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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2009 AUG 31 P 4: 08

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

MPI reference No.: CI 09-8896-000
Provider No.: 2573555 00

DOUGLAS M. LANES, MD

Respondent.

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated July 20, 2009, Douglas M. Lanes, M. D. (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) was imposing a sanction of termination from participation in the Florida Medicaid program pursuant to Rule 59G-9.070, Florida Administrative Code.

Pursuant to Section 409.913(6), Florida Statutes, the letter was sent to Respondent at the address last shown on the provider enrollment file. The letter contained full disclosure and notice regarding Respondent's administrative hearing and due process rights. To date, 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. A letter was sent to Respondent at the address last shown on the provider enrollment file that imposed a sanction of termination from participation in the Florida Medicaid program pursuant to Rule 59G-9.070, Florida Administrative Code.

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


CONCLUSIONS OF LAW

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

ORDER

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

DONE AND ORDERED this 26th day of August, 2009, in Tallahassee,
Florida.



Holly Benson, 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:

Douglas M. Lanes, M. D.
3700 Washington Street, Ste. 304
Hollywood, Florida 33021
(U.S. mail, certified)

Peter H. Williams
Chief, Office of Inspector General, Medicaid Program Integrity
(Interoffice mail)

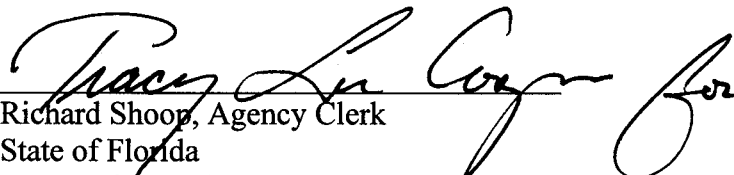
Katrina Derico-Harris
Finance & Accounting
(Interoffice mail)

Ronald W. Shipp
Government Analyst I
Division of Medical Quality Assurance
Department of Health
4052 Bald Cypress Way, Bin C-75
Tallahassee, FL 32399-3275

Shawn McCauley, Medicaid Contract Management

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 31st day of August, 2007


Richard Shoop, Agency Clerk
State of Florida
Agency for Health Care Administration
2727 Mahan Drive, Building #3
Tallahassee, Florida 32308-5403
(850) 922-5873



CHARLIE CRIST
GOVERNOR

HOLLY BENSON
SECRETARY

CERTIFIED MAIL NO. 7006 3450 0003 8979 5905

July 20, 2009

Douglas Lanes, M. D.
3700 Washington Street, Ste. 304
Hollywood, Florida 33021

Provider No: 2573555 00

In Reply Refer to: Termination from participation CI # 09-8896-000

Dear Dr. Lanes:

Our records indicate that on June 4, 2009 the Agency for Health Care Administration (Agency) issued a final agency action letter imposing a sanction for outstanding debt that is owed to the Agency, related to a Medicaid payment. The letter further informed you that, in accordance with Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), continued non-compliance would result in termination from the Medicaid program. As such, the Agency is hereby terminating your participation in the Medicaid program. 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. This will take effect immediately.

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.**

Any questions you may have about this matter should be directed to: Horace Dozier, Field Office Manager, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 921-1802, facsimile (850) 410-1972.

Sincerely,

Horace Dozier
Field Office Manager
Office of Inspector General
Medicaid Program Integrity

cc: Kim Kellum, Chief Medicaid Counsel
Alan Strowd, Bureau Chief, Medicaid Contract Management
Jim Hampton, Division of Medicaid

2727 Mahan Drive, MS# 6
Tallahassee, Florida 32308



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<http://ahca.myflorida.com>

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

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.

Printed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

7006 3450 0003 8979 5905

Douglas Lanes, MD
 3700 Washington Street, Ste. 304
 Hollywood, Florida 33021
 CI# 09.8856.000 / TERM / vmb

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

7/27/09

5. Received By: (Print Name)

Rosa Blanco

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X Rosa Blanco

is your RETURN

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.