

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



FILED

Aug 09, 2024, 3:59 pm

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 24-FH2130

Plan ID No.: [REDACTED]

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

At all times relevant to this proceeding, Petitioner received Medicaid benefits through Humana Medical Plan, Inc. On June 24, 2024, [REDACTED] (“Complainant”) requested a Fair Hearing based on Respondent’s pharmacy lock-in.

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.

On August 8, 2024, the hearing was held before the undersigned Hearing Officer, with the Fair Hearing Complainant, and the Respondent in attendance. At that time and on the record, Complainant withdrew the request for Fair Hearing.

Based on the foregoing,

IT IS THEREFORE ORDERED AND ADJUDGED THAT:

Petitioner's Fair Hearing request is hereby deemed withdrawn, and this matter is now closed.

DONE AND ORDERED this 9th day of August, 2024, in Tallahassee, Leon County, Florida.

Alan J. Leifer
Alan J. Leifer
24-FH2130
2024.08.09
08:59:41 -04'00'

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:

[REDACTED]

Humana Medical Plan, Inc.
HumanaMedicaid_EIR_MFH@humana.com

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