



**FILED**

Jul 18, 2023, 10:46 am

OFFICE OF FAIR HEARINGS

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

[REDACTED]

**PETITIONER,**

**AHCA Case No.: 23-FH1142**

**vs.**

**SUNSHINE STATE HEALTH PLAN, INC.,**

**RESPONDENT.**

\_\_\_\_\_ /

**FINAL ORDER OF DISMISSAL**

The Fair Hearing request in this case was made by [REDACTED] (“Complainant”) on May 10, 2023. Complainant is a third party and not the purported Recipient, [REDACTED]

Rule 59G-1.100(7)(c)(1), Florida Administrative Code (“F.A.C.”), requires any person requesting a Fair Hearing on behalf of a Recipient or seeking to represent a Recipient in a Fair Hearing to provide and maintain with the Office a written authorization signed by the Recipient or by a person with legal authority to act on behalf of the Recipient. Failure to file a Designation of Authorized Representative (“DAR”) constitutes grounds for dismissal of a Fair Hearing request pursuant to Rule 59G-1.100(9)(b)(4), F.A.C.

The Office of Fair Hearings (“Office”) provided an Acknowledgement of Third Party Fair Hearing Request (“Acknowledgement”) to Complainant at their address of record on May 17, 2023. The Acknowledgment advised Complainant of the DAR requirement under Rule 59G-1.100(7)(c)(1), F.A.C. Also included with the Acknowledgement was a sample DAR form with instructions for completion and submittal. The Office did not receive a response.

On May 26, 2023, the Office issued an Order to Show Cause (“Order”) why the third party hearing request should not be dismissed for failure to comply with Rule 59G-1.100(7)(c)(1), F.A.C. Included with the Order was a copy of the sample DAR form with instructions. On June 5, 2023, the Office received a faxed DAR. However, the DAR was signed by [REDACTED] (“[REDACTED]”), but no documentation was submitted showing that [REDACTED] had the authority to act on behalf of the Petitioner. As such, the DAR was insufficient to serve as a written authorization to designate the Petitioner’s Authorized Representative and to authorize disclosure of Petitioner’s PHI under HIPAA.

On June 6, 2023, the undersigned issued a Second Order to Show Cause (“Second Order”), including another copy of the sample DAR form with instructions. On June 15, 2023, the Office received a notarized letter stating that [REDACTED] was employed with [REDACTED]. However, this letter is insufficient to serve as a written authorization to designate the Petitioner’s Authorized Representative and to authorize disclosure of Petitioner’s PHI under HIPAA.

On June 29, 2023, the undersigned issued a Third Order to Show cause (“Third Order”). Included with the Third Order was another copy of the sample DAR form with instructions. The Third Order notified Complainant that failure to comply with the rule requirement on or before July 10, 2023, would result in dismissal of the case. The Office has not received a response since the Third Order was issued.

Dismissal of this case is without prejudice to refile within applicable time limits.

**IT IS HEREBY ORDERED AND ADJUDGED THAT:**

The case is dismissed without prejudice, and is now closed.

**DONE AND ORDERED** this 18th day of July, 2023, in Tallahassee, Leon County, Florida.



Kameisha Presley  
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**KAMEISHA PRESLEY, 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:**



**Sunshine State Health Plan, Inc.**  
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**AHCA Medicaid Hearing Unit**  
**MedicaidHearingUnit@ahca.myflorida.com**