



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

**FILED**

Mar 06, 2024, 12:51 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

**PETITIONER,**

**AHCA Case No.: 23-FH3174**

**Plan ID No.: [REDACTED]**

**vs.**

**HUMANA MEDICAL PLAN, INC.,**

**RESPONDENT.**

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**FINAL ORDER**

At all times relevant to this proceeding, Petitioner received Medicaid benefits through Humana Medical Plan, Inc. On December 19, 2023, [REDACTED] (“Petitioner’s Authorized Representative”) requested a Fair Hearing based on Respondent’s denial of homemaker services.

Pursuant to notice mailed to the Petitioner’s Authorized Representative’s address of record on January 12, 2024, the undersigned Hearing Officer convened a telephonic hearing on February 1, 2024, at 1:00 p.m. Petitioner’s Authorized Representative was not in attendance. After a fifteen-minute grace period, the undersigned took a roll call on the record of the persons in attendance and went off the record at 1:16 p.m.

Rule 59G-1.100(9)(b)(5)(b), Florida Administrative Code, authorizes a Hearing Officer to deny or dismiss a request for a Fair Hearing if the Recipient fails to appear at the scheduled Fair Hearing without good cause.

On February 20, 2024, the undersigned issued an Order to Show Cause (“Order”) why the instant case should not be dismissed for failure to appear at the scheduled Fair Hearing. The Order notified the Petitioner’s Authorized Representative that failure to show good cause on or before March 1, 2024, would result in dismissal of the case. The Office did not receive any communication from the Petitioner’s Authorized Representative explaining their absence or requesting that the hearing be rescheduled.

Based on the foregoing,

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

Petitioner’s Fair Hearing request is hereby deemed abandoned, and this matter is now closed.

**DONE AND ORDERED** this 6th day of March, 2024, in Tallahassee, Leon County, Florida.

Laura Gallagher

23-FH3174



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**LAURA GALLAGHER, 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:**



**Humana Medical Plan, Inc.  
GAMedicaidRightFax@humana.com**

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