

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
---	--

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

05 FEB 23 AM 10:25

# 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	One American Square	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 #
Regional Medical Center of Northeast Arkansas			5164
			6. House ID #
			33560

**TYPE OF REPORT** 8. Year  2004 Midyear (January 1-June 30)  OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date 12/31/04

11. No Lobbying Act

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

<p><b>12. Lobbying Firms</b></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"/> ⇨ \$ _____</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>13. Organizations</b></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"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions.</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)( Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Revenue Code</p>
---	---

Form C

Printed Name and Title Dale E. Baker, President *Dale E. Baker 2/10/05*



Registrant Name Baker Healthcare Consulting, Inc.

Client Name Regional Medical Center of Northeast

**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 - 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 Last Name	Suffix	Covered Official Position (if applicable)
Daile	Baker		

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

*Daile E. Baker 2/10/05*

*Add a page for a diff*

Printed Name and Title Dale E. Baker, President

LD-2DS (REV. 4/03)

Page 2

Registrant Name Baker Healthcare Consulting, Inc. Client Name Regional Medical Center of Northeast

**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

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

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

**ISSUE UPDATE**

Find the code to select below

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

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

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

1	2	3
---	---	---

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address City	Address State/Province Country	Principal place of business (city and state or country) City State Country	Amount of contribution for lobbying activities	Over period

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 December 2003, Congress legislated and the President signed the Medicare Modernization Act of 2003 (MMA). Section 508 of the MMA instructed the Secretary of Health and Human Services to issue instructions for one-time, three-year hospital geographic reclassification appeals to the Medicare Geographic Classification Review Board (MGCRB) to be submitted by February 15, 2004. Hospitals approved by the MGCRB would receive a three-year reclassification for discharges occurring April 1, 2004 through March 31, 2007. A three-year budget of \$900 million was legislated to pay for these reclassifications designed to help hospitals that were unable to meet the MGCRB reclassification guidelines but needed geographic index reclassifications. The MGCRB approved 121 hospitals for these reclassifications.

The Centers for Medicare & Medicaid Services (CMS) issued instructions in the January 6<sup>th</sup> Federal Register (and corrections on February 13<sup>th</sup>) interpreting the statute. CMS set forth eight criteria (2a – 2h) for the MGCRB to approve applications. Criteria 2a through 2g were targeted to specific hospitals and hospital groups for reclassification.

CMS stated in the Federal Register: “After decisions by the MGCRB based on hospitals meeting criteria 2(a) through 2(g) above, . . . the MGCRB may approve a hospital to be reclassified if the hospital’s 3-year AHW (average hourly wage) is at least 106% of the 3-year AHW of the hospitals geographically located in the area in which the hospital is located”. The hospital would be reclassified to another MSA in the state with a 3-year AHW nearest to the individual hospital’s AHW. The hospital must have a 3-year AHW equal to or greater than 82% of the target area’s 3-year AHW.

There were 155 2(h) hospitals (including Regional Medical Center of Napa) that were approved by the MGCRB but only one hospital (Samuel Mahelona Memorial Hospital in Kapaa, Hawaii) was funded. The \$900 million was apparently exhausted with only one 2(h) hospital receiving the 3-year reclassification.

We further ask Congress to consider a supplemental appropriation to approve, in part at least, to fund the hospital appeals that met the criteria, but were not funded by CMS as a result of the formula used to limit approved hospital funding.

