

Florida Board Of Medicine

**PCP South
March 11, 2016**

**Meet-Me #: 1 (888) 670-3525
Participation Code: 125-528-7056**

Notice of Meeting/Workshop Hearing

DEPARTMENT OF HEALTH Board of Medicine

The **Board of Medicine - Probable Cause Panel South** announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, March 11, 2016, 2:00 p.m.

PLACE: Meet-Me #: 1 (888) 670-3525, Participation Code: 125-528-7056

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a public meeting to reconsider disciplinary cases with prior findings of probable cause.

A copy of the agenda may be obtained by contacting: Sheila Autrey at (850) 245-4444 ext. 8210 or email her at sheila.autrey@flhealth.gov.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 7 days before the workshop/meeting by contacting: Sheila Autrey at (850) 245-4444 ext. 8210 or email her at sheila.autrey@flhealth.gov.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Sheila Autrey at (850) 245-4444 ext. 8210 or email her at sheila.autrey@flhealth.gov.

**Florida Board of Medicine
South Probable Cause
Agenda**

**March 11, 2016
2:00 pm**

**Meet-Me-Number: 1(888) 670-3525
Conference Code: 125-528-7056**

RECONSIDERATIONS (PUBLIC)

RN-01

Thomas P. Stanley, M.D.

2015-20614

Arielle Davis

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

MEMORANDUM FOR RECONSIDERATION

TO: Probable Cause Panel

FROM: Arielle E. Davis, Esq., Assistant General Counsel 

PCP DATE: March 11, 2016

RESPONDENT: Thomas Paul Stanley, M.D.

CASE NUMBER: 2015-20614

On January 8, 2016, this case was presented to the Probable Cause Panel and probable cause was found. On January 12, 2016, the Department filed an Administrative Complaint against the Subject's license to practice medicine in the State of Florida, for violating Section 458.331(1)(kk), Florida Statutes (2014), by being terminated from the state Medicaid program pursuant to s. 409.913, any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored; and Section 458.331(1)(jj), Florida Statutes (2014), by failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

On or about January 25, 2016, the Department received correspondence from Subject indicating that he had remitted full payment to AHCA and had had his Medicaid privileges reinstated. On or about January 27, 2016, the Department received documentation from AHCA verifying that Subject had remitted full payment of the Medicaid overpayment and that Subject had had his Medicaid privileges reinstated.

Because Subject has remitted full payment and has had his Medicaid privileges reinstated, the Department recommends this case be closed.

Thank you.

STATE OF FLORIDA
DEPARTMENT OF HEALTH

BOARD: Medicine
CASE NUMBER: 2015-20614
COMPLAINT MADE BY: AHCA
COMPLAINT MADE AGAINST: Thomas Paul Stanley, MD
2606 Park St.
Jacksonville, Florida 32204
DATE OF COMPLAINT: July 13, 2015
INVESTIGATED BY: Melodie Moore, CSU
ATTORNEY FOR SUBJECT: Pro Se
REVIEWED BY: Arielle E. Davis
Assistant General Counsel
RECOMMENDATION: Dismiss (4099) 

NOTICE OF DISMISSAL / RECONSIDERATION

COMPLAINT: Subject is alleged to have violated Section 458.331(1)(kk), Florida Statutes (2014), by being terminated from the state Medicaid program pursuant to s. 409.913, any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored; and Section 458.331(1)(jj), Florida Statutes (2014), by failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement.

FACTS: The investigation was predicated upon a complaint from AHCA alleging that Respondent had been terminated from the Medicaid program for failure to repay a Medicaid overpayment amount.

On or about June 12, 2014, Respondent was issued a Final Order by AHCA requiring him to repay the amount of a Medicaid overpayment. On or about June 11, 2015, Respondent was terminated from Medicaid due to his failure to

reimburse the overpayment that was determined by the June 12, 2014 Final Order.

On January 8, 2016, this complaint was considered by the Probable Cause Panel and an Administrative Complaint was filed on January 12, 2016.

On or about January 25, 2016, the Department received correspondence from Subject indicating that he had remitted full payment to AHCA and had had his Medicaid privileges reinstated. On or about January 27, 2016, the Department received documentation from AHCA verifying that Subject had remitted full payment of the Medicaid overpayment and that Subject had had his Medicaid privileges reinstated.

Based on the foregoing, the Probable Cause Panel directs that this case be dismissed.

THE LAW: Pursuant to Section 456.073(4), Florida Statutes, the Probable Cause Panel shall dismiss a case when there is insufficient evidence to support a finding of probable cause to believe Subject violated the Florida Administrative Code, Chapters 458 and or 456, Florida Statutes. Based on the foregoing, this matter will be closed without further prosecution.

It is, therefore, ORDERED that this case should be and the same is hereby DISMISSED.

DONE and ORDERED this _____ day of _____, 2016.

Chair, Probable Cause Panel
Board of Medicine

PCP:

PCP Members:

Richardson, Rickey

From: Ellingsen, Jennifer <Jennifer.Ellingsen@ahca.myflorida.com>
Sent: Wednesday, January 27, 2016 3:08 PM
To: Davis, Arielle E
Subject: RE: Thomas Stanley MPI rescinded termination information

Anytime. We should of copied you all on the letter as well.

From: Davis, Arielle E [mailto:Arielle.Davis@flhealth.gov]
Sent: Wednesday, January 27, 2016 3:02 PM
To: Ellingsen, Jennifer <Jennifer.Ellingsen@ahca.myflorida.com>
Subject: RE: Thomas Stanley MPI rescinded termination information

Thank you very much for your help with this!

Arielle

Arielle E. Davis
Assistant General Counsel
Office of the General Counsel
Prosecution Services Unit
Florida Department of Health
4052 Bald Cypress Way, Bin #C-65
Tallahassee, FL 32399-3265
(850) 245-4444 ext. 8201

Please note: Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

However, if this e-mail concerns anticipated or current litigation or adversarial administrative proceeding to which the Florida Department of Health is a party, this email is an attorney-client communication, and is, therefore, a limited access public document exempt from the provisions of Chapter 119, Florida Statutes. See Section 119.071(d)1., Florida Statutes (2010).

DOH Mission: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

Vision: Healthiest State in the Nation

Values: (ICARE)

Innovation: We search for creative solutions and manage resources wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

From: Ellingsen, Jennifer [<mailto:Jennifer.Ellingsen@ahca.myflorida.com>]
Sent: Wednesday, January 27, 2016 2:52 PM
To: Davis, Arielle E <Arielle.Davis@flhealth.gov>
Subject: Thomas Stanley MPI rescinded termination information

Arielle

Attached is the letter to the provider, the email from our Finance and Accounting office, and case note entry from our case tracking system. Hopefully that is enough information to close your case. Please let me know if you need more.

Thanks, Jennifer

Jennifer Ellingsen
Program Administrator
Office of the Inspector General
Medicaid Program Integrity
Phone# 850-412-4600
Email- Jennifer.Ellingsen@ahca.myflorida.com





RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

CERTIFIED MAIL NO.: 91 7199 9991 7033 6436 5265

July 31, 2015

Thomas P. Stanley
Jacksonville Pediatrics
2606 Park St.
Jacksonville, FL 32204-4520

In Reply Refer to: **MPI Case ID: 2015-0001951**
NPI No: 1114998010

Provider No: 0643840 00
Provider License No: ME57822

Dear Provider:

In a letter dated June 11, 2015, the Agency for Health Care Administration, (Agency) Office of the Inspector General, Medicaid Program Integrity, advised you that the Agency had applied a sanction of termination for violations of federal and state laws, including failure to comply with provisions of Medicaid law in accordance with Sections 409.913(15), (16), and (17), F.S., and Rule 59G-9.070, Florida Administrative Code (F.A.C.). After further consideration of the facts in this matter, the Agency hereby rescinds the sanction of the above noted Medicaid Provider number(s) and you have no further obligations regarding the previous letter.

If you have any questions, please contact Shannon Bagenholm, Investigator at 850-412-4600.

Sincerely,

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



Ellingsen, Jennifer

From: Dixon, Sharon
Sent: Thursday, July 30, 2015 8:12 AM
To: Ellingsen, Jennifer
Cc: Bagenholm, Shannon; Derico-Harris, Katrina
Subject: FW: Dr. Thomas Stanley CaSe 2015-0001951

Importance: High

Categories: Green

Good morning Jennifer,

Please see payments for the case referenced above. The case is now paid in full which includes the interest totaling \$917.14. Thanks.

<u>ID</u>	<u>Deposit #</u>	<u>Remitter</u>	<u>Check #</u>	<u>Check Date</u>	<u>Received Date</u>	<u>Amount</u>
138649	516510	JACKSONVILLE PEDIATRICS PA	26644	07/23/2015	07/27/2015	\$824.32

<u>ID</u>	<u>Deposit #</u>	<u>Remitter</u>	<u>Check #</u>	<u>Check Date</u>	<u>Received Date</u>	<u>Amount</u>
138650	516510	JACKSONVILLE PEDIATRICS PA	26647	07/23/2015	07/27/2015	\$92.82

Sharon Dixon
Accountant IV
Medicaid Accounts Receivable
Agency for Healthcare Administration
Phone: (850) 412-3839 Fax: (850) 922-3659
Email: Sharon.dixon@ahca.myflorida.com

From: Dixon, Sharon
Sent: Monday, July 27, 2015 9:32 AM
To: Dixon, Sharon
Subject: FW: Dr. Thomas Stanley CaSe 2015-0001951

From: Dixon, Sharon
Sent: Friday, July 24, 2015 11:02 AM
To: Dixon, Sharon
Subject: FW: Dr. Thomas Stanley CaSe 2015-0001951 (14-1074-000)

Provider will be submitting two checks:

1. 824.32 overpayment, fine and costs.
2. 92.82 interest

From: Ellingsen, Jennifer
Sent: Thursday, July 23, 2015 11:58 AM
To: Derico-Harris, Katrina; Dixon, Sharon
Cc: Bagenholm, Shannon
Subject: Dr. Thomas Stanley CaSe 2015-0001951

I spoke with Lori in Dr. Stanley's office today, they received our termination letter due to default on repaying an overpayment identified by Pam Fante's unit back in 2014. She will be sending a check in full, I instructed her to send it to you all. Once you receive this please let us know so we can rescind the termination letter. Thanks,

Jennifer Ellingsen
Intake Unit
Program Administrator
Office of the Inspector General
Medicaid Program Integrity
Phone# 850-412-4573
Email- Jennifer.Ellingsen@ahca.myflorida.com



Create Date 30-Jul-2015 09:23 AM

Category General Information

Details

Note:

According to Accounts Receivable, Thomas P. Stanely (CI 14-1074-000), has reimbursed the Agency for the amount ordered to be paid by way of a final order issued on June 12, 2014.

Please find e-mail from Sharon Dixon attached, from Accounts Receivable, with proof of provider's payment.

Attachments FW Dr Thomas Stanley CaSe 2015-0001951.msg (89.5 Kb)

Create Date 10-Jun-2015 04:24 PM

Category General Information

Details

Gather Information: Thomas P. Stanley - Provider # 0643840-00

FACTS Provider Payment

Richardson, Rickey

From: Lori Saucer <Lori-insurance@jaxpeds.com>
Sent: Monday, January 25, 2016 2:04 PM
To: Davis, Arielle E
Subject: case#: 201520614
Attachments: 20160125140434394.pdf; 20160125140221237.pdf

Arielle;

Here is a copy of the cancelled checks where the amount owed was paid for Dr. Thomas Stanley provider id#; 0643840-00 The first check was sent for 824.32 and then we received a phone call that the amount did not included interest and the additional payment of 92.82 was sent. We sent them certified and we also called and verified that the check was received with Tameka Sellers. What else do we need to do to clear this up. We do not want this to go any further. I look forward to hearing from you.

Lori Saucer
JaxPeds
Insurance
904-389-6092

7014 1820 0002 0210 9902

U.S. Postal Service
CERTIFIED MAILTM RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To:

Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2011

See Reverse for Instructions

7014 1820 0002 0210 9896

U.S. Postal ServiceTM
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For delivery information, visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To:

Street & Apt. No.,
or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2011

See Reverse for Instructions

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 back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Medicaid
Agency for Health Care
Administration
2727 Mahan Drive
SU 200
Mail Stop 14
Tallahassee, FL 32308

2. Article Number
(Transfer from service label)

7014 1820 0002 0210 9896

3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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 back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Florida Medicaid
Office
2727 Mahan Drive
SU 200, Mail Drop 14
Tallahassee, FL 32308

2. Article Number
(Transfer from service label)

7014 1820 0002 0210 9902

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X AHCA Mail Room Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
AHCA Mail Room JUL 27 2015

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

July 23, 2015

Florida Medicaid
2727 Mahon Drive; Suite 200
Mail drop 14
Tallahassee, FL 32308

RE: Case 201520614
Provider: 0643840-00

To Whom This May Concern;

We are in receipt of a Termination for Participation letter for Dr. Thomas Stanley. We spoke to Jennifer Ellingsen regarding this matter today and the debt that is owed. We wish to take care of this matter immediately. Enclosed is our check for \$824.32 for the debt owed. Please accept this payment and adjust the records for Dr. Thomas Stanley's Medicaid participation.

Do not hesitate to contact our office at any time regarding this matter. Thanking you in advance for your assistance.

Respectfully

Lori Saucer
Insurance Credentialing

JACKSONVILLE PEDIATRICS

PEDIATRIC THROUGH ADOLESCENT MEDICINE
2606 PARK STREET
JACKSONVILLE, FL 32204-4520
904-388-4646

RANDOLPH E. THORNTON, M.D.
NAN M. MCCLELLAND, M.D.
JENNIFER A. CHALLY, M.D.
THOMAS STANLEY, M.D.
RYAN CANTVILLE, D.O.
PAMELA S. WENTWORTH, A.R.N.P.

July 24, 2015

Florida Medicaid
2727 Mahon Drive, Suite 200
Mail Drop 14
Tallahassee, FL

RE: Case 201520614
Provider: 0643840-00

To Whom This May Concern;

This is a follow up to our letter and payment of 7/23/2015. Check # 26644 was mailed on 7/23/2015 for \$824.32 which lacked in the interest due on this case. Enclosed is an additional check for \$92.82 to cover the interest owed.

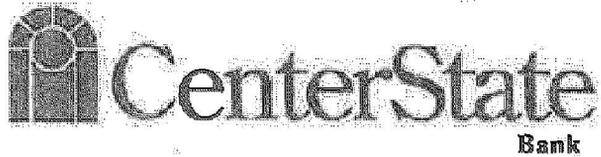
Thanking you in advance for your help in this matter. Please do not hesitate to contact our office regarding any additional requirement to clear to matter.

Respectfully



Lori Saucer

Insurance Credentialing



Account Number: [REDACTED]
Capture Date: July 29, 2015
Item Number: 5258031643534
Posted Date: July 29, 2015
Posted Item Number: 406616
Serial Number: 26644
Amount: 824.32

JACKSONVILLE PEDIATRICS PA
2606 PARK STREET
JACKSONVILLE FL 32204

Jacksonville Pediatrics, P.A. 2606 Park Street Jacksonville, FL 32204 (904) 388-4646 www.jaxpeds.com	CENTERSTATE BANK OF FL, NA Jacksonville, FL 32204 63-1403/691	26644
PAY TO THE ORDER OF <u>Medicaid</u>		\$ 824.32
Eight Hundred Twenty-Four and 32/100		DOLLARS
MEMO Medicaid Agency for Health Care Admn. 2727 Mahan Drive Suite 200 - Mail Stop 14 Tallahassee, FL 32308 [REDACTED]		

Seq: 9 Dep: 004504 Date: 07/28/15	For Deposit only to FL Department of Financial Svcs PAY TO THE ORDER OF CHIEF FINANCIAL BANKING OFFICER FLORIDA FOR DEPOSIT ONLY CHIEF FINANCIAL OFFICER OF FL AGENCY FOR HEALTH CARE ADMINISTRATION LOCATION #5630005 09-1008070313
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Account Number: [REDACTED]
Capture Date: July 29, 2015
Item Number: 5258031643535
Posted Date: July 29, 2015
Posted Item Number: 406617
Serial Number: 26647
Amount: 92.82

JACKSONVILLE PEDIATRICS PA
2606 PARK STREET
JACKSONVILLE FL 32204

CenterState Bank of FL, NA
Jacksonville, FL 32204
69-1403/831

26647

7/24/2015

PAY TO THE ORDER OF Medicaid \$ **92.82

Ninety-Two and 82/100 DOLLARS

MEMO: Medicaid Agency for Health Care Admin. 2727 Mahan Drive Suite 200 - Mall Stop 14 Tallahassee, FL 32308

[REDACTED]

[Signature]

Seq: 10
Dep: 004504
Date: 07/28/15

For Deposit only to
FL Department of Financial Svcs
CHIEF FINANCIAL OFFICER OF FLORIDA

Master
Deposited by: null
PAY TO THE ORDER OF
BANK OF AMERICA
CHIEF FINANCIAL OFFICER OF FL
AGENCY FOR HEALTHCARE
ADMINISTRATION
REGISTRATION #8900005
001000070913

CONFIDENTIAL AND EXEMPT MATERIALS

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AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
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456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

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