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02 FEB 28 PM 12:

## LOBBYING REPORT

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

1. Registrant Name Harold Ford and Company, L.L.C.			
2. Address <input type="checkbox"/> Check if different than previously reported 6060 Poplar Avenue, Suite 150			
3. Principal Place of Business (if different from line 2) City: Memphis State/Zip (or Country) Tennessee 38119			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Harold Ford	(901) 685-1200	hford@hfordgroup.com	15122
7. Client Name <input type="checkbox"/> Self			6. House ID #
Medical Care Management Company			338161

**TYPE OF REPORT** 8. Year 2001 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 October 2001

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.
	<input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(c) Internal Revenue Code

Signature



Printed Name and Title

Harold Ford, President



Registrant Name Harold Ford and Company, L.L.C. Client Name Medical Care Management Company

**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 MMM (one per page)

16. Specific lobbying issues

Discussion of issues relative to the definition and determination of adverse selection payment levels.

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

Centers for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Harold Ford	

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

Signature *Harold Ford* Date 02/11/02

Printed Name and Title Harold Ford, President

