

BARNES & THORNBURG

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HAND DELIVERED

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September 20, 1999

Secretary of the Senate  
Office of Public Records  
232 Hart Senate Office Building  
Washington, D.C. 20510

Re: Form LD-1 Lobbying Registration  
Registrant: Barnes & Thornburg  
Client: Baker Healthcare Consulting, Inc.

Dear Secretary of the Senate:

I am enclosing two originals of Form LD-1 Lobby Registration for the above-referenced registrant. Please file the form and return a file-marked copy to me in the enclosed, self-addressed, postage paid envelope. I am also filing the Form LD-1 Lobbying Registration with the Clerk of the House of Representatives.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Bonnie J. Lewis

enclosures

INERS01 BZL 338859

Indianapolis

Fort Wayne

South Bend

Elkhart

Chicago

Washington, D.C.

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
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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration  1. Effective Date of Registration 8/23/99  
 2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Barnes & Thornburg  
 Address 11 South Meridian Street  
 City Indianapolis State Indiana Zip 46204  
 4. Principal place of business (if different from line 3)  
 City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
 5. Telephone number and contact name  
(317) 231-7906 Contact Bonnie J. Lewis E-mail (optional) blewis@btlaw.com  
 6. General description of registrant's business or activities  
Law Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.*  Self

7. Client name Baker Healthcare Consulting, Inc.  
 Address One American Square, Suite 2000, Box 82058  
 City Indianapolis State Indiana Zip 46282  
 8. Principal place of business (if different from line 7)  
 City N/A State/Zip (or Country) N/A  
 9. General description of client's business or activities  
Health Care Consultant

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Robert T. Grand	N/A
Brian L. Burdick	N/A
J. Michael Grubbs	N/A
Jon E. DeGulio	N/A
Joseph E. Loftus	N/A
Bonnie J. Lewis	N/A

Form LD-1 (Rev. 06/98)

Page 1

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

None

12. Specific lobbying issues (current and anticipated)

Medicare Geographic Classification - Countywide Reclassification

See Attached

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes | Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

Yes | Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature *Robert E. Grand*

Date 9/16/99

Printed Name and Title Robert E. Grand, Partner

**12. Specific lobbying issues (current and anticipated)**

Proposed Legislation — Countywide Urban Reclassifications

(A) 42 USC 1395 ww (d)(10)(D)(i)(H) is amended by adding at the end the following: "In the instance of all hospitals in an urban county seeking redesignation to another urban area, the Secretary shall permit such hospitals to demonstrate comparable costs by utilizing costs per Medicare discharge to determine comparability of costs. Hospitals seeking redesignation under this subsection shall demonstrate as a group that their costs per Medicare discharge are at least equal to 100% of the costs per discharge of the hospitals in the targeted urban area, after adjusting to remove costs attributable to disproportionate share and indirect medical education. Any group of hospitals seeking redesignation under this subsection that has filed an application for redesignation by September 1, 1998 and meets the criteria for redesignation including the requirement of this subsection shall receive the payment rate as redesignated hospitals for Medicare discharges occurring on and after October 1, 1999. For federal fiscal year 2001, hospitals may file for countywide redesignation by December 10, 1999.

If the application of this clause, or a decision of the Medicare Geographic Classification Review Board or the Secretary results in the redesignation of any hospital in an urban county to another adjacent urban county and reduces the wage index for hospitals in an urban county or counties remaining in an MSA vacated by the redesignated hospital(s), the Secretary shall calculate and apply such wage index to that county or counties under this subsection as if the hospital(s) so treated had not been redesignated.

(B) Except for groups of hospitals filing for redesignation by September 1, 1998, the amendments made by subsection (a) shall apply to payment rates for federal fiscal years after 1999."

INDSBH JYG 117932

### 13. AFFILIATED ORGANIZATIONS

Name	Address	Principal Place of Business (city and state or country)
<b>Saint Margaret Mercy Healthcare Centers</b> (North Campus-Hammond and South Campus-Dyer)	5454 Hohman Avenue Hammond, Indiana 46320	Hammond, Indiana
<b>St. Catherine Hospital</b>	4321 Fir Street East Chicago, Indiana 46312	East Chicago, Indiana
<b>St. Anthony Medical Center</b>	1201 South Main Street Crown Point, Indiana 46307	Crown Point, Indiana
<b>St. Mary Medical Center</b>	1500 South Lake Park Avenue Hobart, Indiana 46342	Hobart, Indiana
<b>Community Hospital</b>	901 MacArthur Boulevard Munster, Indiana 46321	Munster, Indiana
<b>The Methodist Hospitals</b> (North Lake Campus-Gary and South Lake Campus-Merrillville)	600 Grant Street Gary, Indiana 46402	Gary, Indiana

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