

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2014 MAY -7 A 11: 5L

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

v.

AYOADE IDOWU,

Respondent.

C.I. NO.: 12-0553-000
PROVIDER NO.: 003032300
LICENSE NO.: N/A
NPI NO.: N/A
DOAH CASE NO.: 11-5707MPI

FINAL ORDER

THIS CAUSE concerns a request for hearing that the Agency for Health Care Administration (“AHCA” or “Agency”) received pertaining to a Suspension from Participation letter the Agency issued to Respondent, Ayoade Idowu, a Medicaid provider, on October 7, 2011 (Exhibit A).

On October 27, 2011, a Petition for Formal Administrative Hearing contesting the suspension was filed on behalf of the Respondent Ayoade Idowu (Exhibit B).

On November 22, 2013, the Agency issued a Final Order terminating Respondent’s participation as a Medicaid Provider, thereby rendering the prior suspension moot (Exhibit C).

Based on the foregoing, this file is **CLOSED**.

DONE and ORDERED on this the 07th day of May, 2014, in Tallahassee, Florida.


Elizabeth Dudek, 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 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.

CERTIFICATE OF SERVICE

I CERTIFY that a true and correct copy of this Final Order was served on the below-named persons by the method designated on this 7th day of May, 2014.



Richard Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308-5403
Telephone: (850) 412-3630

David W. Nam Office of the General Counsel Agency for Health Care Administration (Electronic Mail)	Richard Zenuch, Chief, Medicaid Program Integrity (Interoffice Mail)
Paul J. Kneski, Esquire Kneski & Kneski Biscayne Building, Suite 807 10 West Flagler Street Miami, Florida 33130 kneskilaw@bellsouth.net (Electronic Mail)	Finance and Accounting
Health Quality Assurance	

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,
Petitioner,

2013 NOV 22 A 11:19

vs.

MPI Reference No.: CI 14-0078-000
Provider No.: 003032300
License No.: N/A
NPI No.: N/A

AYOADE IDOWU,
Respondent.

TERMINATION FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated July 17, 2013, (Ex.1) Ayoade Idowu (Respondent), was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a sanction of termination with cause from participation in the Florida Medicaid program, in accordance with Sections 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.). A termination pursuant to this rule is also called a "for cause" or "with cause" termination. The respondent is prohibited from performing any action that results 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 letter contained full disclosure and notice regarding the Respondent's administrative hearing and due process rights. To date, the Respondent has not requested a hearing to dispute the facts contained in the letter, and the timeframe within which Respondent had to request a hearing has expired.

FINDINGS OF FACTS

1. The letter disclosed the Respondent's administrative and due process rights.
2. The Respondent has not disputed imposition of the sanction as set forth in the letter.

CONCLUSIONS OF LAW

3. The Agency incorporated and adopts the statements and conclusions of law as set forth in the aforementioned letter.
4. The sanction as set forth in the letter is final.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent is **TERMINATED** with cause in accordance with Sections 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code. DONE AND ORDERED this 22 day of November, 2013, in Tallahassee, Florida.

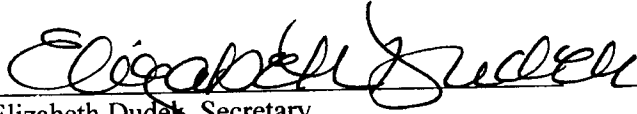

Elizabeth Dudek, Secretary
Agency for Health Care Administration

EXHIBIT C

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 22nd day of November, 2013.



Richard Shoop, Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 412-3630

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:

Ayoade Idowu
2880 W. Oakland Park Blvd Suite 226
Oakland Park, Florida 33311-1368
(U.S. mail)

Richard J. Zenuch, Bureau Chief
Medicaid Program Integrity
(Interoffice mail)

Finance & Accounting
(Interoffice mail)

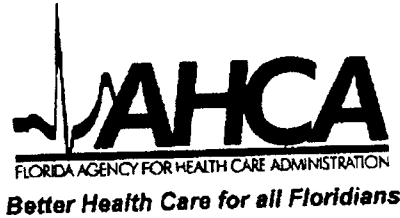
Shawn McCauley
Medicaid Contract Management
(via email only)

Division of Health Quality Assurance
(via email only)

Margaret Reilly
Health Systems Development
(via email only)

Tracy Jeter-Cummings
Health Systems Development
(via email only)

floridaexclusions@oig.hhs.gov
(via email only)



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

CERTIFIED MAIL NO. 7004 2510 0005 6457 7797

July 17, 2013

Ayoade Idowu
2880 W. Oakland Park Blvd Suite 226
Oakland Park, Florida. 33311-1368

Provider No: 003032300
C.I. No: 140078000

Provider License No: N/A
NPI No: N/A

In Reply Refer to: Termination from participation (Exclusion)

Dear Provider:

In accordance with Sections 409.913(14) if a provider has been suspended or terminated from participation in the Medicaid program or the Medicare program by the Federal Government or any other state, the agency must immediately suspend or terminate, as appropriate, the provider's participation in the Florida Medicaid program for a period no less than that imposed by the Federal Government or any other state, and may not enroll such provider in the Florida Medicaid program while such foreign suspension or termination remains in effect. Specifically, AHCA was notified by Medicare that you were excluded from participation in the Medicare program by the Federal Government.

In accordance with Sections 409.913(14), the Agency for Health Care Administration (Agency) is hereby terminating your participation in the Medicaid program. This is a preclusion from participation which includes any action that results 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 is in effect for a period of twenty years. You may not resume participation until authorized by the Agency.

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.**

Ex 1

2727 Mahan Drive, MS# 6
Tallahassee, Florida 32308




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

Ayoade Idowu
Provider No: 003032300
July 17, 2013
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Any questions you may have about this matter should be directed to: **James Guy, AHC Administrator, 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

cc: Kim Kellum, Chief Medicaid Counsel
Health Quality Assurance (HQA)
Tracy Jeter-Cummings, Health Systems Development (email)
Department of Health (via email)

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, MS # 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

Ayoade Idowu
Provider No: 003032300
July 17, 2013
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reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the FAR shall be conclusive and final.

English

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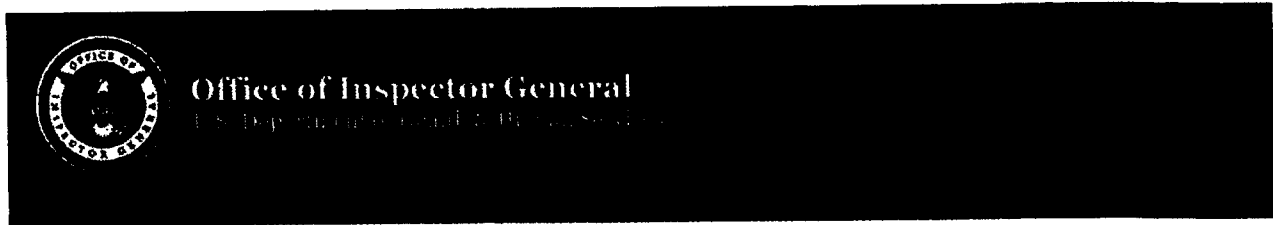
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