

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

02 AUG 22 AM 9:08

LOBBYING REPORT

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

1. Registrant Name <u>Baker Healthcare Consulting, Inc</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>One American Square, Suite 2000</u>	
3. Principal Place of Business (if different from line 2) City: <u>Indianapolis</u> State/Zip (or Country) <u>IN 46282</u>	
4. Contact Name <u>Dale E Baker</u>	Telephone <u>317-631-3613</u>
E-mail (optional) <u>Bakerhealthcare@yahoo.com</u>	5. Senate ID # <u>516</u>
7. Client Name <input type="checkbox"/> Self <u>Valley Health System (Winchester Med. Ctr)</u>	6. House ID # <u>3356</u>

TYPE OF REPORT 8. Year 2002 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 Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>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"/> ⇒ \$ _____ 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>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"/> ⇒ \$ _____ Expenses (nearest \$)</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 definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>

Signature Dale E. Baker

Printed Name and Title NANCY C. DORR, PRESIDENT

LD-2 (REV. 6/98)

PA

Registrant Name BAKER Healthcare Consulting Client Name Valley Health System

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

20. Client new address

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

City

State/Zip (or 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

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

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

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

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

Signature Dale E. Bahr

Date 8-11-02

Printed Name and Title Nale F. Baker, President

Form LD-2, (Rev. 6/98)

Page

EXECUTIVE SUMMARY

The Benefit Improvement & Protection Act of 2000 (BIPA) extended Medicare wage index reclassifications from an annual reclassification to a three year reclassification to increase the predictability and consistency of Medicare payments for acute care hospitals. The Centers for Medicare & Medicaid Services (CMS) subsequently interpreted this provision in 42 C.F.R. 412.230 in the August 1, 2001 Federal Register to prohibit hospitals from seeking an annual roll forward reclassification request. This interpretation, in our judgment, decreases the predictability and consistency of Medicare payment, contrary to the intent of BIPA.

Valley Health System responded last spring during the comment period, wrote Secretary of Health & Human Services Tommy Thompson a letter on August 15th asking him to resend this regulation. On September 27th CMS sent response to Mr. Wolf (this was of course after September 11th) denying the request. In March of 2002 the Hospital sent timely comments to Secretary Thompson's newly constituted committee on regulatory reform, and our consultant discussed the need for the annual roll forward at a CMS open door forum on April 4, 2002 with key CMS executives (Tom Grissom and Tom Gustafson). Also, yesterday the National Rural Health Association contacted Mr. Tom Scully, Administrator of CMS asking him to withdraw this regulation. Time is of the essence there is virtually no cost to the taxpayers of this proposal. CMS personnel have told us the administrative costs of processing these geographic reclassification request deminimus and reclassifications are budget neutral.

We ask that the Virginia Congressional delegation, either individually or as a group, contact either Tommy Thompson, Secretary of Health & Human Services and/or Tom Scully, Administrator of CMS, and ask that proposed Medicare rule: "Changes to the Hospital Inpatient Prospective Payment System", which is expected to be published by approximately May 2002 and currently is in final clearance, be amended to strike the requirement added to the above-referenced regulation that prohibits an annual roll forward wage index reclassification.

