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SECRETARY OF -
03 AUG 26 AM**LOBBYING REPORT**

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

1. Registrant Name ACHP, INC.			
2. Address <input type="checkbox"/> Check if different than previously reported 2000 M ST. NW, SUITE 201, WASHINGTON, DC 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name PATRICIA P. SMITH	Telephone (202) 785-2247	E-mail (optional) PSMITH@ACHP.ORG	5. Senate ID # 502
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 346

TYPE OF REPORT 8. Year 2003 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 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>202,000.00</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



Printed Name and Title

PATRICIA P. SMITH, SR. VP, POLICY & GOV'T AFFAIRS

LD-2 (REV. 6/98)

P.

Registrant Name ACHP, INC. Client Name _____

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

FY 2004 FEDERAL BUDGET: HEALTH CARE, MEDICARE, AND MEDICAID

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

SENATE AND HOUSE OF REPRESENTATIVES, OFFICE OF MANAGEMENT AND BUDGET, DEPARTMENT OF HEALTH AND HUMAN SERVICES, CENTERS FOR MEDICARE AND MEDICAID SERVICES, AGENCY FOR HEALTH CARE RESEARCH AND QUALITY, WHITE HOUSE/EXECUTIVE OFFICE OF THE PRESIDENT, CONGRESSIONAL BUDGET OFFICE, AND MEDPAC

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

Name	Covered Official Position (if applicable)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	

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

Signature *Patricia P. Smith* Date 8.14.03

Registrant Name ACHP, INC. Client Name _____

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

ALL PROVISIONS RELATING TO HEALTH PLANS AND PROVIDER GROUPS IN THE FOLLOWING BILLS:
S. 720 "PATIENT SAFETY AND QUALITY IMPROVEMENT ACT"
H.R. 663 "PATIENT SAFETY AND QUALITY IMPROVEMENT ACT"
H.R. 877 "PATIENT SAFETY IMPROVEMENT ACT"

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

SENATE
HOUSE OF REPRESENTATIVES
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)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	

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

Signature *Patricia P. Smith* Date 8-14-03

Registrant Name ACHP, INC. Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the 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

LEGISLATIVE: H.R. 2033 "MEDICARE EQUITY AND ACCESS ACT" H.R. 1 "MEDICARE PRESCRIPTION DRUG AND MODERNIZATION ACT OF 2003" S.1 "PRESCRIPTION DRUG AND MEDICARE IMPROVEMENT ACT OF 2003" REGULATORY: MEDICARE+CHOICE PROGRAM, INCLUDING RISK ADJUSTMENT, QUALITY ASSURANCE, PRESCRIPTION DRUG COVERAGE, AND PAYMENT

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

SENATE AND HOUSE OF REPRESENTATIVES OFFICE OF MANAGEMENT AND BUDGET DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE AND MEDICAID SERVICES WHITE HOUSE/EXECUTIVE OFFICE OF THE PRESIDENT CONGRESSIONAL BUDGET OFFICE MEDPAC

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

Name	Covered Official Position (if applicable)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	

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

Signature *Patricia P. Smith* Date 8.14.03

Registrant Name ACHP, INC. 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 Bu (city and state or cc

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 bus.ness (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 *Robert P. Smith* Date 8-14-03

Printed Name and Title PATRICIA P. SMITH, SR. VP, POLICY & GOV'T AFFAIRS

Form LD-2 (Rev. 6/98)

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