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# LOBBYING REPORT

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

1. Registrant Name MULTI PLAN GROUP, INC.			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 2000 M ST. NW, SUITE 201, WASHINGTON, DC 20036			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name PATRICIA P. SMITH	Telephone (202) 785-2247	E-mail (optional) PSMITH@ACHP.ORG	5. Senate ID # 502
7. Client Name <input checked="" type="checkbox"/> Self			6. House ID # 346

**TYPE OF REPORT** 8. Year 2002 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 DEC. 31, 2002 11. No Lobbying

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

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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"/> ⇨ \$ _____ 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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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 checked="" type="checkbox"/> ⇨ \$ <u>260,000.00</u> Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of methods.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature Patricia P. Smith

Printed Name and Title \_\_\_\_\_

LD-2 (REV. 6/98)

Registrant Name MULTI PLAN GROUP, INC. Client Name \_\_\_\_\_

**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 BUD (one per page)

16. Specific lobbying issues

HEALTH CARE SPENDING, FY 2003 LEGISLATION

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

SENATE AND HOUSE OF REPRESENTATIVES  
OFFICE OF MANAGEMENT AND BUDGET  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
WHITE HOUSE/ EXECUTIVE OFFICE OF THE PRESIDENT  
CONGRESSIONAL BUDGET OFFICE  
MEDPAC

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

Name	Covered Official Position (if applicable)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	

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

Signature *Patricia P. Smith* Date 2.13.03

Printed Name and Title PATRICIA P. SMITH, SR. VP, POLICY & GOVT AFFAIRS



Registrant Name MULTI PLAN GROUP, INC. Client Name \_\_\_\_\_

**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 HCR (one per page)

16. Specific lobbying issues

ALL PROVISIONS RELATING TO HEALTH PLANS AND PROVIDER GROUPS IN THE FOLLOWING BILLS:  
H.R. 4889, "PATIENT SAFETY IMPROVEMENT ACT"  
S. 2590, "PATIENT SAFETY AND QUALITY IMPROVEMENT ACT"  
H.R. 5478, "PATIENT SAFETY AND QUALITY IMPROVEMENT ACT"  
S. 3029, "PATIENT SAFETY IMPROVEMENT AND MEDICAL INJURY REDUCTION ACT"

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

SENATE AND HOUSE OF REPRESENTATIVES  
OFFICE OF MANAGEMENT AND BUDGET  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
WHITE HOUSE/ EXECUTIVE OFFICE OF THE PRESIDENT  
CONGRESSIONAL BUDGET OFFICE  
MEDPAC

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

Name	Covered Official Position (if applicable)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	

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

Signature *Patricia P. Smith* Date 2-13-03

Printed Name and Title PATRICIA P. SMITH, SR. VP, POLICY & GOV'T AFFAIRS



Registrant Name MULTI PLAN GROUP, INC. Client Name \_\_\_\_\_

**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 (one per page)

16. Specific lobbying issues

REGULATORY: MEDICARE+CHOICE PROGRAM, INCLUDING RISK ADJUSTMENT, SPECIALTY PLAN DEMONSTRATION, QUALITY IMPROVEMENT (QISM), DEEMING, COST CONTRACTS, AND DISEASE MANAGEMENT INITIATIVES.

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

SENATE AND HOUSE OF REPRESENTATIVES  
OFFICE OF MANAGEMENT AND BUDGET  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE AND MEDICAID SERVICES  
WHITE HOUSE/ EXECUTIVE OFFICE OF THE PRESIDENT  
CONGRESSIONAL BUDGET OFFICE  
MEDPAC

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

Name	Covered Official Position (if applicable)
PATRICIA P. SMITH	
JACK C. EBELER	
ADAM J. FALK	
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.....	

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

Signature *Patricia P. Smith* Date 2-13-03

Printed Name and Title PATRICIA P. SMITH, SR. VP, POLICY & GOVT AFFAIRS



Registrant Name MULTI PLAN GROUP, INC. Client Name \_\_\_\_\_

**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 Business (city and state or country)
ALLIANCE OF COMMUNITY HEALTH PLANS, INC.	2000 M ST. NW, STE 201, WASHINGTON, DC 20036	WASHINGTON, DC

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 or affiliated organization

Signature *Patricia P. Smith* Date 2.13.03

