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LOBBYING REPORT

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

1. Registrant name			
Organization		Baker Healthcare Consulting, Inc.	
2. Address <input type="checkbox"/> Check if different than previously reported			
Address 1		Suite 2000	
City	Indianapolis	State	IN
Zip Code	46282	Country	US
3. Principal place of business (if different than line 2)			
City		State	
Zip Code		Country	
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Mr.	Dale E. Baker	317-631-3613	bakerhealthcare@yahoo.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
West Virginia University Hospital			5164
			6. House ID #
			3356

TYPE OF REPORT 8. Year 2004 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

11. No Lobbying Act

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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> → \$ <u> </u></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"/> → \$ <u> </u></p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Form 4

Printed Name and Title Dale E. Baker, President

Registrant Name Baker Healthcare Consulting, Inc.

Client Name West Virginia University Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

See Attached

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

Senate
House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for*

First Name	Name		Covered Official Position (if applicable)
	Last Name	Suffix	
Dale	Baker		

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

Dale Baker 2/10/05

Add a page for a diff

Registrant Name Baker Healthcare Consulting, Inc. Client Name West Virginia University Hospital

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

20. Client new address

Address			
City	State	Zip Code	Country

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

City	State	Zip Code	Country
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22. New general description of client's business or activities

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LOBBYIST UPDATE

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

	First Name	Last Name	Suffix		First Name	Last Name
1				3		
2				4		

ISSUE UPDATE

Find the code to select below.

24. General lobbying issues that **no longer** pertain

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AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	City
	C/S/Z	State

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

1	2	3
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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	Overseas client
	Street Address	City		
	City	State		
	State/Province	Country		

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

1	3	5
2	4	6

Add a page for more

Printed Name and Title Dale E. Baker, President

EXECUTIVE SUMMARY

In the 2000 census data which was finalized by the Office of Management and Enterprise Services on June 6, 2003, Morgantown, WV (along with nearby Preston County WV) was named a Metropolitan Statistical Area (MSA) for the first time. The population of the urbanized area within Monongalia County barely exceeds the population threshold to become a metropolitan area. The only reason that Morgantown reaches the 50,000 threshold within the urbanized area for population is because of West Virginia University (WVU) and a student population in excess of 21,000 students. Students generally in the age bracket from 15-24 use very few hospital services in comparison to the older age groups (most notably those 65 and older). Monongalia County's population, as a result of WVU has a much higher percentage of 15-24 year olds and a considerably lower percentage of those over age 65 than other areas of West Virginia. By examining the use rates for these various age groups (from CDC United States level of detail data) it is obvious that for the purposes of hospital services Morgantown looks much more like a rural area than it does a metropolitan area.

Designating Morgantown as a metropolitan area has several detrimental impacts on payment levels for West Virginia hospitals. First, the rural wage index would be recomputed downward, leaving out WVU and Monongalia General Hospitals from the rural data. This results in a decrease in payment to all of the rural West Virginia hospitals (except those that are reclassified). Additionally, because of the new metropolitan area United Hospital in Clarksburg would no longer be eligible to be reclassified to Pittsburgh and would receive a lower Morgantown wage index as a result of a reclassification. Lastly, depending upon an administrative interpretation of rural referral centers that are now in an MSA it is possible that both WVU and Mon General could lose their reclassifications to Pittsburgh. The end result could reduce payment to West Virginia hospitals by as much as \$3,538,000.

We believe that the unique nature of a smaller urban "college town" such as Morgantown is such that it merits exclusion from being considered an MSA for purposes of determining the Medicare wage index. Thus, preservation of Monongalia County as a part of rural West Virginia would be a more appropriate treatment for Medicare wage index purposes than simply accepting the MSA status as used by the U.S. Census Bureau.

