IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO: 2015-027940-CA-01
SECTION: CA21
JUDGE: David C. Miller

MSPA CLAIMS 1, LLC
Plaintiff(s)

vs.

IDS PROPERTY CASUALTY INSURANCE COMPANY
Defendant(s)
______________________________/

ORDER GRANTING PLAINTIFFS' MOTION FOR ORDER TO SHOW CAUSE AGAINST DEFENDANT IDS AND IMPOSING SANCTIONS AGAINST DEFENDANT IDS FOR WILLFULLY VIOLATING THE COURT'S AUGUST 6, 2018 ORDER REQUIRING THAT IDS PRODUCE DATA THAT WOULD ESTABLISH IDS' PRIMARY PAYER RESPONSIBILITY

THIS CAUSE came before the Court on July 30, 2021, on the Plaintiffs' Motion for Order to Show Cause ("Motion") why Defendant, IDS Property Casualty Insurance Company ("IDS"), should not be held in contempt of court and sanctioned for failing to comply with the Court's Order dated August 6, 2018 requiring the Defendant to produce electronic claims data for no fault claims including first name, last name, date of birth, Social Security Number or Health Information Claim Number ("HIC Number"), or Medicare Beneficiary Identifier ("MBI") Number. Having fully heard and considered the evidence presented at the specially set evidentiary hearing and being fully and duly advised in the premises, it is hereby **ORDERED AND ADJUDGED** as follows:

I. INTRODUCTION

On August 1, 2020, Plaintiffs filed a Motion for Order to Show Cause as to why IDS should not be held in contempt for violating the Court's August 6, 2018 Order. The August 6,

2018 Order required Defendant to produce, within 20 days, electronic data for its Florida enrollees including: (1) first name, (2) last name, (3) date of birth, (4) Social Security Number or HIC Number, or (5) MBI Number. Defendant IDS failed to comply with the Court's Order.

Consequently, on August 20, 2020, the Court entered an Order to Show Cause after Plaintiffs provided the Court with substantial competent evidence that IDS had failed to produce all of the evidence that it had in its possession or to which it otherwise had access to comply with the Court's Order. The Court specially set an evidentiary hearing for July 30, 2021 to determine if IDS had complied with the Court's Order. In the ensuing eleven (11) months, between the August 20, 2020 Order to Show Cause and the hearing set for July 30, 2021, the Defendant failed to provide this court with a satisfactory basis as to why it failed to comply with the Order. Instead of complying with the Court's Order, Defendant IDS unilaterally decided to limit the scope of its production to data contained in its Compass system as adequate compliance with the Court's Order and further failed to make any attempt to acquire the data from other sources within its reach.[1]

On July 30, 2021, this Court relied on the parties' uncontested evidence in the record and, after careful review of the submissions filed by all parties and the underlying record, found that IDS's production in response to the August 6, 2018 Order requiring the production of certain data fields was inconsistent with the data received by Plaintiffs from a third party, Insurance Services Office ("ISO"), and reflected, *at least* a willful indifference to comply with the compelled production of data, if not a willful decision to do so.

As established in these proceedings, the data from ISO is data obtained by ISO from IDS. Based on the parties' submissions, IDS had access to ISO data and IDS should have provided ISO data as part of its compliance with the Court's Order. As established by Plaintiffs, the Defendants' failure to produce was even more troubling to this Court as when comparing the two different data sets there were substantial differences between the two.

The Court concludes that IDS did not produce all responsive data from all databases available to it and, in doing so, violated the Court's Order. This data, as established by Plaintiffs, is required for the Defendant to be able to comply with its legal responsibility to comply with federal and state laws in having to report and pay claims as a primary payer.

Accordingly, the Court grants Plaintiffs' Motion and enters sanctions against IDS for Plaintiffs' fees and costs in association with said discovery. The amount of those fees and costs will be determined by the Court at a later date.

II. COORDINATION OF MEDICARE BENEFITS

In addition to the state coordination laws, primary payers like Defendant are obligated to maintain and produce certain data points pursuant to 42 U.S.C. § 1395y(b)(7)-(9), 42 C.F.R. § 411.25 and 59 Fed. Reg. 4285, 4287 (Jan. 31, 1994) (listing the information primary payers must maintain and produce to Medicare carriers when they learn of a secondary payer situation). To facilitate Medicare's coordination efforts, Congress enacted reporting requirements, known as Section 111 reporting, regarding no-fault insurance as part of a larger coordination of benefits effort. 42 U.S.C. § 1395y(b)(7)-(9). The U.S. Centers for Medicare and Medicaid Services ("CMS") maintains extensive and proactive reporting communications with all primary payers.[2] CMS has created regulations, federal registers, periodic information releases, alerts, townhall webinars, and an extensive procedural process in its handbook titled "Medicare Secondary Payer Mandatory Reporting" for primary payers to properly comply with their reporting requirements.[3] Organizations that must report under Section 111, known as Responsible Reporting Entities ("RREs") – in this instance – Primary Plans like IDS, have two separate and distinct duties: (1) determine whether an injured insured is eligible for coverage and is enrolled in Medicare; and, if so, (2) report the insured's identity and claims to CMS.[4]

Under a querying process, primary plans may submit an unlimited number of requests to

CMS's Benefits Coordination & Recovery Center ("BCRC") to obtain an injured insured's Medicare Health Insurance Claim Number ("HICN"), Medicare Beneficiary Identifier ("MBI") or Social Security number ("SSN").[5]

Once the initial eligibility query process has been completed, an RRE must report the assumption of Ongoing Responsibility for Medicals ("ORM") for the Medicare beneficiary, and in addition to or apart from ORM, an RRE must report the Total Payment Obligation to Claimant ("TPOC").[6] The trigger for reporting ORM is: (1) when the RRE has decided to assume responsibility for ORM; or (2) it is, otherwise, required to assume ORM.[7] The assumption of ORM generally requires the RRE to reimburse a provider for items or services the injured insured received resulting from an accident.[8] Moreover, an RRE must assume ORM even in situations where payment for a medical expense claim is pending investigation.[9]

When reporting ORM claims, RREs must report information regarding the cause and nature of the illness, injury or incident associated with the claim.[10] CMS uses the information submitted in the alleged cause of injury, incident or illness field, and the International Classification of Diseases, Ninth or Tenth Revision (ICD-9 or ICD-10) to determine what specific medical items and service claims should be paid first by the RRE and considered only for secondary payment by CMS.[11] In this case, other Medicare Payers can access this data to determine if primary responsibility has been reported.

The federal requirements are so clear and detailed that IDS should have been able to timely and comprehensively access the information requested in this discovery matter.

III. NATURE OF THE ACTION

The action as framed by Plaintiffs, arises from and is based on the alleged uniform failure by Defendant IDS to identify Medicare benefits under Part C as required by federal law which

establishes that Section 627.736(4), Florida Statutes, requires IDS, a no-fault carrier to pay primarily before Medicare benefits are paid. Section 627.736(4), Florida Statutes, specifically states that "benefits due from an insurer under ss. 627.730-627.7405 are **primary**, except that benefits received under any workers' compensation law must be credited." *Id.* (emphasis added). This systemic and class-wide failure to identify Medicare benefits under Part C has allegedly caused and will continue to cause Plaintiffs, and all similarly situated Medicare Advantage Organizations ("MAOs"), first-tier and downstream entities, and their assignees (collectively "Medicare Payers"), throughout the State of Florida (the "Class"), to pay for accident-related medical items and services for which as alleged by Plaintiffs, Defendant has a primary obligation pursuant to Section 627.736(4) and IDS's failure to produce the legally required data does not allow Medicare payers to identify where IDS is primary. The data is exclusively in the hands of the Defendant and its failure to comply with its reporting requirements and thereafter produce the data as per the Court's Order is of significant concern to this Court.

Plaintiffs have alleged a bona fide present controversy exists between Plaintiffs, the Class, and Defendant IDS concerning the proper interpretation of Section 627.736(4), and the parties' respective rights and obligations thereunder. That is, whether Defendant IDS has an affirmative duty to: (a) determine whether its insureds are entitled to Medicare benefits under Part C to enable the proper coordination of benefits; (b) alert Medicare Payers of its primary obligation pursuant to Section 627.736(4), Florida Statutes; and (c) prevent Medicare Payers from paying for accident-related medical items and services for which Defendant IDS has a primary obligation or reimburse the Medicare Payers if payments have been made by them.

On behalf of themselves and the Class, Plaintiffs seek declaratory relief under Chapter 86, Florida Statutes, for Defendant IDS's failure to comply with its primary obligation pursuant to Section 627.736(4).

IV. RELEVANT BACKGROUND

1. On May 31, 2016, the Court entered an Order limiting discovery to class certification issues. On June 28, 2016, Plaintiffs served discovery reasonably calculated to lead to the discovery of admissible evidence geared to obtain information that formed the basis of the class allegations in the complaint.
2. Defendant provided responses on August 9, 2016. Defendant's responses did not contain all of the requested information.
3. After reviewing the responses, Plaintiffs emailed Defense counsel detailing which requests Plaintiffs sought better answers for and gave Defendant until September 8, 2016 to provide better responses.
4. Plaintiffs filed a Motion to Compel on September 21, 2016.The motion was never heard.
5. Plaintiffs held a teleconference with Defense Counsel on July 24, 2017. Defense Counsel reiterated its objections and did not amend its responses.
6. On July 28, 2017, Plaintiffs again filed a Motion to Compel.
7. On August 6, 2018, the Court entered its Order requiring Defendant to provide Plaintiffs the following data in electronic format within 20 days:
    - First Name,
    - Last Name,
    - Date of Birth, and
    - Social Security Number or Health Information Claim Number ("HIC Number") or Medicare Beneficiary Identifier ("MBI") Number.
8. On August 22, 2018, IDS produced identifying information for all of its Florida enrollees, "who at the time of a [c]laim, were 65 years of age or older and [had] at least one paid claim for 'personal injury protection benefits,' as defined in the [Florida] PIP statute," between December 2, 2009 through August 6, 2018 (the

"IDS Production").

9. According to Defendant, the data provided to Plaintiffs in response to the August 6, 2018 Order was taken directly from its Compass Claims System, an electronic claims system in which IDS maintains certain claimant information. At no time did Defendant ever disclose to this Court that what it produced to Plaintiffs was less than full compliance with the Court's Order.
10. IDS produced the data that it did provide in a table format, containing 6,895 rows of data. The data consisted of the following columns: 1) the IDS's internal claim number; 2) claimant's first name; 3) claimant's last name; 4) claimant's birth date; 5) claimant's Social Security Number ("SSN"); and 6) claimant's Health Insurance Claim Number ("HICN").
11. On May 21, 2020, Plaintiffs filed their Motion to Compel Electronic Data after Defendant again did not to provide the correct and full data set requested by Plaintiffs and as ordered by the Court.
12. On May 28, 2020, the Court heard oral argument on Plaintiffs' Motion to Compel.
13. On June 18, 2020, the Court granted Plaintiffs' Motion to Compel Electronic Data in Compliance with the Court's August 6, 2018 Order and found that the Defendant's production was incomplete, and that there was no explanation for the missing information. The Court also found that there is probable cause to believe that thousands, tens of thousands, or close to a million missing records, may be missing as it pertained to Defendant's production as required by the August 6, 2018 Order because ISO had disclosed that it had substantial data from Defendant that ISO claimed could exceed over one million (1,000,000) records.
14. The parties continued to engage in discovery and Plaintiffs continued to insist that Defendant produce all of the data in its possession, custody and/or control in order to comply with the Court's Order.
15. On July 17, 2020, the Court heard oral arguments on Plaintiffs' Motion to Compel

Production from non-party ISO. During the hearing, this Court stated that Plaintiffs' evidence provided "probable cause to believe that there are a lot of records like this that haven't been produced" and that "ISO and IDS are working together behind the scenes on this case" and that "there's evidence that – there's a database with information within certain fields, and those fields need to be [ ] filled out."[12]

16. Plaintiffs filed a Motion for Order to Show Cause on August 1, 2020.
17. On August 12, 2020, ISO produced an extraction from its ISO ClaimSearch database of all IDS records processed (the "ISO Extraction").
18. The Court entered an Order to Show Cause on August 20, 2020.
19. Thereafter, the parties engaged in an extensive exchange of data in order to supplement the Defendant's production and provide information to facilitate the identification of claims. The exchange included claim level data with individual information for each claim line.
20. On July 23, 2021, Defendant filed a Response in Opposition to Plaintiffs' Motion.
21. On July 29, 2021, this Court held an evidentiary hearing on this issue.

V. FINDINGS OF FACT AND CONCLUSIONS OF LAW

In order to understand the nature of the discovery violation, the Court must walk through how the violations were identified.

A. The MSP System

Using a software system (the "MSP System" or "System"), Plaintiffs have demonstrated by substantial competent evidence that it implemented a methodology to capture, compile, synthesize and funnel large amounts of data in order to identify claims class-wide.[13] This System ingests data from different sources to identify the Class-Member enrollees' medical expenses incurred as a result of an automobile accident and which should have been paid for by

Defendant.[14] The System can also identify the amounts owed by using the Defendant's electronic data, MAO data, healthcare provider data, and data acquired from outside sources like the Department of Motor Vehicles, ISO and CMS.[15] The evidence presented demonstrates that the System captures and manages the following types of data: CMS reports[16]; Florida Department of Motor Vehicles automobile crash reports[17]; no-fault PIP payout sheets[18]; explanation of benefits[19]; and ISO reports.[20]

Plaintiffs merge the Defendant's own data with the information available on the MSP System to discover and identify a Medicare eligible person for whom primary medical payments should have been made along with any information stored as to potential class members.[21] Although every health plan has its own data nomenclature, and data fields may be different, the MSP System stores and manages numerous fields of data to differentiate the data received from various MAOs and providers to organize the mass amount of information gathered.[22] Testimony was introduced that the MSP System has been reviewed by FTI and KPMG.[23]

Plaintiffs' ability to capture data in large volumes, and to simultaneously, categorize, normalize, and utilize the captured data, along with data from outside sources, is a common, reasonable and very effective methodology for generalized proof of class-wide impact for Plaintiffs and its potential class members. Plaintiffs utilized the MSP System in this case and was able to identify that IDS's production to Plaintiffs did not comply with the Court's Order. In fact, Plaintiffs provided data diagnostics of each data set and then compared the two data sets. Despite IDS providing ISO data and ISO providing IDS data, IDS failed to comply with the Court's Order as proven with the analysis conducted by the Plaintiffs through the MSP System.

B. **The MSP System's Analysis of IDS's Compelled Production.**

The parties exchanged information via a HIPAA compliant Secure File Transfer Protocol ("sFTP") portal. The sFTP was only accessible to individuals with proper access credentials to protect the privacy and security of individuals' medical records and other personal health

information. The sFTP portal also contained documents entered into evidence at the hearing on Plaintiffs Motion to Certify Class in 2016, and summarized traffic crash data compiled and prepared by the Plaintiff. Throughout the 2016 hearing, the Court heard sworn testimony from: Natasha Blanco, Plaintiffs' witness and Head of the SIU Department; Victor Pestien, Plaintiffs expert witness; and Jodi Helf, Defendant's senior claims compliance analyst[24] and corporate representative.[25]

On August 6, 2018, following a motion to compel, the Court entered its Order requiring Defendant to provide Plaintiff the following data in electronic format (within 20 days):

- First Name,
- Last Name
- Date of Birth, and
- Social Security Number or Health Information Claim Number ("HIC Number") or MBI Number.

On August 22, 2018, IDS produced identifying information for all of its Florida enrollees, "who at the time of a [c]laim, were 65 years of age or older and [had] at least one paid claim for 'personal injury protection benefits,' as defined in the [Florida] PIP statute," between December 2, 2009 through August 6, 2018. ("IDS Production"). *See* Declaration of Christopher Miranda, Jr. dated June 17, 2021 (the "Miranda Declaration" or "Miranda Dec."), at ¶ 5.

IDS produced the requested data in a table format, containing 6,895 rows of data. The data consisted of the following columns: 1) the IDS's internal claim number; 2) claimant's first name; 3) claimant's last name; 4) claimant's birth date; 5) claimant's Social Security Number ("SSN"); and 6) claimant's Health Insurance Claim Number ("HICN"). *Id*. at ¶ 6.

Utilizing the MSP System, Plaintiffs were determined that Defendant's production did not uniformly contain mandated information, including the following:

- 259 claim numbers were not associated with a DOB.[26]
- 3,101 claim numbers were not associated with a SSN.[27]
- 5,942 claim numbers were not associated with a HIC number.[28]

Id. at ¶ 7.

The MSP System additionally performed an analysis of which of the claim numbers met the necessary minimum fields to either:

- Query CMS for missing beneficiary information; or
- Comply with Section 111 reporting requirements.

Querying CMS for missing beneficiary information would have allowed Defendant to obtain missing HICNs but requires a full SSN, First Name, Last Name, and DOB information. The MSP System identified that 2,659 claim numbers did not have the fields necessary to query CMS or to comply with applicable reporting requirements. These claims could not have been reported by IDS with the information presented in the Defendant's production. This means that Defendant did not have sufficient information to comply with its reporting requirements in 38% of instances. The 38% does not account for situations where improper data capturing by way of incorrectly populated data fields would produce an error and therefore Defendant would be unable to comply with its reporting requirements.

Using information provided by Defendant, CMS' records were queried to identify reporting for instances where Defendant was the primary payer. This query is only possible where a HICN was provided in the Defendant's production data. Defendant only provided 719 distinct HICNs of those 157 queries were returned with no match. This shows that a portion of the combination of HICNs, First Name, Last Name, and DOB information were not correct. This shows that in 21% of these instances, IDS collected information that was inconsistent with CMS' records. This further indicates that even in those claims where Defendant did capture data the error rate was high. Accordingly, Defendant failed to have the necessary data elements in 38% of the claims and in another 21% failed to have correct data. Defendant was therefore unable to

ever comply with its reporting requirements in at least 59% of the claims it processed.

Of those queries that did return a match, 610 had secondary payer alerts from various insurance companies. These reporting instances indicate situations where a primary payer has reported that Medicare is secondary to the listed primary payer. Of the 610 matches that had secondary payer alerts, 150 of these alerts reflected that a primary payer had no-fault insurance liability. In order to properly report its primary payer obligations, stemming from a no-fault policy of insurance, the subject primary payer must use an insurance type of "14 Medicare Secondary No-Fault insurance including auto is primary."[29] The Court is cognizant of the fact that all data turned over by IDS was limited to No Fault cases. Accordingly, IDS should have reported where it had reporting requirements for all Medicare Beneficiaries. It did not. The other matches were composed of insurance companies that were liable for group health plan or workers' compensation coverage or other Insurance Types. Of the 150 no-fault secondary payer alerts, 119 were reported by Defendant (or a parent/sister company). Out of 6,895 records, that is **less than a 2% reporting rate**.

Using the two data sets, Plaintiffs created an enhanced set of records for purposes of data matching which contained the most complete information from both the Defendant's production and the ISO extraction. *Id*. Data matching with this enhanced set of records identified 431 member matches. *Id*. Defendant subsequently returned 408 members with Policy information. Of those 408 members the following was observed:

- Only 10 were reported by IDS or its Parent Organization;
- 6 were reported by other insurance companies but NOT IDS; and
- The rest were not reported at all.

In short, the evidence shows that even when examining a more specific set of 408 member matches with claims, Defendant only reported 10, reflecting a .02% reporting rate.

VI. CONCLUSION

Based on the foregoing, and having considered the record, pleadings, depositions, discovery, stipulations, affidavits, testimony, applicable legal authorities, memoranda, and having fully heard and considered the evidence presented at the specially set evidentiary hearing, **Plaintiffs' Motion for Order to Show Cause is GRANTED**.

The Court finds that Defendant's production in response to the Court's August 6, 2018 Order requiring the production of certain data fields was inconsistent with the data obtained by Plaintiffs from ISO, and reflected, *at least* a willful indifference to comply with the compelled production of data, or a willful decision to do so. Defendant did not produce all responsive data from all databases available to it and, in doing so, violated the Court's order.

Defendant did not make a good faith effort to comply with the Court's discovery orders. It did not employ reasonable and prudent procedures to obtain the available electronic information. The arguments and explanations provided by Defendant at the hearing and in response to the Court's Order to show cause and Plaintiffs' Motion are unavailing, unsubstantiated, and belied by the evidence.

When this Court specifically referenced at the hearing on this matter that IDS should have at least produced information from the ISO database as well, counsel for IDS stated "Judge, I mean, I don't think we have access to ISO the database." [Hrg. Trans., p. 98, lns. 24-25]. This statement strains credulity. Indeed, the information in the ISO database comes from the primary payers – in this case IDS.

The Court also finds that Plaintiffs made a good faith effort to obtain the discovery without court action. Accordingly, the Court grants Plaintiffs' Motion and exercises its discretion to enter sanctions against IDS for Plaintiffs' attorneys' fees and costs in association with said discovery. *See* Fla. R. Civ. P. 1.380 (a)(4); *see also, Mercer v. Raine*, 443 So.2d 944, 946 (Fla.1983) ("It is well settled that determining sanctions for discovery violations is

committed to the discretion of the trial court, and will not be disturbed upon appeal absent an abuse of the sound exercise of that discretion."). The Court shall reserve jurisdiction to determine the amount of attorneys' fees and costs, which shall be determined by the Court at a later date.

---

[1] Def.'s Resp. in Opp. to Mot. For Order to Show Cause at 8, Filing # 131328924 (July 23, 2021).

[2] 42 U.S.C. § 1395y(b)(7) & (8)).

[3] MMSEA Section 111 Medicare Secondary Payer Mandatory Reporting, USER GUIDE, https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-User-Guide/NGHP-User-Guide (last visited Aug. 5, 2021).

[4] 42 U.S.C. § 1395y(b)(8)(A)(i)&(ii)

[5] MMSEA Section 111 User Guide – Query File, at Slide 17, https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-Training-Material/Downloads/Query-File.pdf (last visited Aug. 5, 2021).

[6] MMSEA Section 111 User Guide – Ongoing Responsibility for Medicals (ORM), at Slide 9, https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-Training-Material/Downloads/Ongoing-Responsibility-for-Medicals-ORM.pdf (last visited Aug. 5, 2021).

[7] *Id.*

[8] MMSEA Section 111 User Guide – Ongoing Responsibility for Medicals (ORM), https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-Training-Material/Downloads/Ongoing-Responsibility-for-Medicals-ORM.pdf (last visited Aug. 5, 2021).

[9] *Id.*

[10] MMSEA Section 111 Liability Insurance (Including Self-Insurance), No-Fault Insurance, and Worker's Compensation User Guide – Ongoing Responsibility for Medicals (ORM), at slide 8, https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/NGHP-Training-Material/Downloads/Ongoing-Responsibility-for-Medicals-ORM.pdf (last visited Aug. 5, 2021).

[11] *Id.*

[12] July 17, 2020 hearing on Plaintiff's Motion to Compel Production from Non-Party ISO at 44,45: 19-4.

[13] Class Cert. Hear. Trans., 9/26/2016, Blanco Test. demonstrating the system at P.A. 000218-000238; 000277-000283; 000229:11-22 and 000244:1-8 (Counsel for IDS, Robin Symons summarizing a portion of Blanco's Test.).

[14] *Id* at P.A. 000232:12-25; 000233:1-4

[15] Class Cert. Hear. Trans., 9/26/2016, Blanco Test. demonstrating the system at P.A. 000218-000238; 000277-000283; 000229:11-22 and 000244:1-8 (Counsel for IDS, Robin Symons summarizing a portion of Blanco's Test.).

[16] P.A. 000219:15-000220:4 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.).

[17] P.A. 000274:20-000275:9; 000282:23-000283:5; 000254:25-255:1-7 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.); P.A. 007147-8.

[18] P.A. 000277:1-8 (Class Cert. Hearing Transcript, 9/26/2016, Blanco Test.).

[19] P.A. 000219:15-000220:16; 000277:11-000283:15 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.).

[20] P.A. 000224:1-5; 000225:15-25; 000268:16-000 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.).

[21] P.A. 000219:15-000220:16; 000277:11-000283:15 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.).

[22] *Id.*

[23] P.A. 000221:21-25 (Class Cert. Hear. Trans., 9/26/2016, Blanco Test.).

[24] P.A. 000127:20-000128:5 and 000139:5-8 (Class Cert. Hear. Trans., 9/26/2016, Helf Test.).

[25] P.A. 000118:6-9 (Class Cert. Hear. Trans., 9/26/2016, Helf Test.).

[26] 30 of these missing DOB were identified in other claim numbers through a name match.

[27] 313 of these missing SSN were identified in other claim numbers through a name match.

[28] 78 of these missing HICN were identified in other claim numbers through a name match.

[29] P.A. 006192-006204, Pl.'s Comp. Ex.1 , *MyAbility Report*.

DONE and **ORDERED** in Chambers at Miami-Dade County, Florida on this 6th day of August, 2021.

2015-027940-CA-01 08-06-2021 6:50 AM
Hon. David C. Miller

CIRCUIT COURT JUDGE
Electronically Signed

No Further Judicial Action Required on **THIS MOTION**

CLERK TO **RECLOSE** CASE IF POST JUDGMENT

Electronically Served:
Allen Paige Pegg, allen.pegg@hoganlovells.com
Allen Paige Pegg, maria.helmick@hoganlovells.com
Allen Paige Pegg, gladys.cata@hoganlovells.com
Christine Lugo, clugo@msprecovery.com
Christine Lugo, jzuniga@msprecovery.com
Christine Lugo, jruiz@msprecovery.com
Eduardo E. Bertran, ebertran@armaslaw.com
Eduardo E. Bertran, malmeida@armaslaw.com
Francesco Zincone, fzincone@armaslaw.com
Gino Moreno, gmoreno@msprecoverylawfirm.com
Gonzalo R Dorta, grd@dortalaw.com
Gonzalo R Dorta, jpedraza@dortalaw.com
Gonzalo R Dorta, jgonzalez@dortalaw.com
Herman J Russomanno III, herman2@russomanno.com
Herman Russomanno, hrussomanno@russomanno.com
Irene Susan Motles, imotles@perkinscoie.com
JOHN H RUIZ, serve@msprecovery.com
JOHN H RUIZ, fquesada@msprecovery.com
JOHN H RUIZ, aalvarez@msprecovery.com

John H. Ruiz, Esq, zolivares@msprecovery.com
John H. Ruiz, Esq, rMartinez@msprecovery.com
Lourdes Rodriguez, lrodriguez@msprecoverylawfirm.com
MSP RECOVERY, SERVE@MSPRECOVERY.COM
MSP Recovery Law Firm, serve@msprecoverylawfirm.com
Martin L. Steinberg, marty.steinberg@hoganlovells.com
Martin L. Steinberg, gladys.cata@hoganlovells.com
Martin L. Steinberg, naomi.tanaka@hoganlovells.com
Matias Rafael Dorta, mrd@dortalaw.com
Matias Rafael Dorta, jgonzalez@dortalaw.com
Matias Rafael Dorta, jpedraza@dortalaw.com
Rachel Marie La Montagne, RLamontagne@shutts.com
Rachel Marie La Montagne, MPatterer@shutts.com
Rachel Marie La Montagne, SLajoie@shutts.com
Ramon A. Abadin, rabadin@abadinlaw.com
Robert A. Stines, rstines@freeborn.com
Robert A. Stines, pgeer@freeborn.com
Robert Christopher Folland, rob.folland@btlaw.com
Robert Christopher Folland, Courtney.Dunham@btlaw.com
Robert Christopher Folland, David.Dirisamer@btlaw.com
Shari Gerson, shari.gerson@gray-robinson.com
Shari Gerson, amy.miguelez@gray-robinson.com
Thomas Julian Butler, tbutler@maynardcooper.com
Thomas Julian Butler, scampbell@maynardcooper.com
Thomas Julian Butler, tbutler@maynardcooper.com
Thomas Julian Butler, mwynn@maynardcooper.com
Thomas Julien Butler, tbutler@maynardcooper.com
Thomas Julien Butler, kdodson@maynardcooper.com
Timothy J Conner, timothy.conner@hklaw.com
Timothy J Conner, camille.winn@hklaw.com
Timothy Van Name, tvanname@msprecovery.com

Physically Served: