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04 AUG 11 PM 1:14

LOBBYING REPORT

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

1. Registrant Name BlueCross BlueShield of Tennessee			
2. Address <input type="checkbox"/> Check if different than previously reported 85 North Danny Thomas Blvd.			
3. Principal Place of Business (if different from line 2) Memphis TN 38103 City: State/zip (or Country)			
4. Contact Name Calvin Anderson	Telephone (901) 544-2105	E-mail (optional) calvin_anderson@bcbst.com	5. Senate ID # 6440-12
7. Client Name <input type="checkbox"/> Self Calvin Anderson			6. House ID # 33435003

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)	\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000.00</u> Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate ex accounting method. See instructions for description of
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definiti
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature

Calvin Anderson

Date

8/2/04

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which th engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each co** 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 - LHHS Appropriations

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

House of Representatives
Senate
Center for Medicare and Medicaid Services (CMS)

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date 8/2/04

Printed Name and Title Calvin Anderson, Vice President, Federal & Community Relations

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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

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

16. Specific lobbying issues

AHPS (Association Health Plans) (HR.660)
Small Business Health and Fairness Act of 2003 (S.545)
HSA (Health Savings and Affordability Act)
Patient Safety (S.720)
Medical Malpractice Liability (HR.5/S.11)

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

House of Representatives
Senate
HHS (Health and Human Services)
Treasury Department

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

Name	Covered Official Position (if applicable)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date 8/2/04

Printed Name and Title Calvin Anderson, Vice President, Federal & Community Relations

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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

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

16. Specific lobbying issues

MMA (Medicare Modernization Act) (S.1) (HR.1)
Medicare Regulatory and Contracting Reform
Medicaid Regions

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

House of Representatives
Senate
HHS (Health and Human Services)
CMS (Center 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)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date 8/2/04

Printed Name and Title Calvin Anderson, Vice President, Federal & Community Relations

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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

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

16. Specific lobbying issues

MMA (Medicare Modernization Act) - Prescription Drugs

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

House of Representatives
Senate
CMS (Center 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)
Calvin Anderson	Vice President

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

Signature Calvin Anderson Date 8/2/04

Printed Name and Title Calvin Anderson, Vice President, Federal & Community Relations

Registrant Name BlueCross BlueShield of Tennessee Client Name Calvin Anderson

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 Bu (city and state or co

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 Calvin Anderson Date 8/2/04

