



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

FILED

Mar 05, 2024, 4:52 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH0493

vs.

SUNSHINE STATE HEALTH PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER OF DISMISSAL

The Fair Hearing request in this case was made by [REDACTED] ("Complainant") on February 13, 2024. 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 February 16, 2024. 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 February 16, 2024, the undersigned 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 another copy of the sample DAR form with instructions. The Order notified Complainant that failure to comply with the rule requirement on or before March 4, 2024, would result in dismissal of the case. In response, the Office received another copy of a Request for Appeal of Grievance Form.


On February 22, 2024, the undersigned issued a Second Order to Show Cause (“Second Order”). Included with the Order was another copy of the sample DAR form with instructions. The Second Order explained that the response was insufficient for the following reasons. The Request for Appeal or Grievance Form (“Form”) authorizes [REDACTED] to file a grievance with Sunshine or appeal an Adverse Benefit Determination. However, the Form does not designate [REDACTED] as the Petitioner’s authorized representative for purposes of participation at a Medicaid Fair Hearing nor does it authorize the Agency’s disclosure of Petitioner’s PHI under HIPAA. On February 27, 2024, the Office received a response; however, the response was not in compliance with Rule 59G-1.100(7)(c)(1), F.A.C.

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 5th day of March, 2024, in Tallahassee, Leon County, Florida.

Laura Gallagher
24-FH0493
 2024.03.05
09:03:32 -05'00'

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:

[REDACTED]
[REDACTED]

**Sunshine State Health Plan, Inc.
SunshineHealth_MFH@centene.com**

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