



## Application for an Award of Advocacy and Witness Fees

**Entity Name:** California Pan-Ethnic Health Network  
**Proceeding:** Guidance Related to Premium Rate Filings  
**Date Submitted:** 6/22/2011 5:18:10 PM  
**Submitted By:** Caroline Sanders  
**Application version:** Original App

1. For which proceeding are you seeking compensation?

Guidance Related to Premium Rate Filings

2. What is the amount requested?

\$1,000.00

3. Proceeding Contribution:

Provide a description of the ways in which your involvement made a substantial contribution to the proceeding as defined in California Code of Regulations, Title 22, Section 1010(b)(8), supported by specific citations to the record, your testimony, cross-examination, arguments, briefs, letters, motions, discovery, or any other appropriate evidence.

CPEHN was a member of a consumer coalition focused on successful implementation of SB 1163 in California. As a member of the coalition which included AARP, CALPIRG, Consumers Union and Health Access, CPEHN attended strategy meetings and conference calls, reviewed sign-on letters and memos and provided specific comments with respect to implementation of SB 1163. Our background and expertise in cultural and linguistic access allowed us to provide specific comments on the state guidance document including appropriate language regarding translated notices to consumers.

4. Please attach your Time and Billing Record in the "Add Attachment" box below. If you do not have your own Time and Billing Record, please use the [DMHC template](#).

Document Name	Date Uploaded	Uploaded By	
CPEHN SB 1163 Work Log	6/22/2011 5:16:32 PM	Caroline Sanders	<a href="#">View</a>

I am authorized to certify this document on behalf of the applicant. By entering my name below, I certify under penalty of perjury under the laws of the State of California that the foregoing statements within all documents filed electronically are true and correct and that this declaration was executed at Oakland (City), CA (State), on June 22, 2011.

Enter Name: Caroline Sanders

**CPEHN  
SB 1163 work log**

- Feb. 28<sup>th</sup> – 1 hour      Participate in conference call with DMHC
- March 23<sup>rd</sup> – ½ hour      Review and sign onto memo on rate review to Secretary Diana Dooley,  
Health and Human Services Agency Under-Secretary David Maxwell-  
Jolley, Health and Human Services Agency
- April 26<sup>th</sup> – ½ hour      Review and sign onto April 29<sup>th</sup> letter: Comments re: Draft Guidance  
Letter No. 8-K concerning SB 1163
- May 5<sup>th</sup> & 6<sup>th</sup> – 2 hrs      Review and sign onto letter, provide specific comments on draft forms re:  
translated notices to consumers.

**Total hours = 4 @ \$250/hr = \$1,000**