

STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

FILED
AHCA
AGENCY CLERK

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

2012 MAR -1 A 10: 35

vs.

MPI Reference No.: CI 12-1314-000
Provider No.: 0365009 00
License No. ME19342
NPI No.: 1073605838

ENGIN G. AKSU. M.D.,
Respondent.

TERMINATION FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated January 5, 2012, (Ex.1) Engin G. Aksu, M. D. (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. **This includes termination in Magellan Medicaid Administration, Inc. effective the date of this termination 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.

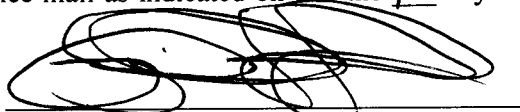
ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent is **TERMINATED** with cause in accordance with Sections 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code. DONE AND ORDERED this 1 day of March, 2012, 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 1st day of March, 2012.



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:

Engin G. Aksu
1219 S. E. 4th Avenue
Ft. Lauderdale, Florida 33316
(U.S. mail, ~~certified~~)

Mike Blackburn, Bureau Chief
Medicaid Program Integrity
(Interoffice mail)

Shawn McCauley
Medicaid Contract Management
(via email only)

Margaret Reilly
Health Systems Development
(via email only)

Department of Health
License No.:ME19342
(via email only)

floridaexclusions@oig.hhs.gov
(via email only)

Finance & Accounting
(Interoffice mail)

Division of Health Quality Assurance
License No.:
(via email only)

Tracy Jeter-Cummings
Health Systems Development
(via email only)



FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Better Health Care for all Floridians

Better Health Care for all Floridians

RICK SCOTT
GOVERNOR
RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY
ELIZABETH DUDEK
SECRETARY

CERTIFIED MAIL NO. 7008 1300 0000 6171 2626

January 5, 2012

Engin G. Aksu, M.D.
1219 S.E. 4th Avenue
Ft. Lauderdale, Florida 33316

Provider No: 0365009 00
C. I. No: 12-1314-000

Provider License No: ME19342
NPI No: 1073605838

In Reply Refer to: Termination from Participation

Dear Provider:

Our records indicate that on October 12, 2010, the Agency for Health Care Administration (Agency), issued a final order imposing a sanction for suspension for failure to reimburse Agency for monies owed. 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.

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)



Engin Alsu, M. D.
Provider No: 0365009 00
January 12, 2012
Page 2 of 4

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) 412-4600, facsimile (850) 410-1972.

Sincerely,


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

HD/vmb

cc: Kim Kellum, Chief Medicaid Counsel
Division of Health Quality Assurance (HQA)
Department of Health (via email only)
Tracy Jeter-Cummings, Health Systems Development (via email only)

Engin Alsu, M. D.
Provider No: 0365009 00
January 5, 2012
Page 3 of 4

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.

Engin Alsu. M. D.
Provider No: 0365009 00
January 5, 2012
Page 4 of 4

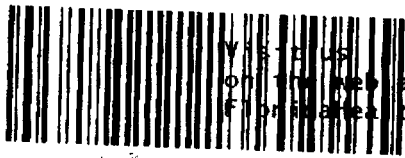
If a written request for an administrative hearing is not timely received you will have waived your right to have the intended action reviewed pursuant to Chapter 120, Florida Statutes, and the action set forth in the FAR shall be conclusive and final.

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>CI # 12-1314-000/i/vmb/sofar term Engin G. Aska, M.D. 1219 S.E. 4th Avenue Ft. Lauderdale, Florida 33316</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transit) 7008 1300 0000 6171 2626</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

102595-02-M-1540

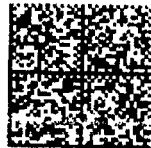
CERTIFIED MAIL



7008 1300 0000 6171 2626

AHCA
 FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION
 2727 MAHAN DRIVE MAIL STOP #6
 TALLAHASSEE, FLORIDA 32308-5403

FIRST CLASS



UNITED STATES POSTAGE
 02 1M
 000 42851 41
 MAILED FROM ZIP

no longer at this address

- REASON RETURNED
- Moved, Left No Address
 - Unable to Forward
 - Addressed - Not Known
 - Unclaimed
 - No Such Street
 - Insufficient Address
 - Refused
 - No Such Number

Engin G. Aska, M.D.
 1219 S.E. 4th Avenue
 Ft. Lauderdale, Florida 33316

Refused

Home No.

English

Customer Service

USPS Mobile

Register / Sign In



Search USPS.com or Track Packages

Search USPS.com or Track Packages

Quick Tools

Ship a Package

Send Mail

Manage Your Mail

Shop

Business Solutions

Track & Confirm

GET EMAIL UPDATES PRINT DETAILS

YOUR LABEL NUMBER

7008130000061712626

SERVICE

STATUS OF YOUR ITEM

DATE & TIME

LOCATION

FEATURES

Delivered

January 17, 2012, 10:06 am

TALLAHASSEE, FL 32317

Certified Mail™

Moved, Left no Address

January 10, 2012, 10:49 am

FORT LAUDERDALE, FL

Undeliverable as Addressed

January 09, 2012, 12:09 pm

FORT LAUDERDALE, FL 33316

Arrival at Unit

January 07, 2012, 5:12 am

FORT LAUDERDALE, FL 33316

Processed through USPS Sort Facility

January 07, 2012, 2:20 am

FORT LAUDERDALE, FL 33310

Check on Another Item

What's your label (or receipt) number?

Find

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Terms of Use >
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STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION

2010 JUN 28 A 10: 25

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

MPI Case No.: 10-1257-300 & 10-1258-100
FACTS File No.: 67262 & 67269
Provider No.: 0365009 00 & 0627666 00
License No.: ME0019342

ENGIN G. AKSU

Respondent.
_____/

AMENDED FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In certified letters dated April 6, and April 7, 2010, Engin G. Aksu (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) applied fines in the amount of \$5,000.00 each pursuant to Rule 59G-9.070, Florida Administrative Code. Pursuant to Section 409.913(6), Florida Statutes, the letters were sent to the Respondent at the address last shown on the provider enrollment files. Both were signed for on April 12, 2010.

The letters 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.

FINDINGS OF FACT

1. The letters were sent to the Respondent at the address last shown on the provider enrollment files. The letters was signed for on April 12, 2010. Each letter notified the Provider that the Agency applied a fine in the amount of \$5,000.00 each.

2. The letters disclosed the Respondent's administrative and due process rights.

3. The Respondent has not disputed the facts set forth in the letter. Therefore, those facts, each and every one, are hereby deemed admitted, and form the factual basis for the existence of a violation by the Respondent.

4. As such the Respondent is fined in the amount of \$10,000.00. That amount is now due and owing.

CONCLUSIONS OF LAW

5. The Agency incorporates and adopts the statements and conclusions of law as set forth in the letters dated April 6 and 7, 2010.

6. The admitted facts support the conclusion that the amount of the stated fines is due and owing, under the law generally set forth in the letter.

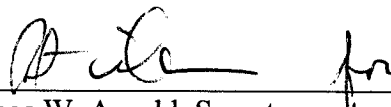
7. Furthermore, the Respondent is advised that pursuant to §409.913, Florida Statutes, failure to pay in full, or enter into and abide by the terms of any repayment schedule set forth by the Agency may result in termination from the Medicaid program, withholding of future Medicaid payments, or other such remedies as provided by law.

8. Finally, the Respondent is advised that continued non-compliance with the violation that formed the basis for the sanctions or the failure to satisfy the terms of the sanctions applied, may result in additional sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent refund, forthwith, the sum of \$10,000.00.

DONE and **ORDERED** this 24th day of June, 2010, in Tallahassee, Florida.



Thomas W. Arnold, 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:

Engin G. Aksu
1219 SE 4th Avenue
Fort Lauderdale, Florida 33316
(U.S. mail)

Mike Blackburn, Bureau Chief
Medicaid Program Integrity
(interoffice mail)

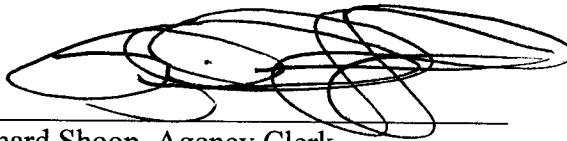
Finance & Accounting
(interoffice mail)

Division of Health Quality Assurance
(via email only)

Department of Health
License No.: ME0019342
(via email only)

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 28th day of June, 2010.



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

2010 JUN -4 P 2:11

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

STATE OF FLORIDA,
AGENCY FOR HEALTH CARE
ADMINISTRATION,

Petitioner,

vs.

MPI Case No.: 10-1257-300 & 10-1258-100
FACTS File No.: 67262 & 67269
Provider No.: 0365009 00 & 0627666 00
License No.: ME0019342

ENGIN G. AKSU

Respondent.

FINAL ORDER

THIS CAUSE is before me for issuance of a Final Order. In a letter dated April 6, 2010, Engin G. Aksu (Respondent) was informed that the State of Florida, Agency for Health Care Administration (Agency) applied a fine in the amount of \$5,000.00 pursuant to Rule 59G-9.070, Florida Administrative Code. Pursuant to Section 409.913(6), Florida Statutes, the letter was sent to the Respondent at the address last shown on the provider enrollment file. The letter was signed for on April 12, 2010.

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.

FINDINGS OF FACT

1. The letter was sent to the Respondent at the address last shown on the provider enrollment file. The letter was signed for on April 12, 2010. The letter notified the Provider that the Agency applied a fine in the amount of \$5,000.00.

2. The letter disclosed the Respondent's administrative and due process rights.

3. The Respondent has not disputed the facts set forth in the letter. Therefore, those facts, each and every one, are hereby deemed admitted, and form the factual basis for the existence of a violation by the Respondent.

4. As such the Respondent is fined in the amount of \$5,000.00. That amount is now due and owing.

CONCLUSIONS OF LAW

5. The Agency incorporates and adopts the statements and conclusions of law as set forth in the letter dated April 6, 2010.

6. The admitted facts support the conclusion that the amount of the stated fine is due and owing, under the law generally set forth in the letter.

7. Furthermore, the Respondent is advised that pursuant to §409.913, Florida Statutes, failure to pay in full, or enter into and abide by the terms of any repayment schedule set forth by the Agency may result in termination from the Medicaid program, withholding of future Medicaid payments, or other such remedies as provided by law.

8. Finally, the Respondent is advised that continued non-compliance with the violation that formed the basis for the sanction or the failure to satisfy the terms of the sanction applied, may result in additional sanctions pursuant to Rule 59G-9.070, Florida Administrative Code.

ORDER

BASED on the foregoing, it is **ORDERED** and **ADJUDGED** that the Respondent refund, forthwith, the sum of \$5,000.00.

DONE and **ORDERED** this 4th day of June, 2010, in Tallahassee,
Florida.



Thomas W. Arnold, 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:

Engin G. Aksu
1219 SE 4th Avenue
Fort Lauderdale, Florida 33316
(U.S. mail)

D. Kenneth Yon, Bureau Chief
Medicaid Program Integrity
(interoffice mail)

Finance & Accounting
(interoffice mail)

Division of Health Quality Assurance
(via email only)

Department of Health
License No.: ME0019342
(via email only)

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 4th day of June, 2010.



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



CHARLIE CRIST
GOVERNOR

THOMAS W. ARNOLD
SECRETARY

CERTIFIED MAIL RETURN RECEIPT REQUESTED NO.7006 3450 0003 8979 6360

April 6, 2010

Provider No: 0365009 00

Provider License No: ME0019342

Engin G. Aksu
1219 SE 4th Avenue
Fort Lauderdale, Florida 33316

In Reply Refer to: CI No. 10-1257-300

Dear Dr. Aksu:

Our records indicate that you have not reimbursed the Agency for Health Care Administration for the amount ordered to be paid by way of a Final Order issued on May 8, 2008. In accordance with Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency) shall apply sanctions for violations of federal and state laws, including the failure to repay monies owed to the Agency. This letter shall serve as notice of the following sanction(s):

- A fine of \$5,000.00 for violation(s) of (8) (b) under Rule Section 59G-9.070, F.A.C.

Furthermore, this letter serves as notice that continued non-compliance will result in the sanction of suspension from participation in the Medicaid program in accordance with Rule 59G-9.070, F.A.C. and Section 409.913, F.S.

Please remit a certified check in the amount of \$5,000.00. 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) 488-5869. To ensure proper credit, be certain your provider number and the investigation file or case number (10-1257-000) are shown on your check. Please mail payment to:

Medicaid Accounts Receivable - MS # 14
Agency for Health Care Administration
2727 Mahan Drive Bldg. 2, Ste. 200
Tallahassee, FL 32308

If payment is not received, or arranged for, within 30 days of receipt of this letter, the Agency may withhold Medicaid payments or impose additional sanctions, which include, but are not limited to, fines, suspension and termination from the Medicaid Program.

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,

2727 Mahan Drive, MS# 6
Tallahassee, Florida 32308



Visit AHCA online at
<http://ahca.myflorida.com>

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: **Vonniciel M. Blackmon, Investigator, 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.**

Additionally, to avoid further sanctions related to the failure to provide records upon request, correspondence and the requested records should immediately be sent to the following address:

Vonniciel M. Blackmon, Investigator
Agency for Health Care Administration
Office of Inspector General
Medicaid Program Integrity
2727 Mahan Drive, Mail Stop # 6
Tallahassee, FL 32308-5403

If you have any questions, please contact Vonniciel M. Blackmon, Investigator, at (850) 921-1802.

Sincerely,



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

Enclosures

cc: **AHCA Bureau of Finance and Accounting**
Attn: Katrina Derico Harris

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, MS # 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.

Complete this form and send along with your check to:

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

**CHECK MUST BE MADE PAYABLE TO: FLORIDA AGENCY FOR HEALTH CARE
ADMINISTRATION**

Provider Name: _____

Provider ID: _____

MPI Case #: _____

Overpayment Amount: _____

Fine Amount: _____

Total Amount Owed: _____

Check Number: _____



CHARLIE CRIST
CHARLIE CRIST
GOVERNOR

Better Health Care for all Floridians
Better Health Care for all Floridians

THOMAS W. ARNOLD
THOMAS W. ARNOLD
SECRETARY

CERTIFIED MAIL RETURN RECEIPT REQUESTED NO.7006 3450 0003 8979 6377

April 7, 2010

Provider No: 0627666 00

Provider License No: ME0019342

**E. Aksu, M.D.
1219 S.E. 4th Avenue
Ft. Lauderdale, Florida 33316**

In Reply Refer to: CI No. 10-1258-100

Dear Dr. Aksu:

Our records indicate that you have not reimbursed the Agency for Health Care Administration for the amount ordered to be paid by way of a Final Order issued on May 8, 2008. In accordance with Section 409.913, Florida Statutes (F.S.), and Rule 59G-9.070, Florida Administrative Code (F.A.C.), the Agency for Health Care Administration (Agency) shall apply sanctions for violations of federal and state laws, including the failure to repay monies owed to the Agency. This letter shall serve as notice of the following sanction(s):

- A fine of \$5,000.00 for violation(s) of (8) (b) under Rule Section 59G-9.070, F.A.C.

Furthermore, this letter serves as notice that continued non-compliance will result in the sanction of suspension from participation in the Medicaid program in accordance with Rule 59G-9.070, F.A.C. and Section 409.913, F.S.

Please remit a certified check in the amount of \$5,000.00. 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) 488-5869. To ensure proper credit, be certain your provider number and the investigation file or case number (10-1258-100) are shown on your check. Please mail payment to:

Medicaid Accounts Receivable - MS # 14
Agency for Health Care Administration
2727 Mahan Drive Bldg. 2, Ste. 200
Tallahassee, FL 32308

If payment is not received, or arranged for, within 30 days of receipt of this letter, the Agency may withhold Medicaid payments or impose additional sanctions, which include, but are not limited to, fines, suspension and termination from the Medicaid Program.

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,



E. Aksu, M. D.
0627666 00
File 67269 or Case10-1258-100
Page 2 of 4

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.

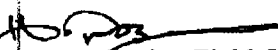
Any questions you may have about this matter should be directed to: Vonniciel M. Blackmon, Investigator, Agency for Health Care Administration, Medicaid Program Integrity, 2727 Mahan Drive, Mail Stop #6, Tallahassee, Florida 32308-5403, telephone (850) 921-1802, facsimile (850) 410-1972.

Additionally, to avoid further sanctions related to the failure to provide records upon request, correspondence and the requested records should immediately be sent to the following address:

Vonniciel M. Blackmon, Investigator
Agency for Health Care Administration
Office of Inspector General
Medicaid Program Integrity
2727 Mahan Drive, Mail Stop # 6
Tallahassee, FL 32308-5403

If you have any questions, please contact Vonniciel M. Blackmon, Investigator, at (850) 921-1802.

Sincerely,


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

Enclosures

cc: AHCA Bureau of Finance and Accounting
Attn: Katrina Derico Harris

E. Aksu, M. D.
0627666 00
File 67269 or Case 10-1258-100
Page 3 of 4

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.

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, MS # 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.

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E. Aksu, M. D.
0627666 00
File 67269 or Case10-1258-100
Page 4 of 4

Complete this form and send along with your check to:

~~PLEASE PRINT YOUR CHECK TO:~~

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

**CHECK MUST BE MADE PAYABLE TO: FLORIDA AGENCY FOR HEALTH CARE
ADMINISTRATION**

Provider Name: _____

Provider ID: _____

MPI Case #: _____

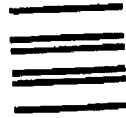
Overpayment Amount: _____

Fine Amount: _____

Total Amount Owed: _____

Check Number: _____

UNITED STATES POSTAL SERVICE



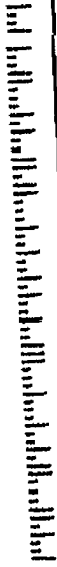
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Agency for Health Care Administration
Medicaid Program Integrity
2 2727 Mahan Drive, Mail Stop #6
1 Tallahassee, Florida 32308-5403
Discovery Intake Unit/bp

RECEIVED

APR 14 2010

Medicaid Program Integrity



E. Aksu M.D.
1219 S.E. 4th Avenue
Ft. Lauderdale, Florida 33316

SENDER: COMPLETE THE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Deliv. Delivery is desired.
- Print your name and add address on the reverse so that we can return the card to you.
- Attach this card to the the back of the mailpiece, or on the front if space space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by *[Signature]* (Printed Name) Date of Delivery
 Yes
 No
 C. delivery address different from item 1? Yes
 No
 (ES, enter delivery address below:)

Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7006 3450 0003 8979 6377
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt
 102596-02-04-1590

S.A. / 67269

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the base back of the mailpiece, or on the front if space permits.

Jin G. Aksu
 19 SE 4th Avenue
 Ft. Lauderdale, Florida 33316

COMPLETE THIS SECTION ON DELIVERY

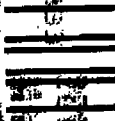
A. Signature <input checked="" type="checkbox"/> <i>JG</i>	<input type="checkbox"/> Agent
B. Received by (Printed Name) <i>JG</i>	<input type="checkbox"/> Addressee
C. Date of Delivery <i>2-12</i>	<input type="checkbox"/> Yes
<input type="checkbox"/> No Is delivery address different from item 1? If YES, enter delivery address below:	

Service Type	
<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number (Transfer from service label) *7006 3450 0003 8979 6360*
Sanction 6 67862 VBLag
 PS Form 3811, February 2ary 2004 Domestic Return Receipt 102595-02-M-1540

UNITED STATES POSTAL SERVICE
FORT LAUDERDALE FL 333

1212 APR 2010 PM 3



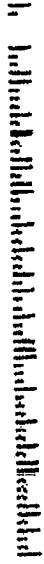
First-Class Mail
Postage & Fees Paid
USPS
Permit No. 840

Agency for Health Care Administration
Medicaid Program Integrity
2727 Mahan Drive, Mail Stop #6
Tallahassee, Florida 32308-5403
Discovery Intake Unit/bp

RECEIVED

APR 14 2010

Medicaid Program Integrity



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