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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>Blue Cross and Blue Shield of Florida, Inc.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>4800 Deerwood Campus Parkway (DCC 3-4)</u>			
3. Principal Place of Business (if different from line 2) City: <u>Jacksonville</u> State/Zip (or Country) <u>Florida 32246</u>			
4. Contact Name <u>Michael R. Hightower</u>	Telephone <u>(904) 905-6268</u>	E-mail (optional)	5. Senate ID # <u>6382-12</u>
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # <u>31400000</u>

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December)
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇒ Termination Date _____11. No Lobbying **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>\$280,000</u> Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature 

Printed Name and Title Michael R. Hightower, Vice President, Govt. and Legislative

LD-2 (REV. 6/98)

P

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Medicare Contractor Funding
Labor, HHS Appropriations Bills -- Medicare contractor funding only
Medicare + Choice funding/ end stage renal disease pilot project

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House
U.S. Senate
CMS

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	
Cyrus Jollivette	
Marilyn Thompson	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Healthcare Reform - General, uninsured, insurance reform, guarantee issue, i ket reform

"Patients' Bill of Rights Act" (H.R. 2315); "Bipartisan Patient Protection A 2563/S. 1052) entire bills

"Small Business Health Fairness Act" (H.R. 1774/S. 858) AHPs, MEWAs
"Health Plan Purchasing Alliance Act"(S. 2035)

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Jeffry R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (cont). (one per page)

16. Specific lobbying issues

"Mental Health Equitable Treatment Act" (S. 543) entire bill, mental health
Trade Adjustment Act, Trade Promotion Authority- sections pertaining to health
"Genetic Discrimination" (H.R. 602/S. 1995) entire bill
DOL Claims Rule
FEHBP benefits, Cost Accounting Standards with regard to FEHBP
"Administrative Simplification Compliance Act" (H.R. 3323) entire bill
Tax Credits for the purchase of health insurance (H.R. 2666); (H.R. 154)(H.R.
"Small Business Health Insurance Affordability Act (H.R. 5174)

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

Physician anti-trust, physician collective bargaining -- no bill

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House
U.S. Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
<u>Jeffry R. Wollitz</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

- "Medicare Reform Act" (S. 1135) - entire bill
- "Medicare Appeals, Regulatory, and Contracting Improvement Act" (S. 1738) - entire bill
- "Medicare Regulatory and Contracting Reform Act" (H.R. 3391) - entire bill
- Medicare reform, Medigap reform, Medicare+Choice, Medicare Contractor reform, contractor liability, Medicare prescription drug benefit,
- "Medicare Prescription Drug Benefit Act" (S. 2729) - entire bill
- "Medicare Modernization and Prescription Drug Benefit Act" (H.R. 4954)
- Medicare Secondary Payer

17. House(s) of Congress and Federal agencies contacted Check if None

- U.S. Senate
- U.S. House

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide information as requested. Attach additional page(s) as needed.

15. General issue area code PHA (one per page)

16. Specific lobbying issues

"Greater Access to Affordable Pharmaceuticals Act of 2001" (S. 812)
"Access to Pharmaceuticals/Generics Act" (H.R. 1862)
Pharmaceutical costs
Prescription Drugs

17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House
U.S./Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature _____ Date _____

Printed Name and Title _____

Registrant Name BCBS of Florida Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
See attachment A	See Attachment A	See Attachment A

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the registrant affiliated organization

Signature _____

Date _____

Signature _____

Printed Name and Title _____

Form LD-2 (Rev. 6/98)

Page _____

Attachment A

Affiliated Organizations

25. Add the following affiliated organizations

<u>Name</u>	<u>Address</u>	<u>Principle Place of Business</u>
First Coast Service Options, Inc.	532 Riverside Avenue Jacksonville, FL. 32202	Jacksonville, FL.
Florida Combined Life Insurance Company, Inc.	8665 Baypine Road Jacksonville, FL. 32256	Jacksonville, FL.
Health Options, Inc.	P.O. Box 44165 Jacksonville, FL. 32231	Jacksonville, FL.
Navigy, Inc.	4800 Deerwood Campus Parkway Jacksonville, FL. 32246	Jacksonville, FL.
Tri Centurion, LLC	300 Arbor Lake Drive Suite 800 Columbia, SC 29202-3282	Columbia, SC
Trammell and Company	1220 19th Street, N.W. Suite 804 Washington D.C. 20036	Washington D.C.
Jorden Burt LLP	1025 Thomas Jefferson St. Suite 400 East Washington D.C. 20007-0805	Washington D.C.

