

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



FILED

Mar 14, 2023, 10:29 am

OFFICE OF FAIR HEARINGS

[Redacted]

PETITIONER,

AHCA Case No.: 22-FH2119

vs.

**AGENCY FOR HEALTH CARE
ADMINISTRATION,**

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on February 7, 2023, at 1:00 p.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner: Shauna Heywood
Authorized Representative

For the Respondent: Doris Rivera
Medical HealthCare Program Analyst
Agency for Health Care Administration

STATEMENT OF ISSUE

The issue is whether Respondent proved by a preponderance of the evidence that Respondent’s termination of Prescribed Pediatric Extended Care (PPEC) services, from October 22, 2022, through April 19, 2023, was correct.

PRELIMINARY STATEMENT

All parties and witnesses appeared for the scheduled Fair Hearing telephonically. Shauna Heywood (“Ms. Heywood”), Petitioner’s Authorized Representative, appeared on behalf of Petitioner, provided testimony, and did not call any witnesses.

Doris Rivera, a Medical HealthCare Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as representative for Respondent. Dr. Chris Kunis, MD (“Dr. Kunis”), a Medical Director with eQHealth Solutions, Inc. – Florida Division (“eQHealth”), appeared for the Fair Hearing as a witness for Respondent. Kimberly Roche, a Hearing Officer for the Agency, appeared for the Fair Hearing as an observer.

Petitioner did not introduce any exhibits at the Fair Hearing. Prior to the Fair Hearing, Respondent filed with the Office of Fair Hearings (“Office”) a 219-page evidence packet, which was admitted into the record as Respondent’s Composite Exhibit 1. Respondent’s Composite Exhibit 1 includes the following documents: a PPEC Fair Hearing cover page; a Table of Sections; the Fair Hearing Call-In Instructions; an Order Scheduling Fair Hearing by Telephone and Prehearing Instructions (dated January 11, 2023); an Outpatient Review History; a Notice of Outcome (“Notice”) (dated November 3, 2022); the Agency’s CC Dashboard; the Agency’s Florida Home Health Assessment for the PPEC program; the Agency’s Care Coordinator Notes; the Agency’s Session Notes; a fax cover sheet; Demographic Data; a Physician Plan of Care for PPEC Services (“POC”); a Pediatric Nursing Assessment (“PNA”); a Reconsideration Review Request Form; Demographic Data; a letter from Ms. Heywood; a Reconsideration Review Request letter; a copy of the Notice; a POC; a PNA; Medical records from [REDACTED]; a fax cover sheet; Demographic Data; a POC; a PNA; a fax cover sheet; Medical records from [REDACTED]; and an Acronym/Abbreviation index.

Prior to the Fair Hearing, Respondent filed with the Office of Fair Hearings (“Office”) a 46-page evidence packet, which was admitted into evidence as Respondent’s Composite Exhibit 2. Respondent’s Composite Exhibit 2 includes the following: Table of Contents; Memorandum: Fair Hearing Process Authorization for Quality Improvement Organization in Medical Necessity Determinations (dated October 19, 2021); Memorandum: Medical Necessity as Limitation on Medicaid Services, including EPSDT (dated August 5, 2014); Florida Statutes (“Fla. Stat.”) § 409.905 (2020); Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.001; Fla. Admin. Code R. 59G-1.010; the Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”); Fla. Admin. Code R. 59G-1.035; Fla. Admin. Code R. 59G-1.053; the Florida Medicaid Authorization Requirements Policy (June 2016) (“Authorization Requirements Policy”); Fla. Admin. Code R. 59G-4.260; the Florida Medicaid Prescribed Pediatric Extended Care Services Coverage Policy (February 2018) (“PPEC Policy”); Florida Medicaid PPEC Services Provider Fee Schedule (2021); Fla. Stat. § 400.902; and Fla. Admin. Code R. 59A-13.007.

The undersigned Hearing Officer left the record open until February 14, 2023, for the Petitioner to submit documentary evidence. On February 14, 2023, Petitioner submitted a five (5)-page document. The document appears in the Office of Fair Hearings’ document management system as file title “22-FH2119 Additional Hearing Information.pdf”. Absent an objection from the Respondent, the undersigned hereby admits Petitioner’s five (5)-page document as Petitioner’s Composite Exhibit 1.

In response to Petitioner’s Composite Exhibit 1, Respondent submitted a one (1)-page response. The one (1)-page document appears as “22-FH2119 – Phsyician response to evidence

Clinical Summary: [REDACTED]

Respondent's Composite Exhibit 1, page 18.

3. On November 3, 2022, Respondent issued a Notice terminating Petitioner's PPEC services based on medical necessity. *Id.* at 23-25. The Notice states the following, in pertinent part:

Code: T1026 Partial day PPEC services
From: 10/22/22
Thru: 4/19/23
Total Units: Denied – 624

Code: T1025 Full day PPEC services
From: 10/22/22
Thru: 4/19/23
Total Units: Denied – 156

The request for services is denied in whole or in part because they are not medically necessary as defined in 59G-1.010, Florida Administrative Code[.] Specifically, the requested services are not medically necessary under the following standard(s):

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.

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

The rationale for our decision is as follows:

...

PR Principal Reason – Denial:

Submitted information does not support the medical necessity for requested services.

Clinical Rationale for Decision: [REDACTED]
[REDACTED]
[REDACTED]. **Deny all PPEC units. The patient lacks sufficient skilled nursing needs to warrant PPEC care.**

...
Sincerely,

Medical Director
Chris Kunis, MD [“Dr. Kunis”]

Id. at 23-25. (Emphasis added).

4. On November 14, 2022, Ms. Heywood requested a Fair Hearing on behalf Petitioner to dispute Respondent’s termination of PPEC services. *Id.* at 24. On January 11, 2023, the undersigned Hearing Officer issued a Scheduling Order, to all parties of record. scheduling the Fair Hearing to be conducted by telephone on February 7, 2023, at 1:00 p.m. EST. *Id.* at 8-14.

5. According to Dr. Kunis’ testimony presented at the Fair Hearing, Respondent terminated Petitioner’s PPEC services after reviewing the PPEC provider’s documentation contained in Respondent’s Composite Exhibit 1 and determining that the PPEC services are no longer medically necessary. Dr. Kunis reviewed the submitted PPEC records and assessed that the Petitioner does not require continuous skilled nursing care. Petitioner’s [REDACTED] has the appropriate contact information to enroll the Petitioner into school. *Id.* at 58. Petitioner’s medication are administered as needed and does not require a medical professional to administer the medication. Petitioner’s medication can be administered before or after school, at home. Dr. Kunis and Respondent found no evidence that the Petitioner needs skilled nursing services, and is not ready to transition to a daycare/school setting.

6. According to Ms. Heywood testimony presented at the Fair Hearing, Ms. Heywood is a Registered Nurse (RN) and the Director of Nursing at [REDACTED]. Ms. Heywood recommends the continuation of PPEC services for the Petitioner to continue receiving care and supervision by their skilled nurses. Petitioner receiving observation and monitoring from nurses during the day as well as medication administration; Ms. Heywood agrees with Dr. Kunis that Petitioner does not require a medical professional to administer the medication. The PPEC provider also assists the Petitioner with Activities of Daily Living (“ADLs”) such as [REDACTED], [REDACTED], [REDACTED]. Ms. Heywood classifies the Petitioner as ‘stable’. Ms. Heywood argued that a continuation of services would be convenient for both Petitioner and Petitioner’s [REDACTED]. Ms. Heywood acknowledged that the PPEC records are accurate and does not disagree with Dr. Kunis’ assessment of Petitioner. Petitioner’s [REDACTED] has experienced difficulties locating a daycare accepting new enrollees.

CONCLUSIONS OF LAW

7. The Agency’s Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Fla. Stat. § 409.285(2) (2022). This Order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2) (2022).

8. This hearing was held as a *de novo* proceeding pursuant to Florida Administrative Code Rule (“Fla. Admin. Code R.”) 59G-1.100(17)(b), which states “[e]ach fair hearing shall be a *de novo*, evidentiary proceeding, and shall be conducted in a manner that meets the requirements of this rule.”

9. The burden of proof in this proceeding is governed by Fla. Admin. Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. **The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service.** The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

(Emphasis added).

10. In the instant case, Respondent terminated an already-approved service. As such, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the Respondent. 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.).

11. The Florida Medicaid PPEC Policy, incorporated by reference within Fla. Admin. Code R. 59G-4.260, establishes the coverage and provision for PPEC services available under the Florida Medicaid program. See Respondent’s Composite Exhibit 2, pages 38-43. The Florida Medicaid PPEC Policy states the following, in pertinent part:

1.1 Description

Florida Medicaid prescribed pediatric extended care (PPEC) services provide skilled nursing supervision and therapeutic interventions in a non-residential setting to medically dependent or technologically dependent recipients.

1.1.1 Florida Medicaid Policies

This policy is intended for use by PPEC providers that render services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s General Policies (as defined in section 1.3) and any applicable service-specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration’s (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

...

1.3 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.

1.3.4 Full Day

Five to twelve hours of PPEC services rendered in one day.

1.3.7 Medically Necessary/Medical Necessity

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

1.3.8 Partial Day

Four hours or less of PPEC services rendered in one day.

...

2.2 Who Can Receive

Florida Medicaid recipients under the age of 21 years requiring medically necessary PPEC services and who:

- **Require continuous therapeutic interventions or skilled nursing supervision, as described in section 400.902, F.S. and in Rule 59A- 13.007, F.A.C.**
- Are determined medically stable by a physician and who are not a threat to self or others Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

- Are determined medically necessary;
- Do not duplicate another service; and
- Meet the criteria as specified in the policy.

4.2 Specific Criteria

Florida Medicaid covers PPEC services provided in accordance with section 400.902, F.S., the applicable Florida Medicaid fee schedule, or as specified in this policy, on a full or partial day basis. Services must include the following at a minimum:

- Caregiver training
- Developmental therapies
- An appropriate escort for travel to and from the PPEC when Florida Medicaid nonemergency transportation is provided
- Medical services
- Nursing services
- Personal care services
- Psychosocial services

- Respiratory therapy services

The PPEC day begins when the recipient arrives at the PPEC or is picked up for escorted transportation to the PPEC.

The PPEC day ends when the recipient departs from the PPEC for the day or is returned home by escorted transportation from the PPEC.

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 General Policies on authorization requirements.

Respondent's Composite Exhibit 2, pages 38-43.

12. Florida Statutes defines a "Medically Dependent or Technologically Dependent Child" as:

A child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.

Fla. Stat. § 400.902.

13. States must provide Early and Periodic Screening, Diagnostic, and Treatment ("EPSDT")

services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. See 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5),

EPSDT services mean, in relevant part, 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.

14. Petitioner is under the age of 21 years, and therefore EPSDT applies to [redacted] request for services. However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R. §§ 440.230(a), (b), (d). Fla. Stat. § 409.905(2) limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

15. The Florida Medicaid Definitions Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.010, provides 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 2, pages 16-27. 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 2, page 23. (Emphasis added).

16. The Florida Medicaid Authorization Requirements Policy, incorporated by Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. See Respondent's Composite Exhibit 2, pages 30-37. The Authorization Requirements Policy states the following:

1.2 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.

...

1.3.1 Authorization

The process of obtaining approval for reimbursement of a service based on medical necessity.

...

1.3.6 Provider

The term used to describe any entity, facility, person, or group that has been approved for enrollment or registered with Florida Medicaid.

1.3.7 Quality Improvement Organization

Entity designated to perform utilization review, quality assurance, and quality improvement activities for Florida Medicaid-covered services rendered by fee-for-service providers (also known as the QIO).

...

2.0 Authorization Requirements

...

2.4.2 Requests for Additional Information

The QIO may request additional information, as necessary, to determine medical necessity.

...

3.0 Determination Process

3.1 Review Criteria

The QIO may use a national standardized set of criteria, or other set of criteria, approved by AHCA, as a guide for authorizations performed at the first review level. If services cannot be approved at the first level review, the QIO's physician peer reviewer will determine medical necessity using his or her clinical judgment,

acceptable standards of care, state and federal laws, and AHCA's medical necessity definition.

3.2 Review Process

The QIO will review each authorization request and will approve, deny, or request additional information. The QIO may deny a portion of the requested units of service if it cannot substantiate medical necessity based upon the information submitted.

3.2.1 Continued Authorization Requests

The QIO shall not deny or reduce the amount, frequency, or duration of a service that is already being provided, unless:

- The reduction is to correct for factual errors or omissions in prior certifications.
- **There is a documented improvement in the recipient's medical condition.**
- **There is a documented change in the recipient's circumstances.**
- The reviewing physician determines the recipient will not gain any additional benefit by continuing services at the current level.

Respondent's Composite Exhibit 2, pages 30-36. (Emphasis added).

17. In the Notice and Reconsideration Determination, Petitioner's PPEC provider ([REDACTED]) requested continuation of full and partial day PPEC services for the certification period from October 22, 2022, through April 19, 2023. See supra ¶ 3. Respondent terminated Petitioner's PPEC services on the basis that the services are no longer medically necessary. See supra ¶ 3. Specifically, Respondent found that the PPEC services did not meet the following criterion: services must be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness under treatment, and not in excess of the patient's needs; and services must 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. See supra ¶ 3.

18. Florida Medicaid covers PPEC services that: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in the Florida Medicaid PPEC Policy. See supra ¶ 11. PPEC services provide skilled nursing supervision and therapeutic interventions in a nonresidential setting to medically dependent or technologically dependent recipients. See

supra ¶ 11. In this case, there was no credible testimony or evidence demonstrating that Petitioner requires “skilled nursing supervision and therapeutic interventions” at the PPEC facility. See supra ¶ 5-6. Further, the documentation and testimony regarding Petitioner’s medical status, supra ¶ 2-6, reflects that Petitioner does not meet the definition of a “medically dependent or technologically dependent child” as Petitioner is not “a child who because of a medical condition requires continuous therapeutic interventions or skilled nursing supervision which must be prescribed by a licensed physician and administered by, or under the direct supervision of, a licensed registered nurse.” See supra ¶ 11. The record indicates, Petitioner is in stable condition and is receiving medication administration and nurse supervision PPEC that is not required. See supra ¶ 5-6. Based on the documentation, Petitioner has no skilled nursing needs, although skilled nursing supervision and monitoring is recommended by Petitioner’s providers. See supra ¶ 2-3. Based on the credible testimony presented by Dr. Kunis, Petitioner does not have a medical condition that requires the daily supervision and care of a skilled nurse. See supra ¶ 5. In addition, Ms. Heywood, as a qualified nursing professional, did not disagree with Dr. Kunis’ professional assessment regarding Petitioner’s current medical status. See supra ¶ 6. The undersigned Hearing Officer found insufficient evidence to indicate that Petitioner requires a skilled nurse to provide nursing supervision.

19. Although the Petitioner is diagnosed with multiple medical conditions, has a [REDACTED], needs assistance with ADLs, and takes prescribed medication, it does not appear that the Petitioner needs the daily services of a skilled nurse. The record indicates that Petitioner’s care could be safely furnished in a lower level of care (e.g., daycare, school) than pediatric nursing facility (e.g., PPEC). In sum, the undersigned Hearing Officer considered the PPEC provider’s

recommendations in support of medical necessity. However, the fact that a provider has prescribed, recommended, or approved services does not, in itself, make such services medically necessary. See supra ¶ 15. In other words, just because a physician requested that a recipient continues to receive a Medicaid service does not mean that services are automatically approved. The Florida Medicaid program has implemented a QIO in the form of checks & balances to ensure that services are only approved on a medical necessity basis. See supra ¶ 2. The physician still must provide evidence (e.g., testimony, documentation) to establish that the Medicaid service is still needed. Here, no such evidence was present to support the provider recommendations.

20. In addition, the Florida Medicaid program does not permit the continued authorization of a Medicaid service for the convenience of the recipient or the recipient's caretaker. See supra ¶ 18. The record indicates that the Petitioner's [REDACTED] and Ms. Heywood are concerned regarding difficulties locating a daycare for the transition to and how Petitioner's continued stay at the PPEC is more convenient for Petitioner's [REDACTED]. See supra ¶ 6. Although Petitioner's caretaker may benefit from having the Petitioner remain at [REDACTED], Florida Medicaid prohibits services from being authorized and/or continued when it is determined that services are furnished in a manner primarily intended for the convenience of the recipient or the recipient's caretaker. See section 2.83 of the Florida Medicaid Definitions Policy. The undersigned Hearing Officer applied minimal weight to this argument presented by Petitioner's PPEC provider.

21. Florida Medicaid permits Respondent to terminate an existing service when, "[t]here is a documented improvement in the recipient's medical condition, or "[t]here is a documented change in the recipient's circumstances. See supra ¶ 16. The evidence and testimony presented


above supports a determination by Respondent that the Petitioner's documented stable condition justify the termination of PPEC enrollment. See supra ¶ 2-6. Based on the above, Respondent established that the requested PPEC services are not medically necessary, according to section 2.83 of the Florida Medicaid Definitions Policy and section 1.3.7 of the Florida Medicaid PPEC Policy. Looking at all the evidence relevant to the particular needs of this Petitioner, the Respondent demonstrated that the continuation of the requested PPEC services is not necessary to correct or ameliorate a defect, a condition, or a physical or mental illness under EPSDT.

22. Upon consideration of the testimony provided, evidence submitted, and applicable polices, the undersigned concludes that Respondent proved by a preponderance of the evidence that continuing PPEC services was not medically necessary for Petitioner. Looking at all the evidence relevant to the particular needs of Petitioner, Respondent has demonstrated that PPEC services are not necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent proved by a preponderance of the evidence that Respondent's termination of PPEC services was correct.

IT IS HEREBY ORDERED AND ADJUDGED THAT:

Respondent's termination of Petitioner's PPEC services from October 22, 2022, through April 19, 2023, is **AFFIRMED**. Petitioner's request for relief is **DENIED**.

DONE AND ORDERED this 14th day of March, 2023, in Tallahassee, Leon County, Florida.

 Joseph Mabry
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JOSEPH MABRY, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings

2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308-5407

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]
[REDACTED]

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