

**STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION**

FILED
AHCA
AGENCY CLERK

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

2012 APR 20 A 8:44

Petitioner,

**Case No. 11-6339MPI
Provider No. 142533100
C.I. No. 12-0804-000**

vs.

JUMEROLIS HOME CARE, CORP.,

Respondent.

FINAL ORDER

This cause came before me for issuance of a Final Order. In a sanction letter dated November 9, 2011, Respondent, Jumerolis Home Care Corp. was informed the Agency was seeking to impose a fine in the amount of eight thousand dollars (\$8,000.00). The letter was sent certified mail, return receipt requested to Jumerolis Home Care Corp. (hereinafter "PROVIDER").

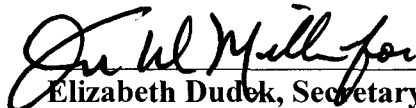
The letter contained full disclosure and notice regarding the PROVIDER'S administrative hearing and due process rights. The PROVIDER filed a petition for hearing. Upon review of documents subsequently submitted by the PROVIDER to the Agency, it was determined the sanction should be recalculated and the fine was adjusted to one thousand dollars (\$1,000.00). A copy of the correspondence reflecting the recalculated fine is attached hereto and incorporated by reference herein.

The PROVIDER paid the fine of \$1,000.00 to the Agency's Finance and Accounting Department on February 21, 2012. Copies of the check(s) and final agency action report(s) are also incorporated by reference herein. The PROVIDER withdrew the Petition.

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Based on the foregoing, the sanction has been paid and the file is **CLOSED**.

DONE AND ORDERED this 19th day of April, 2012, 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:

Allan Cao
Jumerolis Home Care Corp.
956 Southwest 143 Place
Miami, Florida 33184
(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)

Claude B. Arrington
Administrative Law Judge
Division of Administrative Hearings
The DeSoto Building
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(U.S. Mail)

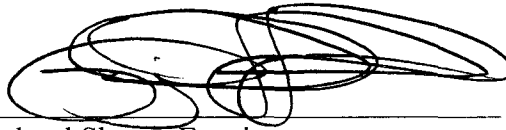
Mike Blackburn, Bureau Chief, Medicaid
Program Integrity
(Interoffice Mail)

Finance and Accounting

Health Quality Assurance

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished to the above named addresses by U.S. Mail on this the 20th day of April, 2012.

A handwritten signature in black ink, appearing to read 'Richard Shoop', is written over a horizontal line.

Richard 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

CERTIFIED MAIL RETURN RECEIPT NO.

January 17, 2012

C.I. No: 120804000

Provider No: 142533100

Provider License No: 9687

Jumerolis Home Care Corporation
956 SW 143rd Place
Miami, Florida, 33184

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 the following violation of Medicaid policy:

- Failure to maintain a current Health Assessment and Service plan in one recipient record.

. This letter shall serve as notice of the following sanction(s):

- A fine of \$1000.00 for violation(s) of 7(e) under Rule Section 59G-9.070, F.A.C.

Furthermore, this letter serves as notice that the agency, upon entry of a final agency order, a judgment or order of a court of competent jurisdiction, or a stipulation or settlement, may collect the moneys owed by all means allowable by law, including, but not limited to, notifying any fiscal intermediary of Medicare benefits that the state has a superior right of payment. Upon receipt of such written notification, the Medicare fiscal intermediary shall remit to the state the sum claimed. This is in accordance with Section 409.913, (25) (d) F.S.

Please remit a certified check in the amount of **\$1000.00**. 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 (**120804000**) 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.

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: **Heberto A. Blandino, Inspector; Agency for Health Care Administration, Medicaid Program Integrity, P.O. Box 52-2804, Miami, Florida 33152-2804, telephone (305) 718-5900, facsimile (305) 718-5944.**

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)

(Ex.1)

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.

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:	<u>Jumerolis Home Care</u>
Provider ID:	<u>142533100</u>
MPI Case #:	<u>120804000</u>
Overpayment Amount:	<u></u>
Fine Amount:	<u>\$1000.00</u>
Total Amount Owed:	<u>\$1000.00</u>
Check Number:	<u></u>

Inv Info	Cross Ref	Activities	Contacts	Notes	Docs	Allegations	Payments
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Payments

Balance	
MAR Number:	14865
Balance per F/A:	\$0.00
Balance Last Updated:	03/07/2012
Paid in Full:	
Repayment Status:	LEGAL - UNDER APPEAL - DOAH

Transactions						
Trans Type	Date	Total Trans Amount	O/P	Fine	Interest	Misc
BILLED	02/21/2012	\$1,000.01	\$0.01	\$1,000.00	\$0.00	\$0.00
BILL ADJUSTMENT	02/21/2012	(\$0.01)	(\$0.01)	\$0.00	\$0.00	\$0.00
COLLECTED	02/21/2012	(\$1,000.00)	\$0.00	(\$1,000.00)	\$0.00	\$0.00
Balance:		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Disclaimer: This balance should not be used to quote amount due by provider. Only F/A can verify amounts for this purpose.