#### STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRA

AGENCY POR LIH CARE ADMINISTRATION DEPUTY OF

AGENCY FOR HEALTH CARE ADMINISTRATION,

AT

DATE March 5 2004

Petitioner.

DOAH CASE NO. 03-2530MPI AHCA NO. C.I. 99-0779-000 REM-CLUS

VS.

LOVE AND CARE PHARMACY,

Respondent.

FILED

RENDITION DIVISION BIKASHISHISHISH HERITINGS

Date .

FINAL ORDER

This cause was referred to the Division of Administrative Hearings and assigned to an Administrative Law Judge (ALJ) for a formal administrative hearing and the entry of a Recommended Order. The Recommended Order of November 3, 2003, is attached to this Final Order and incorporated herein by reference.

## **RULING ON EXCEPTIONS**

No exceptions were filed.

#### FINDINGS OF FACT

The Agency adopts the findings of fact set forth in the Recommended Order.

## **CONCLUSIONS OF LAW**

The Agency adopts the conclusions of law set forth in the Recommended Order.

# IT IS THEREFORE ADJUDGED THAT:

In accordance with the Recommended Order, Respondent, Love and Care Pharmacy shall remit Medicaid overpayments in the amount of \$1,096,489.77, plus statutory interest, in Medicaid overpayment reimbursement to the Agency for Health

Care Administration. Such payment shall be made in full within thirty (30) days of the rendition of this final order.

DONE and ORDERED in DOAH Case No. 99-0779-000 MPI this

FERUARY, 2004, in Tallahassee, Florida.

RHONDA M. MEDOWS, M.D., SECRETARY Agency for Health Care Administration

## NOTICE OF RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE DISTRICT WHERE THE AGENCY MAINTAINS ITS HEADQUARTERS OR WHERE A PARTY RESIDES. REVIEW PROCEEDINGS SHALL BE CONDUCTED IN ACCORDANCE WITH THE FLORIDA APPELLATE RULES. THE NOTICE OF APPEAL MUST BE FILED WITHIN 30 DAYS OF THE RENDITION OF THE ORDER TO BE REVIEWED.

#### CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been furnished by U.S. or interoffice mail to the persons named below on this of day of

Lealand Is. McCharen, Agency Clerk Agency for Health Care Administration

2727 Mahan Drive, MS #3 Tallahassee, FL 32308

**COPIES FURNISHED TO:** 

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