

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

2022 AUG 24 A 10: 55

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION,

Petitioner,

vs.

HEALCHOICE CORP.,

Respondent.

DOAH Case No.: 22-1963MPI
Provider No.: 103375300
NPI No.: 1932665510
License No.: N/A
MPI Case No.: 2022-0022029

FINAL ORDER

THIS CAUSE comes before the STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION ("Agency" or "AHCA") concerning a Final Audit Report ("FAR") dated May 24, 2022. The FAR concluded that HEALCHOICE CORP. ("Provider") was overpaid in the amount of \$234,684.00 for services that in whole or in part are not covered by Medicaid. Sanctions in the amount of \$46,936.80 were waived, and no costs were assessed. The total amount due in the FAR was \$234,684.00. A copy of the FAR is attached as Exhibit A and incorporated by reference.

On June 17, 2022, Provider timely filed a Petition for Formal Administrative Hearing with respect to the FAR, which was forwarded by the Agency Clerk to the Division of Administrative Hearings ("DOAH"). A copy of the Petition is attached as Exhibit B and incorporated by reference.

Thereafter, the parties agreed that once Provider updated its address and other contact information with the Agency, the Agency would rescind the FAR, and the parties would resume the audit process. The parties memorialized this agreement in a Stipulation which is attached as Exhibit C and incorporated by reference.

On July 13, 2022, the parties moved to relinquish jurisdiction from DOAH and on July 14, DOAH rendered an Order Relinquishing Jurisdiction and Closing File. A copy of that Order is attached as Exhibit D and incorporated by reference.

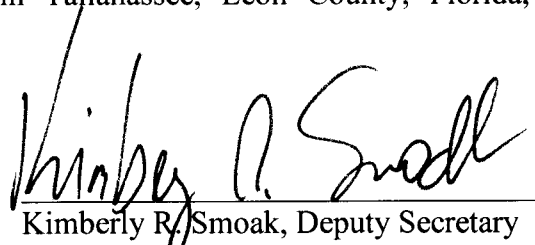
On August 1, 2022, Provider notified the Agency that it had updated its address and other contact information with the Agency.

On August 3, 2022, the Agency rescinded the FAR dated May 24, 2022. A copy of the letter rescinding the FAR is attached as Exhibit E and incorporated by reference.

It is therefore **ORDERED** and **ADJUDGED**:

1. The Petition filed on June 17, 2022, is dismissed.
2. MPI case number 2022-002029 remains open and the parties are instructed to resume the audit process in accordance with the attached stipulation.

DONE and ORDERED in Tallahassee, Leon County, Florida, this 23rd day of August, 2022.



Kimberly R. Smoak, Deputy Secretary
Division of Health Quality Assurance
Agency for Health Care Administration

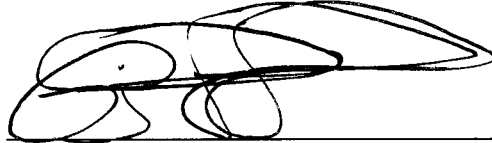
A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO A JUDICIAL REVIEW WHICH SHALL BE INSTITUTED BY FILING ONE COPY OF A NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A SECOND COPY ALONG WITH THE FILING FEE AS PRESCRIBED BY LAW, WITH THE DISTRICT COURT OF APPEAL IN THE APPELLATE 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:

<p>Healchoice Corp. 15462 SW 18th Street Miami, FL 33185 (U.S. Mail)</p>	<p>Giacomo Bossa, Esquire Barakat + Bossa 27901 Ponce de Leon Boulevard, #202 Coral Gables, FL 33124 gbossa@b2b.legal (Electronic Mail)</p>
<p>Kelly Bennett, Chief MPI Division of Health Quality Assurance Medicaid Program Integrity Kelly.Bennett@ahca.myflorida.com (Electronic Mail)</p>	<p>Javier Talamo, Esquire Kravitz, Talamo & Leyton PLLC 7600 West 20th Avenue, Suite 213 Hialeah, FL 33016 talamo@ktl-law.com (Electronic Mail)</p>
<p>Josefina M. Tamayo, Esquire General Counsel Office of the General Counsel Josefina.Tamayo@ahca.myflorida.com (Electronic Mail)</p>	<p>Bernard Hudson, Bureau Chief Division of Health Quality Assurance Bureau of Health Facility Regulation BHFR@ahca.myflorida.com (Electronic Mail)</p>
<p>Shena L. Grantham, Esquire MAL & MPI Chief Counsel Office of the General Counsel Shena.Grantham@ahca.myflorida.com (Electronic Mail)</p>	<p>La-Shonna Austin, Financial Administrator Bureau of Financial Services La-Shonna.Austin@ahca.myflorida.com (Electronic Mail)</p>
<p>Ryan Fitch, Chief Central Services Division of Health Quality Assurance Bureau of Central Services CSMU-86@ahca.myflorida.com (Electronic Mail)</p>	<p>Katrina.Derico-Harris, MAR Unit Mgr. Medicaid Accounts Receivables Unit Bureau of Financial Services Katrina.Derico-Harris@ahca.myflorida.com (Electronic Mail)</p>
<p>Pamela Hull, Bureau Chief Medicaid Plan Management Operations Pamela.Hull@ahca.myflorida.com (Electronic Mail)</p>	<p>Cheryl Travis, Bureau Chief Bureau of Medicaid Fiscal Agent Operations Cheryl.Travis@ahca.myflorida.com (Electronic Mail)</p>
<p>Susan Sapoznikoff, Esquire Senior Attorney Office of the General Counsel Susan.Sapoznikoff@ahca.myflorida.com (Electronic Mail)</p>	<p>Erica Baker, Government Analyst II Bureau of Plan Management Operations Erica.Baker@ahca.myflorida.com (Electronic Mail)</p>

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 this the 24th day of August, 2022.



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 A

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

FEDERAL EXPRESS MAIL No.: 8144 0488 2316

May 24, 2022

Provider No.: 103375300

NPI No.: 1932665510

License No.: N/A

Healchoice Corp
3970 W Flagler ST, Ste 203-204
Coral Gables, FL 33134-1642

In Reply Refer to
FINAL AUDIT REPORT
MPI Case No.: 2022-0022029

Dear Provider:

The Agency for Health Care Administration (Agency), Medicaid Program Integrity (MPI), has completed a review of claims for Medicaid reimbursement for dates of service during the period January 2, 2020, through July 30, 2021. A letter dated March 11, 2022, was sent to you by HMS indicating that you were overpaid **\$234,684.00**. Based upon a review of all documentation submitted, we have determined that you were overpaid **\$234,684.00** for services that in whole or in part are not covered by Medicaid. A fine of \$0 has been applied. The cost assessed for this audit is \$0.00. The total amount due is **\$234,684.00**.

Be advised of the following:

- (1) In accordance with Sections 409.913(15), (16) and (17), Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency shall apply sanctions for violations of federal and state laws, including Medicaid policy. This letter shall serve as notice of the following sanction(s):
 - A fine of **\$46,936.80** for violation(s) of Rule 59G-9.070(7)(e), F.A.C. has been waived.
- (2) Pursuant to Section 409.913(23)(a), F.S., the Agency is entitled to recover all investigative, legal, and expert witness costs.



BACKGROUND

The Agency is designated as the single state agency authorized to make payments for medical assistance and related services under Title XIX of the Social Security Act and Title 42 of the Code of Federal Regulations, otherwise known as the Medicaid program. Pursuant to Section 409.902, F.S., payments shall be made, subject to any limitations or directions provided for in the General Appropriations Act, only for services included in the program, shall be made only on behalf of eligible individuals, and shall be made only to qualified providers in accordance with federal requirements for Title XIX of the Social Security Act and the provisions of state law.

Reimbursement by the State for medical goods or services provided to persons eligible for Medicaid assistance is available when the services are provided in accordance with applicable Medicaid laws, regulations, and policies. Section 409.913, F.S., and Chapter 59G, F.A. C. authorizes the Agency to operate a program to oversee the activities of Florida Medicaid recipients, and providers and their representatives. MPI is the state Medicaid oversight program responsible for conducting reviews, investigations, and/or audits to determine possible fraud, abuse, overpayment, or recipient neglect in the Medicaid program.

PURPOSE AND SCOPE

The purpose of this audit is to conduct a review of paid claims information and any Medicaid-related records maintained during the aforementioned audit period that you submitted to MPI in order to determine compliance with applicable Medicaid laws, regulations, and policy. The review and the determination of overpayment were made in accordance with the provisions of Section 409.913, F.S.

As a Medicaid provider, you are obligated to comply fully with all state and federal laws, rules, regulations, and statements of policy applicable to the Medicaid program, including the Medicaid Provider Handbooks issued by the Agency and all applicable federal, state, and local laws pertaining to licensure. Below is a discussion of the particular findings related to MPI's review of your claims and an explanation of why these claims do not meet Medicaid requirements. The audit work papers are attached, listing the claims that are affected by this determination.

FINDINGS

According to Medicaid Policy, services rendered to recipients enrolled in a managed care plan must be billed to the managed care plan. The 2012 Florida Medicaid Provider General Handbook, page 1-12, states that providers must verify recipient eligibility prior to serving the recipient, must verify third party sources prior to billing Medicaid, must bill the primary insurer prior to billing Medicaid, and that Medicaid is the payer of last resort. Pages 3-5 through 3-9 discuss recipient eligibility verification, and describe the various ways that providers can access recipient eligibility information, including information about a recipient's managed care membership and other third party insurance coverage. Page 3-10 describes managed care coverage, states that Medicaid reimbursement is restricted when a Medicaid recipient is enrolled in a managed care program, and re-iterates that a provider must verify whether the recipient is enrolled in a managed care program prior to delivering services. Finally, according to page 5 of the 2017 Florida Medicaid Definitions

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Provider No.: 103375300
MPI Case No.: 2022-0022029
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Policy, fee for service reimbursements are reimbursements for services rendered to recipients who are not enrolled in a managed care plan. A review of your claims revealed that fee for service reimbursements were paid to you for recipients who were enrolled in a managed care or other primary insurance plan on the date the service was rendered. Fee for service payments made to you for recipients enrolled in a managed care plan are considered an overpayment.

PROVIDER RIGHTS

If you are currently involved in a bankruptcy, you should notify your attorney immediately and provide a copy of this letter for them. Please advise your attorney that we need the following information immediately: (1) the date of filing of the bankruptcy petition; (2) the case number; (3) the court name and the division in which the petition was filed (e.g., Northern District of Florida, Tallahassee Division); and (4) the name, address, and telephone number of your attorney.

If you are not in bankruptcy and you concur with our findings, remit by certified check in the amount of **\$234,684.00**, which includes the overpayment amount as well as any fines imposed and assessed costs. 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) 412-3901. To ensure proper credit, be certain that you legibly record on your check your Medicaid provider number and the MPI Case No. listed on the first page of this audit report. Please mail payment to:

Agency for Health Care Administration
Medicaid Accounts Receivable
2727 Mahan Drive, Mail Stop #14
Tallahassee, FL 32308

Pursuant to Section 409.913(25)(d), F.S., the Agency may collect money owed by all means allowable by law, including, but not limited to, exercising the option to collect money from Medicare that is payable to the provider. The Final Audit Report constitutes a probable cause determination by the Agency that you were overpaid by the Medicaid program. This correspondence is being sent to the address last shown on your provider enrollment file in compliance with Section 409.913(6), F.S. Thus, pursuant to Section 409.913(27), F.S., if within 30 days following this notice you have not either repaid the alleged overpayment amount or entered into a satisfactory repayment agreement with the Agency, your Medicaid reimbursements will be withheld; they will continue to be withheld, even during the pendency of an administrative hearing, until such time as the overpayment amount is satisfied. Pursuant to Section 409.913(30), F.S., the Agency shall terminate your participation in the Medicaid program if you fail to repay an overpayment or enter into a satisfactory repayment agreement with the Agency, within 35 days after the date of a final order which is no longer subject to further appeal. Pursuant to Sections 409.913(15)(q) and 409.913(25)(c), F.S., a provider that does not adhere to the terms of a repayment agreement is subject to termination from the Medicaid program. Finally, failure to comply with all sanctions applied or due dates may result in additional sanctions being imposed.

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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 Rule 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 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.**

Section 409.913(12), F.S., provides exemptions from the provisions of Section 119.07(1), F.S., for the complaint and all information obtained pursuant to an investigation of a Medicaid provider relating to an allegation of fraud, abuse, or neglect. The Agency has made the determination that your violation(s) of Medicaid policy constitute fraud or abuse as referenced in Section 409.913, F.S. Thus, all information obtained pursuant to this review is confidential and exempt from the provisions of Section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Any questions you may have about this matter should be directed to: **James Sauls, MPI Analyst, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, or email at James.Sauls@AHCA.myflorida.com.**

Sincerely,



Dawn Coste, AHFI
Program Administrator
Medicaid Program Integrity
Agency for Health Care Administration

DC/js

Enclosure(s)

Copies furnished to:

Bureau of Financial Services
(Interoffice mail)

Division of Health Quality Assurance
Bureau of Health Facility Regulation
(Electronic Mail)
BHFR@ahca.myflorida.com

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Division of Health Quality Assurance
Bureau of Central Services
(Electronic Mail)
CSMU-86@ahca.myflorida.com

Notice: Section 409.913(16), Florida Statutes (F.S.), provides the authority for the Agency to impose the sanction of termination for cause if a provider voluntarily relinquishes its Medicaid provider number or an associated license, or allows the associated licensure to expire after receiving written notice that the Agency is conducting, or has conducted, an audit, survey, inspection, or investigation and that a sanction of suspension or termination will or would be imposed for noncompliance discovered as a result of the audit, survey, inspection, or investigation. This is notice that the Agency is conducting an audit, survey, inspection, or investigation within the meaning of 409.913(16), F.S. Accordingly, if you voluntarily terminate your Medicaid provider number, voluntarily relinquish an associated license, or allow an associated license to expire following receipt of this notice but prior to the conclusion of this audit, survey, inspection, or investigation, said action will result in the imposition of the sanction of termination for cause from the Medicaid program.

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
Phone: (850) 412-3630
E-File Website: <http://apps.ahca.myflorida.com/Efile>

Petitions for hearing filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at the address listed above, by facsimile transmission to (850) 921-0158, or by electronic filing through the Agency's website at <http://apps.ahca.myflorida.com/Efile>.

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

Healchoice Corp
Provider No.: 103375300
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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.

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If you **choose to make payment** and **do not** wish to request a hearing, please return this page along with your check to:

Agency for Health Care Administration
Medicaid Accounts Receivable
2727 Mahan Drive, Mail Stop #14
Tallahassee, Florida 32308

The check must be made payable to:

FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Provider Name	Healchoice Corp
Provider ID	103375300
MPI Case Number	2022-0022029
Total Amount Due	\$234,684.00
Check Number	

Any questions you may have about this matter should be directed to: James Sauls, MPI Analyst. Email contact is James.Sauls@AHCA.myflorida.com

Payment for Medicaid Program Integrity Audit



EXHIBIT B

Giacomo Bossa, Esq.
gbossa@b2b.legal

June 17, 2022

Via E-FILE WEBSITE

Richard J. Shoop, Esquire
Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
Fax: (850) 921-0158
Phone: (850) 412-3630
E-File Website: <http://apps.ahca.myflorida.com/Efile>

RE: Healchoice Corp
Provider #: 103375300
MPI Case #: 2022-0022029
Medicaid Reimbursement Dates of Service: 01/02/2020 – 07/30/2021
Petition for Chapter 120 Administrative Hearing

Dear Mr. Shoop,

This firm represents Petitioner, Healchoice Corp., a Florida corporation (“Petitioner”) with regard to the above referenced matter. We are in receipt of the Agency for Health Care Administration letter dated May 24, 2022, and delivered on May 27, 2022 addressed to Healchoice Corp., a copy which is enclosed for your easy reference. In response to this letter, please find Petitioner’s Petition for a Chapter 120 Administrative Hearing.

Sincerely,
Barakat + Bossa

/s/Giacomo Bossa
GIACOMO BOSSA, ESQ.
For the firm

BARAKAT
+ BOSSA

2701 Ponce de Leon Blvd #202
Coral Gables, FL 33134
(305) 444-3114

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

Healchoice Corp,

Petitioner

v.

**State of Florida, AGENCY FOR HEALTH
CARE ADMINISTRATION**

Respondent,

_____ /

PETITION FOR FORMAL ADMINISTRATIVE HEARING

Petitioner, Healchoice Corp, by and through their undersigned counsel and pursuant to Sections 120.569 and 120.57(1), Florida Statutes and Rules 28-106.201 (2) or Rule 28-106.301 (2), Florida Administrative Code, file this petition for formal administrative hearing and state:

1. The affected agency is The Agency for Health Care Administration, 2727 Mahan Drive, Mail Stop #3, Tallahassee, Florida 32308. The MPI Case number is 2022-0022029.
2. Petitioner is Healchoice Corp., 3970 W Flagler ST, Ste 203-204, Coral Gables, FL 33134-1642; Petitioner is being represented in these proceedings by Barakat + Bossa, 2701 Ponce de Leon #202, Coral Gables, FL 33134; Telephone: (305) 444-3114.

PETITIONER'S SUBSTANTIAL INTERESTS ARE AFFECTED

3. Petitioner has been fined following an audit by the Agency.
4. Petitioner did not participate in the audit.
5. Petitioner did not review the results of the audit.
6. Petitioner is being required to pay a substantial fine for services actually provided, for which Petitioner incurred costs.

DISPUTED ISSUES OF MATERIAL FACT

7. Petitioner disputes the findings of the Audit.
8. Petitioner disputes the fine.
9. Petitioner disputes the requirement that the payments for services to the recipients allegedly audited were to be submitted to a primary insurer.
10. Petitioner disputes the requirement that the payment for services to the recipients allegedly audited were to be submitted to a managed care plan provider.
11. Petitioner claims that Medicaid changed its policy and accepted the recipients allegedly audited, which before were being rejected for coverage.
12. By changing course, Medicaid signaled that it was changing its Medicaid Policy, and paying for services for the recipients regardless of whether TPL or managed care coverage were or were not available.
13. Even if the third-party sources or managed care coverage were available, Petitioner disputes that they would have provided coverage or sufficient coverage.
14. Because Petitioner did not receive or participate in the audit, Petitioner reserves the right to later amend the Disputed Issues of Material Fact.

STATEMENT OF ULTIMATE FACTS

15. Petitioner verified eligibility for the recipients at issue.
16. The recipients had no other TPL or managed care coverage available.
17. Historically, the recipients at issue were denied coverage by Medicaid.
18. However, when COVID hit, Medicaid reversed course and started granting coverage for the recipients.
19. After the softening of the pandemic, Medicaid went back to denying coverage and services were no longer provided.
20. Petitioner was entitled to rely on Medicaid's behavior.
21. In fact, the entire industry knew of the change and relied on Medicaid's behavior.

22. Because of the reasonable reliance on Medicaid's behavior, Petitioner should not be obligated to pay any amounts and instead Medicaid should go collect the fees from the alleged third-party sources.

RULES AND STATUTES ENTITLING PETITIONER TO RELIEF

23. Petitioner is entitled to relief pursuant to Sections 120.569, and 120.57(1), Florida Statutes and Chapter 58A-5.106, Florida Administrative Code.

DEMAND FOR RELIEF

WHEREFORE, Petitioner respectfully prays for the following relief:

- A. That the Agency grants Petitioner's request for a formal hearing.
- B. That this Petition be forwarded to an Administrative Law Judge and then a final order withdrawing the fine be entered by the Administrative Law Judge.
- C. That the fine be withdrawn, or that, in the alternative, the fine be reduced.

RESPECTFULLY SUBMITTED this 17th day of June, 2022.

CERTIFICATE OF SERVICE

I, HEREBY CERTIFY that a copy of the foregoing Petition for Formal Administrative Proceeding has been furnished by E-File Website on June 17, 2022, prior to 5:00 pm.

BARAKAT + BOSSA
2701 Ponce de Leon Blvd., Suite 202
Coral Gables, Florida 33134
Tel: (305) 444-3114
Fax: (305) 444-3115
Email: gbossa@b2b.legal
service@b2b.legal

By: */s/ Giacomo Bossa*
GIACOMO BOSSA, Esq.
Florida Bar No.: 97817

EXHIBIT C

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

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

Petitioner,

**DOAH CASE NO.: 22-1963MPI
MPI CASE NO.: 2022-0022029
PROVIDER ID.: 103375300**

vs.

HEALCHOICE CORP.,

Respondent.

_____ /

STIPULATION TO RELINQUISH JURISDICTION

Petitioner, the **STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION** (“AHCA” or “Agency”), and Respondent, **HEALCHOICE CORP.**, (“Respondent” or “Provider”), collectively “the Parties,” by and through the undersigned, hereby stipulate and agree as follows:

- 1. The Agency, via HMS, conducted an audit of Medicaid claims submitted by or on behalf of Provider for the period January 2, 2020, through July 30, 2021 (“the audit period”).
- 2. In a letter dated March 9, 2022 (“PAR”), HMS notified Provider that its preliminary review indicated an overpayment of \$234,684.00 based on certain claims during the audit period that, in whole or in part, were inappropriately paid by Medicaid.
- 3. The PAR was returned as undeliverable, even though it was sent to the address of record in Provider’s Medicaid file.
- 4. Agency then issued a Final Audit Report (“FAR”) dated May 24, 2022, reasserting the overpayment. The FAR was delivered to and received by Respondent.

5. In response to the FAR, Respondent timely filed a Petition for a Formal Administrative Hearing.

6. The Parties now desire to relinquish jurisdiction back to the Agency and return to the PAR stage.

7. AHCA agrees to rescind the FAR once Provider updates its contact information with the Agency's provider enrollment unit.

8. Provider agrees that its execution of this Stipulation constitutes Provider's withdrawal of its Petition for a Formal Administrative Hearing.

9. This Stipulation does not constitute an admission of wrongdoing or error by either party.

10. The signatories to this Stipulation, acting in a representative capacity, represent that they are duly authorized to enter into this Stipulation on behalf of the respective parties.


11. The Parties agree to bear their own attorney's fees and costs, if any.

12. This Stipulation shall be in full force and effect upon execution by the last signatory hereto.

REMAINDER OF THIS PAGE INTENTIONALLY LEFT BLANK

SIGNATURE PAGE TO FOLLOW


HEALCHOICE CORP.,



Giacomo, Bossa, Esq.
Barakat + Bossa
Attorney for Respondent

Dated:

7/13/2022

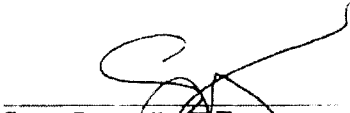


Javier Talamo, Esq.
Kravitz, Talamo and Leyton PLLC
Attorney for Respondent

Dated:

7/13/2022

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



Susan Sapoznikoff Esq.
Medicaid Admin. Litigation Counsel

Dated:

July 13, 2022

EXHIBIT D

**STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS**

AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

Case No. 22-1963MPI

HEALCHOICE CORP.,

Respondent.

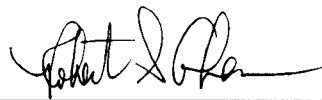
ORDER CLOSING FILE AND RELINQUISHING JURISDICTION

This cause having come before the undersigned on the Joint Motion to Relinquish Jurisdiction (“Motion”), filed July 13, 2022, and the undersigned being fully advised, it is, therefore,

ORDERED that:

1. The Motion is GRANTED.
2. The file of the Division of Administrative Hearings is closed. Jurisdiction is relinquished to the Agency for Health Care Administration.

DONE AND ORDERED this 14th day of July, 2022, in Tallahassee, Leon County, Florida.



ROBERT S. COHEN
Administrative Law Judge
1230 Apalachee Parkway
Tallahassee, Florida 32399-3060
(850) 488-9675
www.doah.state.fl.us

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EXHIBIT E

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

FEDEX TRACKING NO.: 8143 9699 4527

August 3, 2022

Provider No.: 103375300
NPI No.: 1932665510

Healchoice Corp
15462 SW 18TH ST
Miami, FL 33185-5852

In Reply Refer to
FINAL AUDIT REPORT *RESCINDED*
MPI Case No.: 2022-0022029

Dear Provider:

The Agency for Health Care Administration (Agency), Medicaid Program Integrity (MPI), completed a review of claims for Medicaid reimbursement for dates of service during the period January 2, 2020, through July 30, 2021. A final audit report dated May 24, 2022, was sent to you indicating that we had determined you were overpaid \$234,684.00. That audit report is hereby rescinded. However, be advised that the claims that were at issue during this review remain subject to further audit by the Agency. Furthermore, Section 409.913(9), F.S., requires a Medicaid provider to retain medical, professional, financial, and business records pertaining to goods and services furnished to Medicaid recipients for a period of five years after the date of furnishing the goods and services.

Section 409.913(12), F.S., provides exemptions from the provisions of Section 119.07(1), F.S. All information obtained pursuant to this review is confidential and exempt from the provisions of Section 119.07(1), F.S., until the Agency takes final agency action with respect to the provider and requires repayment of any overpayment or imposes an administrative sanction by Final Order.

Any questions you may have about this matter should be directed to: James Sauls, MPI Analyst, **Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, or email at James.Sauls@ahca.myflorida.com.**

Sincerely,

Dawn Coste, AHFI
Program Administrator
Medicaid Program Integrity

DC/js

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AHCA.MyFlorida.com



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Susan Sapoznikoff
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