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SECRETARY OF THE SENATE

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LOBBYING REPORT

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

1. Registrant Name Baker Healthcare Consulting, Inc.			
2. Address <input type="checkbox"/> Check if different than previously reported One American Square, Suite 2000, Box 82058			
3. Principal Place of Business (if different from line 2) Indianapolis IN 46282 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Dale E. Baker	(317) 631-3613	bakerhealthcare@yahoo.com	5164
7. Client Name <input type="checkbox"/> Self United Hospital Center			6. House ID # 33560

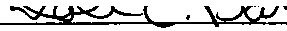
TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-De
9. Check if this filing amends a previously filed version of this report 10. Check if this is a Termination Report ⇔ Termination Date _____

11. No Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Income (nearest \$20,000)</small>	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	14. REPORTING METHOD. Check box to indicate the accounting method. See instructions for description of each method. <input type="checkbox"/> Method A. Reporting amounts using LDA defined Internal Revenue Code <input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code



Signature  Date ~~12/15/2011~~

Printed Name and Title Dale E. Baker, President

Registrant Name Baker Healthcare Consulting, Inc. Client Name United Hospital Center

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

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

Name	Covered Official Position (if applicable)
Dale E. Baker	

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

Signature Dale E. Baker Date 8-23-04

Printed Name and Title Walc E. Baker President

Form LD-2 (Rev. 4/03)

Page _____

Registrant Name Baker Healthcare Consulting, Inc. Client Name United Hospital Center

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 or affiliated organization

Signature  Date 8/23/2004

Printed Name and Title Dale E. Baker, President

Form LD-2 (Rev. 4/03)

Page _____

EXECUTIVE SUMMARY

In the 2000 census data which was finalized by the Office of Management Budget on June 6, 2003, Morgantown, WV (along with nearby Preston County, WV) was named a Metropolitan Statistical Area (MSA) for the first time. The population of the urbanized area within Monongalia County barely exceeds the population threshold to become a metropolitan area. The only reason that Morgantown reaches the 50,000 threshold within the urbanized area for population is because of West Virginia University (WVU) and a student population in excess of 21,000 students. Students generally in the age bracket from 15-24 use very few hospital services in comparison to the older age groups (most notably those 65 and older). Monongalia County's population, as a result of WVU has a much higher percentage of 15-24 year olds and a considerably lower percentage of those over age 65 than other areas of West Virginia. By examining the use rates for these various age groups (from CDC United States level of detail data) it is obvious for the purposes of hospital services Morgantown looks much more like a rural area than it does a metropolitan area.

Designating Morgantown as a metropolitan area has several detrimental impacts on payment levels for West Virginia hospitals. First, the rural wage index would be recomputed downward, leaving out WVU and Monongalia General Hospital from the rural data. This results in a decrease in payment to all of the rural West Virginia hospitals (except those that are reclassified). Additionally because of the new metropolitan area United Hospital in Clarksburg would no longer be eligible to be reclassified to Pittsburgh and would receive a lower Morgantown wage index as a result of a reclassification. Lastly, depending upon an administrative interpretation of rural referral centers that are now in an MSA, it is possible that both WVU and Mon General could lose their reclassifications to Pittsburgh. The end result could reduce payment to West Virginia hospitals by as much as \$3,538,000.

We believe that the unique nature of a smaller urban "college town" such as Morgantown is such that it merits exclusion from being considered an MSA for the purposes of determining the Medicare wage index. Thus, preservation of Monongalia County as a part of rural West Virginia would be a more appropriate treatment for Medicare wage index purposes than simply accepting the MSA status as used by the U.S. Census Bureau.

