



RICK SCOTT
GOVERNOR
JUSTIN M. SENIOR
SECRETARY

May 14, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
9489 0090 0027 6029 2636 44

Elite Care Plus, LLC dba Astoria Assisted Living
319 Eldridge Ave
Orange Park, FL 32073-2956

RE: Termination of Medicaid Provider Agreement
Provider Number(s) **0192753-00**

Dear Medicaid Partner:

Section 8 of the Medicaid Provider Agreement states that either party may terminate the agreement upon thirty (30) days written notice by either party.

Please be advised that the Agency has elected to exercise its termination rights under Section 8 of the provider agreement. You are hereby notified that your Medicaid Provider Agreement is terminated thirty (30) days from the date of this letter.

The Medicaid provider agreement is a voluntary contract between the Agency and a provider, and a provider is not entitled to enrollment in the Medicaid provider network. This determination does not affect your ability to conduct business pursuant to the provisions of your license, if applicable, and applies only to your participation as a Florida Medicaid provider.

Pursuant to Section 409.913, Florida Statutes, Medicaid will no longer pay for claims for reimbursement for goods or services that you furnish, supervise another practitioner who furnishes, or cause another provider to furnish, and will require repayment for any such goods or services which are reimbursed for dates of service after the effective date of termination. For practitioners who prescribe, authorize, or order goods or services that another provider furnishes, Medicaid will also no longer pay for goods or services that you prescribed, ordered, or authorized. This action applies to all currently active and future prescriptions, authorizations, or orders.

Please notify your Medicaid recipients that subsequent to the termination of your Medicaid provider agreement, Medicaid will not pay for new prescriptions, prescription refills, or other supplies and services that are prescribed, authorized, or ordered by you.

This action also renders you ineligible to participate in Medicaid Managed Care.

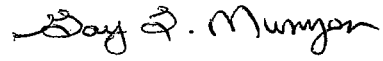
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AHCA.MyFlorida.com



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Should you have any questions with regard to the above action, you may contact the Provider Eligibility and Compliance Unit at denialtermination@ahca.myflorida.com.

Sincerely,

A handwritten signature in black ink that reads "Gay L. Munyon". The signature is written in a cursive style with a large initial "G" and "M".

Gay L. Munyon, Chief
Medicaid Fiscal Agent Operations
Agency for Health Care Administration

GM/srm/mc