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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
Prefix Full Name	c. E-mail
Mr. Dale E. Baker	317-631-3613 bakerhealthcare@yahoo.com
5. Senate ID #	5164
7. Client Name <input type="checkbox"/> Self	6. House ID #
Abilene Regional Medical Center	33560

TYPE OF REPORT 8. Year 2004 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 12/31/04 11. No Lobbying Act

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"/> ⇨ \$ <u>20,000.00</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>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"/> ⇨ \$ <u>10,000.00</u></p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(1) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Revenue Code</p>
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Form C

Dale E. Baker 2/16/05
 Printed Name and Title Dale E. Baker, President

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

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*

Name			Covered Official Position (if applicable)
First Name	Last Name	Suffix	
Dale	Baker		

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

Dale 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 Abilene Regional Medical Center

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
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FOREIGN ENTITIES

27. Add the following foreign entities

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

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 that were approved for these reclassifications 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 wage index reclassifications. The MGCRB approved 121 hospitals for these reclassifications.

The Centers for Medicare & Medicaid Services (CMS) issued instructions in the January 6th Federal Register (and corrections on February 13th) 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 NE Hawaii) 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 fund, 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.

