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SECRETARY OF THE SENATE
06 FEB 24 PM 2:

LOBBYING REPORT

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

1. Registrant name Navigant Consulting, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported 1801 K Street, NW Suite 500 Washington DC 20006-1301 USA			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Ms. Mary S. Lyman	b. Telephone number 202-973-4515	c. E-mail lyman@navigantconsulting.com	5. Senate ID # 8828-125
7. Client Name <input type="checkbox"/> Self Greater New York Hospital Assn			6. House ID # 30864003

TYPE OF REPORT 8. Year 2005 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 Activity

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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[Edit Form >](#)

Signature *Mary S. Lyman* Date 2/14/06
 Printed Name and Title Mary S. Lyman, Associate Director

0000103194

Registrant Name Navigant Consulting, Inc.

Client Name Greater New York Hospital Assn

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** 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

H.R. 3010, Depts. of Labor, HHS, and Education and Related Agencies Appropriations Act, 2006:
Medicare and Medicaid appropriations
Physicians at teaching hospitals
Medicaid disproportionate share adjustment
Medicare upper payment limit

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

House of Representatives
Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name		Covered Official Position (if applicable)
Lane	Church	
William	Signer	

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

Signature Mary S Lyman Date 2/14/06

Printed Name and Title Mary S. Lyman, Associate Director

1000103195

Registrant Name Navigant Consulting, Inc.

Client Name Greater New York Hospital Assn

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

20. Client new address

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

City

State/Zip

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

Lane

Church

ISSUE UPDATE

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)

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	Owners/ percent client

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

Signature Mary S Lyman

Date

Printed Name and Title Mary S. Lyman, Associate Director

0000103196

