



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

**FILED**

Sep 30, 2024, 12:52 pm

OFFICE OF FAIR HEARINGS

[REDACTED],

**PETITIONER,**

**AHCA Case No.: 24-FH2695**

**vs.**

**HUMANA MEDICAL PLAN, INC.,**

**RESPONDENT.**

\_\_\_\_\_ /

**FINAL ORDER OF DISMISSAL**

The Fair Hearing request in this case was made by [REDACTED] (“Complainant”) on August 14, 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 August 21, 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 September 9, 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. The Order explained that the Office of Fair Hearings received a Humana Grievance and Appeal Office Appointment of Representative Form designating [REDACTED] as Petitioner’s advocate with Humana Medical Plan Inc. This document is not signed by the recipient or, alternatively, someone with legal authority to act on behalf of the recipient. The form does not designate an Authorized Representative for purposes of participation in a Medicaid Fair Hearing at Agency for Health Care Administration (“AHCA”) or authorize disclosure by AHCA of Petitioner’s protected health information under HIPAA. 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 September 19, 2024, would result in dismissal of the case. The Office did not receive a response.

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 30th day of September, 2024, in Tallahassee, Leon County, Florida.



Digitally signed by  
Laura Gallagher  
Reason: 24-FH2695  
Date: 2024.09.30  
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**LAURA GALLAGHER, Hearing Officer**  
**Agency for Health Care Administration**  
**Office of Fair Hearings**  
**2727 Mahan Drive, Mail Stop # 11**

**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]  
[REDACTED]  
[REDACTED]

**Humana Medical Plan, Inc.**  
**HumanaMedicaid\_EIR\_MFH@humana.com**

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