



STATE OF FLORIDA
AGENCY FOR HEALTH CARE ADMINISTRATION
OFFICE OF FAIR HEARINGS

FILED

Jan 09, 2023, 9:11 am

OFFICE OF FAIR HEARINGS

[REDACTED]
PETITIONER,

AHCA Case No [REDACTED]

Plan ID No.: [REDACTED]

vs.

LIBERTY DENTAL PLAN OF FLORIDA, INC.,

RESPONDENT.
_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing on the instant case on December 29, 2022, at 1:03 p.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner:

[REDACTED]
Authorized Representative

For the Respondent:

Kerriann Piccione
State Fair Hearing Analyst
Liberty Dental Plan of Florida, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of Dental services (Orthodontic Braces) was incorrect.

PRELIMINARY STATEMENT

All parties appeared for the Fair Hearing telephonically. [REDACTED]
Petitioner's Authorized Representative and [REDACTED], appeared for the Fair Hearing to provide testimony on behalf of Petitioner and did not call any witnesses.

Kerriann Piccione, a State Fair Hearing Analyst for Liberty Dental Plan of Florida, Inc. (“LIBERTY”) appeared for the Fair Hearing as a representative for Respondent. Dr. Tamara K. Tibby, DMD (“Dr. Tibby”), a Pediatric Dentist and a Clinical Specialist for LIBERTY, appeared for the Fair Hearing as a witness for Respondent.

The following persons appeared for the Fair Hearing as an observer: Linda Latson, a Registered Nurse Specialist and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”); Sandra Durden, a Medical Health Care Program Analyst for AHCA; Alan Leifer, a Hearing Officer for AHCA; and Kristen Snyder, a Director for LIBERTY.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings and Respondent a 4-page evidence packet, which was admitted into evidence a Petitioner’s Composite Exhibit 1. Petitioner’s Composite Exhibit 1 includes the following documents: an email cover sheet; and a LIBERTY member grievance and appeal form (dated September 6, 2022).

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 63-page evidence packet, which was admitted into evidence a Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 includes the following documents: a Table of Contents; a cover letter; Member Profile Status; Pre-Authorization # [REDACTED] Screen Image; Appendix A – Medicaid Orthodontic Initial Assessment Form (“IAF”); Dental photographs (dated June 15, 2022); Dental radiographs (dated June 15, 2022); an email cover sheet; a LIBERTY member grievance and appeal form (dated September 6, 2022); Florida Medicaid Orthodontic Initial Assessment – Handicapping Labio-Lingual Deviations (“HLD”) Index Score Sheet; another HLD Index Score Sheet; another HLD Index Score Sheet; a Notice of Adverse Benefit Determination (“NABD”) (dated June 21, 2022); Conduent Standard Embedded Dashboard; a Notice of Plan

Appeal Resolution (“NPAR”) (dated July 12, 2022); Florida Medicaid Definitions Policy (August 2017); Florida Medicaid Dental Services Coverage Policy (August 2018); and Orthodontic Pictures Supporting Handicapping Malocclusion.

FINDINGS OF FACT

1. Petitioner is an enrolled member of LIBERTY. See Respondent’s Composite Exhibit 1, pages 2, 5, 28. LIBERTY is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in the state of Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED] years old. *Id.* at 4, 28. Petitioner’s Dental provider is [REDACTED]. *Id.* at 2. Petitioner submitted a request for requesting the following Dental services: [REDACTED] and [REDACTED]. *Id.* at 2, 7. Petitioner also submitted Dental photographs, Dental radiographs, and an IAF. *Id.* at 8, 11-13. Petitioner’s Dental provider indicated that Petitioner has an IAF score of [REDACTED]. *Id.* at 9. Petitioner’s Dental provider recommended [REDACTED] and monthly visits based on the following Dental conditions: [REDACTED], [REDACTED], [REDACTED], [REDACTED], [REDACTED], and [REDACTED]. *Id.* at 10.

3. The HLD Index Score Sheet requires an HLD Index Score of 26 points for Orthodontic Braces to be medically necessary or to meet one of the six (6) auto-qualifying criteria which constitute a Handicapping Malocclusion. *Id.* at 18-21. The HLD Index Score objectively determines that severity of a patient’s Dental condition with respect to their need for Orthodontic Braces. *Id.* at 18-21. Dr. Matt MacLean (“Dr. **MacLean**”), a Staff Dentist for LIBERTY, reviewed Petitioner’s request and determined that Petitioner has an HLD Index Score of 15. *Id.* at 18. Dr. MacLean

determined that Petitioner does not possess a handicapping malocclusion. *Id.* at 18. Dr. Thomas White (“Dr. **White**”), a Staff Dentist for LIBERTY, reviewed Petitioner’s request and determined that Petitioner has an HLD Index Score of [REDACTED] *Id.* at 20. Dr. White determined that Petitioner does not possess a handicapping malocclusion. *Id.* at 20. Dr. Seth Margulies (“Dr. **Margulies**”), a Staff Dentist for LIBERTY, reviewed Petitioner’s request and determined that Petitioner has an HLD Index Score of 15. *Id.* at 21. Dr. Margulies determined that Petitioner does not possess a handicapping malocclusion. *Id.* at 21.

4. On June 21, 2022, LIBERTY issued an NABD denying Petitioner’s request for Dental services, *supra* ¶ 2, based on medical necessity. *Id.* at 22-25. The NABD explained the basis of the denial as follows, in pertinent part:

LIBERTY Dental Plan of Florida (LIBERTY) has reviewed your request for:

Line #2 - Adjustment of braces (Periodic orthodontic treatment visit)

Line #1 - Insertion of braces (Comprehensive orthodontic treatment of the adolescent dentition)

We made our decision because:

We determined that your requested services are **not medically necessary** because the services do not meet the reason(s) checked below: (See Rule 59G-1.010) # 1

- **Must be needed to protect life, prevent significant illness or disability, or alleviate severe pain.**
- **Must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of the patient’s needs.**
- Must meet accepted medical standards and not be experimental or investigational.
- **Must be able to be the level of service that can be safely furnished and for which no equally effective and more conservative or less costly treatment is available statewide.**
- **Must be furnished in a manner not primarily intended for convenience of the recipient, caretaker, or provider.**

(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)

The facts that we used to make our decision are:

1, 2 MMFLOrtho.1MMFLOrtho.1 Our dentist looked at your records to see if you have problems with your top and bottom teeth when you chew, bite, talk or breathe. We also looked to see if you might have those problems later. Based on your records you do not have these issues. Since your records show that you do not have those problems our dentist looked at your records to see if there was a medical need that would allow you to have braces. There is no medical need based on the records that your dentist sent in. Braces are only covered for members under 21 years of age with a handicapping malocclusion per ACHA Dental Services Policy 4.2.4 Orthodontic Services.

...

Sincerely,

Dr. Matthew MacLean - Licensed Dentist ["Dr. MacLean"]

LIBERTY Dental Plan

Respondent's Composite Exhibit 1, pages 22-25. (Emphasis added).

5. On June 27, 2022, Petitioner requested a plan appeal. *Id.* at 2, 28. [REDACTED] asserts that Orthodontic Braces are medically necessary because Petitioner needs oral surgery and Petitioner's Dental provider will not perform the oral surgery without the authorization of Orthodontic Braces. *Id.* at 17, 28, 30. On July 12, 2022, LIBERTY issued an NPAR upholding the denial of Petitioner's request for Dental services. *Id.* at 33-35. The NPAR states the following, in pertinent part:

On July 11, 2022, after consideration of the information you provided in support of your plan appeal, LIBERTY hereby **denies** the request for braces.

On July 11, 2022, LIBERTY's Staff Dentist, Dr. Thomas White, a dentist who specializes in braces and did not take part in the first decision, reviewed your plan appeal and dental records.

The Agency for Health Care Administration's (AHCA's) Florida Medicaid Dental Services Coverage Policy says: "Florida Medicaid covers braces for persons under the age of 21 years with "handicapping malocclusion." AHCA defines "handicapping malocclusion" as: "A condition that results in a disability or impairment of the person's physical development".

Both of LIBERTY's Staff Dentists, who specialize in braces, reviewed the dental records, and decided that Isaiah, does not have "handicapping malocclusion" as defined above. Therefore, the requested braces are not medically necessary to

treat a condition that is causing a disability or impairment of physical development.

LIBERTY's Staff Dentists also used the Handicapping Labio-Lingual Deviation (HLD) Index form, which the treating dentist was required to score and submit in support the need for braces. The HLD score was re-calculated by LIBERTY's Staff Dentists. The HLD score did not support that Isaiah has any other conditions that when combined would meet the benefits of "handicapping malocclusion" under the Florida Medicaid Program.

Medicaid Dental Plans, like LIBERTY, must cover "other necessary health care, diagnostic services, treatment, and other services to correct or ameliorate defects and physical or mental conditions discovered by the screening services, whether or not the services are Medicaid benefits." This is called Early and Periodic Screen, Diagnosis and Treatment (EPSDT).

In this case, LIBERTY did not receive any documentation from the treating dentist stating that Isaiah requires medically necessary treatment beyond that needed to treat "handicapping malocclusion". LIBERTY's NABD denial, and this plan appeal denial, were not based on EPSDT.

Please note that just because your dentist recommended braces for Isaiah does not mean that the braces are medically necessary or a covered benefit.

You can choose to have the braces done. You will have to pay for them. You can call Isaiah's dentist to talk about other treatment.

[REDACTED]

...
Signed,

Dr. Thomas White, D.D.S., Staff Dentist ["Dr. White"]

Respondent's Composite Exhibit 1, pages 33-35. (Emphasis added).

6. On August 24, 2022, [REDACTED] requested a Fair Hearing on behalf of Petitioner regarding the denial of Dental services. On September 30, 2022, the undersigned Hearing Officer issued a notice to all parties of record scheduling the Fair Hearing to be conducted by telephone on November 10, 2022, at 9:00 a.m. EST. Neither Petitioner nor [REDACTED] appeared for the

Fair Hearing. On November 9, 2022, the undersigned Hearing Officer issued a notice to all parties of record re-scheduling the Fair Hearing to be conducted by telephone on December 29, 2022, at 1:00 p.m. EST.

7. According to [REDACTED] testimony presented at the Fair Hearing, [REDACTED] acknowledges that Petitioner does not possess a handicapping malocclusion and Petitioner does not meet the requisite HLD Index Score, but argues that Orthodontic Braces should be approved to ameliorate Petitioner's Dental condition ([REDACTED]). See supra ¶ 2. [REDACTED] acknowledges that Petitioner already received the mentioned oral surgery in November 2022, *supra* ¶ 2, and the Dental provider went ahead and installed Petitioner's Orthodontic Braces without prior authorization from LIBERTY.

8. According to Ms. Piccione's testimony presented at the Fair Hearing, LIBERTY's three (3) Staff Dentists, (Dr. MacLean, Dr. White, Dr. Margulies) reviewed Petitioner's case (photographs, radiographs, and IAF) and determined the following: (1) Petitioner does not possess a handicapping malocclusion; (2) Petitioner does not meet the requisite score of 26 points to qualify for Orthodontic Braces; (3) Petitioner does not have a medically compromising Dental condition; and (4) Orthodontic Braces are not medically necessary for the Petitioner at this time. Based on their assessments of the Petitioner, LIBERTY denied Petitioner's request for Orthodontic Braces and monthly visits.

9. According to Dr. Tibby's testimony presented at the Fair Hearing, [REDACTED] has also reviewed Petitioner's case (photographs, radiographs, and IAF) and concurs with the determinations of LIBERTY's three (3) other Staff Dentists. See supra ¶ 8, 9.

CONCLUSIONS OF LAW

10. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to section 409.285(2) of the Florida Statutes (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

11. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.100(17)(b).

12. Because Petitioner is requesting a new service, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to Petitioner. The standard of proof in an administrative hearing is a preponderance of the evidence. The preponderance of the evidence standard requires proof by “the greater weight of the evidence” (Black’s Law Dictionary at 1201, 7th Ed.).

13. Petitioner’s request for Dental services is governed by the Florida Medicaid Dental Coverage Policy (August 2018) (“Dental Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-4.060. See Respondent’s Composite Exhibit 1, pages 51-58. The Dental Policy provides the following, in pertinent part:

1.0 Introduction

Florida Medicaid provides dental services for the study, screening, assessment, diagnosis, prevention, and treatment of diseases, disorders, and conditions of the oral cavity.

...

1.4 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid Definitions Policy.

1.4.4 Handicapping Malocclusion

A condition that results in a disability or impairment to the recipient’s physical development.

1.4.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

...

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid reimburses for services that meet all of the following:

- Are determined to be medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

...

4.2 Specific Criteria

Florida Medicaid covers dental services in accordance with the American Dental Association's Current Dental Terminology Manual, the American Academy of Pediatrics' Periodicity Schedule, and the applicable Florida Medicaid fee schedule(s), or as specified in this policy:

4.2.4 Orthodontic Services

Florida Medicaid covers orthodontic services for recipients under the age of 21 years with handicapping malocclusions as follows:

- Up to 24 units within a 36 month period, including the removal of the appliances and retainers at the end of treatment
- One replacement retainer(s) per arch, per lifetime

...

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's Authorization Requirements Policy.

...

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not covered when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specified Non-Covered Criteria

Florida Medicaid does not cover the following as part of this service benefit:

- Anesthesia for restorative services, when billed separately
- Dental screening and assessment performed by an RDH on the same date of service as an evaluation performed by a dentist
- Fixed partial dentures for recipients 21 years and older

- Full mouth scaling performed on the same date of service as root planning or periodontal scaling
- Individual periapical radiograph(s) on the same date of service when the reimbursement amount exceeds that of a complete series
- Intraoral-completes series and a panoramic film on the same date of service

Respondent's Composite Exhibit 1, pages 51-58.

14. Because Petitioner is under the age of 21 years, the requirements of Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT") apply. According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, the following items and services:

(3) Dental Services

(A) which are provided –

- (i) at intervals which meet reasonable standards of dental practice, as determined by the State after consultation with recognized dental organizations involved in child health care, and
- (ii) at such other intervals, indicated as medically necessary, to determine the existence of a suspected illness or condition; and

(B) which shall at a minimum include relief of pain and infections, restoration of teeth, and maintenance of dental health.

Further, according to 42 U.S.C. § 1396d(r)(5), EPSDT include, the following items and services:

Such other necessary health care, diagnostic services, treatment, and other measures described in subsection (a) of this section to correct or ameliorate defects and physical and mental illness and conditions discovered by the screen services, whether or not such services are covered under the state plan.

15. The Florida Medicaid Definitions Policy (August 2017) ("Definitions Policy"), incorporated by reference in Fla. Admin. Code R. 59G-1.010, contains definitions of commonly used terms that are applicable to all sections of Rule Division 59G, Florida Administrative Code (F.A.C.), unless specifically stated otherwise in a service-specific coverage policy or rule. See Respondent's Composite Exhibit 1, pages 39-50. The Definitions Policy defines "Medically Necessary" or "Medical Necessity" as follows:

2.83 Medically Necessary or Medical Necessity

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- **Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain**
- **Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs**
- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- **Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide**
- **Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider**

The fact that a provider has prescribed, recommended or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Respondent's Composite Exhibit 1, page 46. (Emphasis added).

16. Petitioner requested orthodontic treatment (Orthodontic Braces and monthly visits). See supra ¶ 2. In the NABD, Respondent denied the request based on medical necessity explaining that, "[t]here is no medical need based on the records that your dentist sent in," and Petitioner does not possess problems with their top and bottom teeth when you chew, bite, talk or breathe. See supra ¶ 4. In the NPAR, Respondent upheld the denial based on no evidence of handicapping malocclusion and not meeting the requisite score on the HLD Index Score Sheet. See supra ¶ 5. Based on this information, Respondent determined that Petitioner's request was not medically necessary, as Petitioner's request was not "individualized, specific, consistent with symptoms or diagnosis of illness or injury" and was "in excess of the patient's needs." *Id.*

17. As Petitioner bears the burden of proof, Petitioner must show that Respondent's decision was incorrect. As provided in the Florida Medicaid Dental Policy, orthodontic treatment is approved for recipients with handicapping malocclusions. *See supra* ¶ 13. A handicapping malocclusion is a condition that results in a disability or impairment to the recipient's physical development. *See supra* ¶ 13. Respondent had four (4) Staff Dentists (Dr. MacLean, Dr. White, Dr. Margulies, and Dr. Tibby) review Petitioner's case and determined that Petitioner does not possess a handicapping malocclusion. *See supra* ¶ 3-5, 8-9. The HLD Index Score Sheet is used to determine whether a recipient possesses a handicapping malocclusion. *See supra* ¶ 3. According to the HLD Index Score Sheet, there are six (6) qualifying Dental conditions that constitute a handicapping malocclusion. *See supra* ¶ 3. Here, Petitioner's Dental provider, and Respondent's four (4) Staff Dentists (Dr. MacLean, Dr. White, Dr. Margulies, and Dr. Tibby) indicated that the Petitioner does not possess one of the six (6) handicapping malocclusion. *See supra* ¶ 2-3, 8-9. Also, the Petitioner may nonetheless qualify for Orthodontic Braces with an HLD Score of 26 points or greater. *See supra* ¶ 3. Here, Petitioner's Dental provider, and Respondent's four (4) Staff Dentists (Dr. MacLean, Dr. White, Dr. Margulies, and Dr. Tibby) indicated that the Petitioner does not meet the requisite score. *See supra* ¶ 2-3, 8-9. Thus, it appears that all five (5) Dental professionals in this case have reached the same assessment of Petitioner's Dental condition when it regards handicapping malocclusion. *See supra* ¶ 2-3, 8-9.

18. The undersigned Hearing Officer must weigh [REDACTED] argument that Orthodontic Braces should nonetheless be approved even though Petitioner does not meet the criteria, *supra* ¶ 7, against against that of the Dental professionals in this case who all agree that Petitioner does not qualify for the requested services. It is the Petitioner's burden to show that [REDACTED]

argument is correct, and Respondent's assessment is incorrect. The undersigned Hearing Officer considered [REDACTED] argument, but found the argument to be unsubstantiated and unsupported as [REDACTED] is not a Dental professional and not qualified to provide an assessment of Petitioner's Dental condition. Moreover, Petitioner has not shown that they are suffering from a disability or any impairment to [REDACTED] development, that Orthodontic Treatment is appropriate to treat. Thus, although Petitioner may benefit from Orthodontic Treatment, he does not have the required handicapping malocclusion that Orthodontics is intended to correct under Florida Medicaid. Petitioner did not show that the requested Orthodontic Treatment is "individualized, specific, consistent with symptoms or diagnosis" and not "in excess of the patient's needs."

19. Lastly, the record reflects that Petitioner's Dental provider, [REDACTED], submitted a prior authorization request as a form of recommendation, requesting prior authorization for the subject dental services. See *supra* ¶ 2. However, the submission of the prior authorization request, prima facie, does not make the requested Dental service medical necessary. In other words, just because a person's Dentist recommends a service does not mean that the recommendation is correct or that the service will be approved. Section 2.83 of the Definitions Policy mandates that "[t]he fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service." See ¶ 15. Therefore, Petitioner's Dental provider's recommendation does not, in itself, make the requested dental services medically necessary.


20. Upon consideration of the testimony provided, the evidence submitted, and applicable policies, the undersigned Hearing Officer concludes that Petitioner did not prove by a

preponderance of the evidence that the requested Dental services are medically necessary. Looking at all the evidence relevant to the particular needs of Petitioner, Petitioner has not shown that the requested Dental services are necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, the undersigned Hearing Officer finds that Petitioner has not proved by a preponderance of the evidence that Respondent's denial of Orthodontic Treatment and monthly visits was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED:

Respondent's denial of Dental services (Orthodontic Treatment and monthly visits) is hereby **AFFIRMED**. Petitioner's appeal based on Respondent's denial is hereby **DENIED**.

DONE and ORDERED this 9th day of January, 2023, in Tallahassee, Leon County, Florida.


Joseph Mabry
22-FH1620
2023.01.09 08:28:52
-05'00'

JOSEPH MABRY, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407
Office: (850) 412-3649
Fax: (850) 487-1423
Email: OfficeOfFairHearings@ahca.myflorida.com

NOTICE OF A RIGHT TO JUDICIAL REVIEW

A PARTY WHO IS ADVERSELY AFFECTED BY THIS FINAL ORDER IS ENTITLED TO JUDICIAL REVIEW, WHICH SHALL BE INSTITUTED BY FILING THE ORIGINAL NOTICE OF APPEAL WITH THE AGENCY CLERK OF AHCA, AND A COPY, ALONG WITH THE FILING FEE 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 THE RENDITION OF THE ORDER TO BE REVIEWED.

Copies Furnished To:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

LIBERTY Dental Plan of Florida, Inc.
regulatory@libertydentalplan.com

AHCA Medicaid Hearing Unit
MedicaidHearingUnit@ahca.myflorida.com.