMS	AVERAGE DAYS TO A FIRST DETERMINATION NOTICE
1.	2017	471	230	551	399
2.	2018	357	130	182	213
3.	2019	342	163	322	197
4.	2020	122	186	44	276
5.	2021	118	152	23	284
6.	2022	189	142	59	269
7.	2023	150	128	62	262
8.	2024	33	83	12	95

After we issue a Determination Notice for a claim, there are other external factors that may cause delay. The Parties may appeal a Notice. This may require briefing and consideration by the Special Master, who may remand the claim back to us for another review. For a payable claim, we issue a Funding Request and obtain the funds to make such payments. During this period, we may learn of potential misrepresentation issues, necessitating an audit. Over the years, the Court imposed stays, motions regarding processing of claims, and Settlement Agreement interpretation issues have all affected various groups of claims, adding to the time to finalize claim processing. Table 18 shows days to pay or issue a final determination notice for claims broken down by the year the Claim Package was submitted, demonstrating that the Program has been trending to shorter processing times over the years:

²¹ As detailed in Tables 3, 4, and 5, there are 264 claims still pending that, when paid or receive a final denial, will be added to these totals. Over 70% of these 264 claims have been filed in 2024, over 25% filed in 2023. Also, new claims will be filed for the remainder of 2024.

²² These are numbers of claims submitted each year that have reached a final determination.

Table 18		DAYS TO PAYMENT/FINAL DETERMINATION BY SUBMISSION YEAR			
	CLAIM PACKAGE SUBMISSION YEAR ²³	PAID		FINAL DENIAL	
		CLAIMS ²⁴	AVERAGE DAYS TO PAYMENT	CLAIMS	AVERAGE DAYS TO A FINAL DENIAL NOTICE
1.	2017	471	371	551	471
2.	2018	357	265	182	321
3.	2019	342	294	322	278
4.	2020	122	324	44	325
5.	2021	118	284	23	317
6.	2022	189	264	59	332
7.	2023	150	228	62	299
8.	2024	33	174	12	95

Every claim that has taken longer than anticipated has a reason or multiple reasons for the added time. We can and do explain every such instance to the Settlement Class Member and their lawyer and add all communications to the Settlement Class Member's file.

IV. QUALIFIED MAF PHYSICIANS

20. *Maintaining the MAF Network.* Section 6.5 of the Settlement Agreement required the Claims Administrator to establish within 90 days of the Effective Date a list of Qualified MAF Physicians eligible to provide Qualifying Diagnoses. Section 2.1(www) defines a Qualified MAF Physician as “a board-certified neurologist, board-certified neurosurgeon, or other board-certified neuro-specialist physician, who is part of an approved list of physicians authorized to make Qualifying Diagnoses.” Because board-certified neurologists also are eligible to serve as Qualified BAP Providers, we now coordinate recruitment for both networks. Settlement Class Members and lawyers can locate Qualified MAF Physicians using the MAF

²³ As detailed in Tables 3, 4, and 5, there are 264 claims still pending that, when paid or receive a final denial, will be added to these totals. Over 70% of these 264 claims have been filed in 2024, over 25% filed in 2023. Also, new claims will be filed for the remainder of 2024.

²⁴ These are numbers of claims submitted each year that have reached a final determination.

Physician Locator Tool on the Settlement Website. There are 58 Qualified MAF Physicians on the website now. These 58 Qualified MAF Physicians are within 150 miles of 11,710 (82.2%) living Retired NFL Football Players who have registered as Settlement Class Members. There are 2,538 (17.8%) Retired Players who do not have a Qualified MAF Physician within 150 miles.

21. *Recruitment and Retention of Qualified MAF Physicians.*

(a) *Establishing the Network.* When the Program began in 2017, we coordinated efforts with Garretson Resolution Group (“GRG”), the company who was initially appointed to serve as BAP Administrator, to recruit board-certified neurologists who could serve as both Qualified MAF Physicians and Qualified BAP Providers. GRG had identified 53 target cities closest to where the majority of registered Retired NFL Football Players lived, so we worked with GRG to identify and recruit sufficient board-certified neurologists with the goal of having at least one physician for every 100 Retired Players in each of the 53 cities. As time passed, however, we discovered that many of the Qualified MAF Physicians were not engaged with the Program because Retired Players were not contacting them for appointments, so they lost interest and became unresponsive. In fact, over time since the Program began, we have lost 140 physicians for various reasons, including lack of interest/engagement, their preference to do BAP only, lack of time to add more appointments to their schedule, retirement, and changing practices. Although there are some cities where we do need more Qualified MAF Physicians, we have determined that the current number of Qualified MAF Physicians (58) is more in line with the Program’s current needs than the much larger number (149) that we had in the early years:

Table 19		NUMBER OF QUALIFIED MAF PHYSICIANS
	DATE	MAF PHYSICIANS ON POSTED LIST
1.	4/10/2018	149
2.	5/13/2019	117
3.	3/16/2020	108
4.	4/1/2021	91
5.	4/1/2022	72
6.	4/1/2023	68
7.	4/1/2024	62
8.	11/4/2024	58

(b) ***Maintaining the Network.*** We continuously look to add more qualified and experienced MAF Physicians to the network in areas where we have the need. We learned that physicians' willingness to learn and follow Program requirements and their ability to see Players are instrumental to their success in the role. To help Qualified MAF Physicians navigate through the Program requirements, we offer orientation sessions for them with the Claims Administrator and with the AAPLC. We also offer continuous feedback sessions with us and members of AAPLC to explain any areas that may need clarification. The quarterly newsletters that we issue to all Program doctors provide pertinent tips and address topics relevant to their participation in the Program. Finally, it is worth noting that when we recruit Qualified MAF Physicians, we also ask them to participate as Qualified BAP Providers; or we may recruit doctors as Qualified BAP Providers, and then see if they will also sign on as Qualified MAF Physicians. Currently, 26 of the 58 Qualified MAF Physicians are also Qualified BAP Providers, and we are actively working to increase that number.

We consider placing Qualified MAF Physicians on a temporary hold status from scheduling new MAF exams when they do not follow Program requirements, which can

significantly affect the time it takes us to process a claim. As seen in the Player H, I, J, and L timeline examples in Table 16, it may take months for doctors to comply. As explained in Paragraph 21(a), we also have seen that Qualified MAF Physicians we retained in areas where few Players live have resigned because they do not receive requests to schedule exams. As we lose Qualified MAF Physicians in areas for this reason, we are careful about retaining other physicians in that area until we see a demand for such exams.

One major concern for our MAF Physicians, and a reason we have lost some of them, has been the failure of Players to attend scheduled appointments, either because of cancellations or no-shows, as detailed in our BAP Court Status Report. We have recently heard from 10 providers, one of whom is also a Qualified MAF Physician, that the rate at which Players cancel or do not show for their BAP appointments (50% or more) has caused them to consider withdrawing from the Program. We have implemented multiple measures to attempt to improve exam attendance and are working with lawyers with Player clients to find more solutions to combat this problem. Doctors also leave the Program for other reasons, such as retirement, relocation, or complications in schedules. We maintain a list of providers who may consider returning to the Program and regularly get in touch with them to see if they are willing to do so.

Based on areas of need, we continuously research and contact new providers to gauge their interest in participating in the Program. Interested applicants fill out an application; we perform a general review of the submission and then submit to the Parties for their review. The Settlement Agreement does not require that the Parties approve or veto a candidate within a certain timeframe. With the agreement of the Parties, we recently implemented a deadline to streamline approvals where the Parties will make their decisions within 90 days from the day we submit to their review. This update has improved the process and our ability to successfully

onboard providers after their approval. So far this year, the Parties have approved 14 new Qualified MAF Physicians.

22. *The Provider Portal.* We also created the Provider Portal as part of our efforts to improve the process for all Program providers. The Provider Portal is a secure website connection among the MAF Physicians, BAP Providers, other approved neuropsychologists, and the Administrators of this Program. It allows Program doctors to submit materials after examining Retired NFL Football Players, receive important updates from the Administrators, and communicate with each other to discuss cases. They can also access Resource Documents on the Portal, which provide helpful guidance on all aspects of participation in the Program. We have received feedback from Program doctors that the Portal saves them time and increases their accuracy in scoring and reporting. Additionally, providers have told us they would like their administrative staff to have increased access to the Provider Portal so they can more effectively manage appointments and exams for multiple providers within a single practice. To address this, we developed a single sign-on approach for administrative assistants at practices with multiple providers, streamlining the submission of reports and supporting materials to us for review.

23. *150-Mile Rule.* Rule 9 of the Rules Governing Qualified MAF Physicians requires that a Retired NFL Football Player be examined by a Qualified MAF Physician whose office is within 150 miles of his primary residence (“150-Mile Rule”). As noted in Paragraph 20, 82.2% of our Players have a Qualified MAF Physician within 150 miles of their primary residence. Where they do not, we generally approve exceptions to this rule, and work with Players to help them schedule appointments with physicians farther away. We can make exceptions to this 150-Mile Rule if the exception is requested prior to the appointment where:

- (a) No Qualified MAF Physician within 150 Miles: No Qualified MAF Physician is located within 150 miles of the Retired NFL Football Player’s primary residence.
- (b) No Qualified MAF Physician Appointments Available: The wait time for an appointment with a Qualified MAF Physician within 150 miles of the Retired NFL Football Player’s primary residence exceeds 100 days.
- (c) Existing Doctor-Patient Relationship: The Retired NFL Football Player and the Qualified MAF Physician have a current or pre-existing doctor-patient relationship arising from prior treatment or other services by the Qualified MAF Physician to the Retired NFL Football Player.
- (d) Other Circumstances: Such other circumstances that, in the Claims Administrator’s discretion, warrant an exception to the 150-Mile Rule.

Since the implementation of the 150-Mile Rule, 397 requests for exceptions have been submitted by 46 law firms and 39 *pro se* Settlement Class Members. The number of requests has been increasing over the last three years, when compared to earlier years, as shown in Table 20:

Table 20		REQUESTS FOR EXCEPTIONS TO 150-MILE RULE			
	YEAR REQUESTED	REPRESENTATION		TOTAL	%
		PRO SE	REPRESENTED		
1.	2019	9	33	42	10.6%
2.	2020	5	39	44	11.1%
3.	2021	1	33	34	8.6%
4.	2022	12	61	73	18.4%
5.	2023	6	91	97	24.4%
6.	2024	6	101	107	27.0%
7.	Totals	39	358	397	100.0%

The 150-Mile Rule is a flexible rule with broad exceptions. Of the 397 requests for exceptions to the 150-Mile Rule, we granted 360 (90.7%) and denied 32 (8.1%); the remaining five (1.2%) requests are pending, as shown in Table 21:

Table 21		REQUESTS FOR EXCEPTIONS TO 150-MILE RULE							
	DECISION	YEARS REQUESTED						Total	%
		2019	2020	2021	2022	2023	2024		
1.	Granted	28	38	29	70	94	101	360	90.7%
2.	Denied	14	6	5	3	3	1	32	8.1%
3.	Pending	0	0	0	0	0	5	5	1.2%
4.	Totals	42	44	34	73	97	107	397	100.0%

As shown in Table 22, the most common reason cited in requests for an exception to the 150-Mile Rule is the lack of Qualified MAF Physicians within 150 miles of a Retired Player's residence. We grant these exceptions liberally if we are able to confirm there are no Qualified MAF Physicians in the area, and we use this information to help inform our recruitment efforts to ensure we have adequate provider coverage in the areas where we have Player demand.

Table 22		REQUESTS FOR EXCEPTIONS TO 150-MILE RULE							
	REASON REQUESTED	YEARS REQUESTED						Total	%
		2019	2020	2021	2022	2023	2024		
1.	No MAF within 150 Miles	7	25	18	37	46	49	182	45.8%
2.	Other	9	4	13	22	29	42	119	30.0%
3.	No Appointment within 100 Days	4	7	2	13	15	14	55	13.9%
4.	Existing Doctor-Patient Relationship	8	7	1	1	7	2	26	6.5%
5.	Question Whether MAF Available Within 150 Miles	7	0	0	0	0	0	7	1.8%
6.	Player Moved to New Address	4	1	0	0	0	0	5	1.3%
7.	Appointment Scheduled Before 4/11/19 Order	2	0	0	0	0	0	2	0.5%
8.	No Request Made - Exam Conducted without Prior Approval	1	0	0	0	0	0	1	0.3%
9.	Totals	42	44	34	73	97	107	397	100.0%

24. 50-Mile Rule. Rule 10(b) of the Rules Governing Qualified MAF Physicians requires that, where neuropsychological testing is necessary as part of an MAF examination, the Qualified MAF Physician must refer a Retired NFL Football Player to a neuropsychologist who is located within 50 miles of the Qualified MAF Physician’s office (“50-Mile Rule”). We have received 58 requests for exceptions to the 50-Mile Rule, of which we granted 56 (96.6 %) and denied two (3.4%). Table 23 shows how many exception requests we have received by year and our decisions on those requests:

Table 23		REQUESTS FOR EXCEPTIONS TO 50-MILE RULE							
	DECISION	YEARS REQUESTED						Total	%
		2019	2020	2021	2022	2023	2024		
1.	Granted	6	8	7	10	14	11	56	96.6%
2.	Denied	0	2	0	0	0	0	2	3.4%
3.	Totals	6	10	7	10	14	11	58	100.0%

Of the 58 Qualified MAF Physicians who are actively scheduling appointments, 53 (91.4%) have an approved neuropsychologist within 50 miles of their office, and we grant exceptions on a case-by-case basis for the five Qualified MAF Physicians who do not.

V. APPEALS ADVISORY PANEL AND CONSULTANTS

25. Appeals Advisory Panel Member Appointments. On April 14, 2017, Co-Lead Class Counsel and Counsel for the NFL Parties submitted their Application for Appointment of the Appeals Advisory Panel (“AAP”) and Appeals Advisory Panel Consultants (“AAPC”). On May 4, 2017, the Court entered an Order appointing the AAP and the Appeals Advisory Panel Consultants jointly recommended by the Parties. These AAP members were Dr. James Brewer, Dr. David Geldmacher, Dr. Stephan Mayer, Dr. Aaron McMurtray, and Dr. Rhonna Shatz. The AAP Consultants were Dr. Jason Brandt, Dr. Kathy Lawler, and Dr. Glenn Smith. We contracted with each of the AAP members and the AAPC and have completed training

them on the details of their roles in this Program. On February 27, 2018, Co-Lead Class Counsel and Counsel for the NFL Parties submitted their Application for Appointment of two Appeals Advisory Panel Member and Removal of One Appeals Advisory Panel Member. On March 5, 2018, the Court appointed the two new AAP members and remove one of the original AAP members (Dr. Stephan Mayer). The new AAP members were Dr. Brian Ott and Dr. Mary Quiceno. On September 5, 2018, upon recommendation from Co-Lead Class Counsel and Counsel for the NFL Parties, the Court appointed two more AAP members – Dr. Paul Fishman and Dr. Robert Friedland.

26. *AAP/AAPC Oversight and Management.* The Court oversees the AAP and AAPC, and may, in its discretion, request reports or information from the AAP and AAPC. The Claims Administrator provides regular updates to the Special Masters and reports on the AAP and AAPC reviews and activity in the Court Status Reports. The Claims Administrator and the Special Masters convene regular virtual meetings with the AAP and/or AAPC on general and trending topics related to the Qualifying Diagnoses and also on topics where there is a need to clarify a consensus of the approach for similar topics. The Claims Administrator, in consultation with the Special Masters, is considering ways to further improve the AAP and AAPC operations. This consideration includes working with the Parties to add new AAP and AAPC doctors, as well as review of the Settlement’s appointment terms for these roles, time contributions of these experts, and continued improvements to processes.

VI. APPEALS

27. *The Appeals Process.* Based on a good faith belief that the determination of the Claims Administrator was incorrect, a Retired NFL Football Player (or Representative

Claimant), Class Counsel or the NFL Parties may appeal determinations by the Claims Administrator as to: (1) whether the Retired NFL Football Player (or Representative Claimant) is entitled to a Monetary Award; (2) how the Claims Administrator calculated the Monetary Award; and (3) whether the Claim Package is valid without medical records under Section 8.2(ii) of the Settlement Agreement.

28. *Numbers of Claims Appealed.* A robust appeal process has resulted in 255 payable determination appeals and in 473 appeals of denials. Overall, 23.4% of determinations are appealed, but as Table 24 shows, the rate of such appeals has been decreasing over the years:

Table 24		APPEALS FILED ON MONETARY AWARD AND SUPPLEMENTAL MONETARY AWARD CLAIMS								
	YEAR	CLAIMS ²⁵	PAYABLE/PAYABLE LESSER VALUE CLAIM APPEALS			DENIED CLAIM APPEALS			TOTAL APPEALS	
			CLASS MEMBER	NFL	TOTAL	CLASS MEMBER	NFL	TOTAL	#	%
1.	2017	1,022	27	79	106	202	0	202	308	30.1%
2.	2018	539	23	44	67	66	1	67	134	24.9%
3.	2019	664	16	20	36	121	0	121	157	23.6%
4.	2020	167	2	1	3	19	0	19	22	13.2%
5.	2021	144	10	4	14	13	0	13	27	18.8%
6.	2022	253	5	8	13	30	0	30	43	17.0%
7.	2023	248	5	11	16	18	0	18	34	13.7%
8.	2024	72	0	0	0	3	0	3	3	4.2%
9.	Totals	3,109	88	167	255	472	1	473	728	23.4%

29. *Disposition of Appeals.* An appeal may result in a remand for Claims Administrator's review or it may be withdrawn. Otherwise, appeals are decided by the Special Master. Table 25 shows the current status and outcomes of all appeals. There are 81

²⁵ This is the count of facially complete claims submitted each year that have received either an Award or a Denial Notice, including denials for incompletes that can be appealed (excludes Audit denials). Claims that are still in process or that were withdrawn are not counted here.

appeal decisions posted on the Settlement Website, creating a set of rules and guidance for support and review of claims.

Table 25		STATUS OF APPEALS ON MONETARY AWARD AND SUPPLEMENTAL MONETARY AWARD CLAIMS		
	STATUS²⁶	ALL APPEALS FILED		
		CLASS MEMBER	NFL	TOTAL
A.	Payable Claims	88	167	255
1.	Appellee's Opposition Memo Not Received	0	1	1
2.	Remanded to Claims Administrator	39	12	51
3.	With Special Masters for Decision	1	0	1
4.	Result Upheld on Appeal	34	104	138
5.	Result Overturned on Appeal	7	29	36
6.	Closed or Withdrawn ²⁷	7	21	28
B.	Denied Claims	472	1	473
1.	Appellee's Opposition Memo Not Received	6	0	6
2.	Remanded to Claims Administrator	170	0	170
3.	With Special Masters for Decision	1	0	1
4.	Result Upheld on Appeal	208	1	209
5.	Result Overturned on Appeal	10	0	10
6.	Closed or Withdrawn	77	0	77
C.	Total Appeals	560	168	728

VII. AUDIT

30. *The Audit Process.* As required by Section 10.3 of the Settlement Agreement, the Claims Administrator, with the cooperation of Class Counsel and Counsel for the NFL Parties, established Audit procedures to detect and prevent fraudulent submissions and payments of fraudulent claims from the Monetary Award Fund. The claims processing deadlines are suspended when the Claims Administrator places a claim in Audit. Claims may be audited using the following processes and criteria:

²⁶ Class Counsel has filed statements in 55 of the Appeals across multiple statuses in the Appeals Process.

²⁷ These are appeals we are no longer processing because (1) the appealing party withdrew or (2) it was closed after being in audit.

(a) ***Random Sampling of Claims that Qualify for Monetary Awards or Derivative Claimant Awards.*** On a monthly basis, the Claims Administrator audits 10% of the total claims found eligible for Monetary Awards or Derivative Claimant Awards during the previous month.

(b) ***Mandatory Fact Pattern Audits.*** The Claims Administrator audits all claims that fit any of the following four fact patterns:

- (1) The Monetary Award is based on a Qualifying Diagnosis of Level 1.5 or Level 2 Neurocognitive Impairment when the Retired NFL Football Player participated in the BAP in the past 365 days and did not receive the asserted Qualifying Diagnosis during the BAP exam.
- (2) The Monetary Award is based on a Qualifying Diagnosis when the Player (or his Representative Claimant) submitted a prior claim in the past 365 days alleging the same diagnosis by a different physician and the Settlement Program denied the prior claim.
- (3) The Monetary Award is based on a Qualifying Diagnosis that resulted from a medical examination conducted at a location other than a standard treatment or diagnosis setting, for example, a hotel room.
- (4) Claims subject to Rule 27 Decisions by the Special Master.

(c) ***Audit of Claims Identified During Review.*** The Claims Administrator audits claims with reliability questions raised by the documents, data analytics, or reports from the public.

31. *Reports of Adverse Finding in Audit.* If the Claims Administrator determines upon completion of an Audit there is a reasonable basis to support a finding that there has been a misrepresentation, omission or concealment of a material fact made in connection with a claim, the Claims Administrator will furnish a Report of Adverse Finding in Audit (“Audit Report”) to Class Counsel and the NFL Parties and recommend that the claim(s) be referred to the Special Masters. We have issued to the Parties 22 Audit Reports affecting 595

Monetary Award claims. All 22 Audit Reports were then referred to the Special Masters. The 22 Audit Reports concern four neurologists, 12 neuropsychologists, five law firms, seven individual Settlement Class Members, and one claims preparation company. Table 26 summarizes the Special Masters' and/or Court's decisions on these Audit Reports:

Table 26		DECISIONS ON AUDIT REPORTS
	DECISION	AUDIT REPORTS
1.	Claims Denied in Audit	12
2.	Claims Removed from Audit and Subjected to Specialized Review	4
3.	Claims Removed from Audit and Returned to Normal Review	3
4.	All Claims Withdrawn before Decision	1
5.	Audit Proceeding Still in Progress	2
6.	Total	22

32. *Audit Proceeding Decisions.* We have denied 395 claims after Audit based on decisions by the Court or Special Masters.²⁸ Sections 6, 9, and 15 of the Summary Report on the Settlement Website show these denials. A Settlement Class Member whose claim is denied after Audit may submit a new claim if based on a Qualifying Diagnosis that does not rely on records or opinions from disqualified doctors. There are 152 Settlement Class Members who submitted a new Monetary Award Claim following an Audit Denial, and 70 of them have been paid or are in the payment process.

33. *Ongoing Audit Investigations.* We have Audit investigations underway affecting 35 Monetary Award claims. Of these, six are part of a possible multi-claim pattern,

²⁸ Of the 395 denials, 195 are associated with providers the Special Masters disqualified from participating in the Program: neurologist Dr. Ena Andrews (47 claims) and neuropsychologists Dr. Serina Hoover (139 claims), Dr. August Dolan-Henderson (four claims) and Dr. Darren Fuerst (five claims). Six individual Retired NFL Football Players' claims have been denied. The Special Masters directed us to deny 170 claims based on their findings related to the Special Investigator's investigation of a law firm. The Special Masters directed us to deny 23 claims based on their findings related to the investigation of a second law firm. We denied the remaining claim for failing to cooperate with our requests for information during an Audit.

and the other 29 are individual claims. We continue to receive tips alleging fraud, having received 21 tips over the last year.

34. Section 8.6 Verification and Investigation. Section 8.6 of the NFL Concussion Settlement Agreement provides that Settlement Class Members who claim a Monetary Award will authorize that the Claims Administrator and/or Lien Resolution Administrator, as applicable, to verify facts and details of any aspect of the Claim Package and/or related Liens. The Administrators have sole discretion to request additional documentation which each Settlement Class Member agrees to provide to claim a Monetary Award. In addition, the Claims Administrator has the discretion to further verify and investigate the nature and sufficiency of any Claim Package documentation as set forth in Section 10.3 of the Settlement Agreement.

Pursuant to this authorization, we review medical records and other documents submitted as part of a Claim Package to identify any potential discrepancies and compare those records with publicly available materials to confirm the accuracy of the information supporting the claim. As a part of this process, we may research a Player's presence online, including review of social media sites, news articles, and state business filing records. If we identify discrepancies within the Claim Package or identify external evidence that has not been sufficiently addressed within the materials submitted with the claim, we take additional steps to investigate it and address it with the Player. In some cases, we may also reach out to third parties to learn more about a Player's activities or functionality. More commonly, however, we first address our findings with the Player through a series of questions, sent to the Player's lawyer if represented, that ask about the discrepancies or external evidence, typically providing a response deadline of 10 days. Players may request, and we often accommodate, extensions to this deadline.

Since May 2020, we have sent 274 sets of questions or requests pursuant to Section 8.6 of the Settlement Agreement. Of those 274, 38 were follow-up requests for additional information, and 26 specifically related to verifying the sufficiency of Parkinson's Disease diagnoses, which included requests for additional medical records. When we receive a Player's response to our questions, we review the information to determine if it may present an audit issue, which would necessitate further investigation pursuant to Section 10.3 of the Settlement Agreement. If we do not find that the information presents audit concerns, but that it may have a material impact on a claim, we incorporate the new information into the claims review process, which may include sharing the external evidence and the Player's responses with the AAP. In the vast majority of cases, the Players adequately address our questions and provide the requested materials, which resolves any audit concerns. No additional outreach is required. Because of the enormous amount of external evidence that is publicly available online, which on its face may suggest misrepresentation in the Claim Package, this process has become an extremely helpful and efficient tool to address and resolve concerns, in lieu of a more detailed and lengthy audit investigation.

35. *Closed Audits.* We have concluded the Audit investigations of 1,318 Settlement Class Members with Monetary Award claims by denying a claim through Audit, by making no adverse finding and removing a claim from Audit, or because the Settlement Class Member withdrew his or her claim during our Audit. Table 27 summarizes the reasons for these closures:

Table 27		CLOSED AUDITS									
	REASON FOR CLOSURE	YEARS REQUESTED								Total	%
		2017	2018	2019	2020	2021	2022	2023	2024		
1.	Claim Denied in Audit	0	29	18	325	0	0	23	0	395	30.0%
2.	No Finding of Misrepresentation, Omission, or Concealment	12	204	260	97	42	33	31	32	711	53.9%
3.	Claim Withdrawn by Settlement Class Member	0	71	127	6	0	1	2	5	212	16.1%
4.	Totals	12	304	405	428	42	34	56	37	1,318	100.0%

36. *Claims Investigated More than Once.* Claims on which we have concluded an Audit may be the subject of another Audit if we later learn of information that requires further investigation. We notify Settlement Class Members when this happens. We have audited 103 Monetary Award claims more than one time; the most times a Monetary Award claim has been audited is twice.

VII. CONCLUSION

37. We are honored to be working on this Program and are proud of its successful implementation. While we continuously look for ways to make improvements to the process, the Program is working to pay eligible claims as expeditiously as possible.

Respectfully submitted,

CLAIMS ADMINISTRATOR

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EXHIBIT A

SETTLEMENT AGREEMENT REQUIREMENTS FOR CLAIM PROCESSING

1. *Claim Package Submission and Completeness Review.* Section 8.1 of the Settlement Agreement mandates that “all Settlement Class Members applying for Monetary Awards or Derivative Claimant Awards must submit Claim Packages or Derivative Claim Packages to the Claims Administrator.” Section 8.4 further directs that “within forty-five (45) days of the date on which the Claims Administrator receives a Claim Package or Derivative Claim Package from a Settlement Class Member, the Claims Administrator will determine the sufficiency and completeness of the required contents, as set forth in Section 8.2.”

(a) *Incomplete Claim Package Determinations.* Section 8.5 states that “the Notice of Deficiency will contain a recommendation for how, if possible, the Settlement Class Member can cure the Deficiency, and will provide a reasonable deadline not less than 120 days (from the date the Notice of Deficiency is sent to the Settlement Class Member) for the Settlement Class Member to submit Deficiency cure materials.” Of note is that incompleteness may not be apparent at the time a Claim is filed (for example, if a Claim Form does not indicate Qualifying Diagnosis or the date of such Diagnosis), therefore necessitating that deficiency notice be issued at a time we determine such information is missing. Generally, if a claim does not have all required information to support a payable determination, we will issue a deficiency notice first to try to obtain the missing information before we deny the claim.

(b) *Explanations from Program Doctors and Input from AAP/AAPC/AAPLC.*

Pursuant to the Rules Governing Qualified MAF Physicians, “the Claims Administrator monitors Claim Packages received based on Qualifying Diagnoses made by Qualified MAF Physicians to assess and assist with compliance with the Settlement Agreement and these Rules.” The Claims Administrator “analyzes any questions raised in its Claims Review regarding provision by Qualified MAF Physicians of complete materials and explanations on Qualifying Diagnoses and other matters affecting compliance with the Settlement Agreement and these Rules.” In performance of these duties, “AAP Leadership Council to provide the Claims Administrator advice and assistance on any medical issues arising in the monitoring of the work of Qualified MAF Physicians. This includes review of specific claims or groups of claims at the Claims Administrator’s request to determine compliance by Qualified MAF Physicians with the Settlement Agreement and these Rules and whether a Claim Package reflects and supports the Qualifying Diagnosis stated in the Diagnosing Physician Certification form.” Under Section 9.8(a), upon request of the Court or the Special Master, the Appeals Advisory Panel will take all steps necessary to provide sound advice with respect to medical aspects of the Class Action Settlement. Furthermore, Exhibit A-2 directs that “notwithstanding a practitioner’s determination of sufficient effort in accordance with the foregoing factors, a Retired NFL Football Player’s failure on two or more effort tests may result in the Retired NFL Football Player’s test results being subjected to independent review, or result in a need for supplemental testing of the Retired NFL Football Player.”

(c) *Notices of Monetary Award Determinations.* Section 9.1(a) provides that “based upon its review of the Claim Package, and the results of any investigations of the Settlement Class Member’s claim, the Claims Administrator will determine whether a

Settlement Class Member qualifies for a Monetary Award and the amount of any such Award.” Further, Section 9.1(b) states that “the Claims Administrator will make such determination and will send a corresponding Notice of Monetary Award Claim Determination to the Settlement Class Member and the NFL Parties no later than sixty (60) days from the later of: (i) the date when a completed Claim Package that is free from all Deficiencies is received by the Claims Administrator; (ii) the date, if any, when all Deficiencies with a Settlement Class Member’s Claim Package have been deemed cured by the Claims Administrator; (iii) the date, if any, on which the additional information or documentation identified in the Notice of Deficiency, if applicable, has been timely provided to the Claims Administrator; (iv) the date of a decision by a member of the Appeals Advisory Panel under Section 8.6(b); or (v) the date on which the Settlement Class Member no longer has the right to cure such Deficiencies or provide additional information or documentation, in accordance with Section 8.5.” Finally, Section 9.1(c) states that “notices of Monetary Award Claim Determination that provide an adverse determination will include a short statement regarding the reasons for the adverse determination and information regarding how the Settlement Class Member can appeal the determination.” When we deny a claim based on the recommendation of an AAP member, we include in the notice comments from that AAP member explaining why.

2. Appeals of Determinations. Under Section 9.7(a), “[t]he appellant must submit to the Court his or her notice of appeal, using an Appeals Form to be agreed upon by Class Counsel and the NFL Parties and provided by the Claims Administrator, with written copy to the appellee(s) Settlement Class Member or the NFL Parties (as applicable), Class Counsel, and to the Claims Administrator, no later than thirty (30) days after receipt of a

Notice of Monetary Award Claim Determination or Notice of Derivative Claimant Award Determination.” Then, “the appellee(s) may submit a written opposition to the appeal no later than thirty (30) days after receipt of the Appeals Form.” The Rules Governing Appeals of Claim Determinations outline the appeal process in detail, including submission of new evidence, remands, and decision by the Special Master. Rule 31 states that “the Special Master’s decision on an Appeal is final and binding on the Settlement Class Member(s), the Parties to the Appeal and the Claims Administrator and is not subject to appeal or review by the Court, except that pursuant to Fed. R. Civ. P. 53(f)(4) and the Court’s July 13, 2016 Order appointing the Special Masters, the Court will review de novo (that is, anew) any objection to the Special Master’s conclusions of law.”

3. Verification and Investigation. Under Section 8.6, “the Claims Administrator will have the discretion to undertake or cause to be undertaken further verification and investigation, including into the nature and sufficiency of any Claim Package or Derivative Claim Package documentation, including, without limitation, as set forth in Section 10.3.” Section 10.3 outlines Audit Rights and Detection and Prevention of Fraud provisions. Pursuant to the mandate of the Settlement Agreement, the Claims Administrator developed Rules Governing the Audit of Claims. The Rules outline criteria for claim selection for audit and notes that “the claims processing deadlines in the Settlement Agreement are suspended, at the time the Claims Administrator places a Claim in Audit, wherever the Claim is at the time in the review, appeal or payment process. The Claims Administrator may place a Claim in Audit at any time, regardless of its processing or payment status, even if previously found payable or paid. A Claim in Audit cannot be paid until the Audit is concluded without an adverse finding as to the Claim.” In audit, “the Claims Administrator may require a

Settlement Class Member, within 90 days or such other time as necessary and reasonable under the circumstances, to submit to the Claims Administrator such records and information as may be necessary and appropriate.” If the Claims Administrator determines in an Audit there is no reasonable basis to support a finding that there has been a misrepresentation, omission, or concealment of a material fact made in connection with a claim, the claim will be removed from Audit and the process of issuing a Monetary Award or Derivative Claimant Award, subject to appeal, will proceed from the point at which the processing of the claim was suspended for the Audit.

4. *Audit Reports.* If the Claims Administrator determines upon completion of an Audit there is a reasonable basis to support a finding that there has been a misrepresentation, omission or concealment of a material fact made in connection with a claim, the Claims Administrator will furnish its Audit Report to Class Counsel and the NFL Parties and recommend that the claim(s) be referred to the Special Masters. Then:

(a) Within 15 days after the date of the Claims Administrator’s Audit Report under Rule 15, Class Counsel and the NFL Parties will notify the Claims Administrator whether they agree with the Claims Administrator’s recommendation to refer the Audit Report to the Special Masters. Rule 16.

(b) Within 20 days after the date of the Claims Administrator’s referral of the Audit Report to the Special Masters, Class Counsel and the NFL Parties may submit to the Special Masters a statement of position and recommendations. Rule 17.

(c) After review of the Audit Report and any statements of position from Class Counsel and the NFL Parties under Rule 17, the Special Master may, in his or her discretion (a) accept the referral for further proceedings under this Title IV; (b) direct that further

investigation be conducted by the Claims Administrator before accepting the referral; (c) direct that that the Claims Administrator remove the claim(s) from Audit and resume their processing; or (d) order such other relief as the Special Master deems appropriate. Rule 18.

(d) Within 10 days after the Special Master's acceptance of the referral of an Audit Report under Rule 18 or as directed by the Special Master, the Claims Administrator will notify each Settlement Class Member with a claim identified in and/or related to the Audit Report, and/or the Subject of Investigation. Rule 19.

(e) Within 30 days after the date of the notice under Rule 19, the Settlement Class Member(s) with a claim identified in and/or related to the Audit Proceeding, and/or a Subject of Investigation, may submit to the Claims Administrator a memorandum of up to 25 pages addressing the matters raised in the notice, along with exhibits and any additional evidence the Settlement Class Member(s) and/or Subject of Investigation wishes the Special Master to consider. Rule 20.

(f) Within 20 days after the date of a submission by a Settlement Class Member or Subject of Investigation under Rule 20, Class Counsel and the NFL Parties may submit to the Claims Administrator a Reply Memorandum of up to 25 pages. Rule 21.

(g) The Special Master will issue to the Claims Administrator a written decision on the Audit Proceeding within 60 days after the later of the date of (a) the Reply Memoranda of the Parties under Rule 21; (b) any additional submissions under Rule 22; or (c) any oral argument under Rule 24, unless the Special Master determines that additional time is required for consideration of the Audit Report. Rule 27.

(h) The decision of the Special Master on a referred Audit Report is final and binding on the Parties to the Audit Proceeding and the Claims Administrator and is not

subject to appeal or review by the Court, except that pursuant to Fed. R. Civ. P. 53(f)(4) and the Court's July 13, 2016 Order appointing the Special Masters, the Court will review de novo (that is, anew) any objection to the Special Master's conclusions of law. Rule 33.

5. *Payments.* Under Section 23.3, "beginning no later than thirty (30) days after the Effective Date, on or before the 10th day of each month, the Claims Administrator shall provide in writing to the NFL Parties and Co-Lead Class Counsel a monthly funding request identifying the monetary amount necessary to pay all final and accrued Monetary Awards, Derivative Claimant Awards and the costs and expenses paid out of the Monetary Award Fund, as set forth in Section 23.5(d)(ii), and any additional amount necessary to maintain the Monetary Award Fund targeted reserve, as set forth in Section 23.3(b)(v), after all final and accrued Monetary Awards, Derivative Claimant Awards and costs and expenses are paid." "Within ten (10) days after receipt of the written monthly funding request, the NFL Parties and Co-Lead Class Counsel shall each notify the Claims Administrator in writing of any objection to any aspect of the funding request." "Subject to the objection process set forth in Section 23.3(b)(iii), the NFL Parties will pay, or cause to be paid, within thirty (30) days of receipt of the written monthly funding request, a payment of the total amount requested."