

FILED

MAY 30 2023

Agency For Health
Care Administration

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

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH0305

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 April 26, 2023, at 9:00 a.m. Eastern Standard Time ("EST").

APPEARANCES

For the Petitioner: [REDACTED]
Authorized Representative

For the Respondent: Megan Peake
Manager of Grievance and Appeals
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 and monthly treatment visits) was incorrect.

PRELIMINARY STATEMENT

All parties appeared for the Fair Hearing telephonically. [REDACTED] [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED], appeared for the Fair Hearing to provide testimony and did not call any witnesses.

Megan Peake, the Manager of Grievance and Appeals for Liberty Dental Plan of Florida, Inc. (“LIBERTY”) appeared for the Fair Hearing as a representative for Respondent. Dr. Tamara-Kay Tibby (“Dr. Tibby”), 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: Chrissie Simmons, a Medical Health Care Program Analyst and Fair Hearing Liaison for the Agency for Health Care Administration (“Agency” or “AHCA”); Monica Aguilar, a State Fair Hearing Analyst for LIBERTY; and Dr. Kelly Clair, a Dental Quality Specialist for LIBERTY.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings (“Office”) and Petitioner a 3-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; Dental radiographs; and Dental photographs.

Prior to the Fair Hearing, Respondent sent to the Office and Petitioner a 55-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; a Dental Claim Form; Dental photographs; Dental radiographs; Appendix A – Medicaid Orthodontic Initial Assessment Form (IAF); a Problem list and treatment plan; Florida Medicaid Orthodontic Initial Assessment Handicapping Labio-Lingual Deviations (HLD) Index Score Sheet; a Notice of Adverse Benefit Determination (“NABD”) (dated February 1, 2023);

Conduent Standard Embedded Dashboard; a Notice of Plan Appeal Resolution (“NPAR”) (dated February 15, 2023); the Florida Medicaid Definitions Policy (August 2017); the Florida Medicaid Dental Services Coverage Policy (August 2018); and photographic examples of handicapping malocclusions.

FINDINGS OF FACT

1. Petitioner is an enrolled member of LIBERTY. See Respondent’s Composite Exhibit 1, pages 1-2, 5, 7, 13, 22. 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]. *Id.* at 5, 22. Petitioner’s Dental provider is [REDACTED]. *Id.* at 2. Petitioner submitted a request for requesting the following Dental services: Periodic orthodontic treatment visits (D8670); Pre-orthodontic treatment examination (D8660); and Comprehensive orthodontic treatment (D8080). *Id.* at 7. Petitioner submitted Dental radiographs and Dental photographs. *Id.* at 8-10; see also Petitioner’s Composite Exhibit 1.
3. Petitioner’s Dental provider completed an IAF form indicating Petitioner has a score of [REDACTED]. *Id.* at 11. Petitioner’s Dental provider indicated that Petitioner has the following Dental conditions that led to a score of [REDACTED]: [REDACTED]; [REDACTED]; and [REDACTED]. *Id.* To qualify for Orthodontic Braces, the recipient must have an HLD score of 26 points or greater or meet one of six auto-qualifying handicapping malocclusions. *Id.* at 13. Petitioner’s Dental provider recommended Orthodontic Braces and Treatment for 30-36 months, Dental Extractions. *Id.* at 12. LIBERTY Dentist, Dr. Matt MacLean (“Dr. MacLean”), reviewed Petitioner’s case and reported an HLD score of [REDACTED], like Petitioner’s Dental

provider. *Id.* at 13. LIBERTY Dentist, Dr. Thomas White (“Dr. White”), reviewed Petitioner’s case and reported an HLD score of [REDACTED]. *Id.* at 14. LIBERTY Dentist, Dr. Seth Marguiles (“Dr. Marguiles”), reviewed Petitioner’s case and reported an HLD score of [REDACTED]. *Id.* at 15. All three LIBERTY Dentists reached the following conclusions: (1) Petitioner does not meet any of the six (6) handicapping malocclusions that are considered auto-qualifiers; (2) Orthodontic Braces are not medically necessary; (3) Petitioner does not meet the requisite score of 26 points for Orthodontic Treatment; and (4) EPSDT does not apply. *Id.* at 13-15.

4. On February 1, 2023, LIBERTY issued an NABD denying Petitioner’s request for Dental services, *supra* ¶ 2, based on medical necessity. *Id.* at 16-19. 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 #3, 4 - Insertion of braces (Comprehensive orthodontic treatment of the adolescent dentition) - Tooth/Area UR, UL

which we received on 01/31/2023. After our review, this service has been denied as of 02/01/2023.

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:

2, 3, 4 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.

...

Sincerely,

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

LIBERTY Dental Plan

Respondent's Composite Exhibit 1, pages 16-19. (Emphasis added).

5. On February 3, 2023, Petitioner requested a plan appeal. *Id.* at 22-23. Petitioner asserts that Orthodontic Braces are medically necessary because Petitioner needs to open up a space for an impacted tooth to come through. *Id.* On February 15, 2023, LIBERTY issued an NPAR upholding the denial of Petitioner's request for Dental services. *Id.* at 25-28. The NPAR states the following, in pertinent part:

On February 3, 2023, we received your timely plan appeal request regarding LIBERTY Dental Plan's (LIBERTY's) Notice of Adverse Benefit Determination dated February 1, 2023, NABD Number [REDACTED], denying the braces (orthodontic treatment).

On February 14, 2023, after consideration of the information you provided in support of your plan appeal, LIBERTY hereby denies the request for braces.

On February 14, 2023, 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 [Petitioner], 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 [Petitioner], 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 [Petitioner] 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 [Petitioner] 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 your dentist to talk about other treatment.

[REDACTED]

...
Sincerely,

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

Respondent's Composite Exhibit 1, pages 25-27. (Emphasis added).

6. On February 15, 2023, [REDACTED] requested a Fair Hearing on behalf of Petitioner regarding the denial of Dental services. On April 3, 2023, the undersigned Hearing Officer issued

a notice to all parties of record scheduling the Fair Hearing to be conducted by telephone on April 26, 2023, at 9:00 a.m. EST.

7. According to [REDACTED]'s testimony presented at the Fair Hearing, Petitioner is requesting Orthodontic Braces to provide space for an impacted tooth. [REDACTED] also requests Orthodontic Braces to alleviate any discomfort Petitioner may be experiencing.

8. According to Ms. Peake's testimony presented at the Fair Hearing, three LIBERTY Dentists reviewed Petitioner's case and determined that Petitioner does not qualify for Orthodontic Braces and monthly treatment visits. Ms. Peake testified that LIBERTY's guidelines (e.g., the HLD Score Sheet) has not changed or been modified over the past few years.

CONCLUSIONS OF LAW

9. 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), Florida Statutes ("Fla. Stat.") (2022). This order is the final administrative decision of AHCA under section 409.285(2)(a).

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

11. 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.).

12. 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 43-50. The Florida Medicaid

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.

1.1 Florida Medicaid Policies

This policy is intended for use by providers that render dental 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>.

1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the service coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent service coverage limits than specified in Florida Medicaid policies.

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.

1.4.7 Provider

The term used to describe any entity, facility, person, or group enrolled with AHCA to furnish services under the Florida Medicaid program in accordance with the provider agreement.

1.4.8 Recipient

For the purpose of this coverage policy, the term used to describe an individual enrolled in Florida Medicaid (including managed care plan enrollees).

...

3.0 Eligible Provider

3.1 General Criteria

Providers must meet the qualifications specified in this policy in order to be reimbursed for Florida Medicaid dental services.

3.2 Who Can Provide

Services must be rendered by one of the following:

- Practitioners licensed in accordance with Chapter 466, F.S. and working within the scope of their practice
- County health departments administered by the Florida Department of Health in accordance with Chapter 154, F.S.
- Federally qualified health centers approved by the Public Health Service
- Dental interns and dental graduates permitted or temporarily certified to practice in accordance with section 466.025, F.S.

Registered dental hygienists (RDH) working within the scope of their practice may provide services to recipients in health access settings in accordance with Chapter 466, F.S.

...

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 radiographs(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 43-50.

13. 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.

14. The Florida Medicaid Definitions Policy (August 2017), 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 1, pages 31-42. The Florida Medicaid 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 31-42.

16. Petitioner requested orthodontic treatment (Orthodontic Braces and monthly visits). See supra ¶ 2. Petitioner's Dental provider submitted a prior authorization form, a completed IAF form, Dental photographs, Dental radiographs, a problem list and treatment plan, and a recommendation for Dental services. See supra ¶ 2-3. In the NABD, Respondent's Dentist, Dr. MacLean, denied Petitioner's request for orthodontic treatment. See supra ¶ 4. Dr. MacLean determined that Petitioner's request was not medically necessary, as Petitioner's request was not "needed to protect life, prevent significant illness or disability, or alleviate severe pain" nor was it "individualized, specific, consistent with symptoms or diagnosis of illness or injury" and was "in excess of the patient's needs." *Id.* Dr. MacLean further explained that Petitioner did not demonstrate a handicapping malocclusion because, "[o]ur 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." *Id.* In the NPAR, Respondent's Dentist, Dr. White, upheld the denial of Petitioner's request for Orthodontic Treatment based on medical necessity. See supra ¶ 5. Dr. White explained, "[b]oth of LIBERTY's Staff Dentists, who specialize in braces, reviewed the dental records and decided that [Petitioner], does not have "handicapping malocclusion" as defined," and "LIBERTY did not receive any documentation from the treating dentist stating that [Petitioner] requires medically necessary treatment beyond that needed to treat "handicapping malocclusion." *Id.*

17. The Florida Medicaid program covers Dental services for recipients under the age of 21 years. *See supra* ¶ 12. Dental services, such as Orthodontic Braces, must be medically necessary in order to be approved. *Id.* The medical necessity criteria is outlined in section 2.83 of the Florida Medicaid Definitions Policy. *See supra* ¶ 12, 14. To be medically necessary, the Medicaid recipient must demonstrate a handicapping malocclusion. *Id.* A handicapping malocclusion is defined as, “[a] condition that results in a disability or impairment to the recipient’s physical development.” *Id.* If the Medicaid recipient does not demonstrate a condition that results in a disability or impairment to the recipient’s physical development, then the request for Orthodontic Braces is deemed to not be medically necessary because the request is not “individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment,” and is “in excess of the patient’s needs.” *See supra* ¶ 12, 14.

18. To determine whether the Petitioner has a handicapping malocclusion, Respondent uses the HLD Score Sheet. *See supra* ¶ 2-3. The HLD Score Sheet lists six Dental conditions that are considered handicapping malocclusions. *Id.* Petitioner only needs to have one handicapping malocclusions to qualify for Orthodontic Braces. *Id.* If the Petitioner does not have one of the six handicapping malocclusions, they may still qualify for Orthodontic Braces if they have multiple other Dental conditions which, when considered together, add up to a score of 26 points or greater. Here, Petitioner’s Dental provider and three LIBERTY Dentists (Dr. MacLean, Dr. White, and Dr. Marguiles) reviewed Petitioner’s case. *See supra* ¶ 3. All four Dentists, including Petitioner’s Dentist, determined that Petitioner does not have a handicapping malocclusion. *See supra* ¶ 3. Further, when considering the aggregate of all Petitioner’s Dental conditions, all four Dentists reported a score under 26 points. *See supra* ¶ 3. More specifically, Petitioner’s HLD score

ranges between [REDACTED] [REDACTED]. Because the Petitioner did not meet either criterion listed in the HLD score sheet, the requested Orthodontic Services are not individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment and are in excess of the Petitioner's needs."

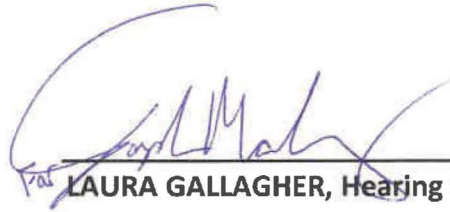
19. Nonetheless, Petitioner's Dental provider recommended the requested Orthodontic Braces for the Petitioner. See supra ¶ 2. Section 2.83 of the Definitions Policy mandates that "[t]he fact that a provider has prescribed, recommended, or approved medical or allied care, goods, or services does not, 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, Respondent's Composite Exhibit 1, and applicable law and 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 provide "relief of pain and infections, restoration of teeth, and maintenance of dental health" or 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 Dental services (Orthodontic Braces and monthly treatment visits) was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED:

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

DONE and ORDERED this 30th day of May, 2023, in Tallahassee, Leon County, Florida.



LAURA GALLAGHER, Hearing Officer
Agency for Health Care Administration
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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]
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