



## Henry Miller, PhD, Managing Director, LECG

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### **BIO/SUMMARY**

Henry Miller is a managing director in the Washington, DC office of LECG. Dr Miller has more than 35 years of experience as a healthcare consultant and researcher specializing in cost measurement, provider payment systems, public policy and regulatory analysis, and strategic planning. In addition, he has provided expert testimony to the US Congress, several state legislatures, in the courts, and in arbitration proceedings.

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 in the Department of Health and Human Services. Resource costing is a combination of management engineering and cost accounting approaches that is used to calculate costs in instances where traditional accounting data are insufficient. Dr. Miller subsequently 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. After completing the MedPAC study, Dr. Miller used resource costing 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 ambulatory payment categories (APCs).

Dr. Miller has used resource costing in several other efforts, including the measurement of physician office costs for the American College of Radiology and the American College of Cardiologists. More recently, he has applied resource costing to the measurement of the cost of services associated with new technologies, including the costs of radiotherapy for non-Hodgkins lymphoma, the costs of implanting a new device for the treatment of posterior uveitis and the costs associated with the use of a cryogenic stent. He also used resource costing to develop a method to measure the cost to implement clinical guidelines for the Agency for Healthcare Research and Quality.

Dr. Miller has worked on provider payment systems for more than 30 years. He was a member of the Medicare oversight committee for the effort to develop the practice expense component of the resource based relative value system (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 diagnosis related groups (DRGs). He has designed hospital and physician payment systems for seven Medicaid programs and more than 25 Blue Cross and Blue Shield plans and other health plans.

Dr. Miller has also directed several public policy and regulatory analysis projects. He was 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 recently 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 UK as they addressed changes in National Health Service requirements. He has also directed the evaluation 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, the National Center for Health Statistics, the Agency for Healthcare Research and Quality and the National Institutes of Health.

## 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 a recent 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 recently 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 15 years. Recommendations were made to the Health Resources and Services Administration and the Centers for Medicare and Medicaid Services.

Dr. Miller 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 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.

### 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 UK 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 use of case management in an experimental home healthcare 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 Healthcare 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 healthcare markets for the Agency for Healthcare Research and Quality, the Maryland Medical Care Database for the Maryland Healthcare 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
- 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 healthcare 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 Healthcare Administration
- Support to the state of New York for the development of a global budgeting program
- Several studies of the comparative value of healthcare benefit programs provided by health plans in efforts to identify optimal arrays of benefits

## **EDUCATION**

PhD, (Accounting and Economics), University of Illinois, 1971

MBA, City College of New York, 1967



BBA, City College of New York, 1965

### **PRESENT POSITIONS**

LECG, Managing Director, 2008 to present

Johns Hopkins University School of Public Health, Associate Faculty, 2003 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**

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

Center for Health Policy Studies, President, 1979–2002

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

### **ACTIVITIES AND HONORS**

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

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

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

### **PUBLICATIONS**

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

### **TESTIMONY**

*University of California – Irvine and the Regents of the University of California vs. Health Net, Inc.* (Arbitration).



*Natalie M. Grider, M.D. and Kutztown Family Medicine vs. Keystone Health Plan Central, Inc., Joseph Pfister, Highmark, Inc., John S. Brouse, Capital Blue Cross and James M. Mead, United States District Court, Eastern District of Pennsylvania, Civil Action No. 01-5641.*  
*Robert Wood Johnson Hospital, Inc., et. al., v. Tommy Thompson, et. al., United States District Court, District of New Jersey, Civil Action No. 04-142.*  
*Cardiac surgery associates, P.A. vs. Midatlantic Cardiovascular Associates, P.A., Circuit Court for Baltimore County, MD.*  
*Biomedical Systems Corporation vs. Mead Johnson & Company, Inc. Circuit Court of St. Louis County, MO, 21<sup>st</sup> Judicial Circuit, Case No. 01CC-003428*  
*Meadows Holdings, L.P. vs. DVI Mortgage Funding, Inc., Superior Court of Arizona, Maricopa county, No. CV2001-012668.*  
*HealthAmerica Pennsylvania, Inc. et. al., Susquehanna Health System, et.al., United States District Court, Middle District of Pennsylvania, Case No. 4:CV-00-1525.*  
*Trigon Insurance Company vs. United States of America, Eastern District of Virginia, Richmond Division, No. 3:00-CV-365.*  
*Blue Cross and Blue Shield of New Jersey, Inc., et. al. vs. Philip Morris, Inc., et. al., Eastern District of New York, 98 Civ. 3287.*