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LOBBYING REPORT

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

1. Registrant name Greenberg Traurig, LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 800 Connecticut Avenue, NW Suite 500 Washington DC 20006 US			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Ms. Nancy E. Taylor	b. Telephone number 202-331-3133	c. E-mail taylor@gtlaw.com	5. Senate ID # 16896-495
7. Client Name <input type="checkbox"/> Self New York Health Plan Association, Inc.			6. House ID # 31595297

TYPE OF REPORT 8. Year 2005 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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</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 type="checkbox"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options:</p> <p><input 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 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Revenue Code</p>
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Edit Form >

Signature *Christine Schaut* Date 2/14/2006

Printed Name and Title Christine Schaut - Business Director

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Registrant Name Greenberg Traurig, LLP

Client Name New York Health Plan Association, Inc.

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 code** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Issues related to Medicaid Managed Care and payment.

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

House of Representatives
Senate

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

Name	Covered Official Position (if applicable)
Nancy E. Taylor	
Harold Iselin	
Holly Rocco	

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

Signature _____

Date _____

Printed Name and Title Christine Schaut - Business Director

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