

STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

FILED
AHCA
AGENCY CLERK

2010 MAR 12 A 9 27

AGENCY FOR HEALTH CARE
ADMINISTRATION

Petitioner,

vs.

DOAH CASE NO. 09-4203MPI

JUDGE: JUNE C. MCKINNEY

DANILO BERNOT, M.D., P.A.,

C.I. NO. 04-2129-000

Respondent.
_____ /

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated March 31, 2006, Danilo Bernot, M.D., ("Respondent") was informed that the State of Florida, Agency for Health Care Administration ("AHCA" or "Agency") was seeking to recoup Medicaid overpayments in the amount of Forty-Six Thousand, Three Hundred Fifty-Four Dollars and Twenty-One cents (\$46,354.21). The Respondent was further informed in the letter that the Agency intended to impose a fine of Two Thousand Dollars (\$2,000.00) for violations of Fla. Admin. Code R. 59G-9.070 and to impose a sanction in the form of a Corrective Action Plan, which is attached herein as Exhibit A. Pursuant to §409.913(6), Florida Statutes, the letter was sent Certified Mail, return receipt requested, to Respondent at the address last shown on the provider enrollment file. Respondent signed

for the letter, and the Agency received the certified mail card on April 4, 2006.

A Petition for an Administrative Hearing was received by the Agency on April 24, 2006 and initially referred to an Informal Hearing Officer. Subsequently, the Informal Hearing Officer entered an Order dated July 29, 2009 referring the case to the Division of Administrative Hearings ("DOAH").

On August 5, 2009, the Petition was forwarded to DOAH by the Agency and assigned to an Administrative Law Judge ("Judge").

Upon Joint Motion of both parties, on September 21, 2009, the Judge entered an Order Closing File and therein remanded the case back to AHCA.

The Respondent subsequently filed a Notice of Voluntary Dismissal with DOAH, effective January 11, 2010, and furnished a copy of the Notice of Dismissal to the Agency attorney by United States mail.


ORDER

BASED on the foregoing, it is ORDERED AND ADJUDGED that Respondent, Danilo Bernot, M.D., refund, forthwith, the sum of Forty-Six Thousand, Three Hundred Fifty-Four Dollars and Twenty-One cents (\$46,354.21) as a Medicaid overpayment plus a fine of Two Thousand Dollars (\$2,000.00) for violations of Fla. Admin.

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Code R. 59G-9.070 for a grand total of Forty-Eight Thousand, Three Hundred Fifty-Four Dollars and Twenty-One cents (\$48,354.21) together with statutory interest as set forth in §409.913(25)(c), Florida Statutes. It is further ordered that AHCA shall impose a sanction in the form of Corrective Action Plan, which is attached hereto and incorporated by reference herein. Respondent shall make payment in full within 30 days of the rendition of this Final Order.

DONE and ORDERED this 11th day of March,
2010, in Tallahassee, Leon County, Florida.



THOMAS W. ARNOLD., SECRETARY
AGENCY FOR HEALTH CARE ADMINISTRATION

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A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH FILING FEE AS 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 RENDITION OF THE ORDER TO BE REVIEWED.

Copies furnished to:

June C. McKinney
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060

Danilo Bernot, M.D., P.A.
c/o Dagmar Llaudy, Esquire
Attorney for the Respondent
1333 Coral Way, Suite 202
Miami, Florida 33145-2900

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Horace Dozier, Field Office Manager,
Medicaid Program Integrity, MS #6
Jesus Rossello, AHCA Administrator
Miami Medicaid Program Integrity Field Office

Finance & Accounting, MS #14

Molly McKinstry, Bureau Chief, HQA Long Term Care Services
Division of Health Quality Assurance, MS#51

Florida Department of Health
ME 0081415

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CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served upon the above-named persons by U.S. Mail or by email transmission as indicated on this 12th day of March, 2010.



RICHARD SHOOP, AGENCY CLERK
State of Florida, Agency for
Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 922-5873