

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

vs.

MPI Reference No.: 2015-0004157

Provider No.: 252870300

License No.: N/A

NPI No.: 1871550996

FILED  
AHCA  
AGENCY CLERK

2015 JUL -2 A 11:43

SALOMON E. MELGEN,

Respondent.

**SUSPENSION FINAL ORDER**

THIS CAUSE is before me for issuance of a Final Order. In a letter dated April 3, 2015, (Ex.1), Salomon E. Melgen (Respondent), was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a sanction of suspension from participation in the Florida Medicaid program pursuant to Rule 59G-9.070, Florida Administrative Code. This includes suspension in Magellan Medicaid Administration, Inc., effective the date of this suspension final order. The respondent is prohibited from performing any action that results in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services.

The letter contained full disclosure and notice regarding the Respondent's administrative hearing and due process rights. To date, the Respondent has not requested a hearing to dispute the facts contained in the letter, and the timeframe within which Respondent had to request a hearing has expired.

**FINDINGS OF FACTS**

1. The letter disclosed the Respondent's administrative and due process rights.
2. The Respondent has not disputed imposition of the sanction as set forth in the letter.

**CONCLUSIONS OF LAW**

3. The Agency incorporated and adopts the statements and conclusions of law as set forth in the aforementioned letter.
4. The sanction as set forth in the letter is final.

**ORDER**

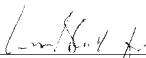
BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent is **SUSPENDED** from participation in the Florida Medicaid program pursuant to Rule 59G-9.070, Florida Administrative Code.

DONE AND ORDERED this 26<sup>th</sup> day of June, 2015, in Tallahassee, Florida.

  
Elizabeth Dudek, Secretary  
Agency for Health Care Administration

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that a true and correct copy of the foregoing has been served on the above-named persons by U.S. Mail or interoffice mail as indicated on this the 26 day of July, 2015.

  
Richard Shoop, Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, Building #3  
Tallahassee, Florida 32308-5403  
(850) 412-3630

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:

Salomon E. Melgen  
Vitreo-Retinal Consultants  
2521 Metrocentre Boulevard  
West Palm Beach, Florida 33407-3106  
(U.S. mail)

Shawn McCauley  
Medicaid Contract Management  
(E-mail)

Finance & Accounting  
(Interoffice mail)

Kelly Bennett, Chief  
Office of the Inspector General  
Medicaid Program Integrity  
(Interoffice mail)

Tracy Jeter-Cummings  
Health Systems Development  
(E-mail)

Division of Health Quality Assurance  
(E-mail)

Suzanne Stacknik  
Health Systems Development  
(E-mail)



RICK SCOTT  
GOVERNOR  
ELIZABETH DUDEK  
SECRETARY

**CERTIFIED MAIL NO.: 91 7199 9991 7033 7530 0613**

April 3, 2015

Salomon E. Melgen  
d/b/a Vitreo-Retinal Consultants  
2521 Metrocentre Blvd.  
West Palm Beach, FL 33407-3106

**Provider No:** 2528703-00  
**Case No:** 2015-0004157

**Provider License No:** N/A  
**NPI No:** 1871550996

**In Reply Refer to: Suspension from participation (Indictment) (7L & 7P)**

Dear Provider:

Our records indicate your indictment on April 1, 2015 with charges as set forth in charging document. In accordance with Sections 409.913, Florida Statute (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency) is hereby suspending your participation in the Medicaid program for the duration of the indictment. This includes any action that results in a claim for payment to the Medicaid program as a result of furnishing, supervising a person who is furnishing, or causing a person to furnish goods or services.

To resume participation, the provider must submit a written request to Jennifer Ellingsen, Program Administrator, Office of the Inspector General, Medicaid Program Integrity, to be reinstated in the Medicaid program. The request must include a copy of the notice of suspension issued by the Agency, and a written acknowledgement regarding whether the violation(s) that brought rise to the suspension has been remedied. The provider may not resume participation in the Medicaid program until the provider receives written confirmation from the Agency indicating that participation in the Medicaid program has been authorized. However, if the provider is found guilty as a result of the indictment, the suspension will convert to a termination.

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.**

(EX.1)

2727 Mahan Drive • Mail Stop #6  
Tallahassee, FL 32308  
AHCA.MyFlorida.com



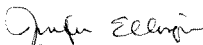
Facebook.com/AHCAFlorida  
Youtube.com/AHCAFlorida  
Twitter.com/AHCA\_FL  
SlideShare.net/AHCAFlorida

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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: **Jennifer Ellingsen, Program Administrator, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 412-4600, facsimile (850) 410-1972.**

Sincerely,



Jennifer Ellingsen  
Program Administrator  
Office of the Inspector General  
Medicaid Program Integrity

JE/sb

cc: Shena Grantham, FFS, Medicaid Chief Counsel  
Health Quality Assurance (HQA) (via email)  
Tracy Jeter-Cummings, Health Systems Development (via email)  
Shawn McCauley, Medicaid Contract Management (via email)  
Department of Health (DOH) (via email)

**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.

Salomon E. Melgen  
Provider No: 2528703-00  
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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.

**USPS Tracking Number:** [9171999991703375300613](#) Automatically Open Carrier Tracking Page Link

Date	Time	Description	Location	Signed
4/10/2015	11:06 AM	Delivered	WEST PALM BEACH, FL 33407	
4/9/2015	7:38 PM	Departed USPS Facility	WEST PALM BEACH, FL 33416	
4/9/2015	7:44 AM	Arrived at USPS Facility	WEST PALM BEACH, FL 33416	
4/8/2015	1:04 AM	Departed USPS Facility	TALLAHASSEE, FL 32301	
4/7/2015	11:08 PM	Arrived at USPS Origin Facility	TALLAHASSEE, FL 32301	
4/7/2015	9:53 PM	Accepted at USPS Origin Sort Facility	TALLAHASSEE, FL 32308	