

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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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>			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported <u>403 East Washington St, Charles Town, WV 25</u>			
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 <u>202-258-6379</u>	E-mail (optional) <u>Vswilbur@earthlink.net</u>	5. Senate ID # <u>50216</u>
7. Client Name <input type="checkbox"/> Self <u>Medicare Payment Coalition</u>			6. House ID # <u>34676</u>

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

9. Check if this filing amends a previously filed version of this report Just the membership in the Medicare Payment Coalition - See attached

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 checked="" type="checkbox"/> ⇨ \$ <u>14,000</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 method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</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 Valerie Wilbur
Valerie Wilbur Principal

Printed Name and Title WALTER WILSON, JR.

LD-2 (REV. 6/98)

Registrant Name Valerie Wilbur Client Name Medicare Payment A

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, 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, with a focus on legislative relief in the Senate. 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.

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 8/13/02
Valerie Wilbur, Principal

The Wilbur Group
Valerie Wilbur

00020360913

Registrant Name

Client Name

Medicare Payment Coa
~~trail Beneficiaries~~

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)

See Attachment A

Name	Address	Principal Place of Business (city and state or country)

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

See Attachment A

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	Other

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

Signature

Valerie Wilbur

Date

8/13/02

Printed Name and Title

Valerie Wilbur Director

[Handwritten signature]

AFFILIATED ORGANIZATIONS

Question 25 – Add the following organizations:

Community Health Partnership, Eau Claire, WI
Elder Care of Dane County, Madison, WI

Question 26 – Organizations no longer affiliated with the Medicare Payment Coalition for Frail Beneficiaries:

- ◆ Allina Health System, Minnetonka, MN
- ◆ Inglis Innovative Services, Philadelphia, PA
- ◆ Sierra Health Services/Health Plan of NV; Las Vegas, NV
- ◆ Sun Health Corporation, Phoenix, AZ
- ◆ UCare Minnesota; St. Paul, MN
- ◆ ViaHealth, Rochester, NY

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