



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

FILED

Jun 17, 2024, 3:57 pm
OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH0564

Plan ID No.: [REDACTED]

vs.

SIMPLY HEALTHCARE PLANS, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Fair Hearing in the instant case on March 26, 2024, at 1:05 p.m. Eastern Standard Time (“EST”).

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner’s Authorized Representative

For the Respondent:

Sharon Nealy

Grievance and Appeals Fair Hearing Coordinator

Simply Healthcare Plans, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent’s termination of home health – private duty nursing services was correct.

PRELIMINARY STATEMENT

All parties appeared for the scheduled Fair Hearing telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and [REDACTED], appeared for the Fair

Hearing on behalf of Petitioner and provided testimony. [REDACTED] (“[REDACTED]”), Petitioner’s [REDACTED], provided testimony on behalf of Petitioner.

Sharon Nealy, Grievance and Appeals Fair Hearing Coordinator, for Simply Healthcare Plans, Inc. (“Simply”), appeared for the Fair Hearing as representative for Respondent. The following persons appeared for the Fair Hearing as a witness for Respondent: Dr. Ophelia Mall (“Dr. Mall”), Medical Director for Simply.

Sandra Durden, Medical Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared for the Fair Hearing as an observer.

Prior to the Fair Hearing, Petitioner sent to the Office of Fair Hearings twenty-six (26)-pages of documents. The documents appear in the Office of Fair Hearings’ case management system as “24-FH0564 DAR and Supporting Documents” (pages 1-20) and “24-FH0564 Additional Documents.pdf” (pages 21-26). Absent an objection, the undersigned admitted the documents into evidence as Petitioner’s Composite Exhibit 1. Page numbers refer to the combined exhibit.

Prior to the Fair Hearing, Respondent sent to the Office of Fair Hearings and Petitioner a one hundred and twenty-one (121)-page evidence packet. The evidence packet appears in the Office of Fair Hearings’ case management system as “Florida Simply Evidence Packet – [Petitioner name].pdf.” The undersigned admitted the evidence packet into evidence as Respondent’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Simply. See Respondent’s Composite Exhibit 1 at page 8.
8. Simply is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in the state of Florida.

2. As of the date of the Fair Hearing, Petitioner is [REDACTED]. *Id.* Petitioner's diagnoses include: [REDACTED]

[REDACTED] *Id.* at 8, 24, 27; see also Petitioner's Composite Exhibit at pages 11-

12.

3. Petitioner requested precertification for the continuation of home health - private duty nursing ("PDN") services 8 hours per day for 5 days per week. *Id.* at 8 – 10, 13. Petitioner takes the following medications:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

Id. at 9 – 10, 34. Petitioner also uses [REDACTED]. *Id.* at 17, 26. [REDACTED]

[REDACTED]

[REDACTED] *Id.* at 10, 12; see also Petitioner's Composite Exhibit 1 at pages 6-7 for extensive list. The following treatments are identified: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] *Id.* 10-13.

4. On January 23, 2024, Petitioner’s physician, [REDACTED] (“[REDACTED]”), wrote a prescription for the following home health services: Home Health Aide/RN medically necessary 41 hrs per week. *Id.* at 23. On the same date, [REDACTED] wrote a letter, which states as follows:

[Petitioner] is a [REDACTED] that due to [REDACTED] medical conditions and troubles requires full adult supervision and medical care on an everyday basis. [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

At this time, this letter of a formal appeal is to help assist [REDACTED] with [REDACTED] nursing services 41 hours and 5 days a week that is medically necessary for [Petitioner] to continue with this [REDACTED]. This request will benefit in helping mom during [REDACTED] working hours.

Id. at 24. [REDACTED] wrote another prescription on [REDACTED] stating,

Home Health Nurse medically necessary
Dx: F84.0, D89.82, R63.3, F80.2, Z91.012
41 hours per week

Petitioner’s Composite Exhibit 1 at page 5.

5. On January 11, 2024, Petitioner requested continuation of home health - private duty nursing services. *Id.* at 18. On January 18, 2024, Simply issued a Notice of Adverse Benefit Determination (“NABD”) terminating the requested services based on medical necessity. *Id.* at 18-21. The NABD explained the basis of the determination as follows, in pertinent part:

Simply Healthcare Plans, Inc. has reviewed your request for Home Hourly Care, which we received on 01/11/2024. After our review, this service has been Denied as of 01/18/2024.

We made our decision because:
(Check all boxes that apply)

We determined that the requested services are **not medically necessary** because the services do not meet the reason(s) checked below: (See Rule 59G-1.010).

- Must be needed to protect your child’s life, prevent significant illness or disability to your child, or to alleviate your child’s severe pain.
- Must be individualized, specific, consistent with symptoms or diagnosis of illness or injury and not be in excess of your child’s needs.
- Must meet accepted medical standards and not be experimental or investigational.
- Must be able to be the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide.
- Must be furnished in a manner not primarily intended for convenience of the recipient, caretaker, or provider.

(The convenience factor is not applied to the determination of the medically necessary level of private duty nursing (PDN) for children under the age of 21.)

...

The facts that we used to make our decision are: We cannot cover your child's home hourly care as requested. We know that your child has health problems ([REDACTED]). [REDACTED] We do not know what the skilled nursing need is. **Your child might benefit from a home health aide.** This decision was based on the Florida Medicaid Private Duty Nursing Services Coverage Policy 4.0-4.2. Your reference number is: [REDACTED]

You, or someone legally authorized to do so, can ask us for a complete copy of your file, including medical records, a copy of plan review criteria and guidelines, contract provisions, other documents, records, and other information relevant to the adverse benefit determination. These will be provided free of charge.

Respondent’s Composite Exhibit 1 at pages 18 – 21 (emphasis added).

6. On January 31, 2024, Petitioner requested a plan appeal. *Id.* at 37. On February 12, 2024, Simply issued a Notice of Plan Appeal Resolution (“NPAR”) upholding the termination. *Id.* at 37 - 39. The NPAR states the following, in pertinent part:

On 01/31/2024 we received your timely plan appeal request regarding Simply Healthcare Plans, Inc.’s Notice of Adverse Benefit Determination dated 01/18/2024, NABD Number [REDACTED], DENYING, the Home Hourly Care provided to [Petitioner]. We cannot cover your child's home hourly care as requested. We know that your child has health problems ([REDACTED]). [REDACTED] We do not know what the skilled nursing need is. Your

child might benefit from a home health aide. This decision was based on the Florida Medicaid Private Duty Nursing Services Coverage Policy 4.0-4.2.

On 02/09/2024, after consideration of the information you provided to Simply in support of your plan appeal, Simply hereby DENIES, your plan appeal. We cannot cover your child hourly care hours. We have looked at your notes. You have asked for hourly home care. We know your child has many problems ([REDACTED] [REDACTED]). We have asked your doctor for more information. We do not know why your doctor thinks that this is needed. We think that other care hours (home health aide) should be enough. This is why we have not covered this. We based this decision on the Florida Medicaid Private Duty Nursing Services Coverage Policy 4.0-4.2. Your case was looked at by a Pediatrics & Neonatology provider for Simply.

Respondent's Composite Exhibit 1 at pages 37 - 39.

7. On February 20, 2024, Petitioner requested a Fair Hearing. On March 4, 2024, the undersigned Hearing Officer issued a notice to all parties of record, scheduling the Fair Hearing to be convened by telephone on March 26, 2024, at 1:00 p.m. ET. The final order date was extended pursuant to Rule 59G-1.100(18), Florida Administrative Code.

8. Dr. Mall testified that Petitioner's [REDACTED] works full time. Dr. Mall asserted that Simply did not receive information on what specific tasks a nurse would be needed to perform. [REDACTED] testified that Simply would have approved a home health aide, i.e. personal care services, for assistance with activities of daily living. Dr. Mall did not know whether a home health aide, who is not also a Registered Nurse ("RN") or Licensed Practical Nurse ("LPN"), can administer Petitioner's injections and medications.

9. [REDACTED]' testimony established that [REDACTED] is a [REDACTED] who works full time.

10. [REDACTED]' testimony established that [REDACTED] also works full time. [REDACTED] testified that Petitioner is a "fragile child" who sees multiple doctors and specialists. In addition to Petitioner being [REDACTED]

[REDACTED] asserted that a home health aide nurse continues to be needed to give Petitioner numerous [REDACTED]

[REDACTED] pointed out that, although not at issue in this case, Simply also incorrectly terminated Petitioner’s Speech Therapy, Occupational Therapy, and Physical Therapy.

CONCLUSIONS OF LAW

11. 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), Florida Statutes (2022). This order is the final administrative decision of AHCA under section 409.285(2)(a).

12. This hearing was held as a *de novo* proceeding pursuant to Rule 59G-1.100(17)(b), Florida Administrative Code (“F.A.C.”)

13. Because Respondent terminated a previously approved service, Rule 59G-1.100(17)(g), F.A.C. 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.).

14. Petitioner’s home health – private duty nursing services are governed by the Florida Medicaid Private Duty Nursing Services Coverage Policy (“PDN Policy”), which is incorporated by reference in Rule 59G-4.130, F.A.C. See Respondent’s Composite Exhibit 1 at pages 113-120. The PDN Policy provides the following, in pertinent part:

1.0 INTRODUCTION

1.1 Description

Florida Medicaid private duty nursing (PDN) services provide medically necessary skilled nursing to recipients whose medical condition, illness, or injury requires the care to be delivered in their home or in the community.

1.1.1 Florida Medicaid Policies

This policy is intended for use by providers that render private duty nursing services to eligible Florida Medicaid recipients. It must be used in conjunction with Florida Medicaid’s General Policies (as defined in section 1.3) and any applicable service specific and claim reimbursement policies with which providers must comply.

Note: All Florida Medicaid policies are promulgated in Rule Division 59G, Florida Administrative Code (F.A.C.). Coverage policies are available on the Agency for Health Care Administration’s (AHCA) Web site at <http://ahca.myflorida.com/Medicaid/review/index.shtml>.

1.1.2 Statewide Medicaid Managed Care Plans

Florida Medicaid managed care plans must comply with the coverage requirements outlined in this policy, unless otherwise specified in the AHCA contract with the Florida Medicaid managed care plan. The provision of services to recipients enrolled in a Florida Medicaid managed care plan must not be subject to more stringent coverage limits than specified in Florida Medicaid policies.

...

1.3 Definitions

The following definitions are applicable to this policy. For additional definitions that are applicable to all sections of Rule Division 59G, F.A.C., please refer to the Florida Medicaid definitions policy.

1.3.1 Babysitting

Custodial care, daycare, afterschool care, supervision, or similar childcare unrelated to the services that are documented to be medically necessary for the recipient.

...

1.3.5 Home Health Services

Medically necessary services that can be safely provided to the recipient in their home or in the community that include home health visits (skilled nursing and home health aide services), PDN, and personal care services.

1.3.6 Medically Necessary/Medical Necessity

As defined in Rule 59G-1.010, F.A.C.

Note: Subparagraph (a)(5) of the medical necessity definition shall not be applied when determining the medical necessity of private duty nursing

services. All other medical necessity criteria apply and must be met in order to receive reimbursement from Florida Medicaid.

...

2.2 Who Can Receive

Florida Medicaid recipients under the age of 21 years requiring medically necessary PDN services. Some services may be subject to additional coverage criteria as specified in section 4.0.

...

4.0 Coverage Information

4.1 General Criteria

Florida Medicaid reimburses for services that meet all of the following:

- Are determined medically necessary
- Do not duplicate another service
- Meet the criteria as specified in this policy

4.2 Specific Criteria

Florida Medicaid reimburses for up to 24 hours of PDN services per day, per recipient, when

the recipient meets all of the following criteria:

- Is under the care of a physician and has a physician's order for PDN services
- Requires more extensive and continual care than can be provided through a home health visit
- Requires services that can be safely provided in their home or the community

For recipients requiring less than two hours of PDN services per day, please refer to the Florida Medicaid home health visits services coverage policy.

...

4.3 Early and Periodic Screening, Diagnosis, and Treatment

As required by federal law, Florida Medicaid provides services to eligible recipients under the age of 21 years, if such services are medically necessary to correct or ameliorate a defect, a condition, or a physical or mental illness. Included are diagnostic services, treatment, equipment, supplies, and other measures described in section 1905(a) of the SSA, codified in Title 42 of the United States Code 1396d(a). As such, services for recipients under the age of 21 years exceeding the coverage described within this policy or the associated fee schedule may be approved, if medically necessary. For more information, please refer to Florida Medicaid's General Policies on authorization requirements.

5.0 Exclusion

5.1 General Non-Covered Criteria

Services related to this policy are not reimbursed when any of the following apply:

- The service does not meet the medical necessity criteria listed in section 1.0
- The recipient does not meet the eligibility requirements listed in section 2.0
- The service unnecessarily duplicates another provider's service

5.2 Specific Non-Covered Criteria

Florida Medicaid does not reimburse for the following:

- A skill level other than what is prescribed in the physician order and approved POC
 - Babysitting
 - Certification of the POC by a physician
 - Nursing assessments related to the POC
 - Professional development training or supervision of home health staff or other home health personnel
 - Respite care to facilitate the parent or legal guardian attending to personal matters
 - Services funded under section 110 of the Rehabilitation Act of 1973 or under the provisions of the Individuals with Disabilities Educational Act
 - Services furnished by relatives as defined in section 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient (except as described in section 4.2.1)
 - Services provided in any of the following locations:
 - Hospitals
 - Intermediate care facilities for individuals with intellectual disabilities
 - Nursing facilities
 - Prescribed pediatric extended care centers
 - Residential facilities or assisted living facilities when the services duplicate those provided by the facility
 - Services rendered prior to the development and approval of the POC
 - Travel time to or from the recipient's place of residence
- Florida Medicaid may reimburse for some services listed in this section through a different service benefit.

...

7.0 Authorization

7.1 General Criteria

The authorization information described below is applicable to the fee-for-service delivery system. For more information on general authorization requirements, please refer to Florida Medicaid's General Policies on authorization requirements.

7.2 Specific Criteria

Providers must obtain authorization from the Medicaid contracted Quality Improvement Organization (QIO) at least every 180 days, or more frequently if there is a change in the recipient's condition requiring an increase or decrease in authorized services.

7.2.1 Review Criteria

The QIO uses the review criteria specified in section 9.0 for the first level review.

7.2.2 Review Process

The QIO assigns a care coordinator who:

- Conducts an initial home visit to assess the recipient's need for PDN services
- Convenes a multidisciplinary team to consider the authorization request for PDN services

The multidisciplinary team will develop a service plan recommending the number of PDN service hours.

7.2.3 Intensified Review

The QIO's physician peer reviewer will review the authorization request if the multidisciplinary team cannot reach consensus on the amount of PDN service hours to include in the service plan.

The QIO's physician peer reviewer will review all of the available information collected as a part of the multidisciplinary team process, and attempt to contact the recipient's physician to discuss the case.

7.2.4 Monthly Contact

The QIO care coordinator will maintain monthly contact with the recipient and the recipient's parent or legal guardian to stay abreast of the recipient's condition.

Respondent's Composite Exhibit 1 at pages 113 – 119.

15. Rule 59G-4.290, F.A.C., defines skilled nursing as follows:

(3) Skilled Services Criteria.

- a) To be classified as requiring skilled nursing or skilled rehabilitative services in the community or in a nursing facility, the recipient must require the type of medical, nursing or rehabilitative services specified in this subsection.

- b) Skilled Nursing. To be classified as skilled nursing service, the service must meet all of the following conditions:
1. Ordered by and remain under the supervision of a physician;
 2. Sufficiently medically complex to require supervision, assessment, planning, or intervention by a registered nurse.
 3. Required to be performed by, or under the direct supervision of, a registered nurse or other health care professionals for safe and effect performance;
 4. Required on a daily basis;
 5. Reasonable and necessary to the treatment of a specified documented illness or injury; and,
 6. Consistent with the nature and severity of the individual's condition or the disease state or stage.

15. States must provide Early and Periodic Screening, Diagnostic, and Treatment (“EPSDT”) services to Medicaid-eligible children under age 21 when requested under the Medicaid state plan. See 42 U.S.C. § 1396a(a)(43); 42 U.S.C. § 1396d(a)(4). According to 42 U.S.C. § 1396d(r)(5), EPSDT services mean, in relevant part, 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.

16. Petitioner is under the age of 21 years, and therefore EPSDT applies to [REDACTED] request for services. However, a state may place medical necessity limitations on EPSDT services. See 42 C.F.R. §§ 440.230(a), (b), (d). Section 409.905(2), Florida Statutes, limits EPSDT services with a medical necessity standard:

The [Agency] shall pay for early and periodic screening and diagnosis of a recipient under age 21 to ascertain physical and mental problems and conditions and all services determined by the agency to be medically necessary for the treatment, correction, or amelioration of these problems and conditions, including personal care, private duty nursing, durable medical equipment, physical therapy, occupational therapy, speech therapy, respiratory therapy, and immunizations.

17. The Florida Medicaid Definitions Policy (“Definitions Policy”) (August 2017), incorporated by reference in Fla. Admin. Code R. 59G-1.010, states as follows, in pertinent part:

2.2 Activities of Daily Living (ADLs)

ADLs include:

- Bathing
- Dressing
- Eating (oral feedings and fluid intake)
- Maintaining continence (examples include taking care of a catheter or colostomy bag or changing a disposable incontinence product when the recipient is unable to control bowel or bladder functions)
- Toileting
- Transferring

2.18 Caregiver

Person(s) attending to the needs of another person, who is physically or mentally impaired, injured, incapacitated, or a child unable to care for him or herself.

2.64 Instrumental Activities of Daily Living (IADLs)

IADLs include:

- Grocery shopping
- Laundry
- Light housework
- Meal preparation
- Medication management
- Money management
- Personal hygiene
- Transportation
- Using the telephone to take care of essential tasks (examples include paying bills and setting up medical appointments)

2.83 Medically Necessary or Medical Necessity

The medical or allied care, goods, or services furnished or ordered must meet the following conditions:

- Be necessary to protect life, to prevent significant illness or significant disability, or to alleviate pain
- Be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient’s needs

- Be consistent with generally accepted professional medical standards as determined by the Medicaid program, and not experimental or investigational
- Be reflective of the level of service that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available statewide
- Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider

The fact that a provider has prescribed, recommended or approved medical or allied care, goods, or services does not, in itself, make such care, goods or services medically necessary or a medical necessity or a covered service.

Definitions Policy at pages 160-171.

19. In this case, Respondent terminated Petitioner's request for home health – personal duty nursing services on the basis that the services are no longer medically necessary. Specifically, Respondent determined that the services are not “individualized, specific, consistent with symptoms or diagnosis of illness or injury” and are “in excess of [Petitioner's] needs.” *See supra* ¶ 5 - 6.

20. The PDN Policy is clear that Florida Medicaid reimburses for services that are determined medically necessary, do not duplicate another service, and meet the criteria specified in the policy. *See supra* ¶ 14. PDN services provide medically necessary skilled nursing to recipients whose medical condition, illness, or injury required the care to be delivered in their home or in the community. *See supra* ¶ 14. Florida Medicaid reimburses for up to 24 hours of PDN services per day, per recipient, when the recipient meets all of the following criteria: under the care of a physician and has a physician's order for PDN services; requires more extensive and continual care than can be provided through a home health visit; and requires services that can be safely provided in their home or the community. *See supra* ¶ 14.

18. In the instant case, the record is clear that Petitioner is under age 21 and has a medical condition or disability that substantially limits [redacted] ability to perform ADLs or IADLs. Petitioner is under the care of a physician (and multiple specialists) for diagnoses that include: [redacted]

[redacted]

[redacted]

[redacted] See supra ¶ 2. Petitioner is also [redacted]

[redacted]. See supra ¶ 3, 10. Petitioner’s physician ordered 41 hours per week of PDN services.

See supra ¶ 4. [redacted] is a [redacted] who works full time. See supra ¶ 9. Petitioner’s prescribed medications include, among other medications: [redacted]

[redacted]

[redacted]

[redacted]

[redacted]. See supra ¶ 3. As

[redacted] testified, Petitioner requires a level higher than a home health aide because a nurse is required to administer [redacted]

[redacted]

[redacted] See supra ¶ 10. Respondent was

not able to demonstrate that a home health aide who is not an RN or LPN could administer Petitioner’s injections and other medications. See supra ¶ 9.


21. Upon consideration of the testimony, evidence, and applicable policies, the undersigned finds that the record does not prove by a preponderance of the evidence that the home health – private duty nursing services at issue are no longer individualized, specific, and consistent with

symptoms or confirmed diagnosis of the illness or injury under treatment, and are in excess of the patient's needs. As such, Respondent has not shown that the requested services no longer meet medical necessity criteria. Looking at all the evidence relevant to the particular needs of this Petitioner, Respondent did not demonstrate that the home health – private duty nursing services are no longer necessary to correct or ameliorate a defect or a physical and mental illness or condition. Accordingly, Respondent did not prove by a preponderance of the evidence that the termination of home health – private duty nursing services was correct.

IT IS THEREFORE ORDERED AND ADJUDGED:

Respondent's termination of home health - private duty nursing services is hereby **REVERSED**. Petitioner's appeal based on Respondent's denial is hereby **AFFIRMED**.

DONE and ORDERED this 17th day of June 2024, in Tallahassee, Leon County, Florida.

Laura Gallagher
24-FH0564
 2024.06.17
14:32:35 -04'00'

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]

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