

## LOBBYING REPORT

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

1. Registrant Name:

**BLUECROSS BLUESHIELD OF TENNESSEE**

2. Address:

85 NORTH DANNY THOMAS BLVD, MEMPHIS, TN 38103

3. Principal place of business (if different from line 2):

Country: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip(or Country): \_\_\_\_\_

4. Contact Name: CALVIN ANDERSON

Telephone: (901) 544-2105

E-mail (optional): calvin\_anderson@bcbst.com

Senate ID #: 6440-12

House ID #: 33435000

7. Client Name:  Self

## TYPE OF REPORT

8. Year 2006 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

### 12. Lobbying Firms

**INCOME** relating to lobbying activities for this reporting period was:

Less than \$10,000:

\$10,000 or more:  => Income (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).

### 13. Organizations

**EXPENSES** relating to lobbying activities for this reporting period were:

Less than \$10,000:

\$10,000 or more:  => Expenses (nearest \$20,000): 60,000.00

### 14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- Method A.** Reporting amounts using LDA definitions only  
 **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
 **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: BLUECROSS BLUESHIELD OF TENNESSEE 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:

Medicare Contractor Funding - LHHS Appropriations (HR.3010) Budget Reconciliation

17. House(s) of Congress and Federal agencies contacted:

House of Representatives  
Senate

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

Name: ANDERSON, CALVIN  
Covered Official Position (if applicable):

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

Registrant Name: BLUECROSS BLUESHIELD OF TENNESSEE 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:

AHPs (Association Health Plans) (HR.525/S.406) Enzi - Small Business Health Plans (S.1955) Small Business Health and Fairness Act of 2003 (HR.2355) Patient Safety (S.720) Medical Malpractice Liability (HR.5/S.11) ICD-10 (HR.4157)

17. House(s) of Congress and Federal agencies contacted:

House of Representatives  
Senate  
HHS (Health and Human Services)

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

Name: ANDERSON, CALVIN  
Covered Official Position (if applicable):

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

Registrant Name: BLUECROSS BLUESHIELD OF TENNESSEE 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: MMM (one per page)

16. Specific lobbying issues:

Medicare Part D Medicare Advantage

17. House(s) of Congress and Federal agencies contacted:

House of Representatives

Senate

HHS (Health and Human Services)

CMS (Center for Medicare and Medicaid Services)

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

Name: ANDERSON, CALVIN

Covered Official Position (if applicable):

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

Registrant Name: BLUECROSS BLUESHIELD OF TENNESSEE 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: PHA (one per page)

16. Specific lobbying issues:

None

17. House(s) of Congress and Federal agencies contacted:

House of Representatives

Senate

CMS (Center for Medicare and Medicaid Services)

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

Name: ANDERSON, CALVIN

Covered Official Position (if applicable):

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

Signature: ON FILE Date: Aug 02, 2006

Printed Name and Title: Cavin Anderson, Vice President, Federal & Communit -