

**Committee on Energy and Commerce**  
**U.S. House of Representatives** Witness  
 Disclosure Requirement - "Truth in Testimony" Required  
 by House Rule XI, Clause 2(g)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------|
| <b>1. Your Name:</b> Frank E. Coyne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                |
| <b>2. Are you testifying on behalf of the Federal, or a State or local government entity?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes             | No<br><b>X</b> |
| <b>3. Are you testifying on behalf of an entity that is not a government entity?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Yes<br><b>X</b> | No             |
| <b>4. Other than yourself, please list which entity or entities you are representing:</b><br>Blue Cross and Blue Shield Association                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |                |
| <b>5. Please list any Federal grants or contracts (including subgrants or subcontracts) that you or the entity you represent have received on or after October 1, 2011:</b><br>OPM Health Benefits CS 1039<br><br>OPM Vision OPM01-FEPVIP-01AP-7<br><br>OPM Dental OPM-13-C-0001/OPM01-FEDVIP-01AP<br><br>Medicare Part A Prime Contract HCFA 87-001-1<br><br>Resident FTE Assessment of the Counts Reports by the CHGME Payment Program HSH250201200006C<br><br>Resident FTE Assessment of the Counts Reports by the CHGME Payment Program HSH230200732003C<br><br>Legal Representation in Arbitration Hearings for the Home Health Third Party Liability (HHTPL) Demonstration HHS-500-2010-00056C<br><br>Subcontract to a federal contract: BCBSA subcontracts with Cahaba Government Benefit Administrators®, LLC (Cahaba), which is performing as a Medicare Administrative Contractor to provide health insurance benefit administration services. BCBSA's subcontract provides for the services of a Hearing Officer, on behalf of Cahaba, to conduct intermediary hearings provided for under the Code of Federal Regulations Title 42, Part 405, Subpart R. CGBA-C-09-0020 |                 |                |
| <b>6. If your answer to the question in item 3 in this form is "yes," please describe your position or representational capacity with the entity or entities you are representing:</b><br>Vice President, Office of the President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                |
| <b>7. If your answer to the question in item 3 is "yes," do any of the entities disclosed in item 4 have parent organizations, subsidiaries, or partnerships that you are not representing in your testimony?</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Yes             | No<br><b>X</b> |
| <b>8. If the answer to the question in item 3 is "yes," please list any Federal grants or contracts (including subgrants or subcontracts) that were received by the entities listed under the question in item 4 on or after October 1, 2011, that exceed 10 percent of the revenue of the entities in the year received, including the source and amount of each grant or contract to be listed:</b><br>the only contract that meets the parameters is a contract with the U.S. Office of Personnel Management for the FEHBP, on behalf of and as agent for Blue Cross and Blue Shield companies nationwide which participate in this contract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 |                |
| <b>9. Please attach your curriculum vitae to your completed disclosure form.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |                |

Signature: \_\_\_\_\_ Date: 5/6/13