

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



FILED

Feb 23, 2024, 12:17 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH0012

Plan ID No.: [REDACTED]

vs.

LIBERTY DENTAL PLAN OF FLORIDA, INC.,

RESPONDENT.

_____ /

FINAL ORDER

At all times relevant to this proceeding, Petitioner received Medicaid benefits through LIBERTY Dental Plan of Florida, Inc.. On December 27, 2023, [REDACTED] ("Complainant") requested a Fair Hearing based on Respondent's the denial of dental services.

Pursuant to notice e-mailed to the Petitioner's Authorized Representative's e-mail address of record on January 16, 2024, the undersigned Hearing Officer convened a telephonic hearing on February 5, 2024, at 10:00 a.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 10:17 a.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 5, 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 February 25, 2024, would result in dismissal of the case. The Office did not receive any communication from the Petitioner’s Authorized Representative explaining [REDACTED] 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 23rd day of February, 2024, in Tallahassee, Leon County, Florida.

Alan J. Leifer
24-FH0012
2024.02.23
10:46:59 -05'00'

ALAN LEIFER, 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:



**LIBERTY Dental Plan of Florida, Inc.
regulatory@libertydentalplan.com**

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