STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

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STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION,

DOAH CASE NO. 08-5524MPI AUDIT NO. C.I. 08-6463-000

RENDITION NO.: AHCA-09- 173 -FOF-MDO

Petitioner,

v.

GRACE VALENTE, M.D.,

Responde	nt.
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FINAL ORDER

This case was referred to the Division of Administrative Hearings (DOAH) where the assigned Administrative Law Judge (ALJ), Harry L. Hooper, issued a Recommended Order after conducting a formal hearing. At issue in this proceeding is whether Respondent violated federal and state laws addressing Medicaid payments, and, if so, what is an appropriate remedy. The Recommended Order dated February 9, 2009, is incorporated herein by reference.

RULING ON EXCEPTIONS

The parties did not file any exceptions to the Recommended Order.

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:

Respondent is required to repay \$5,350.02 in Medicaid overpayments, plus statutory interest as articulated in the Recommended Order, to the Agency for paid claims covering the period from January 1, 2003 to December 31, 2005. Additionally, the Agency imposes a \$1,500 fine on the Respondent. Respondent shall make full payment of the overpayment and fine to the Agency for Health Care Administration within 30 days of the rendition of this Final Order. Respondent shall pay by check payable to the Agency for Health Care Administration and mailed to the Agency for Health Care Administration, Office of Finance and Accounting, 2727 Mahan Drive, Fort Knox Building 2, Mail Stop 14, Tallahassee, Florida 32308.

DONE and ORDERED this 10th day of Much, 2009, in Tallahassee, Florida.

HOLLY BENSON, 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 20th day of

March , 2009.

RICHARD J. SHOOP, Agency Clerk Agency for Health Care Administration 2727 Mahan Drive, MS #3 Tallahassee, Florida 32308 (850) 922-5873

COPIES FURNISHED TO:

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Henry Evans Finance & Accounting