

Exhibit 565

**EDGAR PETERSON V. UNITED STATES OF AMERICA
CAMP LEJEUNE WATER LITIGATION**

EXPERT REPORT OF DR. HENRY MILLER

MAY 8, 2025

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1. INTRODUCTION

My name is Henry Miller, Ph.D. I am a Managing Director in the Health Analytics practice of Berkeley Research Group, LLC. I have been working on health care cost and health insurance issues for more than fifty years. I have conducted studies on these issues for the federal Medicare program, several state Medicaid programs and more than forty health insurers. I have testified on these issues in the U.S. Congress, several State legislatures and in federal, state and local courts and in arbitrations. My curriculum vita is attached to this report as Appendix A. My firm is compensated at \$825 per hour for my time on this matter and payments are not contingent upon the outcome of the matter.

2. BACKGROUND OF THE CASE

This case relates to the injury of Edgar Peterson ("Plaintiff"). Plaintiff suffers from Parkinson's disease and related medical conditions allegedly due to water contamination at the Marine Corps Base Camp Lejeune.¹ Plaintiff currently resides in Memphis, Tennessee.² A Life Care Plan has been prepared for Plaintiff by Kay Hairston, BSN, RN, CCM, CNLCP, that describes the services that Hairston believes will be needed for the Plaintiff throughout his life expectancy. A Life Care Plan was also prepared by Michael Shahnasarian, PhD, that includes modifications to Hairston's Life Care Plan and services that Dr. Shahnasarian believes will be needed for the Plaintiff throughout his life expectancy.

3. SCOPE OF REPORT

I was asked by the Department of Justice to apply my expertise in health care costs to the matter of Edgar Peterson v. United States of America, which is part of the Camp Lejeune Water Litigation in the United States District Court for the Eastern District of North Carolina. I was specifically asked to address the following issues related to Plaintiff:

- Analyze the projected health care costs identified by Kay Hairston, BSN, RN, CCM, CNLCP,³ (Hairston's Life Care Plan) and identify the amount that would be paid by Medicare and the Veterans Health Administration for Plaintiff; and
- Analyze the projected health care costs identified by Michael Shahnasarian, PhD,⁴ (Shahnasarian's Life Care Plan) and identify the amount that would be paid by Medicare and the Veterans Health Administration for Plaintiff.

¹ Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

² Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

³ Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

⁴ Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

4. MEDICARE COVERAGE

Based on information received from counsel, it appears that Plaintiff receives coverage for healthcare services through the Medicare program (Part A and Part B).

Medicare Part A, which covers institutional services (e.g., hospital services), has no cost. There is a premium for Part B (e.g., physician and other professional services). The standard Part B premium amount in 2025 will be \$185 per month (\$2,220 annually).⁵ In addition, beneficiaries can elect to enroll in optional Medicare Part D coverage, which covers brand-name and generic prescription drugs.

5. VETERANS HEALTH ADMINISTRATION COVERAGE

Based on information received from counsel, it appears that Plaintiff also receives coverage for healthcare services through the Veterans Health Administration ("VHA"). Eligibility for VHA healthcare benefits is based on military service for a certain period of time. Other requirements must also be met, such as service in certain geographic areas, military conflicts, wars and/or exposure to toxins or other hazards while serving.⁶

Basic VHA health benefits cover preventive care, such as health exams and immunization, inpatient hospital services, urgent and emergency care, assisted living and home health care, and prescriptions. Some veterans may receive additional benefits such as dental care.⁷

6. METHODOLOGY FOR CALCULATION OF COSTS

To determine the rate paid by Medicare, I first identified if each service/supply, included in the life care plans submitted by the plaintiff and the defense, was covered under the benefits offered by Medicare. Some services/supplies such as home cleaning services are not covered by Medicare. Next, I identified the rate that would be paid by Medicare for a service/supply. Medicare rates exclude any patient responsibility, including coinsurance.

To determine the rate paid by the VHA, I first identified if each service/supply, included in the life care plans submitted by the plaintiff and the defense, was covered under the benefits offered by the VHA. The VHA pays providers at a rate equal to the Medicare rate should a Medicare rate exist. For those services not covered by Medicare and without a Medicare rate, I followed the methodologies outlined on the VHA's website to identify the rate paid. Sources for Medicare and VHA rates are listed in Appendix B of this report.

Plaintiff can elect to use either VHA or Medicare for the coverage of their healthcare services (depending on the provider's participation in those programs).⁸ For most general medical services and outpatient care, Medicare will pay 80% of the approved Medicare rate and a patient will pay the

⁵ <https://www.cms.gov/newsroom/fact-sheets/2025-medicare-parts-b-premiums-and-deductibles>.

⁶ Eligibility for VHA health care, available at: <https://www.va.gov/health-care/eligibility/>.

⁷ How to get veterans health benefits, available at: <https://www.usa.gov/get-veterans-health-benefits#:~:text=What%20do%20VA%20health%20benefits,Prescriptions>.

⁸ VA health care and other insurance: available at: <https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/>.

remaining 20% as coinsurance.⁹ According to the VA fee schedule, the “VA reimburses hospital, medical, and extended care services up to the maximum allowable rate which for most services is the Medicare rate”.¹⁰ Two rates have been provided in Tables 1 and 2 to identify the difference between what Medicare and the VHA would pay for established Medicare-approved amounts. The amount that will be paid will be determined based on where Plaintiff seeks medical care.

7. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR HAIRSTON’S LIFE CARE PLAN

Plaintiff’s future service unit costs based on Medicare and VHA coverage for Hairston’s Life Care Plan are summarized in Table 1 below. Rates reflect standardized rates for what Medicare and VHA would pay for a service, removing patient responsibility amounts such as copayments and coinsurance. According to Plaintiff’s Veterans Benefits Administration (“VBA”) documentation, Plaintiff has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.¹¹

Hairston states that a normal life expectancy has been assumed for Plaintiff. Using the National Vital Statistics Reports, Hairston has identified that plaintiff has a life expectancy of 10.6 additional years (86.6 years, or 10.6 years from 2025 and the date of my report).¹²

⁹ Medicare Costs, available at: <https://www.medicare.gov/basics/costs/medicare-costs>

¹⁰ VA Fee Schedule, available at: <https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp>

¹¹ Current VA health care copay rates for 2025, available at: [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital\)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care.](https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care.)

¹² Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

Table 1

Medicare and VHA Coverage and Costs for Hairston's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
PHYSICIAN/MEDICAL					
Primary Care	As indicated	Per Visit	99213	\$66.35	\$82.94
Neurology	Every 6 months	Per Visit	99214	\$93.53	\$116.91
Functional Neurosurgery	Every 4-5 years	Per Visit	99214	\$93.53	\$116.91
Analysis and Programming of the DBS	Annually	Per Visit	SUM(95983, 95984 x 3)	\$130.30	\$162.88
Battery Replacement for DBS	Every 4-5 years	Per Visit			
Battery Replacement for DBS - Physician Fee	Every 4-5 years	Per Visit	61886	\$620.40	\$775.50
Facility		Per Visit	61886	\$21,716.70	\$27,145.87
Anesthesia		Per Visit	00300	\$258.13	\$322.67
Neuropsychological Evaluation	TBD	Per Visit	SUM(96116, 96121 x 2, 96132, 96133 x 4.5)	\$600.06	\$750.08
Counseling	12 visits per year	Per Visit	90837	\$119.64	\$149.55
Case Management	2-3 hours per month	Per Visit	99487	\$98.06	\$122.57
MEDICATIONS/SUPPLIES					
Carbidopa-Levodopa 25/100	2 tabs, 6 times daily	Per Tablet		\$0.21	
Ropinirole 4mg	6 times daily	Per Tablet		\$0.21	
Azilect 1mg	1 time daily	Per Tablet		\$6.93	
Sertraline 50mg	1 time daily	Per Tablet		\$0.18	
Omeprazole, Triamterene, Loratadine	As directed			Not enough information to price	
Vit D, Citrucel with Vit D3	As directed			Not enough information to price	
Orgovyx	As directed			Not enough information to price	
Adult Diapers	4 per day	Per Item	T4523	\$0.00	\$0.91
Reusable Bedpads	1 per month	Per Item	T4537	\$0.00	\$11.78

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
Disposable Bedpads	2 per day	Per Item	T4541	\$0.00	\$0.40
XL Flushable Wipes	1 package per week	Per Item		\$0.00	\$0.00
Gloves	2 boxes per week	Per Item		\$0.00	\$0.00
REHABILITATION					
Physical Therapy Evaluation	3 times per year	Per Visit	97162	\$74.03	\$92.54
Physical Therapy	24 to 30 visits per year	Per Visit	97110 x 3	\$65.26	\$81.57
Occupational Therapy Evaluation	Annually	Per Visit	97166	\$75.89	\$94.86
Occupational Therapy	4 to 8 visits per year	Per Visit	97110 x 3	\$65.26	\$81.57
Speech Therapy Evaluation	Annually	Per Visit	92523	\$169.64	\$212.05
Speech Therapy	16 to 18 visits per year	Per Visit	92507	\$57.02	\$71.27
Access to Adaptive Gym	Monthly Fee	Per Month		\$0.00	\$0.00
THERAPEUTIC/ADAPTIVE EQUIPMENT					
Power Wheelchair with Cushion	Every 7-10 years	Per Item	SUM(K0010, E2601)	\$5,299.82	\$6,624.78
Battery Replacement (2)	Annually	Per Pair	E2363 x 2	\$280.86	\$351.08
Manual Lightweight Wheelchair (2)	Every 5 years	Per Item	K0003	\$475.90	\$594.88
U-Step Walker with Laser Module (purchased 2024)	Every 5 years	Per Item	SUM(E0147, E0156)	\$410.76	\$513.45
Straight or Quad Cane	Every 5 years	Per Item	E0105	\$53.89	\$67.36
Joerns Electric Hospital Bed	One time only	Per Item	E0265	\$1,863.37	\$2,329.21
Mattress for Hospital Bed	Every 5 years	Per Item	Included in code above		
Gait Belt (2)	Every 2 years	Per Item	E0945	\$42.10	\$52.63
Slings for Installed Lift (2)	Annually	Per Item	E0621	\$77.71	\$97.14
Reachers (2)	Every 2 years	Per Item	A9281	\$0.00	\$18.12
Automatic Pill Dispenser	Monthly	Per Item		\$0.00	\$0.00
Therapeutic Recliner	One time only	Per Item	AVG(E0627, E0629)	\$251.93	\$314.92
DAILY CARE					

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
Certified Nursing Assistant	24 hours per day	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		\$74.48	\$74.48
Skilled Nursing	1-2 times per month	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with CNA)		\$231.32	\$231.32
Companion Care	3-4, 4-hour trips per week	Hourly rate	S5125	\$0.00	\$41.00
Replacement Services	19.36 hours weekly	Hourly rate	S5125	\$0.00	\$41.00
HOUSING/TRANSPORTATION					
Home Adaptations	One time only			\$0.00	\$6,800
Van Adaptations	Every 7-10 years			\$0.00	\$26,417.20
Maintenance, adapt. only	Every 6 months			\$0.00	\$0.00

*Based on Hairston's Life Care Plan.¹³

¹³ Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

8. SUMMARY OF COSTS BASED ON MEDICARE AND VHA COVERAGE FOR SHAHNASARIAN'S LIFE CARE PLAN

Plaintiff's future service unit costs based on Medicare and VHA coverage for Shahnasarian's Life Care Plan are summarized in Table 2 below. Rates reflect standardized rates for what Medicare and VHA would pay for a service, removing patient responsibility amounts such as copayments and coinsurance. According to Plaintiff's Veterans Benefits Administration ("VBA") documentation, Plaintiff has a service-connected disability rating of over 70%, meaning that copayments do not apply for many services through the VHA, such as care related to a service-connected injury.¹⁴

Dr. Shahnasarian does not explicitly include a life expectancy in his report. Therefore, the life expectancy from Hairston's Life Care Plan of 10.6 additional years was used (86.6 years, or 10.6 years from 2025 and the date of my report).¹⁵

¹⁴ Current VA health care copay rates for 2025, available at: [https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital\)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care.](https://www.va.gov/health-care/copay-rates/#:~:text=in%20a%20hospital)-,If%20you%20have%20a%20service-connected%20disability%20rating%20of%2010,a%20copay%20for%20inpatient%20care.)

¹⁵ Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5th, 2025.

Table 2
Medicare and VHA Coverage and Costs for Shahnasarian's Life Care Plan

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
EVALUATIONS					
Neuropsychological Evaluation	TBD	Per Visit	SUM(96116, 96121 x 2, 96132, 96133 x 4.5)	\$600.06	\$750.08
Physical Therapy Evaluation	1 time per year	Per Visit	97161	\$74.03	\$92.54
Occupational Therapy Evaluation	1 time per year	Per Visit	97165	\$75.89	\$94.86
Speech Therapy Evaluation	1 time per year	Per Visit	92522	\$82.53	\$103.16
THERAPUETIC NEEDS					
Primary Care Physician Follow-Up	1 visit per year	Per Visit	99213	\$66.35	\$82.94
Functional Neurosurgeon Follow-Up	Every 4 - 5 years	Per Visit	99214	\$93.53	\$116.91
Neurologist Follow-Up	2 visits per year	Per Visit	99214	\$93.53	\$116.91
Physical Therapy	24 - 30 sessions per year	Per Visit	97110 x 2	\$43.50	\$54.38
Occupational Therapy	4 - 8 sessions per year	Per Visit	97110 x 2	\$43.50	\$54.38
Speech Therapy	16 - 18 sessions per year	Per Visit	92507	\$57.02	\$71.27
WHEELCHAIR NEEDS					
Custom Power Wheelchair with Cushion	Replace every 7-10 years	Per Item	SUM(K0010, E2601)	\$5,299.82	\$6,624.78
Power Wheelchair Maintenance	Annually			\$0.00	\$0.00
Portable Manual Wheelchair	Replace every 5 years	Per Item	K0001	\$314.60	\$393.25
Manual Wheelchair Maintenance	Annually			\$0.00	\$0.00
AIDS FOR INDEPENDENT LIVING					
Hospital Bed with Mattress	One time	Per Item	E0265	\$1,863.37	\$2,329.21
Hoyer Lift or Overhead Transfer System	Replace every 7-10 years	Per Item	E0635	\$1,467.44	\$1,834.30
Hoyer Lift Sling Replacement	Every 2-3 years	Per Item	E0621	\$77.71	\$97.14

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
Therapeutic Recliner	One time	Per Item	AVG(E0627, E0629)	\$251.93	\$314.92
U-Step Walker with Laser	Replace every 5 years	Per Item	SUM(E0147, E0156)	\$410.76	\$513.45
Automatic Pill Dispenser	Replace every 3 - 5 years			\$0.00	\$0.00
Reachers (2)	Replace every 2 - 3 years	Per Item	A9281	\$0.00	\$18.12
Single Point or Quad Cane	Replace every 3 - 5 years	Per Item	E0105	\$53.89	\$67.36
Gait Belt	Replace every 2 years	Per Item	E0945	\$42.10	\$52.63
DRUGS AND SUPPLY NEEDS					
Carbidopa-Levodopa (Sinemet) 25/100 MG	12 tablets per day	Per Tablet		\$0.21	
Ropinirole (Requip) 4mg	6 tablets per day	Per Tablet		\$0.21	
Rasagiline (Azilect) 1mg	1 tablet per day	Per Tablet		\$6.93	
Sertraline (Zoloft) 50mg	1 tablet per day	Per Tablet		\$0.18	
Citracal with Vitamin D3	1 caplet per day	Per Tablet		\$0.00	\$0.00
Adult Briefs	3 - 4 per day	Per Item	T4527	\$0.00	\$0.91
Incontinence Supplies	Monthly			\$0.00	\$0.00
HOME FACILITY CARE					
LPN Home Visit	1 - 2 visits per month	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with PCA or CNA)		\$231.32	\$231.32
Model I and II: Personal Care Attendant	Live-in	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage		\$74.48	\$74.48

Description*	Frequency as Described in LCP	Unit Defined	CPT Code	Medicare Rate	VHA Rate
		(combined with skilled nursing)			
Model I: Certified Nursing Assistant	One 8 hour shift per day	Hourly Rate, cannot exceed 28 hours per week for Medicare coverage (combined with skilled nursing)		\$74.48	\$74.48
Housekeeping Services	1 visit every 2 weeks; 2 - 3 hours per visit			\$0.00	\$0.00
Lawn Maintenance	40 weeks per year			\$0.00	\$0.00
Case Manager	2 hours per month	Hourly rate	99487	\$98.06	\$122.57
TRANSPORTATION NEEDS					
Adapted Van	Replace every 7 - 10 years	Per Adaptation		\$0.00	\$26,417.20
Adapted Van Maintenance	Annually			\$0.00	\$0.00
PERSONAL FITNESS					
Fitness Center Membership	Monthly			\$0.00	\$0.00
ARCHITECTURAL RENOVATIONS					
Home Modifications	One time	Per Adaptation		\$0.00	\$6,800.00
PROCEDURES/HOSPITALIZATIONS					
Deep Brain Stimulator Battery Replacement	Every 4 - 5 years				
<i>Physician</i>		Per Visit	61886	\$620.40	\$775.50
<i>Facility</i>		Per Visit	61886	\$21,716.70	\$27,145.87
<i>Anesthesia</i>		Per Visit	00300	\$258.13	\$322.67

*Based on Shahnasarian's Life Care Plan.¹⁶

¹⁶ Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8th, 2025.

9. SUMMARY OF OPINIONS

This report is based on information known to me as of this date. I have analyzed the information provided to me for the Plaintiff and assessed publicly available data to arrive at my opinion as to the rates for care covered by the Plaintiff's insurer. If additional information is made available, I may modify my report. I may also be asked to present opinions on additional issues in this case.

A handwritten signature in black ink, appearing to read "Henry Miller", with a checkmark at the end. The signature is written in a cursive, somewhat stylized font.

Henry Miller, Ph.D.
May 8, 2025

**APPENDIX A
DR. HENRY MILLER
CURRICULUM VITAE**

HENRY MILLER, Ph.D.
BERKELEY RESEARCH GROUP, LLC
2 N. Central Avenue
Suite 1700
Phoenix, AZ 85004

Direct: 602.388.1116
Mobile: 443.280.1868
hmill@thinkbrg.com

SUMMARY

Henry Miller is Managing Director, Health Analytics in the Phoenix, AZ office of the Berkeley Research Group. He has more than 50 years of experience as a healthcare consultant and researcher specializing in health care finance, public policy, 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 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, administrative issues, organizational structure, community relations, network management, provider payment systems, operating systems, and strategic planning.

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.

Dr. Miller has worked with various entities on developing competitive bidding programs, including design of Requests for Proposals, and bid evaluation formats. This work focuses on bids for health coverage submitted to employers by health insurers. He has also assisted health insurers who submitted bids for health coverage to private sector and government entities.

Dr. Miller 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. This testimony was

based on the methods to measure reasonable value of medical care that Dr. Miller developed. Methods have been accepted in state and Federal courts.

Dr. Miller's work for health plans includes several assignments relating to the operation of Medicare Advantage plans, including issues relating to data submission to the Medicare program, provider contracting, and the development of provider payment approaches and rates. He has also worked for the Medicare program on these issues, especially as related to the quality and availability of data that is submitted by MA plans to the Federal government.

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 National Academy of Medicine. 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 directed key elements of the work conducted by the Governor's Commission for Rationalizing Healthcare in New Jersey. He was the lead consultant to the Commission on analyzing the financial status of the State's hospitals as well as measuring the impact of potential hospital closings. He also served as the economic advisor to the Alaska Department of Insurance in its review of the application by Premier Blue Cross to convert to for-profit status. 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 completed 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 Premier 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:

- Support on strategic issues for several hospital systems, including Johns Hopkins Medicine, University of Rochester Health System, University of Maryland Medical System, The Christ Hospital, Sutter Health System, and Memorial Hermann Health System.
- 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

FULL-TIME TEACHING EXPERIENCE

University of Baltimore, Associate Professor

State University of New York at Binghamton, Assistant Professor

University of Illinois, Instructor

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 (2016 – Present)

2025

- *Demia Thomas and George Lowery v. Medstar Washington Hospital Center Corporation*, Superior Court for the District of Columbia, Case No. 2022-CAB-005443, (Deposition).

2024

- *Cipla, USA, Inc. v. Ipsen Biopharmaceuticals, Inc.*, United States District Court for the District of Delaware, Case No. 22-cv-00552 GBW, (Deposition).
- *Scripps Health v. Blue Shield of California*, American Arbitration Association, Case No. 01-23-0000-9314, (Deposition).

- *Leslie J. Gelber v. Caithness Services, LLC*, American Arbitration Association, Case 01-23-0002-7637, (*Deposition*).
- *Jonathan Mendoza and Maria Mendoza, on behalf of their minor son, Jazziel Mendoza Oliveros v. Hospital Development of West Phoenix, Inc. d/b/a/ Abrazo West Campus*, Superior Court of the State of Arizona, County of Maricopa, Case No. CV2021-094672, (*Deposition*).
- *Anjil Jeter v. Comanche Construction of Georgia, LLC.*, State Court of DeKalb County, State of Georgia, Civil Action 21A03631, (*Deposition*).
- *Farid Almasri v. Target Corporation*, Superior Court of the State of California, County of Los Angeles, Case No.: 22STCV08524, (*Deposition*).

2023

- *Fitzgerald, Kloess & Pope Advisors, LLC v. Premier Parking of Tennessee, LLC, Premier Parking Management Company, LLC*, Chancery Court for Davidson County, Tennessee, Case No. 21-1299-BC, (*Deposition*).
- *Dr. Timothy Munderloh, et al. v. Biegler GMBH, Solace Advancement, LLC, et al.*, United States District Court, District of Arizona, Case No. 3:21-CV-08004-GMS, (*Deposition*).
- *Anthony Azzinaro and Kathryn Lindsay v. The Shyft Group, Inc. and the Shyft Group, USA, Inc.*, U.S District Court, District of Arizona, Case No. 2:21-CV-01990-JJT, (*Deposition*).

2022

- *Alpha Omega Lanier Edwards II v. Fast Lane Transportation, Inc.*, Superior Court of the State of California, County of Los Angeles, Case No. 21STCV09757, (*Deposition*).
- *David Wayne Edwards, Jr.; Lyinda Gillman v. Queen of the Valley Medical Center; Shea Pribyl, D.O.*, Superior Court of the State of California, County of Sacramento, Case No. 34-2019-00248337, (*Deposition*).
- *Jafar Roubakhshyengejeh v. Beatrice Montanez*, Superior Court of the State of California, County of Los Angeles. Case No. 19STCV30292, (*Deposition*).
- *Gloria Banda v. Food 4 Less of California, Inc.*, Superior Court of the State of California, County of Los Angeles, Case No. BC663290, (*Deposition*).
- *Beau Towne v. Multicare Health System d/b/a Mary Bridge Children's Hospital*, Superior Court of the State of Washington for Pierce County, Case No. 20-2-04518-2, (*Testimony*).
- *Medical Society of the State of New York v. United Health Group*, United States District Court, Southern District of New York, Civil Action No. 16-CV-5265 (JPO), (*Testimony*).
- *Lori Bush v. Dignity Health*, Superior Court of the State of California for the County of San Bernadino, Case No. CIVDS-1613161, (*Deposition and Testimony*).

2021

- *Adventist Health System/Sunbelt, Inc. v. Humana Medical Plan, Inc.* (Arbitration – American Arbitration Association Case No. 01-19-0002-6864) (*Deposition*).
- *Christopher Bentley v. Scott Gragson*, District Court, Clark County, Nevada, Case No. A-19-796424-C, (*Deposition*).
- *Kaweah Delta Medical Center v. Kaiser Foundation Hospitals*, Superior Court of the State of California for Tulare County, Case No. AH015680 (*Deposition and Trial Testimony*).
- *Medical Mutual of Ohio v. FrontPath Health Coalition*, Court of Common Pleas, Lucas County, Ohio, Case No. CI201703154 (*Deposition*).

- *Kaiser Foundation Hospitals v. Palomar Health F/K/A Palomar Pomerado Health*, Arbitration, JAMS Reference Number 1220063770, (*Deposition*).
- *Perry David Maxwell v. The Boeing Company and Paris Edward Cooper*, United States District Court, Central District of California, Case No. 2:19-cv-05204-DSF-KS (*Deposition*).
- *Baptist Memorial Health Care Corp. v. CIGNA Health Care of Tennessee*, Arbitration, *Deposition and Testimony*).

APPENDIX B
MATERIALS RELIED UPON

Materials Relied Upon
Locality Code 2025
2025 MPFS - Evaluations
Current VA Health Care Copay Rates _ Veterans Affairs
2025 MPFS - Therapeutic Needs
2025 DME - Wheelchair Needs
2025 DME - Aids for Independent Living
2025 VAFS - Therapeutic and Adaptive Equipment
2025 VAFS - Drug and Supply Needs
Carbidopa - Levodopa.JPG
Rasagiline.JPG
Ropinirole.JPG
Sertraline.JPG
2025 Home Health Rates - Daily Care
2025 MPFS - Home Facility Care
2025 VAFS - Support Services
Medicare - Home Health Services Coverage
Current Special Benefit Allowances Rates _ Veterans Affairs
The VA Helps Veterans Get Mobility Assistance - NMEDA
Gym Membership Coverage
Prosthetic & Sensory Aids Service (PSAS) - Rehabilitation and Prosthetic Services
2022_Anesthesia_Base_Units - Procedures and Hospitalizat
2025 MPFS - Procedures and Hospitalizations
2025 OPPS Addendum B - Physician and Medical
2025 Wage Index - Procedures and Hospitalizations
Anesthesia CY 2025 locality adjusted - Procedures and Hospitalizations
2025 MPFS - Physician and Medical
2025 OPPS Addendum B - Physician and Medical
CMS-1807-F_Work_Time_16OCT24
VA CY25-Fee-Schedule - Medication and Supplies
2025 MPFS - Rehabilitation
2025 DME - Therapeutic and Adaptive Equipment
2025 VAFS - Therapeutic and Adaptive Equipment
2025 Home Health Rates - Daily Care
2025 VAFS - Daily Care
Life Care Plan for Edgar Allen Peterson IV, prepared by Michael Shahnasarian, PhD, dated May 8 th , 2025
Evaluation on behalf of Edgar Peterson, prepared by Kay Hairston, BSN, RN, CCM, CNLCP, dated February 5 th , 2025
Parkinsons - LCP Report of Kay Hairston - Materials Considered List (Peterson, McElhiney).pdf
2025 Medicare Parts A & B Premiums and Deductibles
Eligibility for VA health care
How to get veterans health benefits
DOJ Camp Lejeune List - Updated 040125 2025-04-01 14.45.03
DOJ Data Memorandum

Materials Relied Upon
Exhibit 1 - Final Copy of 25 plaintiffs and service members with PII Total Costs
VHA CLJA Narrative Summary_Final_3-18-25
VBA Disability Ratings, Conditions, and Amounts (03.13.2025)
Peterson PSF 032625
Narrative - Final - 4.1 Signed (1)
https://www.va.gov/health-care/about-va-health-benefits/va-health-care-and-other-insurance/
https://www.medicare.gov/basics/costs/medicare-costs
https://www.va.gov/COMMUNITYCARE/revenue-ops/Fee-Schedule.asp