

Curriculum Vitae



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SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 45 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy and regulatory analysis and strategic planning. In addition, he has provided expert testimony to the U.S. Congress, several state legislatures, in Federal, State and local courts and in arbitration proceedings.

Dr. Miller has been retained as an expert in several personal injury cases, including medical malpractice, automobile accident and other accident cases. In these cases, he has focused on measurement of economic damages including the costs of past and future medical care as outlined in Life Care Plans. He has also investigated and testified on the relevance of the Affordable Care Act in personal injury cases and its impact on the calculation of economic damages. Dr. Miller has testified in 29 personal injury cases (either in depositions or trials) since 2014.

Dr. Miller has worked on provider payment systems and network management issues for more than forty years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the RBRVS physician fee schedule. He assisted CMS on several projects related to the development of the Medicare Hospital Outpatient Prospective Payment System and directed a project to assess opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS) based on DRGs. Dr. Miller also directed the Medicare program's evaluation of the appropriateness of paying a facility fee to ambulatory surgery centers and has prepared reports on reimbursement issues for the Medicare program that were responses to Congressional requests.

He has designed hospital, physician and pharmaceutical payment systems for seven Medicaid programs and more than thirty Blue Cross and Blue Shield plans and other health plans. This work has included both in network and out of network payment. In several instances, Dr. Miller negotiated provider contracts on behalf of health plans. In addition, he has provided expert testimony on the reasonable costs of medical care, medical payments and network management issues in worker's compensation and personal injury cases.

Dr. Miller has worked with more than 50 health plans, including some of the largest plans in the U.S., Blue Cross and Blue Shield plans and regional health plans on varied aspects of their operations,

including evaluation of premium rate setting strategies, medical loss ratios, organizational structure, community relations, network management, provider payment systems, operating systems and strategic planning.

Dr. Miller has directed several public policy and regulatory analysis projects. He has directed evaluations of several programs for the Department of Health and Human Services, including programs managed by the Office of Women's Health, the Health Resources and Services Administration (HRSA), the National Center for Health Statistics, the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health. Much of this work focused on delivery and financing alternatives for improving care to vulnerable populations. He directed a project that investigated innovative approaches to care management initiated by Federally Qualified Health Centers. This project examined programs in nine U.S. communities. He directed studies of research on access to care for disadvantaged, minority and disabled populations for AHRQ. In other work, he developed a strategic plan for a managed care plan for the uninsured and low income populations in Hillsborough County, Florida and designed an innovative delivery system for low income populations in Rochester, New York. His work for HRSA includes evaluations of health care for the homeless programs as well as several federally funded women's and maternal and child health programs. He has conducted similar projects for New York State. Dr. Miller directed an evaluation of the Medicare clinical laboratory payment system for the Institute of Medicine of the National Academies of Sciences. He conducted an evaluation of the impact of Medicare regulations on clinical laboratories for the American Clinical Laboratory Association as well as national laboratory chains and hospital-based laboratories.

Dr. Miller also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premera Blue Cross to convert to for-profit status. He directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He assisted several Primary Care Trusts and Strategic Health Authorities in the U.K. as they addressed changes in National Health Service requirements.

Dr. Miller has directed several technology related projects, including work in which he presented new technologies to the Centers for Medicare and Medicaid Services (CMS) to obtain their approval and payment. This work included analysis of a radiotherapy for non-Hodgkins lymphoma, a new device for the treatment of posterior uveitis and a cryogenic stent. In addition, he prepared the strategic plan for a Regional Health Information Organization (RHIO) for the Maryland and Virginia area. This work included an assessment of the feasibility of linking electronic medical records across hospitals and physicians' offices.

Dr. Miller developed resource costing, a tool for the measurement of costs in healthcare settings in a series of projects completed for the Office of the Assistant Secretary for planning and Evaluation of the Department of Health and Human Services. He applied resource costing to a project for the Medicare Payment Advisory Commission (MedPAC) in which he used the approach to assess the accuracy of Medicare Cost Reports as a research and policy analysis tool and to another project to measure the costs of more than 300 hospital outpatient procedures to support efforts by the Centers for Medicare and Medicaid Services (CMS) to develop the Medicare Hospital Outpatient Prospective Payment System (HOPPS) based on APCs.

PROFESSIONAL EXPERIENCE

Provider Payment System Design and Evaluation

Dr. Miller played a key role in the development of the Medicare Hospital Outpatient Prospective Payment System (HOPPS). In this work for CMS, he conducted a major pricing study, analyzed the impact of key aspects of the APC approach and assisted in drafting regulations. Subsequently, he conducted a study of the impact of the HOPPS on the quality of care provided to Medicare beneficiaries for MedPAC. Dr. Miller also designed hospital outpatient payment systems for Medicaid programs in New York, New Jersey, North Dakota and the District of Columbia. He has developed hospital outpatient payment approaches for Blue Cross and Blue Shield plans in New York, New Jersey, Virginia, Georgia, Arkansas, Minnesota and California.

Dr. Miller also directed an assessment of opportunities to improve the Medicare Inpatient Prospective Payment System (IPPS), based on DRGs. He has designed or evaluated hospital inpatient payment systems for Medicaid programs in Virginia, Pennsylvania, Iowa, New York and West Virginia. His inpatient payment system design work for health plans includes projects conducted for Blue Cross and Blue Shield plans in Virginia, Pennsylvania, Florida, Texas, North Dakota, Illinois, Colorado, Kansas City and Tennessee. Dr. Miller also evaluated the method used by the Federal government to pay children's hospitals for their investment in medical education.

Dr. Miller completed a study to update the payment system used by the Medicare program to pay Federally Qualified Health Centers (FQHCs). This work was undertaken to address payment issues that arose because payment levels had not been adjusted other than for inflation for more than fifteen years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller has worked with several State Medicaid programs on home health agency payment systems. He reviewed licensing criteria for home health agencies and other providers in Vermont and New York. He led the design of nursing home reimbursement systems for the Medicaid programs in Virginia, Pennsylvania, Vermont and Iowa. He directed a study of the Medicare laboratory fee schedule for the National Institute of Medicine. His reimbursement system design work for health plans includes design of systems to pay hospitals, ambulatory surgery centers, physicians, nursing homes, home healthcare agencies, dialysis centers and other providers. He has also developed fee schedules used for out of network payment for several large health plans. He has worked with more than two-thirds of the nation's Blue Cross and Blue Shield plans as well as national health plans on reimbursement issues.

In other work, Dr. Miller evaluated and made recommendations to improve the payment methods used by worker's compensation programs in Ohio and California. He is currently working on a study of access to healthcare for injured workers in California. Dr. Miller has also worked with personal injury insurers on methods used to pay medical claims.

Public Policy and Regulatory Analysis

Dr. Miller has directed several major studies of key public policy issues for the Federal government as well as for states and private sector clients. Examples of this work include:

- Economic advisor to the Alaska Insurance Department on the application by Premera Blue Cross to convert to for-profit status,

- Financial advisor to the Governor's Commission for the Rationalization of Healthcare in New Jersey,
- Consultant to several U.K agencies on development of responses to changes in the National Health Service, including Yorkshire and the Humber Strategic Health Authority, North Lincolnshire Primary Care Trust, Calderdale Primary Care Trust and the Swansea Primary Care Trust,
- Analysis of the Highmark Blue Cross and Blue Shield and Independence Blue Cross proposal to merge,
- Validation of the diagnostic information used in the CMS-RCC risk adjustment formula used by the Medicare program to develop payment rates for Medicare Advantage plans,
- Analysis and recommendation of innovative approaches to improve access to primary care services for low income populations for the Greater Rochester Health Foundation,
- Evaluation of the Rural and Frontier Coordinating Center program of the Federal Office of Women's Health,
- Evaluation of the costs and use of case management in a home health care program funded by the Federal government,
- Evaluation of the impact of the New York State All-Payer Case-Based Prospective Hospital Reimbursement System (NYPHRM) for the Council on Health Care Financing and the New York State legislature,
- Evaluation of several Federal and New York State programs to provide services to people with HIV/AIDS,
- Development and evaluation of community-based healthcare data systems, including a data system to collect and manage data that describe health care markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Health Care Commission and the database used to support hospital quality initiatives by the American Data Network,
- Evaluation of the Healthcare Community Access Program (HCAP), a national effort to reduce uncompensated care in over 150 communities for the Health Resources and Services Administration,
- Evaluation of the Federal Government's Black Lung Clinics program, and
- Completion of several projects for the National Center for Health Statistics including an assessment of the impact of using ICD-10 for diagnosis coding, an evaluation of the uses of provider surveys including the National Hospital Discharge Survey and the National Ambulatory Medical Care Survey and the design of a national survey of ambulatory surgery.

Strategic planning

Dr. Miller's strategic planning work includes assignments completed for hospitals, managed care companies, major employers and government agencies. These projects include:

- Studies of alternative strategies for health care delivery for a major academic medical center,
- Evaluation of health benefits options for major employers including AT&T and Verizon,
- Preparation of a strategic and operational plan for an innovative managed care plan for the uninsured in Hillsborough County, Florida,
- Support for the preparation of the initial Vermont Health Resources Allocation plan for the Vermont Bureau of Insurance, Securities and Health Care Administration,
- Support to the State of New York for the development of a Global Budgeting program, and

- Several studies of the comparative value of health care benefit programs provided by health plans in efforts to identify optimal arrays of benefits.

Expert Testimony

Dr. Miller has served as an expert witness in several health care cases in recent years and has testified in federal and state courts, in arbitrations and in administrative hearings. His testimony addressed:

- Hospital/health plan contract disputes,
- Role of the Affordable Care Act in measuring medical costs in personal injury cases,
- Reasonable costs of medical care in personal injury cases,
- Class action certification,
- Out of network provider payment,
- Rates paid to health care providers by worker's compensation insurers and personal injury insurers,
- Medicare and Medicaid managed care contracts,
- Health plan operations and health plan/provider relationships,
- Health care competition issues,
- Applications by non-profit health insurers seeking to convert to for-profit status, and
- Efforts to obtain certificates of need for health care services.

EDUCATION

Ph.D., (Accounting and Economics), University of Illinois

M.B.A., City College of New York

B.B.A., City College of New York

PRESENT POSITION

Berkeley Research Group, Managing Director, Health Analytics, 2010 to present

TEACHING EXPERIENCE

University of Baltimore, Associate Professor, 1980-1983

State University of New York at Binghamton, Assistant Professor, 1970-1972

University of Illinois, Instructor, 1968-1969

OTHER POSITIONS HELD

LECG, LLC, Managing Director, 2008-2010

Navigant Consulting, Inc., Managing Director, 2002-2008

Center for Health Policy Studies, President, 1979-2002

Miller & Byrne, Inc., President, 1975-1979

SELECTED COMMUNITY ACTIVITIES

United Cerebral Palsy of Central Maryland, Chairman, Board of Directors, 2007 to 2011

Heifetz International Music Institute, Treasurer, Board of Directors, 2010 to 2013

Glenelg Country School, Treasurer, Board of Trustees, 1991-2000

Howard County General Hospital, Chairman, Board of Trustees, 1987-1989

SELECTED PUBLICATIONS

1. C. Turck, W. Marsh, J. Stevenson, J. York, H. Miller and S. Patel, "Pharmacoeconomics of surgical Interventions vs. Cyclooxygenase Inhibitors for the Treatment of Patent Ductus Arteriosus," The Journal of Pediatric Pharmacology and Therapeutics, Vol. 12, No. 3, July-September, 2007
2. H. Miller, "Outpatient Payment in the Private Sector," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
3. H. Miller, B. Cassidy and D. Karr, "Resource Costing for Healthcare Services," in N. Goldfield and W. Kelly, Outpatient Prospective Payment, (Gaithersburg, MD, Aspen Publishing, 1999)
4. D. Karr, H. Miller and S. McCue, "the Effect of Instrument Type on the Cost of Laparoscopic Surgery," Surgical Endoscopy, 1996
5. H. Miller and W. Kelly, "Prospective Per Case Payment in New York State: An Analysis," in N. Goldfield and P. Boland, Physician Profiling and Risk Adjustment, (Gaithersburg, MD Aspen Publishing, 1996)
6. B. Balicki, H. Miller, W. Kelly, "Benchmarks and Tools for Evaluating Ambulatory Surgery: A Model for Examining Cost Competitiveness," Healthcare Financial Management, Spring, 1995
7. W. Kelly, H. Miller, T. Parciak, "The Need for Alternatives to Capitation Under Managed Care," Managed Care Quarterly, Summer, 1994
8. H. Miller, "Outpatient Prospective Payment Approaches for Use by Insurers," Journal of Ambulatory Care Management, Spring, 1993
9. B. Balicki, H. Miller, W. Kelly, T. Yates, "Guidelines for Managing Ambulatory Surgery Programs in the 1990's," Journal of Ambulatory Care Management, Winter, 1991
10. H. Miller, et.al., "Costs of Ambulatory Care: Implications for Outpatient Prospective Payment Systems," Journal of Ambulatory Care Management, Winter, 1991
11. W. Kelly, P. Tenan, H. Fillmore, H. Miller, "Products of Ambulatory Care Patient Classification System," Journal of Ambulatory Care Management, Winter, 1990

TESTIMONY (2011 – Present)

2018

- *Evanthia Georgas and Andreas Georgas Individually and on behalf of Nicolas Georgas v. Swedish Covenant Hospital, Swedish Covenant Medical Group and Laura Thorpe, M.D.*, Circuit Court of Cook County, Illinois, County Department, Law Division, Case No. 14 L 012688 (*Deposition*).
- *Lisa Allen and Misty Dalton, on behalf of the Personal-touch Employee Stock Ownership Plan and on Behalf of All Other Persons Similarly Situate v. GreatBanc Trust Company*, United States District Court Northern District of Illinois, Eastern Division, Case No. 1:15-cv-03053, (*Deposition*).
- *Lisa Alexander and Lisa Lawrence, as co-guardians of Kayla N. Lawrence v. Anesthesia & Pain Consultants of Southwest Florida, M.D., P.A., and Lee Memorial Health System, d/b/a Gulf Coast Medical Center*, Circuit Court of the Twentieth Judicial Circuit in and for Lee County, Florida, Case No. 17- CA-000689, (*Deposition*).
- *Elena Tyurina v. Urbana Tahoe TC LLC dba Beach Retreat and Lodge Tahoe*, United States District Court, Eastern District of California, Case No. 2:16-cv-00759-TLN-DB (*Deposition*).
- *Margaret Wilson Individually and on Behalf of a Class of Persons Similarly Situated v. Anthem Health Plans of Kentucky, Inc.*, United States District Court, Western District of Kentucky at Louisville, Case No. 3:14CV-743-R, (*Deposition*).
- *Steve Abraham and Mary Stein v. Brian Baxter, M.D.*, Circuit Court, 7th Judicial District, State of South Dakota, County of Pennington, Case No. Civ 17-547, (*Deposition*).
- *Scott & White Memorial Hospital v. Aetna Health Holdings, LLC as Successor to Merger to Coventry Health Care, Inc., et. al.*, United States District Court for the Western District of Texas, Waco Division, Civil Action No. 6:17-cv-75-RP-JCM, (*Deposition*).
- *Traci Howell and Robert Howell v. Ford Motor Company*, U.S. District Court, Western District of

Missouri, Case No. 174029, (*Deposition*).

2017

- *Barry Damuth v. Regate Technology, Inc.*, 12th Judicial District Court, Grimes County, State of Texas, Case No. 33852, (*Deposition*).
- *Nancy Pittinger Lynch v. Citibank and the City of Los Angeles*, Superior Court of the State of California, County of Los Angeles, Central District, Case No. BC 583263, (*Deposition*).
- *Aaron David Persin v. State of Hawaii*, Circuit Court of the First Circuit, State of Hawaii, Case No. 13-1-1571-05 (BIA), (*Deposition*).
- *Wanda Ovalles, Adrian Ovalles and Wilson Ovalles v. Sony Electronics, Best Buy, Inc. and Foxconn International, Inc.*, United States District Court for the District of Rhode Island, Case No. CA 14-137, (*Deposition*).
- *Regents of the University of California on behalf of University of California, Irvine Medical Center v. Global Excel Management, Inc.* United States District Court, Central District of California, Case No. 8:16-cv-00714-DOC-E (*Testimony*)
- *Prime Healthcare Services, Inc. v. Blue Mountain Capital, LLC*, County of San Bernardino, Case No. CIVDS 15145162, (*Deposition*).
- *Dustin William Bowdoin v. WHC, LLC, Et Al*, 15th Judicial District Court, Parish of Lafayette, State of Louisiana, Case No. 2014-5420, (*Deposition*).
- *Cheryl Grasso and Bryan Grasso as Parents of Gianna Grasso v. Phillip D. Arrigo, MD and Inspira Medical Center Vineland*, Superior Court of New Jersey, Cumberland County, Case No. CUM-1018-13, (*Deposition*).
- *BRFHH Shreveport, LLC d/b/a University Health Shreveport and Vantage Health Plan, Inc. v. Willis-Knighton Medical Center d/b/a Willis-Knighton Health System*, (*Deposition*).
- *United Tort Claimants as Individuals v. Quorum Health Resources, LLC in re: Otero County Hospital Association*, United States Bankruptcy Court, District of New Mexico, Case No. 11-13686-jll, (*Deposition and Testimony*).
- *Rosalind Hampton, Guardian of the Person of Derrick Bonner v. Dr. Michelle Hicks, Dr. Eric Moon, St. Bernard Hospital and South Yale Emergency Physicians, S.C. and Midwestern University*, Circuit Court of Cook County, Illinois, County Department Law Division, Case No. 13 L 001221, (*Deposition*).
- *Sodexo Laundry Services, Inc. v. Angelica Textile Services, Inc.*, Superior Court for the State of California for the County of San Joaquin, Case No. 39-2013-00299905-CU-BC-STK, (*Deposition*)
- *Recovery Village at Umatillo v. Blue Cross and Blue Shield of Florida*, Circuit Court of the Seventeenth Judicial Circuit in and for Broward County, Florida, Case No. CACE 15-008975 (07), Complex Business Division, (*Deposition*).

2016

- *Rebecca Zeavin v. USAA Casualty Insurance Company*, State of Oklahoma, District Court of Oklahoma County, Case No. CJ-2011-7887, (*Deposition and Testimony*).
- *Gary Esquibel V. Bell Sports, Inc., Easton-Bell Sports, Inc., Albuquerque Gastroenterology Associates, P.C., Vijay Agarwal, State Farm Mutual Automobile Insurance Company, Ducati Motor Holdings, S.P.A., Ducati North America, Inc., Performance Motorcycles, S.P.A, Audi Ag, Automobili Lamborghini S.P.A, Volkswagen Group, and Volkswagen Aktiengesellschaft*, State of New Mexico, County of Bernalillo, Second Judicial District Court, No. D-202-CV-2014-03247, (*Deposition*).
- *Tiffany Rodgers v. Dr. Mary K. Neuffer, Columbia Women's Healthcare, and Palmetto Health*, State of South Carolina, County of Richland, Court of Common Pleas, Fifth Judicial District, C/A No. 2014-CP-40-01846, (*Deposition*).
- *Timothy J. Mahoney and Anne W. Mahoney v. Deer Valley Resort Co., LP*, United States District Court for the District of Utah, C.A. No: 2:13-cv-00976-DB, (*Deposition*).

- *Jeffrey Gaddy v. American Interstate Insurance Company and Terex Corporation*, United States District Court, Northern District of Georgia, Atlanta Division, Case No. 1:14-cv-01928-WSD, (Deposition).
- *Jerome Turner, et al. v. Metals USA Plates and Shapes Southeast, Inc., et al.*, 24th Judicial District Court, Parish of Jefferson, LA, Case No. 751431, (Deposition).
- *Ralph Willey for Jeremiah Ricks v. Nash Hospitals, Inc., et al.*, General Court of Justice, Superior Court Division, Case No. 12 CVS 1576, (Deposition).
- *Terry Herbert v. Ford Motor Company*, Superior Court of the State of California, County of San Bernardino, Case No. CIV DS 1415915, (Deposition).
- *Dave Pebley v. Jose Estrada*, Superior Court of the State of California for the County of Ventura – Main Courthouse, Case No. 56-2013-00436036-CU-PA-VTA, (Deposition and Testimony).
- *Delroy Clarke v. Toyota Motor Corporation*, Superior Court for the State of Arizona in and for the County of Pima, Case No. C2014-1175, (Deposition).
- *Cody R. Culp v. Western Pacific Pulp & Paper*, Superior Court of the State of California, County of Alameda, Case No. RG13680315, (Deposition).
- *Leslie Teague and Oscar Ibarra v. Stevens Transport*, Superior Court for the State of California, County of Imperial, El Centro Civil, Case No. ECU 08157, (Deposition).
- *Raymond Thomas Reynolds v. Silver Cross Hospitals and Medical Centers*, Circuit Court of Cook County, Illinois, County Department, Law Division, Case No. 12 L 10705 (Deposition).
- *Ashlie Danielle Ishmael v. General Growth Properties, et. al.*, Superior Court of Richmond County, State of Georgia, Civil Action File No. 2014-RCCV372 (Deposition).
- *Rene Douglas and Natalia Douglas v. Martin Collins Surface and Footings, et. al.*, Circuit Court of Cook County, Illinois, Case No. 2010 L 5518; *Michael Straight v. Martin Collins Surface and Footings, et. al.*, Circuit Court of Cook County, Illinois, Case No. 2010 L 9809 (Deposition).
- *Edythe Patricia Burnette and William Burnette v. Jewel Food Stores, Inc.*, Circuit Court of the Twelfth Judicial District, Will County, Illinois, Case No. 13 L 967 (Deposition).
- *U.S. ex rel Glenda Martin v. Life Care Centers of America*, U.S. District Court Eastern District of Tennessee, Case No. 1-08-CO-251 (Deposition).
- *Merced Emergency Physicians Medical Group v. Independent Physician Associates Medical Group, Inc., DBA AllCare IPA*, (Arbitration) (Deposition and Testimony).
- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration) (Deposition and Testimony).

2015

- *The Watershed at Clear Lake v. Health Care Service Corporation, dba Blue Cross and Blue Shield of Texas*, U.S. District Court Southern District of Florida, Case No. 15-cv-80476-MIDDLEBROOKS/BRANNON (Deposition).
- *Sanjiv Goel, Inc. v. Regal Medical Group*, Superior Court of the State of California, County of Los Angeles, Central District, Case BC 543227 (Testimony at Trial)
- *Los Robles Emergency Physicians Medical Group v. Regal Medical Group, et. al.*, Superior Court of the State of California, County of Los Angeles, Central District, Case BC420938, (Deposition).

2014

- *Blue Cross Blue Shield Health Care Plan of Georgia v. Quality Care Providers, Inc.*, (Arbitration) (Deposition).
- *Perla Panduro and Cynthia Panduro v. Eaton Corp. and John Lawrence Bennett, et al.*, Superior Court of the State of California, County of San Bernardino, Rancho Cucamonga District, Case No. CIVRS1201526 (Testimony at Trial).

- *Bernard Thomas Paul v. Health Plan of Nevada, et al.*, District Court, Clark County, Nevada, Case No. A-09-605074-C-XI (*Deposition*)
- *United States of America ex rel Alon J. Vainer and Daniel D. Barbir v. DaVita, Inc. and Gambro Healthcare, Inc.*, United States District Court for the Northern District of Georgia, Atlanta Division, Civil Action File No. 1:07-CV-2509 (*Deposition*)

2013

- *State of California ex rel. Rockville Recovery Associates, LTD v. Multiplan, Inc., et al*, Superior Court of the State of California, County of Sacramento, Case No. 34-2010-00079432 (*Deposition*)
- *United States of America v. Todd Farha, et al*, U.S. District Court for the Middle District of Florida, Tampa Division, Case No. 8:11-cr-115-T-30MAP (*Testimony at Trial*)
- *United States of America and State of Texas, ex. rel. L. Argen Porter, Relator v. HCA Health Services of Oklahoma, Inc., Afzal Nikaein, Medical City Dallas Hospital and Texas Medical Specialty, Inc.*, U.S. District Court for the Northern District of Texas, Dallas Division, Civil Action No. 3-09-CV-0992-P (*Deposition*)
- *Dr. Argen Kerbs, Body Recovery Clinic, Peak Sports & Spine Physical Therapy, Olympic Physical Therapy and Dr. Stan R. Schiff v. Progressive Max Insurance Company, et. al.*, Superior Court of the State of Washington for King County, No. 10-2-30608-1 SEA (*Testimony at Trial*)
- *Appalachian Regional Healthcare, Inc. and ARH Mary Breckenridge Health Care Services, Inc. v. Coventry Health and Life Insurance Company*, United States District Court, Eastern District of Kentucky, Lexington Division, Case No. 5:12-cv-000114-KSF (*Deposition and Testimony at Trial*)

2012

- *Eiseman v. Commonwealth of Pennsylvania, Department of Public Welfare*, Commonwealth of Pennsylvania, Office of Open Records, Case No. 42 Pa. B. 1105. (*Testimony at Hearing*)
- *Children’s Hospital Central California v. Blue Cross of California dba Anthem Blue Cross*, Superior Court of the State of California, County of Madera, Case No. MCV 048512 (*Deposition*)
- *United States ex rel. Robert C. Baker v. Community Health Systems, Inc. et al.*, U.S. District Court, District of New Mexico, Case No. CIV 05-279-WJ WDS (*Deposition*)
- *Blue Cross of California dba Anthem Blue Cross, etc. v. Pomona Valley Hospital Medical Center*, Superior Court of the State of California for the County of Los Angeles, Central District, Case No. BC 411611 (*Deposition and Testimony at Trial*)
- *Sheridan Healthcorp, Inc. v. AvMed, Inc.*, Circuit Court of the 17th Judicial District in and for Broward County, Florida, Complex Litigation Unit, Case No. 06-002992(07) (*Deposition*)

2011

- *Methodist Hospital of Southern California v. Blue Cross of California*, Superior Court of the State of California, County of Los Angeles, Central District, Case No: BC418873 (*Deposition and Testimony*)
- *Kaiser Foundation Hospitals and Kaiser Foundation Health plan, Inc. v. Vanguard Health Systems* (Arbitration) JAMS Ref. No.1200042152 (*Deposition and Testimony*)
- *Tammie Sisneros McClain, Lindsey Swearingen, and Jacqueline Harrison, Individually and on Behalf of a Class of Similarly Situated Persons v. Roswell Hospital Corporation*, Fifth Judicial District Court, County of Chaves, State of New Mexico, No. CV-2008-485 (*Deposition and Testimony at Trial*)
- *Junnea Roche, Tasmin Rehmani, Tracy Carlson, Individually and on Behalf of a Class of Similarly Situated Persons, v, Progressive Advanced Insurance Company*, Superior Court of the State of Washington in and for the County of King, No. 08-2-23797-4 KNT (*Deposition*)