

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Mells</i>	DATE <i>1-17-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000368</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>[Signature]</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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



*Log. Wells
X/1/A*

**Medicare
Part A**

JAN 1 0 2008

RECEIVED

JAN 1 7 2008

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

In compliance with MEDICARE PART A INTERMEDIARY LETTER A 82-10, a final settled copy of the Bon Secours Home Office adjustments are to be forwarded to you. However, the Home Office cost statement reviewed involved fiscal year ending August 31, 2006 does not have any adjustments.

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

<u>PROVIDER NUMBER</u>	<u>PROVIDER NAME</u>
42-0023	St. Francis Hospital

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

Sincerely,

Pete Lawson

Pete Lawson
Audit Supervisor
Highmark Medicare Services



A CMS CONTRACTOR
P.O. Box 890386
Camp Hill, PA 17089-0386
LH061 (9-05)