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LOBBYING REPORT

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

1. Registrant Name <u>Valerie Wilbur</u> <u>The Wilbur Group</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>801 Pennsylvania Ave., NW</u> Suite 245			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20004</u>			
4. Contact Name <u>Valerie Wilbur</u>	Telephone	E-mail (optional)	5. Senate ID # <u>50216</u>
7. Client Name <input type="checkbox"/> Self <u>Health Plan of Nevada</u>			6. House ID # <u>34676</u>

TYPE OF REPORT 8. Year 2004 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"/> ⇒ \$ <u>17,000</u> 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 type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definit</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 Valerie Wilbur

Printed Name and Title Valerie Wilbur, Principal

LD-2 (REV. 6/98)

P.

Registrant Name The Wilbur Group Client Name Health Plan of Nevada

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 MMM (one per page)

16. Specific Lobbying Activities

Worked primarily with the Centers for Medicare and Medicaid on a provision of the Medicare Modernization Act called Medicare Advantage Special Needs Plans for Special Needs Individuals. Developed recommendation regarding this provision, met with CMS staff to better understand the scope of CMS' authority in implementation of the provision and worked with CMS and researchers to determine how the Special Needs plan and beneficiary categories could be defined within the limits of existing Medicare data. Recommendations to CMS on Special Needs Plans will also address other areas for enhancing this provision such as transition vehicle for frail elderly and dual eligible demonstrations to become permanent programs such as performance criteria, payment methods and administration and oversight rules. Also corresponded with CMS to encourage authority for one final extension of Social HMO waiver authority through 2007, consistent with the phase-in period for the new MA risk adjusted payment system.

17. Houses of Congress and Federal Agencies Contacted

Centers for Medicare and Medicaid Services
United States Senate
United States House of Representatives

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

Name	Covered Official Position (if applicable)
Valerie Wilbur	

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

Signature [Handwritten Signature] Date 8/11/04

Printed Name and Title Valerie Wilbur, Principal

Form LD-2 (Rev.6/98)

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