

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

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AGENCY CLERK

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CORAL REEF OPERATING, LLC,
d/b/a CORAL REEF NURSING AND
REHABILITATION CENTER,

Petitioner,

ENGAGEMENT NO.: NH06-160J
PROVIDER NO.: 282529

vs.

RENDITION NO.: AHCA- i4 - 0755 -S-MDA

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Respondent.

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated April 4, 2008, Petitioner was informed that the State of Florida, Agency for Health Care Administration (Agency) had completed an examination of Petitioner's Medicaid cost reports for the reporting period specified in the letter. The letter consisted of an examination report that notified Petitioner of adjustments to its cost report for the reporting period specified in the letter. Adjustments to the cost report impact the rate of Medicaid payments to Petitioner. A retroactive rate adjustment can result in an overpayment determination for which Petitioner is obligated to repay.

The examination report letter was sent Certified Mail, return receipt requested, to Petitioner at the address last shown on the provider enrollment file. The letter contained full disclosure and notice regarding Petitioner's administrative hearing and due process rights. Petitioner requested a hearing to dispute the facts contained in the letter.

FINDINGS OF FACT

1. Petitioner was provided notice of the examination adjustments as set forth in the examination report letter.
2. The examination report letter disclosed the Petitioner's administrative and due process rights.
3. Petitioner agrees to all audit readjustments as set forth in the settlement agreement.

CONCLUSIONS OF LAW

4. The Agency incorporates and adopts the statements and conclusions of law as set forth in the examination report letter.

5. The admitted facts support the conclusion that the cost report adjustments are true and accurate and form the basis for any corresponding rate adjustments.

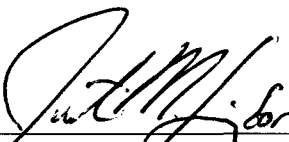
6. Petitioner is advised that the rate adjustments will be assessed immediately and any overpayments which resulted are due and owing to the Agency. Notice of the rate adjustment and any overpayments which resulted from the retroactive rate adjustment have been conveyed to Petitioner. At that time, Petitioner is obligated to repay the overpayments or make satisfactory arrangements with the Agency.

7. Petitioner is also advised that pursuant to Section 409.913(15)(k), Florida Statutes, the Agency is required to apply an administrative sanction where a subsequent cost report includes a cost that is not allowable under a Florida Title XIX reimbursement plan, after having been advised that the costs were not allowable; therefore, Petitioner is advised that any costs that were disallowed by way of the examination report letter on the basis that the cost is not allowable under a Florida Title XIX reimbursement plan are prohibited in any future cost report.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Petitioner's cost reports be adjusted as set forth in the attached Settlement Agreement, that the Agency recalculate the Medicaid reimbursement rate, and that any retroactive rate adjustment which results in an overpayment is now due and owing to the Agency, together with such statutory interest as is set forth in the Florida Statutes. In the event the Petitioner was underpaid, the Agency will pay Petitioner the full amount within forty-five (45) days of notice of recalculation. Where it is determined that Petitioner was overpaid, the Petitioner will reimburse the Agency the full amount of the overpayment within thirty (30) days of the notice of recalculation.

DONE AND ORDERED this 29th day of August, 2014, in Tallahassee, Leon County, 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:

Claudia E. Reingruber, CPA
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Beverly H. Smith
Assistant General Counsel

Mercedes Bosque, Acting Audit Administrator
(Interoffice mail)

Finance & Accounting
(Interoffice mail)

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by Electronic Mail/U.S. Mail or interoffice mail as indicated on this the 2nd day of September, 2014.



Richard Shoop, Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 412-3671