



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

**FILED**

Feb 22, 2024, 12:11 pm

OFFICE OF FAIR HEARINGS

AHCA Case No.: 24-FH0353

[REDACTED],  
PETITIONER,

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.  
\_\_\_\_\_ /

**FINAL ORDER**

On January 31, 2024, [REDACTED] requested a Fair Hearing on behalf of Petitioner. On February 21, 2024, Complainant sent to the Office of Fair Hearings an e-mail withdrawing the request for a Fair Hearing.

A Hearing Officer may deny or dismiss a Fair Hearing request if the Recipient files a written withdrawal of the request. A Hearing Officer may also deny or dismiss a Fair Hearing request if the Recipient testifies on the record that he or she wishes to withdraw the request. See Rule 59G-1.100(9)(b)(5)(a), Florida Administrative Code.

Based on the foregoing,

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

The Fair Hearing request made on behalf of Petitioner is hereby deemed withdrawn, and this matter is now closed.

**DONE AND ORDERED** this 22nd day of February, 2024, in Tallahassee, Leon County, Florida.



Kameisha Presley

24-FH0353

2024.02.22

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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.  
SunshineHealth\_MFH@centene.com**

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