



Award # 1223071636156 Details

[Submit Objection](#)

Proceeding: Unfair Billing Patterns
Date Requested: 10/3/2008 3:07:16 PM
Amount Requested: \$17508.45

Contribution to the Proceeding: September 24, 2008 Consumer Participation Program Department of Managed Health Care 980 9th Street, Suite 500 Sacramento, CA 95814 RE: Application for an Award of Advocacy and Witness Fees 2008-1536 - Unfair Billing Practices To Whom It May Concern: The Health Rights Hotline, a program of Legal Services of Northern California, is submitting this request to the Department of Managed Health Care for an Award of Advocacy and Witness Fees in the amount of \$17,508.45 for providing a substantial contribution to the Unfair Billing Practices regulation. The Health Rights Hotline (Hotline) involvement made a substantial contribution to Unfair Billing Practices regulation proceedings. The Department of Managed Health Care (Department) published the initial Unfair Billing Patterns proposed regulation on August 10, 2006 and opened a public comment period to end on October 4, 2006. During September and October 2006, the Health Rights Hotline staff researched the history of balance-billing, other states laws on balance-billing, and current law in California including AB 1455 and case law. The Hotline participated in conference calls with other advocates to prepare a response to the proposed regulation. The Hotline also read through many of its own client cases that dealt with balance billing problems to get an idea of where and how problems were occurring and how the proposed regulations would address the problems faced by Hotline callers. The Hotline's Program Director submitted written comments on the draft regulation to DMHC on October 4, 2006. The Hotline's comments advocated for expanding the scope from the original focus on providers of emergency services to all non-contracted providers in hospitals. The Hotline provided a client story as well as Colorado's Insurance Code to support this argument. The Department's later drafts specifically applied to more non-contracted providers in hospitals including specialists such as anesthesiologists and radiologists. The Hotline also suggested that the Department define emergency services, which the Department did in later drafts. The Hotline also proposed clarifying what constituted amounts owed by enrollees and reinforcing the balance billing prohibition. The Hotline submitted a mocked up form of the regulations that incorporated the suggested changes. The Hotline based its comments on data gathered from consumers who contacted the Hotline for assistance with billing problems. At the first public hearing on Unfair Billing Practices the Hotline's supervising attorney told several stories of consumers adversely affected by unfair billing practices. In 2007, the Department released a second version of the regulation and opened a public comment period until November 30, 2007. The Hotline submitted a second set of written comments to the Department on November 15, 2007. The Hotline's comments proposed prohibiting reporting of balance billed amounts to collection agencies, clarifying that balance-billing is prohibited outright, and that the Department set up a mechanism through which consumers can report balance billing problems. Again, the Hotline based its comments on the experience of consumers who had contacted the Hotline for assistance with a balance-billing problem; the Hotline included several of these consumer stories in both written and oral testimony. On November 13, 2007 a Hotline staff attorney testified at the second round of public hearings. In 2008, the Department released a third version of the regulation and opened a public comment period which ended on June 3, 2008. The Hotline carefully compared the new version to the first and second versions, and reviewed Hotline data for new information to include in comments to DMHC. The Hotline submitted written comments to DMHC on May 20, 2008. The focus of these comments was on clarifying what constituted amounts owed by enrollees,

prohibiting reporting of balance billed amounts to collection agencies, and educating enrollees. A Hotline staff attorney testified at the third round of public hearings in Sacramento on May 20, 2008. Through these activities, the Health Rights Hotline made a substantial contribution to the Unfair Billing Practices regulation. The Hotline presented relevant issues, evidence and arguments that were seriously considered by DMHC which we believe resulted in more relevant, credible and non-frivolous information being available to the Director. Therefore, the Hotline is requesting an award of advocacy and witness fees in the amount of \$17,508.45. Attached are detailed time records of the specific activities undertaken by the Hotline including the activity, other parties involved in the proceeding, subject matter and work description, date of activity, time spent, billed amount and hourly rate for the staff involved in each activity. Also attached are resumes and job descriptions for all the staff who billed time. The Hotline determined market rate for each staff member based on the number of years of experience for each staff member for whom fees are claimed. In developing the rates, the Hotline relied on both fees awarded in the past to the Hotline and the Public Utilities Commission (PUC) rates for the relevant years and experience. Shelley Rouillard, the Hotline's Program Director from 1997 to 2007, had more than 25 years of experience in health and human services advocacy at the time that she participated in the Unfair Billing Practices rulemaking procedure. For her work on the 2006 Language Assistance Programs Ms. Rouillard was awarded fees at \$210 per hour. The Hotline has submitted in the past in depth information on Ms. Rouillard's experience as well as several resources the Hotline used to arrive at the requested rate. The Hotline believes it is reasonable to request reimbursement at the rate of \$210 per hour for the work that Ms. Rouillard did on the Unfair Billing Practices rulemaking in 2006. Ann Rubinstein, the Hotline's Staff Attorney/ Policy Analyst since 2006, earned her JD at the University of California, Berkeley School of law (Boalt Hall) in 2006 and was admitted to the California Bar in December 2006. While working on the first round of comments for this rulemaking process Ms. Rubinstein was a law school graduate. The Hotline requested and was awarded a rate of \$150 for work the Hotline's Policy Analyst, a law school graduate, performed on the Block Transfer Regulations in 2004. The Hotline believes it is reasonable to request reimbursement at the rate \$158 per week for the work Ms. Rubinstein performed in 2006. The PUC's adopted hourly intervener rate range for 2007 for attorneys with 0-2 years experience is \$145-\$200 and for 2008 for attorneys with 0-2 years experience it is \$150-\$205. Based on these PUC rates, which the Department has relied heavily on in past opinion's granting awards of advocacy and witness fees, as well as the rates the Department has awarded the Hotline in the past, the Hotline believes it is reasonable to request reimbursement at the rate of \$200 for work Ms. Rubinstein performed in 2007, and \$205 for work she performed in 2008. Thank you for your consideration of our request. Sincerely, Ann Rubinstein Staff Attorney Attachment

Task Performed

Activity Research
Activity Date 8/27/2006
Amount Billed: \$66.73
Other Parties Involved: Shelley Rouillard
Subject Matter and Work Description: Review notice of public comment period statement of reasons
Time Spent: 0.32 hours

Task Performed

Activity Meeting
Activity Date 9/8/2006
Amount Billed: \$368
Other Parties Involved: Shelley Rouillard Ann Rubinstein
Subject Matter and Work Description: Meeting to discuss unfair billing regulation
Time Spent: 2 hours

Task Performed

Activity Research

Activity Date 9/8/2006
Amount Billed: \$632
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading unfair billing information
Time Spent: 4 hours

Task Performed

Activity Research
Activity Date 9/11/2006
Amount Billed: \$711
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading and researching unfair billing
Time Spent: 4.5 hours

Task Performed

Activity Research
Activity Date 9/12/2006
Amount Billed: \$474
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading through old HRH cases looking for unfair billing issues/ stories
Time Spent: 3 hours

Task Performed

Activity Research
Activity Date 9/12/2006
Amount Billed: \$395
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading cases, regulations and Knox-Keene
Time Spent: 2.5 hours

Task Performed

Activity Letter
Activity Date 9/13/2006
Amount Billed: \$711
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing and editing unfair billing comments
Time Spent: 4.5 hours

Task Performed

Activity Research
Activity Date 9/14/2006
Amount Billed: \$210
Other Parties Involved: Shelley Rouillard
Subject Matter and Work Description: Read proposed regulations
Time Spent: 1 hours

Task Performed

Activity Research
Activity Date 9/14/2006
Amount Billed: \$105
Other Parties Involved: Shelley Rouillard
Subject Matter and Work Description: Review Regulations
Time Spent: 0.5 hours

Task Performed

Activity Meeting

Activity Date 9/14/2006
Amount Billed: \$304.47
Other Parties Involved: Shelley Rouillard Ann Rubinstein
Subject Matter and Work Description: Met to discuss draft comments of regulations
Time Spent: 0.89 hours

Task Performed

Activity Research
Activity Date 9/14/2006
Amount Billed: \$52.5
Other Parties Involved: Shelley Rouillard Bobbie Reagan
Subject Matter and Work Description: Called Bobbie Reagan re how HMO Help Center addresses these problems now
Time Spent: 0.25 hours

Task Performed

Activity Other
Activity Date 9/14/2006
Amount Billed: \$434.5
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Research
Time Spent: 2.75 hours

Task Performed

Activity Telephone Call
Activity Date 9/15/2006
Amount Billed: \$52.5
Other Parties Involved: Shelley Rouillard Bill Barcelona
Subject Matter and Work Description: Phone call with Bill Barcelona @ CAPG regarding Sept 13 hearing
Time Spent: 0.25 hours

Task Performed

Activity Research
Activity Date 9/15/2006
Amount Billed: \$711
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Researching unfair billing
Time Spent: 4.5 hours

Task Performed

Activity Letter
Activity Date 9/18/2006
Amount Billed: \$158
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Editing unfair billing comments
Time Spent: 1 hours

Task Performed

Activity Research
Activity Date 9/19/2006
Amount Billed: \$474
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Researching other states laws on balance billing
Time Spent: 3 hours

Task Performed

Activity Letter
Activity Date 9/20/2006
Amount Billed: \$79
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Editing unfair billing comments
Time Spent: 0.5 hours

Task Performed

Activity Other
Activity Date 9/20/2006
Amount Billed: \$474
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading articles about Emergency Departments capacity and profitability
Time Spent: 3 hours

Task Performed

Activity Research
Activity Date 9/20/2006
Amount Billed: \$79
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading summary of other states balance billing laws
Time Spent: 0.5 hours

Task Performed

Activity Research
Activity Date 9/21/2006
Amount Billed: \$553
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading client stories for possible clients to testify on balance billing
Time Spent: 3.5 hours

Task Performed

Activity Letter
Activity Date 9/21/2006
Amount Billed: \$316
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing summary of client experiences of unfair billing for testimony at hearing
Time Spent: 2 hours

Task Performed

Activity Research
Activity Date 9/22/2006
Amount Billed: \$316
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Researching other states balance billing laws and incorporating that into comments
Time Spent: 2 hours

Task Performed

Activity Letter
Activity Date 9/22/2006
Amount Billed: \$316
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Editing client stories

Time Spent: 2 hours
Task Performed

Activity Letter
Activity Date 9/22/2006
Amount Billed: \$474
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing and editing unfair billing comments

Time Spent: 3 hours
Task Performed

Activity Letter
Activity Date 9/25/2006
Amount Billed: \$395
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Editing balance billing comments

Time Spent: 2.5 hours
Task Performed

Activity Research
Activity Date 9/26/2006
Amount Billed: \$368
Other Parties Involved: Shelley Rouillard Ann Rubinstein HCA advocates
Subject Matter and Work Description: Conference call with HCA advocates to prepare comments and public testimony

Time Spent: 2 hours
Task Performed

Activity Letter
Activity Date 9/26/2006
Amount Billed: \$129.03
Other Parties Involved: Shelley Rouillard
Subject Matter and Work Description: Review draft comment letter

Time Spent: 0.61 hours
Task Performed

Activity Letter
Activity Date 9/26/2006
Amount Billed: \$79
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Mocking up proposed regulations with changes from our comments and HCA call

Time Spent: 0.5 hours
Task Performed

Activity Research
Activity Date 9/26/2006
Amount Billed: \$158
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading cases or HRH clients with Medi-Cal HMOs looking for balance billing issues

Time Spent: 1 hours
Task Performed

Activity Letter
Activity Date 9/27/2006
Amount Billed: \$51.22
Other Parties Involved: Shelley Rouillard

Subject Matter and Work Description: Review changes to proposed regulations

Time Spent: 0.24 hours

Task Performed

Activity Letter

Activity Date 9/27/2006

Amount Billed: \$316

Other Parties Involved: Ann Rubinstein

Subject Matter and Work Description: Continue to modify proposed balance billing regulations in track changes, with Shelley Rouillard and Maryam Judars comments

Time Spent: 2 hours

Task Performed

Activity Research

Activity Date 9/28/2006

Amount Billed: \$237

Other Parties Involved: Ann Rubinstein

Subject Matter and Work Description: Review cases of clients with Medi-Cal HMOs and emergency billing issues looking for balance billing

Time Spent: 1.5 hours

Task Performed

Activity Letter

Activity Date 10/2/2006

Amount Billed: \$577.5

Other Parties Involved: Shelley Rouillard

Subject Matter and Work Description: Comment letter on proposed regulations

Time Spent: 2.75 hours

Task Performed

Activity Meeting

Activity Date 10/3/2006

Amount Billed: \$368

Other Parties Involved: Shelley Rouillard Ann Rubinstein Maryam Judar

Subject Matter and Work Description: Meeting to review letter, testimony for public hearing 10/4

Time Spent: 2 hours

Task Performed

Activity Telephone Call

Activity Date 10/3/2006

Amount Billed: \$52.5

Other Parties Involved: Shelley Rouillard Elizabeth Landsberg

Subject Matter and Work Description: Phone call with Elizabeth Landsberg at WCLP to coordinate testimony for public hearing 10/4/06

Time Spent: 0.25 hours

Task Performed

Activity Letter

Activity Date 10/3/2006

Amount Billed: \$869

Other Parties Involved: Ann Rubinstein

Subject Matter and Work Description: Editing letter and HRHs proposed version of regulations

Time Spent: 5.5 hours

Task Performed

Activity Hearing

Activity Date 10/4/2006

Amount Billed: \$474
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Attending DMHC unfair billing hearing
Time Spent: 3 hours
Witnesses: Maryam Judar
Task Performed

Activity Letter
Activity Date 11/7/2007
Amount Billed: \$500
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing testimony/ researching bell and prospect
Time Spent: 2.5 hours
Task Performed

Activity Letter
Activity Date 11/13/2007
Amount Billed: \$300
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Finalizing testimony and prepping for hearing
Time Spent: 1.5 hours
Task Performed

Activity Hearing
Activity Date 11/13/2007
Amount Billed: \$600
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Testifying and attending hearing
Time Spent: 3 hours
Witnesses: Ann Rubinstein
Task Performed

Activity Letter
Activity Date 11/13/2007
Amount Billed: \$400
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing comments
Time Spent: 2 hours
Task Performed

Activity Letter
Activity Date 11/15/2007
Amount Billed: \$400
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Finalizing comments
Time Spent: 2 hours
Task Performed

Activity Research
Activity Date 5/7/2008
Amount Billed: \$512.5
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Reading HCAs comments Reading proposed regulation and all referenced regulations
Time Spent: 2.5 hours
Task Performed

Activity Letter
Activity Date 5/19/2008
Amount Billed: \$1230
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Writing comments and testimony
Time Spent: 6 hours

Task Performed

Activity Letter
Activity Date 5/20/2008
Amount Billed: \$410
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Finalizing testimony and prepping for hearing
Time Spent: 2 hours

Task Performed

Activity Hearing
Activity Date 5/20/2008
Amount Billed: \$615
Other Parties Involved: Ann Rubinstein
Subject Matter and Work Description: Testifying at 3rd round of unfair billing hearings in Sacramento
Time Spent: 3 hours
Witnesses: Ann Rubinstein

Contact Information

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Email ann@hrh.org
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PROFESSIONAL EXPERIENCE:

Health Rights Hotline, Legal Services of Northern California, Sacramento, California (1996-2004; 2005-2007)

PROGRAM DIRECTOR. Planned, designed, implemented and directed a privately funded, independent program to assist consumers who have problems with the health care system. Directed all aspects of program development including hiring, training, supervising and evaluating professional staff; writing, soliciting and evaluating Request for Proposals for computerized database system; recruiting Advisory Committee members including representatives of health plans, medical groups, health systems, consumers, purchasers, regulators and other stakeholders; developing educational and promotional materials; conducting presentations to local, state and national organizations; participating in weekly case conferences with all counseling staff, identifying systemic issues and developing strategies to improve the health care system in the greater Sacramento area; authoring reports on consumers' experiences with the health care system; preparing status reports to funders.

California Public Employees Retirement System (CaIPERS), Office of Health Policy and Plan Administration, Sacramento, California (2005)

CHIEF, HEALTH POLICY. Directed health policy development for the Ca Health Benefits Program serving 1.2 million California workers and retirees. Lead a Ca initiative to address the problem of rising hospital costs and improve the quality of care provided in hospitals, known as the Partnership for Change. Secured the Ca Board of Administration endorsement of the California Hospital Assessment and Reporting Task Force (CHART) Project to create a standard, universal hospital quality report card. Represented Ca in various collaborations related to hospital quality and efficiency. Lead the Health Benefits Branch implementation of the Medicare Part D prescription drug benefit for Ca Medicare beneficiaries. Convened and facilitated a workgroup of CaIPERS staff to develop policies and recommendations on Medicare Part D for the CaIPERS Board of Administration. Oversaw the analysis of, and coordinated the Health Benefits Branch response to, proposed state health legislation. Supervised the writing of various issue memos and Board of Administration agenda items on topics such as Medicare Part D, the Partnership for Change, proposed federal legislative priorities and other issues as requested by CaIPERS executive staff.

Rouillard Consulting, Sacramento, California (2001-2004)

OWNER PRINCIPAL. Advised the California Department of Managed Health Care on its outreach program to promote the Independent Medical Review process and successfully contacted numerous organizations and associations on behalf of the Department to create links to the Department's web site. Developed course materials and conducted training sessions on managed health care and consumers' health care rights to various groups including staff at

Shelley Rouillard

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Independent Living Centers serving persons with disabilities, and at the Medi-Cal Managed Care Division of the California Department of Health Services. Advised and assisted in the planning and development of the “Choosing Health Plans Altogether” (CHAT) project conducted by Sacramento Healthcare Decisions. Conducted research and key informant interviews, and wrote a comprehensive report on the impact of the Sacramento County Geographic Managed Care Program and presented the report findings to the Sacramento County Board of Supervisors.

First Health Group Corp. (formerly HealthCare COMPARE Corp.), Sacramento, California (1991-1996)

DIRECTOR, NETWORK OPERATIONS. Developed and maintained hospital and physician networks in 14 Mid-Atlantic and Southern states, the District of Columbia and Puerto Rico for all company product lines including PPO (Group Health and Workers’ Compensation), Point-of-Service program, and other specialty programs including transplant centers of excellence. Member of the Department’s Senior Management Team. Conducted client presentations regarding network development and contracting activities in their areas of interest. Hired, trained, supervised, and mentored a professional team of 22 managers, contract negotiators, and support staff Developed and implemented strategic business plans for network development. Ensured accuracy of the provider database.

REGIONAL MANAGER. Managed a team of contract negotiators and support staff to secure hospital and physician contracts for a national Preferred Provider Organization and on behalf of the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS). Developed and implemented strategic business plans for network development. Hired, trained and supervised professional negotiators and support staff Prepared reports and analyses for hospitals and for senior management. Negotiated complex hospital and physician group contracts. Kept other departments and clients informed on network development.

CONTRACT NEGOTIATOR. Negotiated multi-million dollar contracts with hospital administrators, chief financial officers and/or managed care directors of hospitals. Analyzed the managed care environment in various states, regions, and communities throughout the U.S. Persuaded hospitals and physicians of the benefits of participation in the PPO Network and solicited bid proposals. Analyzed proposed reimbursement rates and contract terms and their impact on the clients’ ability to manage their health care costs. Interpreted and clarified contract language for providers. Prepared contracts and amendments. Coordinated CHAMPUS Network development with commanders of military hospitals. Resolved hospital and physician claims disputes.

California Rural Legal Assistance Foundation, Sacramento, California (1987-1991)

LEGISLATIVE ADVOCATE. Represented low income seniors and persons with disabilities in the California State Legislature. Developed expertise on policy and budget issues related to Medi-Cal, Tn-Home Supportive Services, Adult Protective Services and other health and long term care programs. Developed, sponsored and amended legislation. Testified at committee hearings. Negotiated legislation with various interest groups and state departments, legislators and their staff members, and the Governor. Monitored implementation of legislation. Provided

Shelley Rouillard

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regular updates on legislative issues to statewide organizations. Wrote and edited a monthly newsletter. Developed and updated fact sheets on various public benefit programs.

Community Action Commission, Santa Barbara, California. (1980-1987)

PROGRAM DIRECTOR. Máhaged a 6-site countywide human service program of 10 staff, Represented low income persons and the agency to various city and county officials. Worked with city and county officials to develop new programs and improve existing programs. Represented low income persons on various City, County and private nonprofit Boards and Commissions. Developed budgets and secured funding for the program and agency. Prepared various reports.

PROGRAM COORDINATOR. Negotiated on behalf of clients with various public and private agencies and individuals. Coordinated services of community agencies that serve low income people. Provided direct services to clients.

EDUCATION:

B.A. SOCIAL WORK, Rutgers University, New Brunswick, NJ.

2005 Leadership Fellow, Sie Health Foundation Health Leadership Program, Sacramento, CA.

PUBLICATIONS:

- > **Author,** *Sacramento Geographic Managed Care: Eight Years Later*, November 2003.
- > **Author,** *From Concept to Operation: A Guide to Developing Assistance Programs for Health Care Consumers*, January 2003.
- > **Co-author,** *Denti-Cal Denied: Consumers' Experiences Accessing Dental Services in California's Medi-Cal Program*, December 2002.
- > **Principal Author,** *The Impact of Health Rights Ho/line — Making a Difference for Health Care Consumers through Direct Service, Advocacy and Systemic Change*, June 2001.
- > **Co-author,** *When What's Ailing You Isn't Only Your Health — A Report on the Different Problems Experienced by Persons with Specific Health Conditions as They Navigate the Health Care System*, August 2000.
- > **Co-author,** *Real Problems and Real Solutions — Making the Voices of Health Care Consumers Count*, December 1999.
- > **Co-author,** *Consumers in Managed Care — Problems, Solutions and Lessons Learned from the Health Rights Hotline*, October 1998.

AWARDS:

- > **Patient Advocacy Achievement Award,** California Office of the Patient Advocate, 2005.
- > **Client Advocacy Award,** California Foundation for Independent Living Centers, 1990.



H E A L T H R I G H T S H O T L I N E
INDEPENDENT ASSISTANCE FOR HEALTH CARE CONSUMERS

JOB ANNOUNCEMENT
Program Director

PROJECT DESCRIPTION: The Health Rights Hotline, a project of Legal Services of Northern California (LSNC), is an independent program that helps all health care consumers in the Sacramento metropolitan area understand and exercise their health care rights by providing education and individual assistance to resolve specific health care problems. Through data collected from callers, the Hotline identifies and addresses systemic health care problems in order to improve the health care system for all consumers.

SUMMARY: Under the supervision of the Executive Director of LSNC, oversee all aspects of the Health Rights Hotline operations including the provision of direct services to Hotline callers, consumer education and outreach, data collection and analysis, and systemic advocacy. Secure funding from private and public funders. Act as the primary liaison with a variety of health care stakeholders including health plans and providers, county, state and federal health programs and agencies, policymakers, consumer organizations, and other local agencies. Ensure the integrity of the Hotline's computer database. Represent consumers' interests by participating on various boards, commissions and/or advisory groups.

DUTIES:

PROGRAM MANAGEMENT

1. Oversee the recruitment, hiring, training and evaluation of staff, including management staff, attorneys, counselors, support staff and consultants. Directly supervise management, outreach and policy staff. Assure compliance with LSNC's personnel policies and affirmative action plan. Resolve staff, client, and public grievances. Assure on-the-job training and access to formal training to all staff as appropriate.
2. Oversee the supervision of Hotline counselors and provide direction on individual counseling and education efforts on behalf of health care consumers, ensuring the delivery of high quality services.
3. Oversee the development, implementation, ongoing monitoring, and revision of protocols for case handling, outreach and education, and data analysis and reporting. Ensure the ongoing integrity of the program's computer database.
4. Develop budgets and monitor program expenditures. Ensure the fiscal integrity of the Hotline in conjunction with the Hotline's Office Manager and LSNC Director of Finance.
5. Carry out LSC/LSNC policies and procedures, as well as those of the program funders. Coordinate and consult with the LSNC Executive Director on management issues affecting the program.
6. Ensure adequacy of the physical plant and office equipment in conjunction with the Office Manager.

FUNDRAISING

7. Obtain funding from a variety of sources including public agencies, private foundations, individuals and businesses. Respond to Requests for Proposals; write grant proposals.
8. Prepare and submit reports to funders as necessary for contract compliance and administration.

SYSTEMIC ADVOCACY & COMMUNITY RELATIONS

9. Provide leadership in identifying and addressing problems affecting health care consumers. Oversee the analysis of Hotline data, develop strategies for addressing identified problems and collaborate with the necessary public and private agencies, individuals and organizations to resolve systemic health care problems.
10. Develop and maintain positive working relationships with an array of health care stakeholders including health plans and providers, county, state and federal health programs and agencies, policymakers, consumer organizations, and others.

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11. Represent consumer interests by participating on various public and private agency boards, commissions, task forces and/or advisory groups.
12. Actively participate as a partner with state and national health consumer coalitions including the Health Consumer Alliance (HCA), LSNC Health Task Force, and Health Assistance Partnership (HAP).

EDUCATION AND OUTREACH

13. Direct the development, implementation, and ongoing monitoring of a community outreach and education program. Supervise the Health Education and Outreach Coordinator. Oversee the development of printed educational material.
14. Conduct presentations on a variety of topics, including the Health Rights Hotline model and consumer health care rights, at professional meetings, seminars and conferences.

OTHER DUTIES

15. Attend continuing education and other training seminars.
16. Perform other duties consistent with qualifications.

EXPERIENCE/EDUCATION:

- Minimum 5 years experience managing staff, preferably in a health care or nonprofit setting.
- BA required; law degree or graduate degree in health, management, or other related area preferred.
- Demonstrated leadership, empathy, and sensitivity in dealing with staff, clients, and the public.
- Proven track record in fundraising from both public and private sources.
- Thorough understanding of health care policies and practices for both private and public health care programs.
- Working knowledge of health care policy issues related to employer-based and individual health care coverage, managed health care, Medi-Cal, Medicare, and the uninsured.
- Familiarity with the Sacramento health care system.
- Knowledge of the principles and procedures of formal and informal advocacy for consumers, including administrative agencies, hearing rights, and consumer grievance systems.
- Ability to establish collaborative working relationships with diverse interest groups and stakeholders.
- Experience supervising, training and evaluating staff and resolving personnel issues.
- Knowledge of how to use data to affect policy and systemic changes.
- Ability to present complex information in a clear, comprehensible format both in writing and verbally.
- Ability to work with diverse populations including communities of color, seniors, people with disabilities, persons with limited-English proficiency, and refugees.

SALARY: Commensurate with experience. LSNC offers full health, dental, vision and other benefits.

DEADLINE TO APPLY: May 23, 2005. However, the position will be open until filled.

TO APPLY: Send resume, cover letter and 3 references to Gary Smith, Executive Director, Legal Services of Northern California, 517 12th Street, Sacramento, CA 95814.

PEOPLE OF COLOR, OLDER PERSONS, PEOPLE WITH DISABILITIES AND WOMEN ARE ENCOURAGED TO APPLY.

A BILINGUAL BONUS IS PROVIDED FOR PERSONS EMPLOYED WHO SPEAK A SECOND LANGUAGE, OTHER THAN ENGLISH, COMMONLY SPOKEN BY THE CLIENTS, WHEN THE SECOND LANGUAGE IS USED IN THE JOB FOR WHICH THE PERSON IS EMPLOYED.

AN EQUAL OPPORTUNITY EMPLOYER

Ann Rubinstein

2944 Minna Avenue, Oakland, CA 94619
(510) 295-7760 annrubinstein@gmail.com

EXPERIENCE

Health Rights Hotline

Staff Attorney/ Policy Analyst

Sacramento, CA

9/2006- present

- Provide individual assistance to clients, research client problems, represent clients in hearings
- Identify and analyze systemic issues, comment on proposed regulations

East Bay Community Law Center

Legal Intern

Berkeley, CA

1/2006- 5/2006

- Assisted clients in attaining and retaining public benefits

National Center for Lesbian Rights

Law Clerk

San Francisco, CA

8/2005 - 12/2005

- Advised clients on a variety of Lesbian, Gay, Bisexual, and Transgender (LGBT) concerns
- Researched and wrote memorandum on the effects of the Real ID Act on immigrants and transgender people
- Edited publication on the legal rights of LGBT people in California

American Civil Liberties Union of Northern California

Legal Intern

San Francisco, CA

5/2005 - 8/2005

- Researched and wrote memoranda on juvenile justice, immigration, and LGBT issues
- Assisted with client intake calls concerning civil liberties

Bay Area Legal Aid

Law Clerk

Oakland, CA

6/2004 - 12/2004

- Advised and represented clients in Medi-Cal, CalWORKs, SSI, and Food Stamps cases
- Created a brochure explaining Alameda County's Medically Indigent Services Program
- Researched effects of domestic partnership on public benefits

AmeriCorps, City Year Boston

Facilitator

Boston, MA

8/2001 - 6/2002

- Taught literacy programs in journaling, book making, journalism, and poetry to 100 4th and 5th grade students

Corps Member

- Developed a curriculum taught in a school vacation program for 1,000 children throughout the city of Boston
- Served on Corps Congress Committee to troubleshoot and resolve issues affecting the program

Peace Corps

Teacher

Tata, Morocco

6/1999 - 6/2001

- Taught English as a foreign language (TEFL) to 90 high school students and 40 adults, designed TEFL curricula
- Solicited English-language books from US-based groups; catalogued and shelved 800 books

Community Activist

- Organized, ran and wrote grant proposal for two Take Our Daughters to Work Conferences for 45 girls
- Created and orchestrated two Earth Day Celebrations for 300 citizens

EDUCATION

University of California, Berkeley School of Law (Boalt Hall)

J.D., May 2006

- *Berkeley Journal of Gender, Law & Justice*
- Berkeley Law Foundation - Board member, Auction Committee member
- California Asylum Representation Clinic
- Queer Caucus

University of Massachusetts at Amherst

B.A. *cum laude* in English with Minor in History, May 1999

- Women's Varsity Crew 1995-1999
- University of Massachusetts Summer Seminar at Trinity College, Oxford 1997
- Authored editorials in the *Massachusetts Daily Collegian*



H E A L T H R I G H T S H O T L I N E
INDEPENDENT ASSISTANCE FOR HEALTH CARE CONSUMERS

JOB ANNOUNCEMENT
Health Policy Analyst/Staff Attorney

PROJECT DESCRIPTION: The Health Rights Hotline, a project of Legal Services of Northern California (LSNC), is an independent program that helps all health care consumers in the Sacramento metropolitan area understand and exercise their health care rights by providing education and individual assistance to resolve specific health care problems. Through data collected from callers, the Hotline identifies and addresses systemic health care problems in order to improve the health care system for all consumers.

POSITION DESCRIPTION: Track and analyze current health care law, regulations and procedures to assist in the provision of direct service at the Hotline. Analyze trends of services provided by the Hotline, propose solutions to systemic problems identified, and help implement the solutions. Comment on proposed regulations. Conduct research and write reports on the health care system and Hotline data. Provide direct services to health care consumers.

DUTIES:

Policy Analysis and Systemic Advocacy (70%)

1. Identify and analyze systemic issues through review of Hotline data. Identify trends and propose advocacy strategies for addressing systemic issues. In consultation with the Supervising Attorney and/or Program Director, implement advocacy strategies.
2. Collect and analyze access, quality of care, complaint data, or other relevant information on managed health care plans and/or products serving the Sacramento metropolitan area.
3. Serve as a resource for Hotline counselors on health and managed care issues.
4. Work with regulatory agencies, health plans and private industry groups to collect needed information and address problems with the health care system.
5. Monitor, analyze and summarize regulatory developments that affect the delivery of health care services and the rights of health care consumers. Comment on proposed health care regulations.
6. Monitor, analyze and summarize market or industry developments that may affect the rights of health care consumers in California.
7. Assist in developing targeted educational material, as needed.
8. Coordinate policy advocacy efforts with other health advocates, including LSNC advocates.

Individual Casework (30%)

1. Provide individual assistance to consumers by staffing the Hotline; research and investigate consumers' problems, work with health plans, health care providers, regulatory agencies, employers/purchasers, and other entities as appropriate.
2. Enter consumer case information into the computerized case management database. Ensure the accuracy and integrity of the information entered into the database.
3. Determine the nature of the consumer's informational needs or problem. Advise or refer as appropriate within established protocols, procedures, and program guidelines.
4. Prepare routine correspondence, as well as complex advice and appeal letters.
5. Participate in weekly case review meetings and staff meetings. Attend and participate in training sessions both within the program and from external sources.
6. Represent health care consumers in administrative hearings, as appropriate.

7. Conduct educational presentations to community groups and agencies about the health care system and health care rights.
8. Perform additional duties as assigned consistent with qualifications.

SKILLS:

1. Ability to diagnose problems, and analyze and research complex situations, including conducting legal research.
2. Superior analytic, writing and interpersonal skills.
3. Demonstrated knowledge of managed care, culturally appropriate health care delivery, and/or data analysis is highly desired.
4. Experience in consumer advocacy, negotiation, and problem solving.
5. Ability to work collaboratively with other advocates on areas of mutual interest.
6. Ability to work professionally and cooperatively with health plan and medical group representatives, regulatory agencies, health care providers and others to resolve consumer concerns.
7. Ability to interview consumers in a professional and courteous manner, understand and empathize with their concerns, investigate complaints, and use sound judgement in resolving consumer concerns.
8. Ability to calmly and patiently work with persons experiencing a high level of stress and anxiety.
9. Ability to handle a high volume of activity timely, efficiently and professionally.
10. Excellent computer skills.
11. Ability to present complex information in an easy-to-understand manner.
12. Ability to work cooperatively as a member of a team.
13. Ability to work with and relate to diverse populations, including seniors, persons with disabilities and Limited English Proficient persons.

EDUCATION/EXPERIENCE: An active member of the California State Bar. Minimum two years experience in public interest advocacy preferred. Computer literacy required. Basic understanding of health care systems, particularly managed care systems, highly desirable. Fluency in Spanish, Russian, Hmong, or Vietnamese is desirable, but not required.

SALARY: \$2,632-\$3,303 per month DOE. LSNC offers full health, dental, vision coverage; law school loan repayment assistance; and other benefits

TO APPLY: Send resume, cover letter and 3 references to Shelley Rouillard, Program Director, Health Rights Hotline, 519 12th Street, Sacramento, CA 95814.

DEADLINE TO APPLY: June 30, 2006. However, the position will remain open until filled.

PEOPLE OF COLOR, OLDER PERSONS, PEOPLE WITH DISABILITIES AND WOMEN ARE ENCOURAGED TO APPLY.

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AN EQUAL OPPORTUNITY EMPLOYER

**HEALTH RIGHTS HOTLINE
DMHC Consumer Participation Program Fee Request
Unfair Billing Practices Regulation**

Activity	Other Parties Involved in Proceeding	Subject Matter and Work Description	Date of Activity	Staff	Exact Time Spent (HOUR)	Amount Billed for Task	Hourly Rate	Name of Witness
Document Review		Review notice of public comment period; statement of reasons.	8/27/2006	SRL	0.32	\$66.73	\$210.00	
Meeting	Ann Rubinstein	Meeting with Ann to discuss unfair billing regulation and provide direction for her analytical work	9/8/2006	SRL	1.00	\$210.00	\$210.00	
Document Review		Reading unfair billing information	9/8/2006	ANN	4.00	\$632.00	\$158.00	
Meeting	Shelley Rouillard	Meeting with Shelley to discuss unfair billing	9/8/2006	ANN	1.00	\$158.00	\$158.00	
Document Review		Reading and researching unfair billing	9/11/2006	ANN	4.50	\$711.00	\$158.00	
Data Analysis		Reading through old HRH cases looking for unfair billing issues/ stories	9/12/2006	ANN	3.00	\$474.00	\$158.00	
Legal Research		Reading cases, regulations and Knox-Keene	9/12/2006	ANN	2.50	\$395.00	\$158.00	
Letter		Writing and editing unfair billing comments	9/13/2006	ANN	4.50	\$711.00	\$158.00	
Document Review		Read proposed regulation	9/14/2006	SRL	1.00	\$210.00	\$210.00	
Document Review		Review regulations	9/14/2006	SRL	0.50	\$105.00	\$210.00	
Meeting	Ann Rubinstein	Meet with Ann to discuss draft comments on reg	9/14/2006	SRL	0.89	\$185.97	\$210.00	
Phone Call	Bobbie Reagan	Called Bobbie Reagan re how HMO Help Center addresses these problems now	9/14/2006	SRL	0.25	\$52.50	\$210.00	
Document Review		Research	9/14/2006	ANN	2.75	\$434.50	\$158.00	
Meeting	Shelley Rouillard	Meeting with Shelley to discuss Unfair Billing	9/14/2006	ANN	0.75	\$118.50	\$158.00	
Phone Call	Bill Barcellona	Phone call with Bill Barcellona @ CAPG regarding Sept 13 hearing	9/15/2006	SRL	0.25	\$52.50	\$210.00	
Legal Research		Researching unfair billing	9/15/2006	ANN	4.50	\$711.00	\$158.00	
Letter		Editing unfair billing comments	9/18/2006	ANN	1.00	\$158.00	\$158.00	
Legal Research		Researching other state's laws on balance billing	9/19/2006	ANN	3.00	\$474.00	\$158.00	

**HEALTH RIGHTS HOTLINE
DMHC Consumer Participation Program Fee Request
Unfair Billing Practices Regulation**

Activity	Other Parties Involved in Proceeding	Subject Matter and Work Description	Date of Activity	Staff	Exact Time Spent (hour)	Amount Billied for Task	Hourly Rate	Name of Witness
Letter		Editing unfair billing comments	9/20/2006	ANN	0.50	\$79.00	\$158.00	
Document Review		Reading articles about Emergency Departments capacity and profitability	9/20/2006	ANN	3.00	\$474.00	\$158.00	
Legal Research		Reading summary of other states' balance billing laws	9/20/2006	ANN	0.50	\$79.00	\$158.00	
Document Review		Reading client stories for possible client to testify on balance billing	9/21/2006	ANN	3.50	\$553.00	\$158.00	
Letter		Writing summary of client experiences of unfair billing	9/21/2006	ANN	2.00	\$316.00	\$158.00	
Legal Research		Researching other state balance billing law and incorporating that into proposed regs	9/22/2006	ANN	2.00	\$316.00	\$158.00	
Letter		Editing client stories	9/22/2006	ANN	2.00	\$316.00	\$158.00	
Letter		Writing and editing unfair billing comments	9/22/2006	ANN	3.00	\$474.00	\$158.00	
Letter		Editing balance billing comments	9/25/2006	ANN	2.50	\$395.00	\$158.00	
Conference Call		Conference Call with HCA Advocates to prepare comments and public testimony	9/26/2006	SRL	1.00	\$210.00	\$210.00	
Letter		Review draft comment letter	9/26/2006	SRL	0.61	\$129.03	\$210.00	
Conference Call		HCA call about upcoming balance billing hearings	9/26/2006	ANN	1.00	\$158.00	\$158.00	
Letter		Mocking up proposed regulations with changes from our comments and HCA call	9/26/2006	ANN	0.50	\$79.00	\$158.00	
Document Review		Reading cases of HRH clients with Medi-cal HMOs looking for balance billing issues	9/26/2006	ANN	1.00	\$158.00	\$158.00	
Document Review		Review changes to proposed regulations	9/27/2006	SRL	0.24	\$51.22	\$210.00	
Letter		Continuing to modify proposed balance bill regulations in track changes, with Shelley and Maryam's comments	9/27/2006	ANN	2.00	\$316.00	\$158.00	
Document Review		Review cases of clients with Medi-cal HMOs and emergency billing issues looking for balance billing	9/28/2006	ANN	1.50	\$237.00	\$158.00	

**HEALTH RIGHTS HOTLINE
DMHC Consumer Participation Program Fee Request
Unfair Billing Practices Regulation**

Activity	Other Parties Involved in Proceeding	Subject Matter and Work Description	Date of Activity	Staff	Exact Time Spent (hour)	Amount Billed for Task	Hourly Rate	Name of Witness
Letter		Comment letter on proposed regulations	10/2/2006	SRL	2.75	\$577.50	\$210.00	
Meeting	Ann Rubinstein, Maryam Judar	Meeting with Ann, Maryam to review letter, testimony for public hearing on 10/4	10/3/2006	SRL	1.00	\$210.00	\$210.00	
Phone Call	Elizabeth Landsberg	Phone call with Elizabeth Landsberg at WCLP to coordinate testimony for public hearing 10/4/06	10/3/2006	SRL	0.25	\$52.50	\$210.00	
Meeting	Shelley Rouillard, Maryam Judar	Meeting with Shelley and Maryam to edit letter and discuss tomorrow's meeting	10/3/2006	ANN	1.00	\$158.00	\$158.00	
Letter		Editing letter and HRH proposed version of regulations	10/3/2006	ANN	5.50	\$869.00	\$158.00	
Meeting		Attending DMHC unfair billing hearing	10/4/2006	ANN	3.00	\$474.00	\$158.00	
Letter		writing testimony/ researching bill and prospect	11/7/2007	ANN	2.50	\$500.00	\$200.00	
Public Hearing		testifying and attending hearing	11/13/2007	ANN	3.00	\$600.00	\$200.00	
Presentation		prepping for hearing	11/13/2007	ANN	1.50	\$300.00	\$200.00	
Letter		writing comments	11/13/2007	ANN	2.00	\$400.00	\$200.00	
Letter		Finalizing comments	11/15/2007	ANN	2.00	\$400.00	\$200.00	
Document Review		Reading HCAs comments; Reading reg- and all referenced regsr	5/7/2008	ANN	2.50	\$512.50	\$205.00	
Letter		Writing comments and testimony	5/19/2008	ANN	6.00	\$1,230.00	\$205.00	
Letter		Prepping for hearing	5/20/2008	ANN	2.00	\$410.00	\$205.00	
Public Hearing		Testifying at 3rd round unfair billing hearing in Sacramento	5/20/2008	ANN	3.00	\$615.00	\$205.00	
TOTAL					100.56	\$17,508.45		