DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells	12-1-06

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000382	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	[ ] Prepare reply for appropriate signature DATE DUE _____ [ ] FOIA DATE DUE _____ [X] Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Medicare Part A

NOV 27 2006

Mr. Robert M. Kerr, Director
Department of Health & Human Services
P.O. Box 8206
Columbia, SC 29202-8206

RECEIVED
DEC 01 2006
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Log-Wells
"Tee. Action"

Dear Mr. Kerr:

In compliance with MEDICARE PART A INTERMEDIARY LETTER A 82-10, a finalized copy of the Bon Secours Heath System Home Office adjustments are to be forwarded to you. However, the reviewed Home Office cost statement involving fiscal year end August 31, 2005 does not have adjustments.

The Providers in your state affected by the enclosed cost statement are:

PROVIDER NUMBER	PROVIDER NAME
42-0023	St. Francis Hospital

If you have any questions, please contact me at (410) 427-8727.

Sincerely,

Pete Lawson

Peter C. Lawson
Audit Supervisor
Medicare Audit & Reimbursement

HIGHMARK.
MEDICARE SERVICES
A CMS CONTRACTOR
P.O. Box 890386
Camp Hill, PA 17089-0386