

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

SECRETARY OF THE SENATE

99 JUL 14 AM 11:48

H.D.

LOBBYING REPORT

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

1. Registrant Name BCBSM, INC (32499000)			
2. Address <input type="checkbox"/> Check if different than previously reported PO Box 64560, Mail Station 3--7			
3. Principal Place of Business (if different from line 2) City: St. Paul State/Zip (or Country) Minnesota 55164			
4. Contact Name Robert Hillis	Telephone (651)662-8029	E-mail (optional)	5. Senate ID # 5687-12
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID #

TYPE OF REPORT 8. Year 1999 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 Activity

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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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>21,545.00</u> <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature _____

Printed Name and Title Thomas Lehman, Director, Legislative Affairs

Registrant Name BCBSM, INC Client Name Self

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 HCR (one per page)

16. Specific lobbying issues

Medical Records

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)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature



Date

Printed Name and Title Thomas Lehman, Director Legislative Affairs

Registrant Name BCBSM, Inc. Client Name Self

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.

General issue area code MMM (one per page)

Specific lobbying issues

Medicaid Reform and Related Legislation
Medicare Reform

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

Senate
House

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

Name	Covered Official Position (if applicable)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____

Printed Name and Title Thomas Lehman, Director, Legislative Affairs

Registrant Name BCBSM Client Name Self

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.

General issue area code Gov (one per page)

Specific lobbying issues

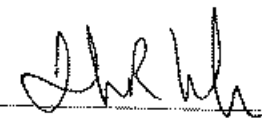
- Lobbying Reform
- Federal Employees Health Benefits Program

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

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

Name	Covered Official Position (if applicable)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____

Name and Title Thomas Lehman Director, Legislative Affairs

Registrant Name BCBSM Client Name Self

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.

5. General issue area code Tax (one per page)

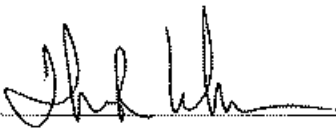
5. Specific lobbying issues Taxation and Health Plans

7. House(s) of Congress and Federal agencies contacted Check if None
House _____
Senate _____

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

Name	Covered Official Position (if applicable)	Now
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____
Printed Name and Title Thomas Lehman Director, Legislative Affairs

Registrant Name BCBSM Client Name Self

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.

5. General issue area code INS (one per page)

6. Specific lobbying issues

Insurance Reform
Managed Care Issues

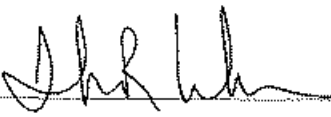
7. House(s) of Congress and Federal agencies contacted Check if None

House
Senate

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

Name	Covered Official Position (if applicable)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature:  Date: _____
Printed Name and Title: Thomas Lehman, Director, Legislative Affairs

Registrant Name BCBSM Client Name Self

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.

3. General issue area code ...LBB... (one per page)

3. Specific lobbying issues

Anti-Trust Issues for Providers

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

House
Senate

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

Name	Covered Official Position (if applicable)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____
Printed Name and Title Thomas Lehman, Director, Legislative Affairs

Registrant Name BCBSM Client Name Self

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 BUD (one per page)

16. Specific lobbying issues

Funding for Medicare Contractors

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)	New
Thomas Lehman	Director, Legislative Affairs	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date _____

Printed Name and Title Thomas Lehman, Director, Legislative Affairs