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

LOBBYING REPORT

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

1. Registrant Name: Baker Healthcare Consulting Inc

2. Address ☐ Check if different than previously reported
Box 8205, One American Sq
Suite 2000

3. Principal Place of Business (if different from line 2)
City: Indpls. State/Zip (or Country): IN 4625

4. Contact Name: DALE E BAKER Telephone: 3176313013 E-mail (optional): BAKERHealthcare@yahoo.com

5. Senate ID#: 51...

6. House ID#: 33...

7. Client Name ☐ Self

TYPE OF REPORT

8. Year 2000 Midyear (January 1-June 30) ☒ OR Year End (July 1-De...

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...

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☒

$10,000 or more ☐ > $______ Income (nearest $20,000)

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than $10,000 ☐

$10,000 or more ☐ > $______ Expenses (near...

14. REPORTING METHOD. Check box to ind... accounting method. See instructions for descripti...

☐ **Method A.** Reporting amounts using LDA de...

☐ **Method B.** Reporting amounts under section... Internal Revenue Code

☐ **Method C.** Reporting amounts under section... Internal Revenue Code

Signature ______

Printed Name and Title DALE E BAKER, President

LD 2 (REV 6/98)

Registrant Name Baker Healthcare Consulting Client Name Tift General

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re 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

See attachment

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

Name	Covered Official Position (if applicable)
DALE E BAKER	

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 DALE E BAKER, President

EXECUTIVE SUMMARY

In 1989 Congress established the Medicare Geographic Classification Review Board. The Board accepts applications for hospitals that can show that they meet certain criteria to be reclassified either from a rural area to an adjacent urban area or from one urban area to another adjacent urban area if the hospital can demonstrate that its costs are more like the adjacent area. This allows such hospitals to obtain either a wage index or the standardized amount of the adjacent area and in essence rewards the hospital with additional payment. The Department of Health and Human Services has long recognized that by reclassifying a high paid rural hospital into a nearby urban area, if the high paying hospitals wages and hours are removed from the statewide rural areas wage index, then the statewide rural wage index would plummet causing the remaining rural hospitals to have a lower wage index and therefore lower Medicare payme The Health Care Financing Administration implemented a "floor" to prevent the rural hospita wage index from going down as a result of hospitals reclassifying to urban areas. In essence, they left the reclassifying hospitals wages and costs in the rural wage index.

Congress, however, apparently failed to consider that an urban hospital reclassifying another urban area could similarly cause the remaining hospitals in the original area to end u with a lower wage index and thereby lower payment as a result of the reclassification of one more hospitals out of that Metropolitan Statistical Area (MSA).

The hospitals seek either a regulatory or legislated "floor" which would protect the reclassified urban hospitals in exactly the same way Congress has protected the rural hospi since geographic reclassification was implemented in federal fiscal year 1992.