

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



FILED

Aug 03, 2023, 12:49 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 23-FH1093

vs.

AGENCY FOR HEALTH CARE
ADMINISTRATION,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned scheduled and convened a telephonic Medicaid Fair Hearing in the above-styled case on June 20, 2023, at 1:00 p.m., Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Suzanne Chillari
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 was correct.

PRELIMINARY STATEMENT

All parties appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative, appeared on behalf of Petitioner. Nicole Martinez, R.N. (“Ms.

Martinez”), Director of Nursing for [REDACTED], attended as a witness for Petitioner.

Suzanne Chillari, Medical/Health Care Program Analyst for the Agency for Health Care Administration (“AHCA” or “Agency”), appeared on behalf of the Respondent. Dr. Chris Kunis, M.D. (“Dr. Kunis”), Medical Director at eQHealth Solutions, Inc. (“eQHealth”), appeared as a witness for the Respondent.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a two hundred and one (201)-page evidence packet and a forty-six (46)-page evidence packet. The two hundred and one (201)-page evidence packet appears in the Office of Fair Hearings’ document management system as file title “[REDACTED] FH 06.20.2023.pdf.” The forty-six (46)-page evidence packet appears in the Office of Fair Hearings’ document management system as the file title “Agency Evidence Legal Authorities 23-FH1093.pdf”. Absent an objection from the Petitioner, the undersigned admitted the two hundred and one (201)-page evidence packet into evidence as Respondent’s Composite Exhibit 1 (“RCE 1”) and the forty-six (46)-page evidence packet into evidence as Respondent’s Composite Exhibit 2 (“RCE 2”).

The hearing was held open after testimony concluded in order for Petitioner to introduce evidence. Petitioner sent to the Office of Fair Hearings and Respondent a sixteen (16)-page evidence packet, that appears in the Office of Fair Hearings’ document management system as file titles “23-FH1093 Evidence.pdf.” As stipulated to by Respondent, the undersigned admitted the sixteen (16)-page evidence packet into evidence as Petitioner’s Composite Exhibit 1 (“PCE 1”).

FINDINGS OF FACT

1. Petitioner receives Medicaid services on a fee-for-service basis from the Agency.

eQHealth is a Quality Improvement Organization contracted by the Agency to review prior authorization requests for services. See RCE 1 at page 24. The Agency, through contractual agreement, authorized eQHealth to make Medical Necessity determinations for services requiring prior authorizations. *Id.*

2. Petitioner is a [REDACTED], at the time of the present hearing. See RCE 1 at page 16. Petitioner is diagnosed with the following: [REDACTED], [REDACTED], and [REDACTED]. *Id.* at 17.

3. Petitioner is not [REDACTED] [REDACTED]. *Id.* at 56. Petitioner does not [REDACTED]. *Id.*

4. Petitioner's current medications are [REDACTED] [REDACTED]. *Id.* at 19. Petitioner's nursing needs consist of the medicine of [REDACTED] given when or if needed, monitoring and supervision. *Id.*

5. Petitioner lives with [REDACTED]. *Id.* at 19. The [REDACTED], [REDACTED], works outside of the home, but the [REDACTED] does not. According to the Care Coordinator's Session Notes with [REDACTED], dated [REDACTED], Petitioner will attend summer camp and stay home if [REDACTED] cannot attend PPEC. *Id.* at 67.

6. Petitioner was not [REDACTED]. *Id.* at 55. Petitioner visited the [REDACTED], and then was sent home. *Id.* at 20. According the Florida Home Health Assessment Tool, dated May 5, 2023, ("FL HH Assessment), Petitioner's overall status as [REDACTED]

[REDACTED]” *Id.* at 55.

7. Petitioner requested the continuation of partial day and full day PPEC services for the certification period of April 18, 2023 through October 14, 2023. *Id.* at 24.

8. On April 6, 2023, eQHealth sent Petitioner a Notice of Outcome (“Notice”) terminating Petitioner’s PPEC services. *Id.* at 24 - 27. The Notice explained that the requested services were terminated because they were not medically necessary and explained as follows:

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 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 Rational for Decision: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED] Nursing needs consist of monitoring and supervision.

Deny all PPEC units. The patient lacks sufficient skilled nursing needs to warrant PPEC care.

Dated of Action is 4/6/2023.

Pages 24 - 25 of RCE 1.

9. Petitioner requested reconsideration of the Notice of Outcome, and on April 17, 2023,

eQHealth sent Petitioner a Notice of Reconsideration Determination (“Recon Determination”) upholding the termination of Petitioner’s PPEC services. *Id.* at 39 - 41. The Recon Notice explained that the requested services were terminated because they were not medically necessary and explained as follows:

The reason for the denial is that the services are not medically necessary as defined in 59G-1.010, Florida Administrative Code. Specifically the 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.

The medical basis for the reconsideration decision is as follows:

PR Recon Determination: Reconsideration request and the submitted clinicals were reviewed. [P]rovider states that patient was [REDACTED]. Patient is also scheduled for [REDACTED]. This is [REDACTED]. These clinicals do not justify the medical necessity of requested PPEC. Uphold the initial denial of PPEC units.

Page 40 of RCE 1.

10. On June 1, 2023, [REDACTED] requested a Fair Hearing on behalf of Petitioner due to Respondent’s termination of PPEC services. The undersigned scheduled and convened a telephonic Medicaid Fair Hearing in the above-styled case on June 20, 2023, at 1:00 p.m., Eastern Standard Time (“EST”), and all parties were duly notified.

11. Dr. Kunis’ testimony established that Petitioner’s PPEC services were terminated because based on the documentation submitted by the PPEC provider Petitioner no longer met the criteria for medical necessity. Dr. Kunis stated that upon his review of Petitioner’s PPEC records, the Petitioner is receiving no scheduled medications at PPEC and no longer has a need for skilled nursing services. Consistent with Dr. Kunis’ testimony, Petitioner is [REDACTED], [REDACTED], [REDACTED], and [REDACTED],

other than an [REDACTED], for which [REDACTED]
[REDACTED]. Dr. Kunis acknowledged that Petitioner had a [REDACTED]
[REDACTED], but that removal was an [REDACTED] that would not
require skilled nursing care. Nursing needs consist of monitoring and supervision. Therefore,
Petitioner lacks sufficient skilled nursing needs to warrant PPEC care.

12. [REDACTED] testified that Petitioner did have to go [REDACTED]
[REDACTED], but [REDACTED] was [REDACTED]
[REDACTED]. [REDACTED]'s testimony established that that [REDACTED] main concern is that
Petitioner's [REDACTED], and for that reason [REDACTED] should remain at PPEC;
but that [REDACTED] the plan is for [REDACTED] to attend a private regular daycare until
[REDACTED] starts school. [REDACTED] testified that the [REDACTED] was scheduled for [REDACTED]
[REDACTED]. [REDACTED] introduced evidence of Petitioner's medical and activity observation
logs from provider [REDACTED], for the months of [REDACTED], that show
no skilled nursing services provided, only [REDACTED], and
some other medicines, on an as needed basis. PCE 1 at 1 – 16.

CONCLUSIONS OF LAW

13. 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. This order is the final
administrative decision of AHCA under section 409.285(2)(a).

14. This hearing was held as a *de novo* proceeding pursuant to 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.”

15. 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.

15. In the instant case, Respondent terminated Petitioner’s PPEC services. As such, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to 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.)

16. The PPEC Policy, incorporated by reference in Fla. Admin. Code R. 59G- 4.260, governs PPEC services available under Florida Medicaid. The PPEC Policy provides the following:

16.1 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.

....

1.3.7 Medically Necessary/Medical Necessity

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

....

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 Coverage Information

4.1 General Criteria

Florida Medicaid covers services that meet all of the following:

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

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 Specific Non-Covered Criteria

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

- A full day and a partial day of PPEC services on the same date of service, for the same recipient
- Early intervention services when billed separately
- Food or formulas
- Supportive or contracted services as defined in section 400.902, F.S.
- Transportation services

Some services may be reimbursed through another Florida Medicaid-covered service. Please refer to the service-specific coverage policy for more information.

....

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

7.2 Specific Criteria

Providers must obtain authorization from AHCA, or its designee, every 180 days or more frequently if there is a change in the recipient's condition requiring an alteration in services.

Providers must submit a discharge request to AHCA, or its designee, to terminate a recipient's services. The discharge request must include both of the following:

- Last date services were provided to the recipient
- Number of units of service used during the current authorization period (through the discharge date)

17. Section 400.902(6), Florida Statute, defines "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."

18. Since the Petitioner is under twenty-one years old, the Early and Periodic Screening, Diagnosis, and Treatment ("EPSDT") requirements apply to the request for PPEC services.

See 42 U.S.C. §§ 1396d(r)(1)-(S). Section 409.905, Florida Statutes, states:

(2) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT SERVICES.—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.

19. Once it is determined that EPSDT applies to a request for a service, the Florida Medicaid program determines the amount or necessity for that service based on the State of Florida's published definition of medical necessity. The Definitions Policy, which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, 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 severe 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.

20. The Authorization Requirements Policy, incorporated by reference in Fla. Admin. Code R. 59G-1.053, provides general requirements for providers to obtain authorization to render Florida Medicaid services. It 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.

Florida Medicaid Authorization Requirements Policy, pages 1-3.

21. In the instant case, Petitioner requested PPEC services for the certification period of March 26, 2023, through September 1, 2023. *See supra* ¶ 7. Petitioner has relocated out of the State of Florida with [REDACTED] family, and [REDACTED] last day of treatment in Florida for PPEC services was [REDACTED]. *See supra* ¶ 7. As established on the record by the testimony and evidence, eQHealth terminated Petitioner's PPEC services, because the PPEC services were not medically necessary. *See supra* ¶ 8.

22. Florida Medicaid covers PPEC services that: are determined medically necessary; do not duplicate another service; and meet the criteria as specified in the PPEC Policy. *See supra* ¶ 16. PPEC provides "skilled nursing supervision and therapeutic interventions in a non-residential setting to medically dependent or technologically dependent recipients." *See supra* ¶ 16.

23. In this case, there was no testimony or evidence that Petitioner requires "skilled nursing supervision and therapeutic interventions" at a PPEC facility. The documentation regarding

Petitioner's medical status, *see supra* ¶¶ 2 – 6, 10, 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* ¶ 16.

Specifically, Petitioner is not [REDACTED]

[REDACTED]. *See supra* ¶ 3. Petitioner does not have [REDACTED]

[REDACTED] *See supra* ¶ 3. Petitioner made an [REDACTED]

[REDACTED], but no other

[REDACTED]. *See supra* ¶ 3. Petitioner's overall

condition is presently "[s]table with no heightened risks for serious complications and death."

See supra ¶ 6. The medical and activity observation logs from Petitioner's PPEC provider for the

months of [REDACTED], show no skilled nursing services provided. Additionally,

Petitioner's medications can be administered by Petitioner's parents at home, or on an as

needed basis. *See supra* ¶ 6. Petitioner's [REDACTED] expects to send Petitioner to summer camp

and school when [REDACTED] port is removed, which [REDACTED] was scheduled for [REDACTED]

[REDACTED]. *See supra* ¶¶ 5, 12.

24. Section 2.83 of the Definitions Policy mandates that to be medically necessary, "[t]he medical or allied care, goods, or services furnished or ordered must - [b]e 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;" and "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* ¶ 19. Based upon the aforementioned facts and evidence, *supra* ¶ 23, Respondent demonstrated that the request for PPEC services was in excess of what Petitioner needs. Thus, Respondent established that the requested PPEC services are not medically necessary, as defined in Fla. Admin. Code R. 59G- 1.010, and required by section 1.3.7 of the PPEC Policy. Looking at all the evidence relevant to the particular needs of Petitioner, the PPEC services at issue are not necessary to correct or ameliorate a defect or a physical and mental illness or condition.

25. In light of the parties’ testimony, Respondent’s Composite Exhibit 1, Respondent’s Composite Exhibit 2, Petitioner’s Composite Exhibit 1, the PPEC Policy, the Authorization Requirements Policy, and the Definitions Policy, Respondent proved by a preponderance of the evidence that Respondent’s termination of Petitioner’s PPEC services was correct.

DECISION

Respondent’s termination of Petitioner’s PPEC services for the certification period of March 26, 2023, through September 21, 2023, is **AFFIRMED**. Petitioner's appeal based on Respondent’s termination of PPEC services is hereby **DENIED**.

DONE and **ORDERED** this 3rd day of August, 2023, in Tallahassee, Leon County, Florida.

 Laura Gallagher
for Debbie Winicki
23-FH1093
2023.08.03 07:45:15
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DEBBIE WINICKI, Hearing Officer
Agency for Health Care Administration
Office of Fair Hearings
2727 Mahan Drive, Mail Stop # 11
Tallahassee, FL 32308

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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AHCA Medicaid Hearing Unit
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