

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

LYNZ MANAGEMENT, INC.,

Respondent.

Case No: 10-9434MPI

Provider No.: 6784275 96

C.I. No.: 10-1336-600

FINAL ORDER

THIS CAUSE came before the undersigned for issuance of a Final Order on a letter entitled, "Termination from Participation," (hereinafter referred to as the "termination letter") dated August 16, 2010, in C.I. No. 10-1336-600. In the termination letter, the AGENCY FOR HEALTH CARE ADMINISTRATION ("AHCA" or "Agency"), informed the Respondent, LYNZ MANAGEMENT, INC., ("PROVIDER") in pertinent part as follows:

Our records indicate that on March 28, 2010 through June 30, 2010 you submitted false Medicaid claims for payment to the Agency for Health Care Administration (Agency). In accordance with Sections 409.913, Florida Statute (F.S.), Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency), is hereby terminating your participation in the Medicaid program (7h). This includes any action that resulted in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services.

The termination letter provided full disclosure and notice to the PROVIDER of procedures for requesting an administrative hearing to contest the sanction.