



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

FILED

May 21, 2024, 1:52 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

vs,

AHCA Case No.: 24-FH0248

Plan ID No.: [REDACTED]

DENTAQUEST OF FLORIDA, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic Fair Hearing on the instant case on March 6, 2024, at 10:03 a.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Shonda Rushing

Complaints and Grievance Specialist

DentaQuest of Florida, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent’s decision to deny the payment request for a dental exam and one (1) dental x-ray was incorrect.

PRELIMINARY STATEMENT

All parties appeared telephonically. Petitioner’s Authorized Representative and [REDACTED]

[REDACTED] (“[REDACTED]”) appeared on behalf of the Petitioner.

Shonda Rushing, Complaints and Grievance Specialist for DentaQuest of Florida, Inc. (“DentaQuest”) appeared on behalf of Respondent. Stephanie Lang, Program Operations Administrator for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Petitioner did not introduce any exhibits at the hearing.

Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a thirty (30)-page evidence packet that was admitted into evidence without objection, is admitted into evidence as “Respondent’s Composite Exhibit 1” and appears in the Office of Fair Hearings document management system as file title as “24-FH0248 SFH Evidence Package.pdf”.

FINDINGS OF FACT

1. Petitioner is an enrolled member of DentaQuest. See Respondent’s Composite Exhibit 1, page 10. DentaQuest is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.
2. Petitioner is a [REDACTED]. See Respondent’s Composite Exhibit 1, page 10.
3. On November 7, 2023, the Petitioner received a dental exam and an x-ray. See Respondent’s Composite Exhibit 1, page 10. Also on November 7, 2023, the Petitioner submitted a claim relative to the November 7, 2023, dental exam and one (1) x-ray. See Respondent’s Composite Exhibit 1, pages 12-17.
4. On December 22, 2023, the Respondent issued a Notice of Adverse Benefit Determination (“NABD”), denying the Petitioner’s request. See Respondent’s Composite Exhibit 1, pages 12-17. The Notice provided the basis for the denial as follows: “You are not eligible for services. Your coverage is not active.” *Id.*

5. On December 26, 2023, the Petitioner timely requested a plan appeal of the Respondent's denial to pay for the service. See Respondent's Composite Exhibit 1, page 22. On December 26, 2023, the Respondent sent the Petitioner a Notice of Plan Appeal Resolution ("NPAR") letter upholding the denial and stated as follows:

Your eligibility ended with FL SMDHP Children Medicaid on 10/31/2023 and became effective again on 11/18/2023. Coverage was not active on the date you were seen by the dentist, 11/07/2023. If you believe that you should be eligible for dental coverage, please contact your local Medicaid Office. Should you become eligible in the future, please have your dentist resubmit the request. At that time, we will review the request and make a determination.

...

Id.

6. On January 17, 2024, the Petitioner requested a Fair Hearing regarding the refusal to pay for the November 7, 2023, dental services. On February 2, 2024, the undersigned issued an Order Scheduling Fair Hearing and Prehearing Instructions, setting the hearing for March 6, 2024, at 10:00 a.m. EST.

7. The Petitioner's [REDACTED] testified [REDACTED] has a letter for the Agency for Healthcare Administration that [REDACTED] coverage is effective on November 11, 2023. However, no such letter was presented as evidence in this matter. The Petitioner's Authorized Representative testified [REDACTED] paid the bill for dental services in question and was told by the Department of Children and Families that a "system update" of their computer resulted in an error that reflected the coverage for [REDACTED] was not effective until November 18, 2023.

8. Ms. Rushing testified for the Respondent that their system records reflect that on November 7, 2023, the Petitioner did not have any Medicaid coverage that would pay for the dental services received on that date. Ms. Rushing further testified that as of the date of the Fair

Hearing, the system still reflects that Medicaid coverage for the Petitioner became effective on November 18, 2023.

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) of the Florida Statutes (2019). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

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

11. 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.

12. 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.).

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. On November 7, 2023, the Petitioner received a dental examination and one (1) x-ray. See ¶ 3. In a NABD, dated December 22, 2023, the Respondent denied Petitioner’s request for payment regarding the November 7, 2023, dental services stating that the Petitioner did not have Medicaid coverage at that time. See ¶ 4. The Petitioner requested an appeal of the Respondent’s denial in the NABD and on December 26, 2023, the Respondent issued an NPAR upholding the denial of payment for the November 7, 2023, dental services, stating again that the Petitioner did not have Medicaid coverage for the dental services on November 7, 2023.

15. As Petitioner bears the burden of proof, Petitioner must show that Respondent’s decision to deny the Petitioner’s payment for the November 7, 2023, dental services was incorrect.

16. Upon consideration of the testimony provided, evidence submitted, and applicable policies, the undersigned concludes that Petitioner did not prove by a preponderance of the evidence that the November 7, 2023, dental services were covered by Florida Medicaid. Accordingly, the undersigned finds that Petitioner has not proved by a preponderance of the

evidence that Respondent's denial of payment for the November 7, 2023, dental exam and one (1) x-ray was incorrect.

IT IS THEREFORE ORDERED AND ADJUDGED:

Respondent's denial is **AFFIRMED**. Petitioner's appeal based on Respondent's denial is **DENIED**.

DONE and ORDERED this 21st day of May 2024, in Tallahassee, Leon County, Florida.

Alan J. Leifer
24-FH0248
2024.05.21 11:09:53
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ALAN J. 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:

[REDACTED]

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CGATeam3@dentaquest.com

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MedicaidHearingUnit@ahca.myflorida.com