

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

AGENCY CLERK

2015 APR -1 A 9:37

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

HOWARD BRUCE MILES,

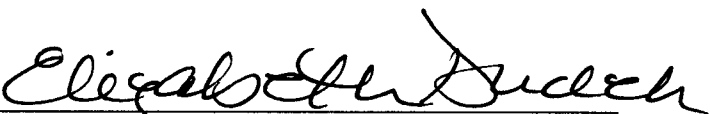
Respondent.

Case No.: 11-5092MPI
Provider No.: 075653900
C.I. No.: 12-0362-000
NPI No.: 1093982308
License No.: DN8225

FINAL ORDER

The PARTIES have resolved this matter without reaching the merits of the facts in dispute. Respondent, Howard Bruce Miles, has agreed to voluntarily relinquish all Medicaid provider numbers assigned to him and cease his participation in the Florida Medicaid program. In consideration for Respondent's voluntarily termination from the Medicaid program, the Agency agreed to rescind its Final Agency Audit Report (sanction letter) of September 2, 2011. Based on the foregoing, Respondent, Howard Bruce Miles is TERMINATED without cause from the Florida Medicaid program. By letter dated September 11, 2014, the Agency withdrew the sanction letter of September 2, 2011.

DONE and ORDERED on this 1 day of April, 2015, in Tallahassee, Florida.


Elizabeth Dudek, Secretary
Agency for Health Care Administration

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:

A.S. Weekley, J., M.D.
Weekley Schulte-Valdes, L.L.C.
1635 North Tampa Street, Suite 100
Tampa, Florida 33602
(U.S. Mail)

Beverly H. Smith, Esquire
Assistant General Counsel
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308
(Interoffice Mail)

Lynn A. Quimby-Pennock
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(U.S. Mail)


Kelly A. Bennett, Chief
Medicaid Program Integrity
(Interoffice Mail)

Finance and Accounting
(Interoffice Mail)

Health Quality Assurance (via email)
DOH (via email)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addressees by U.S. Mail or other designated method on this the 1st day of April, 2015.



Richard J. Shoop, Esquire
Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308-5403
(850) 412-3630/FAX (850) 921-0158



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

September 11, 2014

Mr. Howard Bruce Miles
308 E. Martin L. King Blvd. Suite A
Tampa, Florida 33603

Re: Howard Bruce Miles
C.I. No.: 12-0362-000
Provider License No.: DN8225

Dear Mr. Miles:

Consistent with our agreement in the above referenced matter you have agreed to cease participation in the Florida Medicaid program. As such, AHCA agreed to rescind the Final Audit letter issued in this matter. Please consider this letter notice of such action.

Sincerely,

Kelly A. Bennett, JD, CFE
Interim Chief, Medicaid Program Integrity
Office of the Inspector General

KAB/cja





FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

Better Health Care for all Floridians

RICK SCOTT
GOVERNOR
GOVERNOR

ELIZABETH DUDEK
SECRETARY
ELIZABETH DUDEK
SECRETARY

CERTIFIED MAIL RETURN RECEIPT NO. 7009 2820 0001 5672 2276

September 2, 2011

Provider No: 0756539 00

C.I. No: 12-0362-000

Provider License No: DN8225

Howard Bruce Miles
308 E. Martin L. King Blvd., Ste. A
Tampa, Florida 33603

In Reply Refer to: Sanction

Dear Provider:

In accordance with Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency), shall apply sanctions for violations of federal and state laws, including violations of Medicaid policy. This letter shall serve as notice of the following sanction(s): Provider submitted false information on enrollment application.

- A fine of \$50,000.00 and suspension for violation(s) of (7) (i) under Rule Section 59G-9.070, F.A.C.

Furthermore, this letter serves as notice that continued non-compliance will result in a sanction of suspension from participation in the Medicaid program in accordance with Rule 59G-9.070, F.A.C., and Section 409.913, F.S.

Please remit a certified check in the amount of \$50,000.00. The check must be payable to the **Florida Agency for Health Care Administration**. Questions regarding procedures for submitting payment should be directed to Medicaid Accounts Receivable, (850) 488-5869. To ensure proper credit, be certain your provider number and the investigation case number (12-0362-000) are shown on your check. Please mail payment to:

Medicaid Accounts Receivable - MS # 14
Agency for Health Care Administration
2727 Mahan Drive Bldg. 2, Ste. 200
Tallahassee, FL 32308

If payment is not received, or arranged for, within 30 days of receipt of this letter, the Agency may withhold Medicaid payments or impose additional sanctions, which include, but are not limited to, fines, suspension and termination from the Medicaid Program.

2727 Mahan Drive, MS# 6
Tallahassee, Florida 32308




Visit AHCA online at
<http://ahca.myflorida.com>

Howard Bruce Miles
0756539 00
File 77608 or Case 12-0362-000
September 2, 2011
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You have the right to request a formal or informal hearing pursuant to Section 120.569, F.S. If a request for a formal hearing is made, the petition must be made in compliance with Section 28-106.201, F.A.C. and mediation may be available. If a request for an informal hearing is made, the petition must be made in compliance with rule Section 28-106.301, F.A.C. Additionally, you are hereby informed that if a request for a hearing is made, the petition must be received by the Agency within twenty-one (21) days of receipt of this letter. For more information regarding your hearing and mediation rights, please see the attached Notice of Administrative Hearing and Mediation Rights.

Any questions you may have about this matter should be directed to: Vonnicel M. Blackmon, Investigator, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 412-4600, facsimile (850) 410-1972.

Sincerely,


Horace Dozier
Field Office Manager
Office of Inspector General
Medicaid Program Integrity

Enclosures

cc: AHCA Bureau of Finance and Accounting
Attn: Katrina Derico-Harris
Health Quality Assurance (HQA)
Department of Health (via email)

(Ex.1)

Howard Bruce Miles
0756539 00
File 77608 or Case 12-0362-000
September 2, 2011
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NOTICE OF ADMINISTRATIVE HEARING AND MEDIATION RIGHTS

You have the right to request an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes. If you disagree with the facts stated in the foregoing Final Audit Report (hereinafter FAR), you may request a formal administrative hearing pursuant to Section 120.57(1), Florida Statutes. If you do not dispute the facts stated in the FAR, but believe there are additional reasons to grant the relief you seek, you may request an informal administrative hearing pursuant to Section 120.57(2), Florida Statutes. Additionally, pursuant to Section 120.573, Florida Statutes, mediation may be available if you have chosen a formal administrative hearing, as discussed more fully below.

The written request for an administrative hearing must conform to the requirements of either Rule 28-106.201(2) or Rule 28-106.301(2), Florida Administrative Code, and must be received by the Agency for Health Care Administration, by 5:00 P.M. no later than 21 days after you received the FAR. The address for filing the written request for an administrative hearing is:

**Richard J. Shoop, Esquire
Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Fax: (850) 921-0158**

The request must be legible, on 8 ½ by 11-inch white paper, and contain:

1. Your name, address, telephone number, any Agency identifying number on the FAR, if known, and name, address, and telephone number of your representative, if any;
2. An explanation of how your substantial interests will be affected by the action described in the FAR;
3. A statement of when and how you received the FAR;
4. For a request for formal hearing, a statement of all disputed issues of material fact;
5. For a request for formal hearing, a concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle you to relief;
6. For a request for formal hearing, whether you request mediation, if it is available;
7. For a request for informal hearing, what bases support an adjustment to the amount owed to the Agency; and
8. A demand for relief.

A formal hearing will be held if there are disputed issues of material fact. Additionally, mediation may be available in conjunction with a formal hearing. Mediation is a way to use a neutral third party to assist the parties in a legal or administrative proceeding to reach a settlement of their case. If you and the Agency agree to mediation, it does not mean that you give up the right to a hearing. Rather, you and the Agency will try to settle your case first with mediation.

If you request mediation, and the Agency agrees to it, you will be contacted by the Agency to set up a time for the mediation and to enter into a mediation agreement. If a mediation agreement is not reached within 10 days following the request for mediation, the matter will proceed without mediation. The mediation must be concluded within 60 days of having entered into the agreement, unless you and the Agency agree to a different time period. The mediation agreement between you and the Agency will include provisions for selecting the mediator, the allocation of costs and fees associated with the mediation, and the confidentiality of discussions and documents involved in the mediation. Mediators charge hourly fees that must be shared equally by you and the Agency.

If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the FAR shall be conclusive and final.

Howard Bruce Miles
0756539 00
File 77608 or Case 12-0362-000
September 2, 2011
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Complete this form and send along with your check to:

Agency for Health Care Administration
Medicaid Accounts Receivable
2727 Mahan Drive, Mail Stop #14
Tallahassee, Florida 32308

**CHECK MUST BE MADE PAYABLE TO: FLORIDA AGENCY FOR HEALTH CARE
ADMINISTRATION**

Provider Name: Howard Bruce Miles

Provider ID: 0756539 00

MPI Case #: 12-0362-000

Overpayment Amount: _____

Fine Amount: \$50,000.00


Total Amount Owed: _____

Check Number: _____

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X <i>Audrey Berg</i>	<input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name)	C. Date of Delivery 9-2-11
CI # 12-0362-000/fs/vmb/sanction Howard Bruce Miles 308 E. Martin L. King Blvd., Ste. A Tampa, Florida 33603	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transit)	7009 2820 0001 5672 2276	
Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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SEP 06 2011

Medicaid Integrity

AHCA
 Agency for Health Care Administration
 Office of Inspector General
 Bureau of MEDICAID PROGRAM INTEGRITY
 2227 MAHAN DRIVE, MAIL STOP #6
 TALLAHASSEE, FLORIDA 32308

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YOUR LABEL NUMBER	SERVICE	STATUS OF YOUR ITEM	DATE & TIME	LOCATION	FEATURES
70092820000166722278		Delivered	September 02, 2011, 10:31 am	TAMPA, FL 33603	Certified Mail™
		Arrival at Unit	September 02, 2011, 8:04 am	TAMPA, FL 33604	
		Processed through Sort Facility	September 02, 2011, 2:41 am	TAMPA, FL 33630	

Check on Another Item

What's your label (or receipt) number?



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