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LOBBYING REPORT

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

1. Registrant Name Health Policy Source, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 16625 Dove Canyon Road, Ste. 102-412, San Diego, CA 92127			
3. Principal Place of Business (if different from line 2) Washington DC City: State/zip (or Country)			
4. Contact Name Monica Tencate	Telephone (858) 618-5525	E-mail (optional) mtencate@healthpolicysource.com	5. Senate ID # 74135-137
7. Client Name <input type="checkbox"/> Self American Healthways			6. House ID # 36052004

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

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 checked="" type="checkbox"/> ⇔ \$ <u>60,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ 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 expected accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Monica Tencate

Signature _____ Date _____

Printed Name and Title _____
Monica Tencate, President

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Health Policy Source, Inc. Client Name American Healthways

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

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

16. Specific lobbying issues

Issues relating to coverage of disease management services under the Medicare program.

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

Centers for Medicare & Medicaid Services
Department of Health & Human Services
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)
Monica Tencate	
Daniel Boston	

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

Signature Monica Tencate Date 08-12-04

Printed Name and Title Monica Tencate, President

Form LD-2 (Rec. 4/03)

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