

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

SECRETARY OF THE SENATE  
03 AUG 21 PM 2:35

## LOBBYING REPORT

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

1. Registrant Name <b>Navigant Consulting, Inc. (formerly Chambers Assoc.)</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>805 15th Street, NW, Suite #500</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20005</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>William Signer</b>	Telephone	E-mail (optional)	5. Senate ID # <b>8828-176</b>
7. Client Name <input type="checkbox"/> Self <b>New York Presbyterian Hospital</b>			6. House ID # <b>30864004</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  **OR** Year End (July 1-Dec)

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 Lobby

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

12. Lobbying Firms	13. Organizations
<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 checked="" type="checkbox"/> &gt;&gt; \$ <u>\$40,000.00</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>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 type="checkbox"/> &gt;&gt; \$ _____ 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"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 the Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p>

*William Signer*

Signature  Date \_\_\_\_\_

Printed Name and Title **Mary S. Lyman - Senior Engagement Manager** Pa

Registrant Name: Navigant Consulting, Inc. (formerly Chambers Assoc.)

Client Name: New York Presbyterian Hospital

**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

**H.R.2618 , Departments of Labor, Health and Human Services, and Education, and Related Agencies Appro Act, Medicare and Medicaid**

**S.1356 , Departments of Labor, Health and Human Services, and Education, and Related Agencies Approp 2004, Medicare and Medicaid**

**Medicare disproportionate share adjustment**

**Medicare reimbursement for graduate medical education**

**Payment for specialist in medically underserved communities**

**Medicaid upper payment limit**

**Medicaid match**

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

**Department of Health & Human Services**

**Health Care Financing Agency**

**House of Representatives**

**Senate**

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

Name	Covered Official Position (if applicable)
<b>Signer, William</b>	
<b>Swartz, Marjorie</b>	

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

Signature: 

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title Mary S. Lyman - Senior Engagement Manager Pa

Registrant Name: Navigant Consulting, Inc. (formerly Chambers Assoc.)

Client Name: New York Presbyterian Hospital

**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 TAX (one per page)


16. Specific Lobbying issues  
**No activity.**


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

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

Name	Covered Official Position (if applicable)

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



Signature  Date           

Printed Name and Title Mary S. Lyman - Senior Engagement Manager Pa