

**FINDINGS AND REMEDIES OF THE SPECIAL MASTERS
PURSUANT TO SECTION 10.3(i) REGARDING 70 MONETARY AWARD CLAIMS**

I. INTRODUCTION.

Pursuant to Section 10.3 of the Settlement Agreement and Rule 7(b) of the Rules Governing Audit of Claims (the “Audit Rules”), the Claims Administrator audited 70 Monetary Award Claims supported by diagnoses from Dr. Larry Pollock. This Audit included the review of relevant records, interviews, and consultation with an Appeals Advisory Panel Member. The Claims Administrator concluded that Dr. Pollock misrepresented, omitted, or concealed material facts in connection with the 70 Monetary Award Claim Packages.

Accordingly, the Claims Administrator referred these 70 Monetary Award Claims to the Special Masters for review and findings pursuant to Section 10.3(i) of the settlement Agreement. Thirty-six Settlement Class Members withdrew their claims following the Claims Administrator’s referral to the Special Masters under Section 10.3 of the Settlement Agreement, leaving 34 claims remaining. Since making the referral, the Claims Administrator identified 15 additional claims relying on an evaluation by Dr. Pollock, and these claims will be subject to the same treatment as the claims addressed in the Audit Report. The Special Masters have reviewed the full Record of the Audit Proceeding and issue these findings.

II. REVIEW OF FACTS.

Dr. Pollock signed Diagnosing Physician Certification Forms for 70 Monetary Award Claim Packages that have been submitted to the Settlement Program at the time the Claims Administrator issued its Audit Report. Of these, 19 are Level 1.5 Neurocognitive Impairment diagnoses and the remaining 51 are Level 2 Neurocognitive Impairment diagnoses.

A. Claims Administrator and AAP Member Review and Findings

The Claims Administrator began auditing Dr. Pollock after an Appeals Advisory Panel (“AAP”) Member expressed concerns to the Claims Administrator regarding Dr. Pollock’s interpretation of validity measures in neuropsychological testing. Specifically, the AAP Member found that, notwithstanding the fact that a player had failed all validity indicators, Dr. Pollock considered the results of the evaluation a valid assessment of the player’s functioning.

After this finding, the Claims Administrator asked an AAP Member to review five claims supported by neuropsychological evaluations from Dr. Pollock. The reviewing AAP Member concluded that all five evaluations “fail to meet professional neuropsychological standards of care in terms of test selection/methods, validity testing, and interpretation of test scores and use of normative data.” The AAP Member noted that Dr. Pollock inadequately addressed, described, and interpreted validity testing; that Dr. Pollock’s test battery differed

from the Program's test battery; and that Dr. Pollock used poor clinical judgment in testing one patient with several psychiatric symptoms and acute emotional distress.

While investigating, the Claims Administrator sent written questions to and interviewed Dr. Pollock. His responses were shared with the reviewing AAP Physician, who, after reviewing these responses, continued to have concerns about Dr. Pollock's diagnoses.

In its review, the Claims Administrator discerned that Dr. Pollock utilized a test battery different from the Program's test battery, that he explained away failed scores on validity measures, that he used poor clinical judgment when he continued to test a patient who exhibited severe psychiatric symptoms, and that he found Level 2 diagnoses for 32 players who reported to Dr. Pollock that they were actively employed at the time of their assessments.

B. Responses to AAP Member and Claims Administrator's Findings.

In response to the concerns raised, Dr. Pollock and players in audit noted that Dr. Pollock used a battery of testing that is generally consistent with the BAP battery; that tests Dr. Pollock substituted or added are tests accepted in the medical and scientific communities as having met traditional standards of reliability; that he used a traditional and generally accepted approach to assessing effort and performance validity; and that all tests were administered in the standard method, raw data was collected and reported, publisher's norms were used to convert the raw data to standardized scores, and standardized scores were directly transformed into T-scores.

III. CONCLUSION AND REMEDIES.

Under Section 10.3(i) of the Settlement Agreement, the Special Masters' review and findings may include the following relief, without limitation: (a) denial of the claim in the event of fraud; (b) additional audits of claims from the same law firm or physician (if applicable), including those already paid; (c) referral of the attorney or physician (if applicable) to the appropriate disciplinary boards; (d) referral to federal authorities; (e) disqualification of the attorney, physician and/or Settlement Class Member from further participation in the Class Action Settlement; and/or (f) if a law firm is found by the Claims Administrator to have submitted more than one fraudulent submission on behalf of Settlement Class Members, claim submissions by that law firm will no longer be accepted, and attorneys' fees paid to the firm by the Settlement Class Member will be forfeited and paid to the Settlement Trust for transfer by the Trustee into the Monetary Award Fund.

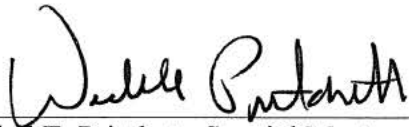
Upon review, the Special Masters find that the claims relying on Dr. Pollock's diagnoses are not based on misrepresentations, omissions, and/or concealment of material facts. Dr. Pollock's reports state what he did, the results of the tests he administered (including raw scores for every test that was given), and his interpretation of those results. The audit process is limited to identification of fraud via misrepresentation, omission, or concealment of materials fact.

Accordingly, and pursuant to Section 10.3 of the Settlement Agreement, the Special Masters order that the claims submitted on Dr. Pollock's diagnoses continue through the process.

We note one exception concerning a specifically noted Settlement Class Member,

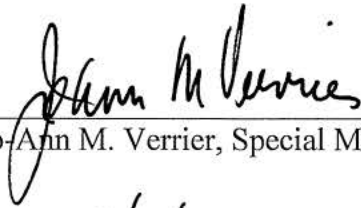
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The AAP physician reviewing the claims highlighted a claim in which Dr. Pollock proceeded with testing despite the noted Settlement Class Member's distress at the time of the examination. Dr. Pollock agreed that this case should be further evaluated. Accordingly, we deny without prejudice this one claim, noting that this Settlement Class Member may seek a new evaluation through the Baseline Assessment Program, if he is eligible to participate in the BAP, or from a Qualified MAF Physician. If the original Qualifying Diagnosis reached by Dr. Pollock is confirmed by the BAP Provider or the Qualified MAF Physician, the diagnosis date may be dated retroactively to match the date of the original Qualifying Diagnosis asserted in the Monetary Award Claim that relied on Dr. Pollock's evaluation.



Wendell E. Pritchett, Special Master

Date: 3/11/19



Jo-Ann M. Verrier, Special Master

Date: 3/12/19