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# LOBBYING REPORT

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

1. Registrant Name  
The Wilbur Group

2. Address  Check if different than previously reported  
801 Pennsylvania Ave NW #245, Washington, DC 20004

3. Principal Place of Business (if different from line 2)  
City: \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

4. Contact Name <u>Valerie Wilbur</u>	Telephone <u>202-624-1508</u>	E-mail (optional)	5. Senate ID # <u>50216-5</u>
7. Client Name <input type="checkbox"/> Self <u>National Resource Center for Chronic Care Integration - Medicare Payment Coalition for Frail Beneficiaries</u>			6. House ID # <u>346766</u>

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December)

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><b>12. Lobbying Firms</b></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 checked="" type="checkbox"/> ⇨ \$ <u>24,000</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><b>13. Organizations</b></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><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature [Handwritten Signature]  
Printed Name and Title Valerie S. Wilbur, Principal



Registrant Name Valerie Wilbur Client Name NRC/Medicare Pay

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

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Advocated for improved Medicare payment for Medicare+Choice plans serving frail elderly. Communicated with CMS and HHS regarding interest in pursuing M+C payment demonstration authority, with focus on payment research for frail elderly and dually eligible. Advocated for support for S. 2970.

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

United States Senate  
United States House of Representatives  
Center for Medicare and Medicaid Policy  
Department of Health & Human Services

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

Name	Covered Official Position (if applicable)
<u>Valerie Wilbur</u>	

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

Signature [Handwritten Signature] Date 2/13/03

Printed Name and Title Valerie Wilbur, Principal

Form LD-2 (Rev. 6/98)

Pag

Registrant Name The Wilbur Group Client Name Medicare Payment Coalition

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities:

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co
<i>see attached list</i>		

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

*11/2/03*

Date *2/13/03*

Signature [Handwritten Signature]

Printed Name and Title Valerie Wilbur, Principal

Form LD-2 (Rev. 6/98)

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# Medicare Payment Coalition

## for Frail Beneficiaries

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**Problem:** The original formula underlying payments to M+C plans (AAPCC) underpredicts risk by half for the highest cost beneficiaries, dramatically underpaying plans with a disproportionate share of frail or disabled members. The M+C risk adjustment method initiated in 2000 reduces underpayment levels, but continues to penalize plans with high-risk populations. CMS is evaluating additional comprehensive risk adjustment options to determine which models produce the most equitable distribution of Medicare dollars relative to the health risk of the enrolled population and associated costs. Health plans with a special interest in care of the frail elderly can shape the future payment methodologies through joint policy research and advocacy activities focused on establishing a level playing field for plans and providers serving high risk populations.

**Purpose:** The purpose of the MPCFB is to develop a collective strategy for refining payment methods for specialized M+C plans for frail, chronically ill Medicare enrollees to accurately reflect their costs.

### Core Coalition Functions

- ◆ Provide leadership to ensure financial viability of specialized M+C programs for the frail.
- ◆ Conduct policy research producing compelling evidence for alternative payment strategies that increase financial viability and provide incentives for plans to serve frail Medicare beneficiaries.
- ◆ Establish a database for testing payment models on "real world" data from specialized plans serving frail beneficiaries.
- ◆ Support and collaborate with HCFA, MedPAC and other decision-makers in evolving a fair and equitable payment formula for the frail elderly.
- ◆ Identify and promote legislative and regulatory measures to improve payment for frail enrollees.

### 2003 Membership

- ◆ Community Health Partnership, Eau Claire, WI
- ◆ ElderCare, Madison, WI
- ◆ Elder Health - Baltimore, MD

- ◆ Elderplan- NY, NY
- ◆ EverCare- Minneapolis, MN
- ◆ Fairview Partners, Minneapolis, MN
- ◆ Geriatrix - San Diego, CA
- ◆ Highmark Blue Cross Blue Shield, Pitt PA
- ◆ Inglis Innovative Services – Philadelpl
- ◆ SCAN - Long Beach, CA

### MPCFB Membership Criteria

- ◆ Provide care under capitation or sub-ca arrangements
- ◆ Hold special interest in frail elderly/di
- ◆ Provide for comprehensive benefits an management services
- ◆ Conduct specialized screening and inte
- ◆ Track quality, cost and utilization data
- ◆ Have special expertise in geriatric serv

### Key M+C Payment Issues

- ◆ Absence of adequate frailty factors
- ◆ Risk of year-to-year instability of payi
- ◆ Inability to target or exclusively serve
- ◆ No financial incentives to serve high-r
- ◆ Structural issues with risk adjustment,
- ◆ Lack of clarity regarding acceptable tr between payment levels and outcomes

### Principles for M+C Payment & Risk Ad

- ◆ Establish uniform risk adjustment met M+C plans
- ◆ Establish a payment structure that con appropriately for highest cost benefici
- ◆ Achieve neutrality relative to care sett
- ◆ Account for medical diagnoses from a functional health status and co-morbic
- ◆ Ensure full and fair payment for speci serving a disproportionate share of fra

### Objectives of Financial Incentives

- ◆ Reduce prevalence rates of high-cost
- ◆ Enhance Medicare and Medicaid cool
- ◆ Establish specialized programs for fra vulnerable, high-cost Medicare benef
- ◆ Create structure for rewarding quality cost populations and/or conditions.

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NCCC, 8100 26th Avenue South, Suite 120, Bloomington, MN 55425 Phone: (952) 858-8999 Fax: (952) 858-898