

99 AUG -6 AM 11:55

LOBBYING REPORT

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

1. Registrant Name Massachusetts Hospital Association		
2. Address <input type="checkbox"/> Check if different than previously reported 499 S. Capitol St., SW, Suite 405, Washington, DC 20003		
3. Principal Place of Business (if different from line 2) City: Burlington State/Zip (or Country): MA 01903		
4. Contact Name Julia Corletti	Telephone (202) 863-0400	E-mail (optional) 5. Senate ID # 23953-12
7. Client Name <input checked="" type="checkbox"/> Self		6. House ID #

TYPE OF REPORT 8. Year **1999** 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>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"/> ⇒ \$ _____ <small>Income (nearest \$20,000)</small></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 checked="" type="checkbox"/> ⇒ \$ 40,000 <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" 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 the 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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Signature 

Printed Name and Title **Julia Corletti, Director of Federal Advocacy**

Registrant Name Massachusetts Hospital Assoc Client Name Self

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 (one per page)

16. Specific lobbying issues

Federal budget - Medicare/Medicaid Funding
Medicare - Patient transfers (H.R. 405/S. 57)
Medicare - Outpatient PPS (H.R. 2241/S. 1263)
Medicare - SNF PPS
Medicare - Rehabilitation Facilities PPS
Medicare - Home Health (H.R. 1917/S. 1314 S. 1358)
Medicare - DSH Care-out (H.R. 1103/S. 102)
Medicare - GME (H.R. 1785/S. 1023/S. 210 H.R. 1483)

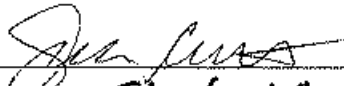
17. House(s) of Congress and Federal agencies contacted Check if None

House White House
Senate
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	New
<u>Julia Ciavelli</u>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature  Date July 28, 1999
Printed Name and Title Julia Ciavelli, Director of Federal Advocacy