

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED  
ADCA  
AGENCY CLERK

2014 AUG 11 P 3: 34

RES-CARE, INC.,

Petitioner,

CASE NO.: 13-1639MPI  
PROVIDER NO.: 0280381-01  
INVOICE NO.: NH16726

vs.

STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION,

Respondent.

\_\_\_\_\_ /

**FINAL ORDER**

This cause came before the Agency for Health Care Administration for issuance of a Final Order.

1. On April 1, 2013, the Agency sent a letter to the Petitioner notifying the Petitioner that it owed an overpayment in the amount of \$321,216.59 to the Agency based upon an adjustment in the Petitioner's overpayment rates (Exhibit A).
2. On April 23, 2013, the Petitioner filed a Petition for Formal Hearing and the Agency Clerk referred the Petition for Formal Hearing to the Division of Administrative Hearings for further proceedings.
4. On May 13, 2013, the Administrative Law Judge assigned to the case entered an Order Closing File and Relinquishing Jurisdiction based upon a Joint Motion to Relinquish Jurisdiction filed by the parties.
5. On May 23, 2014, the Agency rescinded the overpayment letter (Exhibit B).
6. The Agency's rescission of the overpayment letter has rendered this matter moot.

Based on the foregoing,

**IT IS THEREFORE ORDERED AND ADJUDGED THAT:**

Respondent's right to a hearing in this matter has been rendered moot and the Agency's May 11, 2013 overpayment letter is rescinded. The parties shall govern themselves accordingly.

**DONE AND ORDERED** this 8 day of August, 2014 in Tallahassee, Leon County, 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 THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF THE AGENCY FOR HEALTH CARE ADMINISTRATION, AND A COPY ALONG WITH THE FILING FEE 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 **HEREBY CERTIFY** that a true and correct copy of the foregoing Final Order has been furnished by U.S. or interoffice mail to the persons named below on this 11<sup>th</sup> day of August, 2014.

  
\_\_\_\_\_  
RICHARD J. SHOOP, Agency Clerk  
Agency for Health Care Administration  
2727 Mahan Drive, MS #3  
Tallahassee, Florida 32308  
9850) 412-3630

COPIES FURNISHED TO:

Douglas Lomonico  
Assistant General Counsel

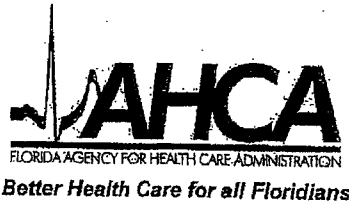
George N. Meros, Jr.  
GrayRobinson, P.A.  
Post Office Box 11189  
Tallahassee, Florida 32302-3189

Medicaid Program Integrity  
Office of the Inspector General

Shawn McCauley  
Medicaid Contract Management

Division of Medical Quality Assurance

Department of Health



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

CERTIFIED MAIL RECEIPT REQUESTED:  
91 7108 2133 3937 6309 2935

APR - 4 2013

April 1, 2013

Nursing Home Administrator  
Res-Care, Inc.  
3205 SE 17<sup>th</sup> St  
Ocala, FL 34471

Dear Administrator:

You have been notified by the Office of Medicaid Cost Reimbursement Analysis of adjustments to your Medicaid reimbursement rates on the remittance voucher run dated: 03/30/13. The adjustments resulted from changes in your cost reports. This action has resulted in a balance due to the Agency in the amount of \$321,216.59 for provider number 028038101/ invoice number NH16726.

If payment is not received, or arranged for, within 30 days of receipt of this letter, the Agency shall withhold Medicaid payments in accordance with the provisions of Chapter 409.913(27), F.S. Furthermore, pursuant to Sections 409.913(25) and 409.913(15), F.S., failure to pay in full, or enter into and abide by the terms of any repayment schedule set forth by the Agency may result in termination from the Medicaid Program. Likewise, failure to comply with all sanctions applied or due dates may result in additional sanctions being imposed. If the overpayment cannot be recouped by this office, Florida law authorizes referral of your account to the Department of Health and to a collection agency. All costs incurred by the Agency resulting from collection efforts will be added to your balance. Additionally, be advised that this referral does not relieve you of your obligation to make payment in full or contact this office to arrange mutually agreeable repayment terms.

In addition, amounts due to the Agency shall bear interest at ten percent (10%) per annum from the date of this letter on the unpaid balance until the account is paid in full. The interest accrual will not be assessed if payment is received by the Agency within 30 days.

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.

2727 Mahan Drive, MS#14  
Tallahassee, Florida 32308



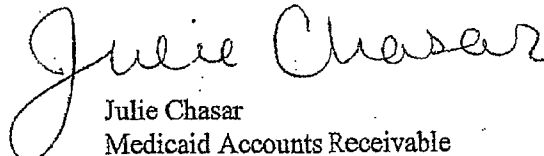
Visit AHCA online at  
<http://ahca.myflorida.com>



**Please include a copy of the enclosed remittance advice to assure proper posting of payments to your provider account.**

Should you have any questions regarding the Medicaid provider account balance information contained in this notice, please contact Julie Chasar (850) 412-4877. Questions regarding the reimbursement rate changes should be directed to Thomas Parker, Office of Medicaid Cost Reimbursement, at (850) 412-4110.

Sincerely,

  
Julie Chasar  
Medicaid Accounts Receivable

JFC



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

**HAND DELIVERED**

May 23, 2014

Res-Care Inc.  
3205 SE 17th St  
Ocala, FL 34471

RE: Provider No. 0280381-01

Invoice No. NH16726

Dear Administrator:

You were previously notified on 03/30/13 by the Bureau of Financial Services that you had an overpayment due to the Agency in the amount of \$ 321,216.59.

**After further review, this amount has been adjusted to zero. Accordingly, there is no payment due at this time.**

Questions regarding these changes should be directed to Katrina Derico-Harris, Accounting Services Supervisor II at (850) 412-3822.

Sincerely,

Michael Murphy  
Financial Administrator

EXHIBIT **B**

