

FILED
AHCA
AGENCY CLERK

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION 2017 OCT 24 P 12: 16

AGENCY FOR HEALTH CARE
ADMINISTRATION,

DOAH CASE NO. 15-3875MPI
MPI CASE NO.: 2015-0002000
C.I. NO.: 13-0070-000
PROVIDER NO.: 010035800
NPI NO.: 1528042884
LICENSE NO.: 4085

Petitioners,

vs.

BAPTIST HOSPITAL OF MIAMI, INC.
D/B/A BAPTIST HOSPITAL OF MIAMI,

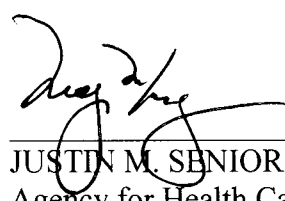
RENDITION NO.: AHCA- 17 - 0612 -S-MDO

Respondent.

FINAL ORDER

THE PARTIES resolved all disputed issues and executed a Settlement Agreement. The parties are directed to comply with the terms of the attached settlement agreement. Based on the foregoing, this file is **CLOSED**.

DONE and ORDERED on this the 24 day of October, 2017, in Tallahassee, Florida.



JUSTIN M. SENIOR, 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:

Baptist Hospital Inc. of Miami, Inc.
D/B/A Baptist Hospital of Miami
P.O. Box 025333
Miami, FL 33102-5333
(U.S. mail)

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Health Quality Assurance
(E-Mail)

Kelly Bennett, Chief, MPI
(Interoffice mail)

Bureau of Financial Services
(Interoffice mail)

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 24th day of, October 2017.



Richard J. Shoop, Esquire
Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, MS #3
Tallahassee, Florida 32308-5403
(850) 412-3689/FAX (850) 921-0158

EXHIBIT 2

From: [Karen McCrink](#)
To: [Davis, Mechelle](#)
Cc: [Shepherd, Johnnie](#); [Beth Gillis](#)
Subject: RE: CI 13-0070-000 Final Audit Report
Date: Friday, June 05, 2015 9:07:09 AM
Attachments: [image001.png](#)

June 2nd, The same day I emailed you for the password

Karen McCrink
Government Programs Manager
786 594-6185
fax 786 594-6310

From: Davis, Mechelle [<mailto:Mechelle.Davis@ahca.myflorida.com>]
Sent: Friday, June 05, 2015 9:01 AM
To: Karen McCrink
Cc: Shepherd, Johnnie; Beth Gillis
Subject: CI 13-0070-000 Final Audit Report

Good morning Karen,

When did you receive the Final Audit Report package?

Mechelle Davis
Medical Health Care Program Analyst

Medicaid Program Integrity, Building 2
2727 Mahan Drive, MS # 6
Tallahassee, Florida 32308,
850-412-4565 (Office)
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