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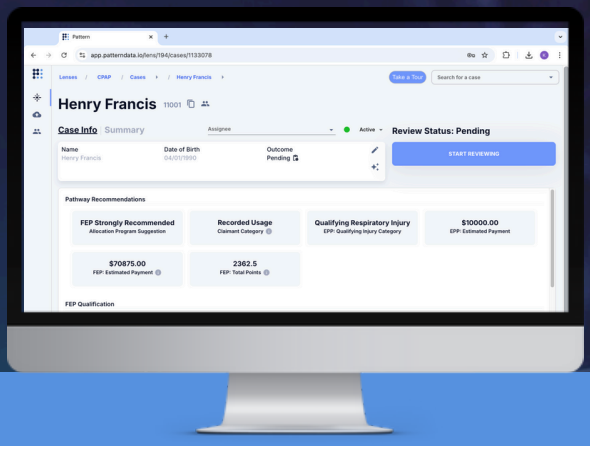
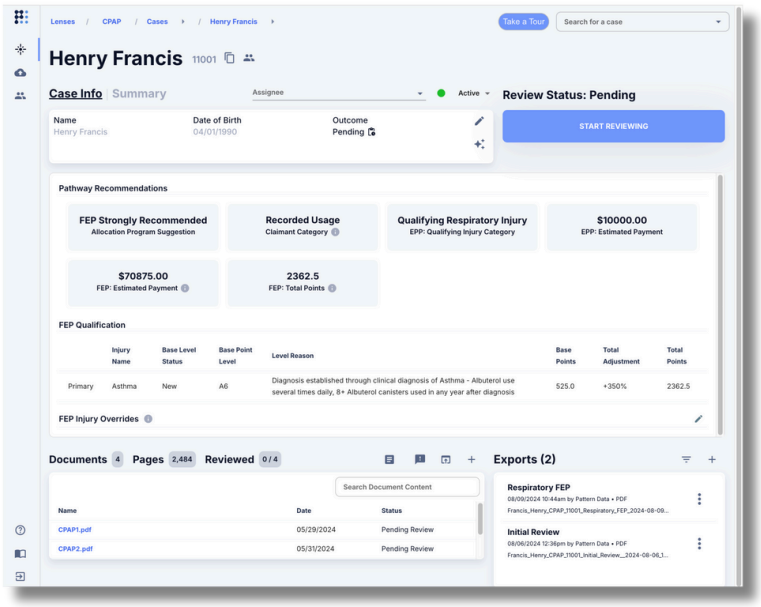
CPAP Guide

Pattern Data CPAP “lens” uses industry leading AI to accurately extract and analyze information from scanned medical records to calculate Registered Claimants’ potential settlement outcomes for both the Expedited Pay Program (EPP) and Full Evaluation Program (FEP). This is designed to provide law firms and their claimants with a calculated estimate of which payment program is best for them.





Case Info

The Case Information field displays the claimant’s name, date of birth, and the current outcome for the claim.

Outcome:

The initial outcome is determined systematically based on settlement criteria and the latest allocation methodology. Upon review of the claim, or when new records are received, this outcome may change, e.g. when missing or deficient information is updated in the profile. The outcome may display one of the following 3 options:

Valid - There are no Profile sections with Pending Records or Discrepant or Missing Information.

Pending - All Profile section statuses are either Valid, Pending, or Unreviewed.

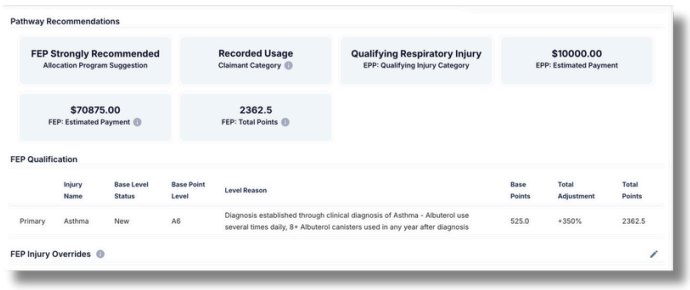
Deficient - At least one Profile section contains Missing or Discrepant Information.

Calculator

Below the Claimant’s “Case Info” tab on Case Home are the settlement calculations for the Claimant. This includes calculations for the Claimant’s Pathway Recommendation, Expedited Payment Program (EPP), and the Full Evaluation Program (FEP) Qualifications.

Pathway Recommendations

Pattern Data will calculate the settlement pathway recommended for this claimant based on Auto Review of the Claimant’s submitted documents. The calculations are dynamic and will change based on information contained in the Case Profile. Below is a breakdown of each projected calculation within the section.



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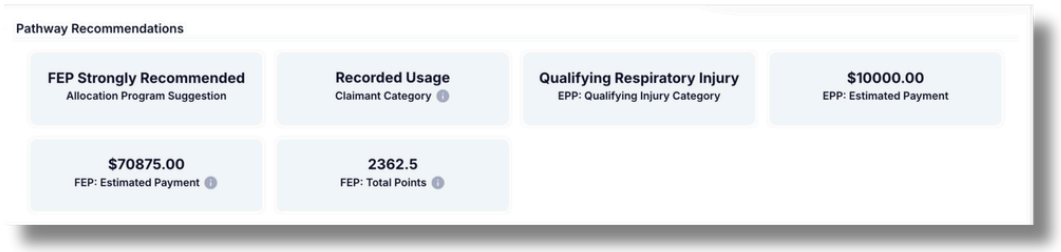
Claimant Case Home



Allocation Program Suggestion: The suggested payment program based on qualification analysis of the Claimant's submitted documents. The two payment programs are the Expedited Pay Program (EPP) or the Full Evaluation Program (FEP).

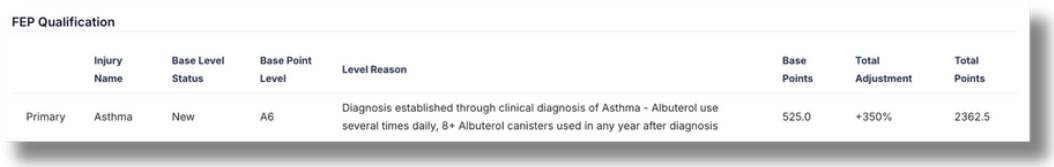
Claimant Category: The Claimant Category is based on the submitted evidence of usage. As outlined in the Allocation Methodology, every Claimant must provide evidence of usage for one of the Philips Respironics recalled devices. The documents provided will categorize them as either a "Recorded Usage Claimant" or an "Affidavit of Usage Claimant".

EPP Qualifying Injury Category: The EPP Qualifying Injury Category is based on three Qualifying Categories: Qualifying Respiratory Injuries, Worsening Qualifying Respiratory Injuries, and Qualifying Cancer.

EPP Estimated Payment: The EPP Estimated Payment is the potential dollar amount the claimant might receive in the Expedited Pay Program based on the identified Qualifying Injury.

FEP Estimated Payment: The FEP Estimated Payment is the potential dollar amount the claimant might receive in the Full Evaluation Program based on the identified Qualifying Injury(ies), the Severity Level, and the applied adjustments.

FEP Total Points: The FEP Total Points are the potential total points the claimant might receive in the Full Evaluation Program based on their identified Qualifying Injury(ies), the Severity Level, and the applied adjustments.



FEP Qualifications

As detailed in the Allocation Methodology, the Full Evaluation Program looks at more than just the claimant's Qualifying Injury to determine their final point total. The Full Evaluation Program will assign base points for the Primary Qualifying Injury and its Severity Level. Adjustments will then be applied based on the claimants age at diagnosis, proof of compliance, length of time between first use and first diagnosis, tobacco use and vaping history, Body Mass Index, and if applicable, a secondary qualifying injury. This section will display the calculations for the following:

Claimant Case Home

Injury Type: The Injury Type will be listed as either the Claimant's Primary or Secondary injury.

Injury Name: The Injury Name will specify the corresponding Primary or Secondary Injury.

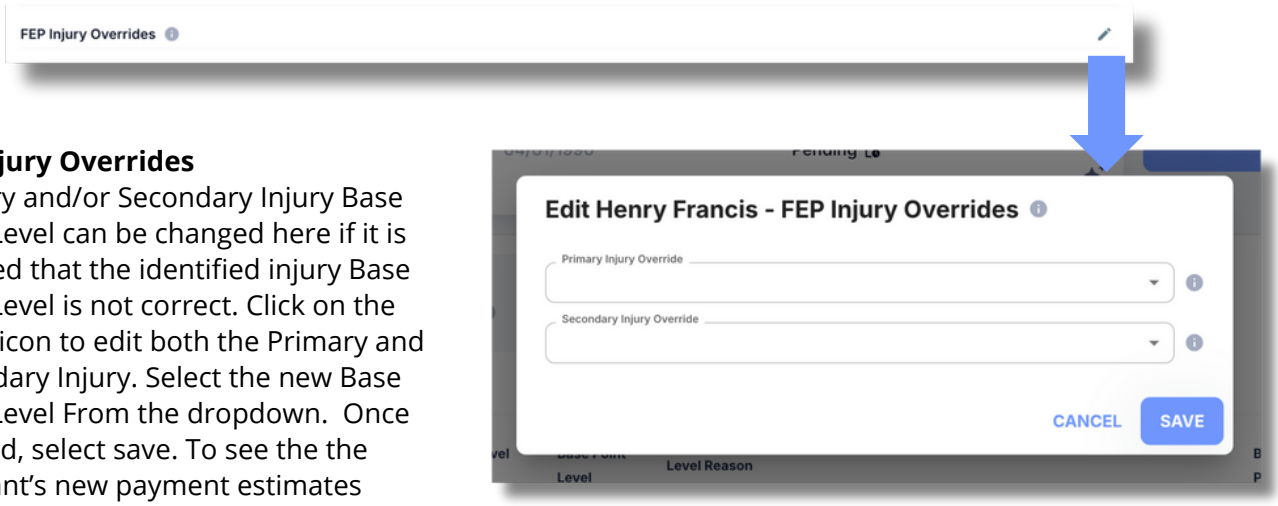
Base Level Status: The Base Level Status of the identified Qualifying Injury will be "New" or "Worsening" or "Not Applicable". For those with a Qualifying Respiratory Injury, the Base Level Status will place the Claimant into either the "New" Qualifying Respiratory Injuries Category or the "Worsening" Qualifying Respiratory Injuries Category.

Base Point Level: The Base Point Level will be determined by the Injury Type, its Base Level Status, and the Severity Level of the Qualifying Injury. For a list of all Base Point Levels, please review the Allocation Methodology.

Level Reason: Provided reasoning for the Claimant's expected Base Point Levels, based on Auto Review and Allocation Methodology calculations.

Base Points: The number of Base Points associated with the Claimant's projected Base Point Level according to the Allocation Methodology.

Total Adjustments: The total adjustments expected to be applied to the Claimant's Base Points when determining the claimant's FEP outcome. The total adjustment percentage is based on their age at diagnosis, proof of compliance, length of time between first use and first diagnosis, tobacco use and vaping history, and Body Mass Index. This will be calculated separately for the Primary and, if applicable, Secondary Qualifying Injury. For more details regarding total adjustments, please review the Claimant's case.



FEP Injury Overrides
Primary and/or Secondary Injury Base Point Level can be changed here if it is believed that the identified injury Base Point Level is not correct. Click on the pencil icon to edit both the Primary and Secondary Injury. Select the new Base Point Level From the dropdown. Once finished, select save. To see the the Claimant's new payment estimates according to the newly selected Base Point Injury, click on the 3 Star AI Icon in the Claimant's Case Info field at the top of the Claimant Case Home. Please note, adjustments will not be updated in accordance to the new Base Point Injury selected. For Adjustment estimates to change, stars must be altered within the Claimant's Case Profile in their respective sections (as outlined in the CPAP Reviewer Guide to Stars).

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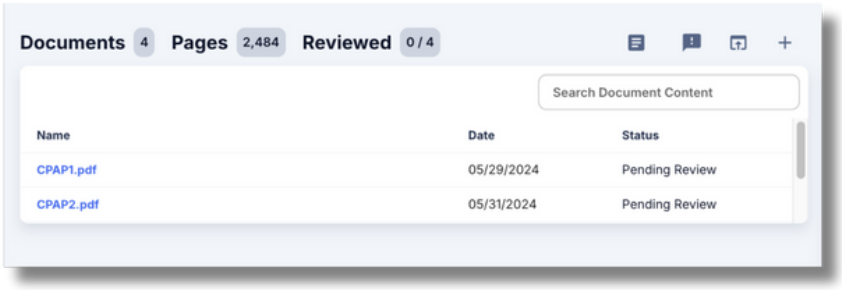
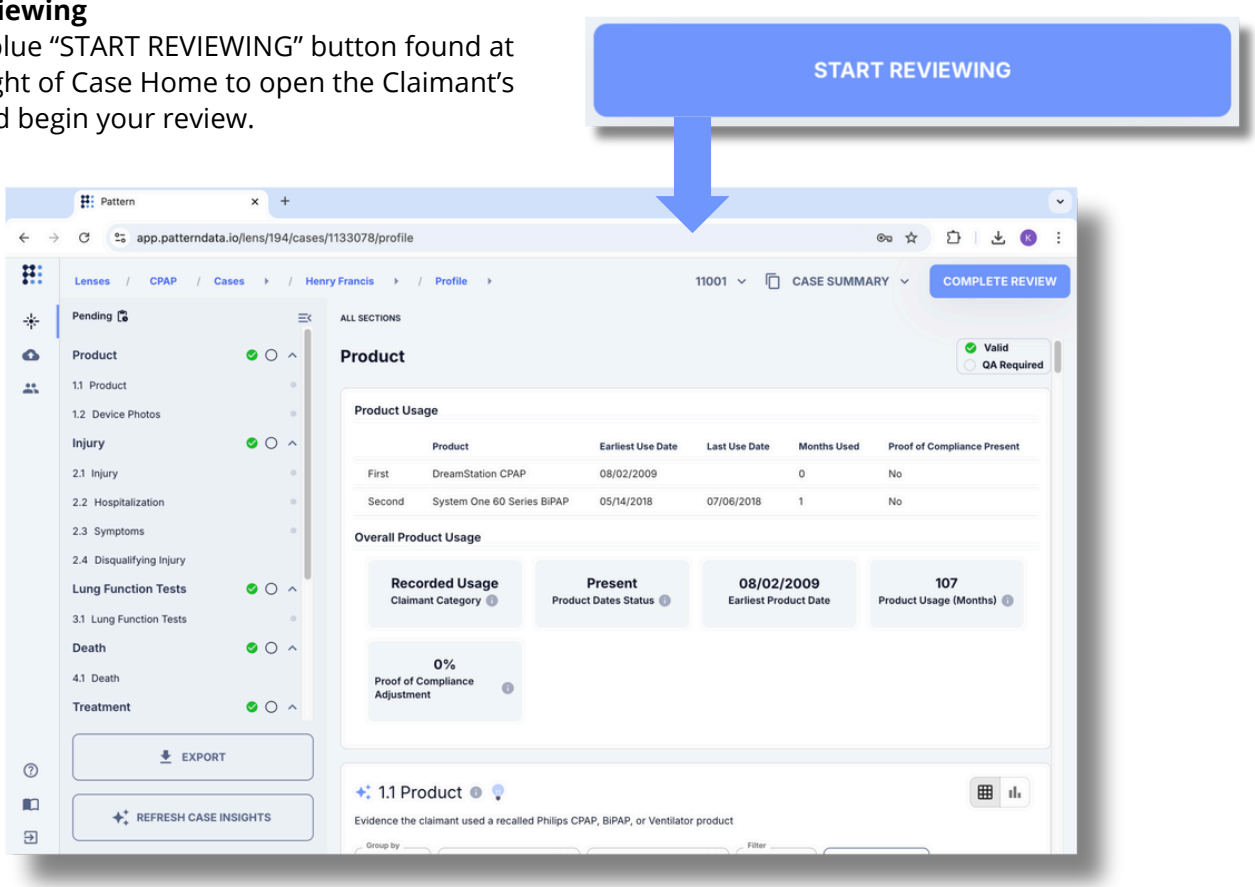
Claimant Case Profile

Documents
The Documents Section on Case Home displays all of the documents submitted for the Claimant's case. You can see the name, the date of upload, and the status of its review. To open one of the submitted documents, click on the name of the document.



Exports
The Exports Section of Case Home houses the Claimant's case summaries and work product. This may include their "Initial Review" summary and their "FEP" assignment summary. To view and/or download, click on the three dots to the right of the document name.

Start Reviewing
Click the blue "START REVIEWING" button found at the top right of Case Home to open the Claimant's Profile and begin your review.



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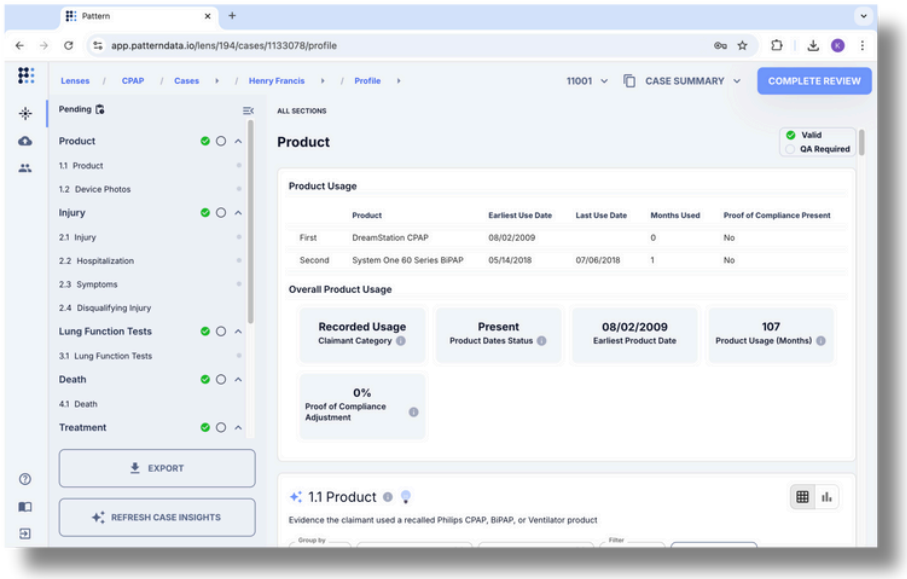
Claimant Profile

Claimant Profile
All section of the review process used to determine the Claimant's Full Evaluation Program estimated outcome are outlined inside the Claimant's case. Submitted records are used to evaluate each section and used to calculate the Claimant's estimates presented in their Case Home.

Case Sections

- Section 1 Product
  - 1.1 Product
  - 1.2 Device Photos
- Section 2 Injury
  - 2.1 Injury
  - 2.2 Hospitalization
  - 2.3 Symptoms
  - 2.4 Disqualifying Injury
- Section 3 Lung Function Test
  - 3.1 Lung Function Test
- Section 4 Death
  - 4.1 Death
- Section 5 Treatment
  - 5.1 Respiratory Treatment
  - 5.2 Cancer Treatment
- Section 6 Risk Factors
  - 6.1 Smoking History
  - 6.2 Body Mass Index (BMI)
- Section 7 Medical Chronology
  - 7.1 Medical Chronology



Information "i"
The "i" icon indicates that there is important information to know when viewing this field. Move the mouse over the icon for the information pop-up to appear.

Lightbulbs
The light bulb icon is used in each field to indicate that there are submitted records that apply to the review of that field. When the lightbulb is colored blue, this means that the AI model has flagged submitted documents that may be usable for the evaluation of this field. If the lightbulb is gray, this means that the AI model did not identify documents that are usable for review of this field.

Case Stars
The Pattern Data CPAP "lens" uses yellow starts to indicate which documents were utilized when calculating a Claimant's point value. The model identifies the responses that fit the requirements of the Settlement Allocation Methodology. Please reference the CPAP Reviewer Guide to Stars for more information.

3 Star AI Icon
The 3 blue stars indicate that this field has been reviewed by Pattern Data's AI model.

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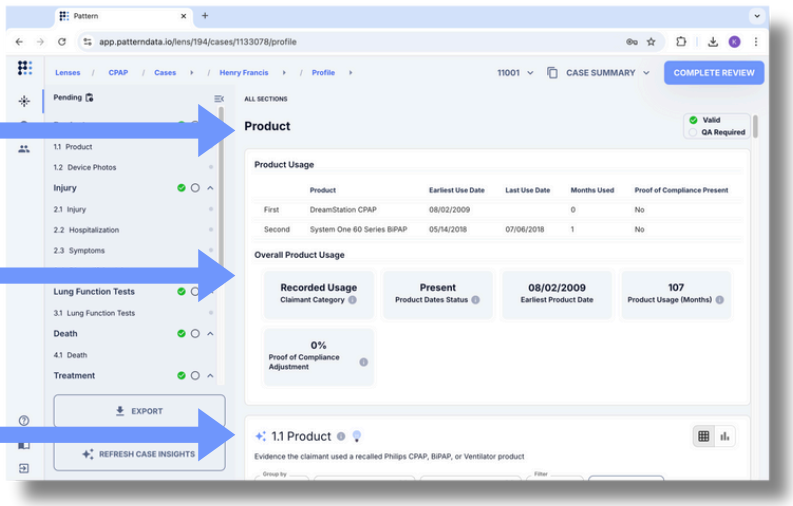
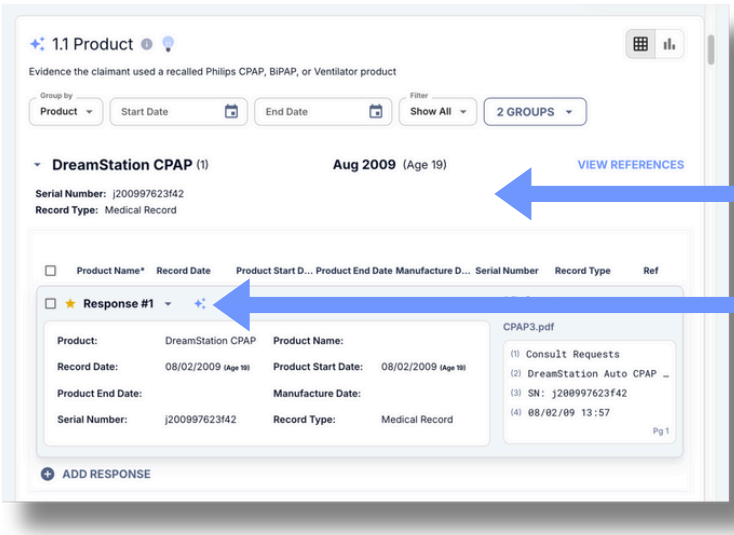
Claimant Case

Section
The general title for one of the steps of the review process.

Section Calculator
Calculations that derive from that section.

Field



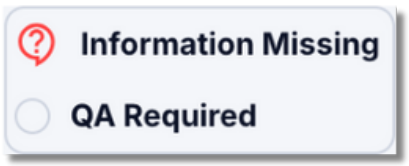


Grouping
This is a summary of related responses.

Response
This is a singular piece of evidence from one document.

Section Outcome

This is the current outcome for this field. Click to expand and read the AI model's Auto Commentary.



- **Unreviewed**: Records are available for this field but we are unable to extract any data via AutoReview. A reviewer is needed to review the document and pin relevant findings.
- **Missing Information:** We're unable to extract a data point from a record that may be of importance. Such as diagnosis date, product dates, or test dates.
- **Pending Records:** No records are available for this field.
- **Information Discrepancy:** The injury, lung function tests or treatment dates are before product usage. Confirm dates.
- **Valid:** No human review is needed; the critical pinned data is complete and at least 1 record was found.

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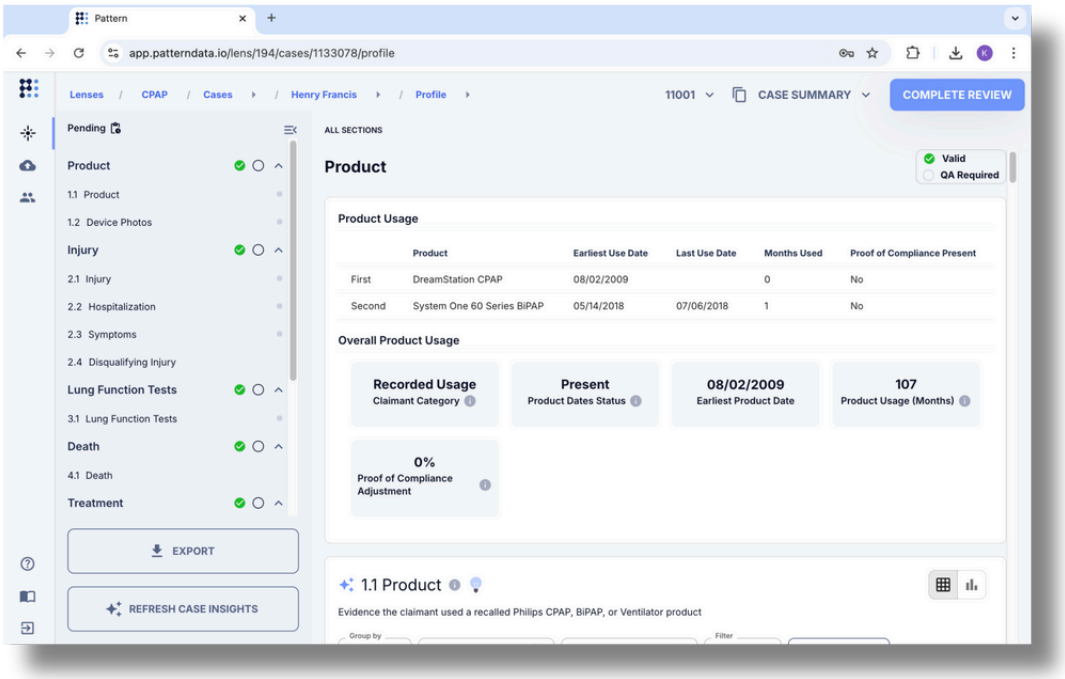
Claimant Case: Product

Section Calculators
Section Calculations summarize the findings and indicate if the claimant qualifies for base points and any adjustment factors. The calculations can be found in Product, Injury, Treatment, and Risk Factors.



Overall Product Usage
Claimant Category: The AI model's identified Claimant Category based on the submitted evidence of usage. As outlined in the Allocation Methodology, every claimant must provide evidence of usage for one of the Philips Respironics recalled devices. The documents provided will categorize them as either a "Recorded Usage Claimant" or an "Affidavit of Usage Claimant".

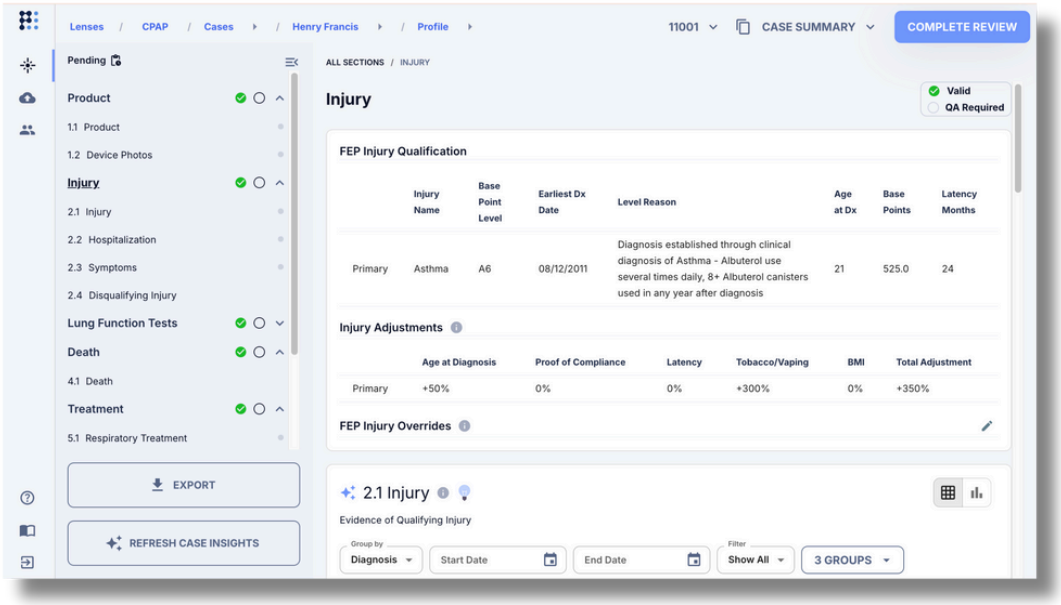
Product Dates Status: The AI model will identify if the Claimant has both the start and end date for one of the recalled devices.

Earliest Product Date: Pattern Data's AI model will display the earliest date in which the claimant used one of the recalled devices.

Product Usage (Months): Pattern Data's AI model has utilized the earliest and latest dates of use across all of the Claimant's recalled devices to establish the number of months in which the claimant used any of the recalled devices.

Proof of Compliance Adjustment: Pattern Data's AI model will display the percent adjustment that will be implemented if the Claimant provided proof of compliance. As explained in the Allocation Methodology, Claimants that provide proof of compliance that establishes their continued usage for at least one year after first use of the recalled device will receive a 50% increase adjustment to their final points. Please note, they must be categorized as a "Recorded Usage" claimant in order to be eligible for this adjustment.

Claimant Case: Injury



FEP Injury Qualifications
This is an overview of the claimant's identified Primary Injury, and if applicable Secondary Injury. The AI model will autoreview all submitted documents to identify primary v. secondary, the injury name, the base point level, earliest diagnosis date, level reason, age at diagnosis, base points, and latency months. This is the same as what is projected in the Profile Calculator.

Injury Adjustments
Here we can see an overview of the adjustments for the primary (and if applicable secondary) injury. The sum of these adjustments will be multiplied by the claimant's total base points to determine the claimant's projected FEP total points listed in the claimant's profile.

Adjustments include: Age at Diagnosis, Proof of Compliance, Latency, Tobacco/Vaping, BMI. Proof of Compliance is determined by findings in Section 1 Product. Age at Diagnosis and Latency are determined by findings in Section 2 Injury. Tobacco/Vaping and BMI are determined by findings in Section 6 Risk Factors. These adjustments are then added together to calculate the Total Adjustment for that injury. For information regarding each of the adjustments, please reference the Allocation Methodology.

If the claimant has a secondary injury, adjustments will be made that are specific to that injury. These secondary injury adjustments will be outlined here as well. As detailed in the Allocation Methodology, the Secondary Qualifying Injury Adjusted Points will be multiplied by 0.25 and then added to the Primary Qualifying Adjusted Points.

Claimant Case

FEP Injury Overrides

If you believe that the selected primary injury (and, if applicable, secondary injury) is incorrect, you can override the system to select the Qualifying Injury Base Point Level that you believe is correct. Please note, the “stars” in Field 2.1-2.4 will not be updated and will not be factored into the calculations. For Calculation estimate changes to be made, stars must be altered in the related sections. Please reference the CPAP Reviewer Guide to Stars to learn more about star usage.