

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE  
04 AUG 16 AM 10:47

## 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	Telephone	E-mail (optional)	5. Senate ID #
<u>Michael R. Hightower</u>	<u>(904) 905-6072</u>		<u>6382-12</u>
7. Client Name	<input checked="" type="checkbox"/> Self		6. House ID #
			<u>31400000</u>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec)

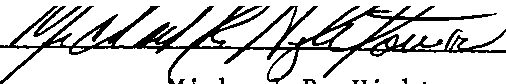
9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></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><b>13. Organizations</b></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>320,000</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definit</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603: 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 Legi. Relations

LD2 (REV. 6/98)

P.

Name BCBS of Florida

Client Name \_\_\_\_\_

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the n  
gaged 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 BUD (one per page)

16. Specific lobbying issues

Medicare Contractor Funding  
Labor, HHS Appropriations -- sections pertaining to Medicare contractor fu  
Funding for "Drug Comparative Effectiveness Research"

17. House(s) of Congress and Federal agencies contacted

Check if None

U.S. House  
U.S. Senate  
Centers for Medicare and Medicaid Services

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

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

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 information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

- Association Health Plans: S. 545 & H.R. 660 "Small Business Health Fairness Act"
- BCBSA Uninsured Proposals (no bill)
- Uninsured Issues
- Patient Safety: S. 720 "Medical Safety Bill" and H.R. 877 "Patient Safety Improvement Act"
- Medical Malpractice: H.R. 5 "Malpractice Liability Bill" and S. 11 "Medical Malpractice Liability Bill"
- Genetic Nondiscrimination
- HIPAA Privacy Issues

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

- U.S. House
- U.S. Senate
- Department of Health and Human Services

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 HCR (cont) (one per page)

16. Specific lobbying issues

- Health IT Issues
- Federal Insurance Regulation
- TAA: Amendment to FSC/ETI Bill
- HSAs: H.R. 3901 "Amend IRS Code of 1986 to allow a deduction for premiums for high cost self-insured health plans required with respect to health savings accounts" and Treasury HSA Ruling 2004-50
- S. 486 "Senator ~~Paul~~ Wellstone Mental Health Equitable Treatment Act of 2003"
- Patients' Bill of Rights

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

- U.S. House
- U.S. Senate
- Department of Treasury
- Department of HHS

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 the information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

SEHBP: Small Employer Health Benefit Plan proposals  
FEHBP Cost Accounting Standards  
H.R. 3751 and S. 2657 "Federal Employee Dental and Vision Benefits Enhancement Act of 2011"  
Health Savings Accounts in FEHBP

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

- U.S. House
- U.S. Senate
- Dept. of HHS
- Dept. of Treasury

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 MMM (one per page)

16. Specific lobbying issues

Medicare Modernization Act (H.R. 1 and S. 1)

Medicare Regions

Medicare Advantage Program

Medicare Contractor Reform

S. 1369, "a bill to ensure that prescription drug benefits offered to Medicare enrollees in the FEHBP are at least equal to the actuarial value of prescription drug benefits offered to enrollees under the plan generally."

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

U.S. House

U.S. Senate

Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Jeffrey R. Wollitz	HHS Secretary Tommy 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 registrant 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 PHA (one per page)

16. Specific lobbying issues

Medicare Modernization Act -- sections pertaining to drug issues  
Drug Comparative Effectiveness Research

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 Bus (city and state or cot
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 registrar affiliated organization

Signature \_\_\_\_\_

Date \_\_\_\_\_

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.

