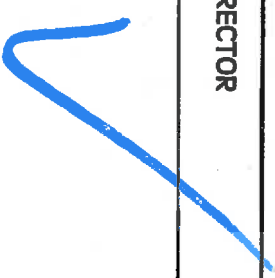


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Wells</i>	DATE <i>4-3-07</i>
--------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000624</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Bowling</i> 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> 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.			

Medicare
Part A

Pos. Wells
"No. Action"
cc: Bowling

MAR 26 2007

RECEIVED

APR 02 2007

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 Reopening I copy of the Bon Secours Home Office adjustments are being forwarded to you. The Home Office cost statement reviewed involved fiscal year ending August 31, 2001.

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

PROVIDER NUMBER
42-0023

PROVIDER NAME
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

 HIGHMARK®
MEDICARE SERVICES

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

ADJUSTMENTS TO MEDICARE STATEMENT OF REIMBURSABLE COST

WORKPAPER ADJUSTMENT #	ROI	WORKPAPER REFERENCE #	ROI-1	PREPARED BY	pd 3/14/17	FINAL SETTLEMENT ADJUSTMENT #
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Adjust to move the offset of "other revenues" to the appropriate expense line, for the verified amounts.

HCFRA PUB. 15-1: 202.2, 2302.5

[illegible]