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LOBBYING REPORT

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

1. Registrant Name BlueCoss BlueShield of Tennessee			
2. Address <input type="checkbox"/> Check if different than previously reported 85 N. Danny Thomas Blvd.			
3. Principal Place of Business (if different from line 2) City: Memphis, State/Zip (or Country) Tennessee 38103			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Calvin Anderson	(901) 544-2105	Calvin_Anderson@bcbst.com	6440
7. Client Name <input type="checkbox"/> Self Calvin Anderson			6. House ID # 33431

TYPE OF REPORT 8. Year 2002 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

<p>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>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>20,000.00</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 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

Calvin Anderson

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

LD-2 (REV. 6/98)

Registrant Name BlueCoss BlueShield of Tennessee Client Name Calvin Anderson

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 BUD (one per page)

16. Specific lobbying issues

Medicare Contracting Funding

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

House
Senate
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 February 7, 2003

Registrant Name BlueCoss BlueShield of Tennessee Client Name Calvin Anderson

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

AHPs (Association Health Plans)
PBOR (Patients' Bill of Rights) HR 2315
Patients Protection Act HR 2563 S. 2052
Tax Credit for Purchase of Health Insurance
HIPAA HR 3323

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

House
Senate
DOL
HHS

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 2/7/03

Registrant Name BlueCoss BlueShield of Tennessee Client Name Calvin Anderson

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 MMM (one per page)

16. Specific lobbying issues

Medicare Reform Act S. 1135
Medicare Regulatory and Contracting Improvement Act S. 1738

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

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

Signature Calvin Anderson Date 2/7/03

Registrant Name BlueCoss BlueShield of Tennessee Client Name Calvin Anderson

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 PHA (one per page)

16. Specific lobbying issues

Access to Affordable Pharmaceuticals Act S. 812
Prescription Drugs

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

House
Senate

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 2/7/03

Registrant Name BlueCoss 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

Ron Harr

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 cou

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 registra affiliated organization

Signature Calvin Anderson

Date February 7,

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

Form LD-2 (Rev. 6/98)

Page