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AHCA  
AGENCY CLERK

STATE OF FLORIDA  
AGENCY FOR HEALTH CARE ADMINISTRATION 2018 JUL 10 P 3:45

STATE OF FLORIDA,  
AGENCY FOR HEALTH CARE  
ADMINISTRATION,

Petitioner,

MPI Case No.: 2018-0010310  
Provider No.: 017682700  
License No.: N/A  
NPI No.: 1245689561

vs.

DAISY RAVELO,

Respondent.

**TERMINATION FINAL ORDER**

THIS CAUSE is before me for issuance of a Final Order. In a letter dated June 5, 2018, (Ex.1) Daisy Ravelo (Respondent), was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a sanction of termination with cause from participation in the Florida Medicaid program, in accordance with Sections 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.). A termination pursuant to this rule is also called a "for cause" or "with cause" termination. 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 and was sent to the address last shown on the provider's provider enrollment file in compliance with Section 409.913(6), F.S., which specifies that it is "the responsibility of the provider to furnish and keep the agency informed of the provider's current address. United States Postal Service proof of mailing or certified or registered mailing of such notice to the provider at the address shown on the provider enrollment file constitutes sufficient proof of notice." The certified mail receipt is attached hereto and incorporated herein as Ex. 2. 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**

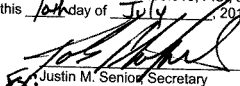
1. The letter disclosed the Respondent's administrative and due process rights and was sent via certified mail to the address last shown on the provider's provider enrollment file. See Ex. 2.
2. The Respondent has not disputed imposition of the sanction as set forth in the letter.

**CONCLUSIONS OF LAW**

3. The Agency incorporates 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 **TERMINATED** with cause in accordance with Sections 409.913, F.S., and Rule 59G-9.070, F.A.C. DONE AND ORDERED this 10th day of July, 2018, in Tallahassee, Florida.

  
Justin M. Senior, 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 11<sup>th</sup> day of July, 2018.



Richard J. Shoop, Agency Clerk  
State of Florida  
Agency for Health Care Administration  
2727 Mahan Drive, MS #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:

Daisy Ravelo  
6107 Palm Drive  
Fort Pierce, FL 34982  
(U.S. mail)

Kelly Bennett, Chief  
Medicaid Program Integrity  
(Interoffice mail)

Division of Health Quality Assurance  
Bureau of Health Facility Regulation  
(E-mail)

Shawn McCauley  
Medicaid Fiscal Agent Operations  
(E-mail)

Tracy Jeter-Cummings  
Medicaid Plan Management Operations  
(E-mail)

[floridaexclusions@oig.hhs.gov](mailto:floridaexclusions@oig.hhs.gov)  
(E-mail)

Bureau of Financial Services  
(Interoffice mail)

Division of Health Quality Assurance  
Bureau of Central Services  
[CSMU-86@ahca.myflorida.com](mailto:CSMU-86@ahca.myflorida.com)

Warren Moore  
Medicaid Plan Management Operations  
(E-mail)

[providerterminations@cms.hhs.gov](mailto:providerterminations@cms.hhs.gov)  
(E-mail)  
(With CMS Notification Template)



RICK SCOTT  
GOVERNOR

JUSTIN M. SENIOR  
SECRETARY

**CERTIFIED MAIL NO.:** 7011 1570 0000 3001 5032

June 5, 2018

Daisy Ravelo  
6107 Palm Drive  
Fort Pierce, FL 34982

**Provider No.:** 017682700  
**NPI No.:** 1245689561

**MPI Case No.:** 2018-0010310  
**License No.:** N/A

**In Reply Refer to: Termination from Participation**

Dear Provider:

The Agency for Health Care Administration (Agency), Medicaid Program Integrity (MPI), finds that the provider or an authorized representative of the provider, or a person who ordered, authorized, or prescribed the goods or services, has submitted or caused to be submitted false Medicaid claims. The basis for this finding includes, but is not limited to, a review of the attached list of Medicaid claims, and a determination by MPI that the services billed for included claims for a rendering provider who could not have rendered the claims as billed due to the excessive units of service.

Because this investigation remains ongoing, additional evidence of false claims may be discovered. Furthermore, additional details about this investigation may be shared with other entities, including law enforcement, as required by state and federal law. Additional bases for this action may be discovered and may include, but are not limited to: submitting or causing claims for services not rendered; services rendered as other than BA services; services (whether rendered or not) which were authorized (through prior authorization processes) through deception; services which included a rendering provider who was not eligible to participate (is unqualified and is believed to have obtained a provider number through deception); and, services that included a rendering provider for whom the group (billing provider) indicated was not affiliated with the group.

In accordance with Section 409.913(15)(h), Florida Statutes (F.S.), and Rule 59G-9.070(7)(h), Florida Administrative Code (F.A.C.), the Agency is hereby *terminating your participation in the Medicaid program*. This is a preclusion from participation which 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. The termination is in effect for a period of twenty years. You may not resume participation until authorized by the Agency and must seek the authorization as specified in Rule 59G-9.070, F.A.C.

The Agency reserves the right to pursue overpayment recovery related to this issue, and termination from participation in the Medicaid program does not alleviate the liability for these overpayments nor the possibility of criminal prosecution.

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



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

Ex 1

Daisy Ravelo  
Provider No.: 017682700  
MPI Case No.: 2018-0010310  
Page 2 of 4

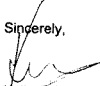
You have the right to request a formal or informal hearing pursuant to Section 120.569, F.S. If a request for a formal hearing is made, the petition must be made in compliance with Rule 28-106.201, F.A.C., and mediation may be available. If a request for an informal hearing is made, the petition must 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.**

This correspondence is being sent to the address last shown on your provider enrollment file in compliance with Section 409.913(6), F.S. 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: **Tim Helms** ([Tim.Helms@ahca.myflorida.com](mailto:Tim.Helms@ahca.myflorida.com)), or myself ([Kelly.Bennett@ahca.myflorida.com](mailto:Kelly.Bennett@ahca.myflorida.com)).

Sincerely,



Kelly A. Bennett, JD, CFE, AHFI, CIG  
Chief, Medicaid Program Integrity

TH/dw/sl

Notice: Section 409.913(16), 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 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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**Tracking Number:** 70111570000030015032

Remove X

Your item was delivered to an individual at the address at 4:12 pm on June 9, 2018 in FORT PIERCE, FL 34982.

 **Delivered**

June 9, 2018 at 4:12 pm  
Delivered, Left with Individual  
FORT PIERCE, FL 34982

Get Updates 

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**Text & Email Updates**



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**Tracking History**



**June 9, 2018, 4:12 pm**  
Delivered, Left with Individual  
FORT PIERCE, FL 34982

Your item was delivered to an individual at the address at 4:12 pm on June 9, 2018 in FORT PIERCE, FL 34982.

**June 9, 2018**  
In Transit to Next Facility

Ex 2

**June 8, 2018**

In Transit to Next Facility

**June 7, 2018, 9:31 pm**

Departed USPS Regional Facility  
WEST PALM BEACH FL DISTRIBUTION CENTER

**June 7, 2018, 2:17 pm**

Arrived at USPS Regional Facility  
WEST PALM BEACH FL DISTRIBUTION CENTER

**June 7, 2018**

In Transit to Next Facility

**June 6, 2018, 4:21 am**

Departed USPS Regional Facility  
TALLAHASSEE FL DISTRIBUTION CENTER

**June 6, 2018, 12:17 am**

Arrived at USPS Regional Facility  
TALLAHASSEE FL DISTRIBUTION CENTER

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