



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

FILED

Oct 20, 2020, 8:43 am

OFFICE OF FAIR HEARINGS

[REDACTED]

PETITIONER,

AHCA Case No.: 20-FH [REDACTED]

Plan ID No.: [REDACTED]

vs.

HUMANA MEDICAL PLAN, INC.,

RESPONDENT.

_____ /

FINAL ORDER

Pursuant to notice, the undersigned Hearing Officer convened a telephonic Medicaid Fair Hearing in the above-styled case on September 22, 2020, at [REDACTED]

[REDACTED]

APPEARANCES

For the Petitioner:

[REDACTED]

Petitioner's Authorized Representative

For the Respondent:

Markeshia Lee
Fair Hearing Specialist
Humana Medical Plan, Inc.

STATEMENT OF ISSUE

The issue is whether Petitioner proved by a preponderance of the evidence that Respondent's denial of an additional 18 hours per week of Patient Directed Option ("PDO") adult companion care services was incorrect.

PRELIMINARY STATEMENT

All parties and witnesses appeared telephonically. [REDACTED] (“[REDACTED]”), Petitioner’s Authorized Representative and daughter, appeared for the hearing and offered testimony on Petitioner’s behalf. [REDACTED] (“[REDACTED]”), Petitioner’s son-in-law and [REDACTED] husband, appeared for the hearing as a witness and provided testimony on Petitioner’s behalf.

Markeshia Lee, Fair Hearing Specialist for Humana Medical Plan, Inc. (“Humana”), appeared as a representative for Respondent. Dr. Clinton Jules (“Dr. Jules”), Medical Director for Humana, appeared as a witness for Respondent.

Marielisa Amador, Medical/Health Care Program Analyst for the Agency for Health Care Administration (“Agency” or “AHCA”), appeared as an observer.

Prior to the hearing, Petitioner did not send to the Office of Fair Hearings and Respondent an evidence packet. Prior to the hearing, Respondent sent to the Office of Fair Hearings and Petitioner a 303-page hearing packet. The packet included the following documents: the Medicaid Fair Hearing Case Summary; Respondent’s internal case notes on Petitioner’s Appeal; a coversheet for the Notice of Adverse Benefit Determination (“NABD”); the NABD, dated May 7, 2020; a coversheet for the Notice of Plan Appeal Resolution (“NPAR”); the NPAR, dated August 6, 2020; an Authorization screenshot coversheet; Respondent’s Authorization screenshots; a 701B coversheet; the Florida Department of Elder Affairs 701B Comprehensive Assessment (“701B”), dated July 20, 2020; a medical records coversheet; Petitioner’s medical records, with a header indicating that they are from [REDACTED] on [REDACTED] 2020; the Plan of Care coversheet; Humana’s Plan of Care, signed August 14, 2020; the Summary of Services coversheet; the Plan of Care Summary of Services, signed August 14, 2020; the coversheet for the Florida Medicaid

Statewide Medicaid Managed Care Long-term Care Program Coverage Policy (March 2017) (“SMMC LTC Policy”); the coversheet for Humana’s Florida Medicaid Member Handbook (“Humana’s Handbook”); Humana’s Handbook in English; Humana’s Handbook in Spanish; and a blank page. Absent an objection from Petitioner, the undersigned admitted Respondent’s 303-page evidence packet into evidence as Respondent’s Composite Exhibit 1.

FINDINGS OF FACT

1. Petitioner is an enrolled member of Humana’s Long-Term Care (“LTC”) program. *See* Respondent’s Composite Exhibit 1, page 1. Humana is a managed care organization contracted by the Agency to provide services to eligible Medicaid recipients in Florida.

2. Petitioner is a 73-year old female, residing in a private residence alone. *See* Respondent’s Composite Exhibit 1, page 27. The 701B reflects the following:

*** Completed by PHONE due to COVID19*** Member is a 73 years old Hispanic woman that lives alone and is currently receiving PDO PC 1 hour every day, PDO HM 1 hour every day. Member's CG reported that about [REDACTED] she called her mom and she did not answered the phone, so she presented to member's home and she was on the floor, as she felt, and also had an uncontrolled bowel movement at that time. CG stated member has been/is very anxious with COVID19 situation, and afraid of being alone and falling again. CC was advised that member was not taken to the hospital as member refused b/c afraid of getting COVID19. Member has bruises on arms and face. Member is inquiring for 3 hours of AC every day, Monday though Saturdays.

...

CG reported member is alert, but at moments seems forgetful. Daughter reported member need she is very anxious most of the time and needs reminders with her medications and medical appointments.

Respondent’s Composite Exhibit 1, pages 27 and 28.

3. The Plan of Care Summary reflects that Petitioner is currently authorized to receive the following home and community-based supportive services: 7 hours per week of PDO personal care services; 7 hours per week of PDO homemaker services; “Bladder Control

Pads/Undergarments/Liners/Mens Guards;" and a personal emergency response system ("PERS"). See Respondent's Composite Exhibit 1, page 118.

4. The 701B reflects the following regarding Petitioner's activities of daily living ("ADLs"). Petitioner needs no assistance with eating, using the bathroom, transferring, and walking/mobility. See Respondent's Composite Exhibit 1, page 30. Petitioner needs assistance (but not total help) with bathing and dressing. *Id.*

5. The 701B reflects the following regarding Petitioner's instrumental activities of daily living ("IADLs"). Petitioner needs no assistance with using the telephone. See Respondent's Composite Exhibit 1, page 31. Petitioner needs supervision or prompting for managing money. *Id.* Petitioner needs assistance (but not total help) with heavy chores, light housekeeping, preparing meals, shopping, managing medication and using transportation. *Id.* Further, the 701B reflects that Petitioner has constant bladder incontinence. *Id.* at 32.

6. On May 7, 2020, Respondent issued an NABD denying an additional 18 hours of PDO adult companion care services weekly. See Respondent's Composite Exhibit 1, page 5. The NABD stated the reason for Respondent's determination as follows:

We determined that your requested services are **not medically necessary** because the services do not meet either of the reason(s) checked below: (See Rule)

...

Meet all of the following criteria for all extended state plan services used for the purposes of maintenance therapy and all other home and community-based services:

1. 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;
2. 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; and

3. Be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider;

And one of the following:

1. Enable the enrollee to maintain or regain functional capacity; or
2. Enable an enrollee receiving long-term services and supports to have access to the benefits of community living, to achieve person-centered goals, and live and work in the setting of their choice.

...

Other authority

The facts that we used to make our decision are: This determination of the Medical Director has been made based on medical necessity (as defined by Florida law – specifically see checked box above) and reflects the application of the Plan's approved review criteria and guidelines.

Clinical Rationale for Decision: You have asked for hours in the home additional participant directed option hours 18 additional adult companion. The hours that you have asked for are not approved. You have hours now in the home that meet your needs. You are a 73 year old woman and you need help with your bathing, dressing, grooming and transferring. You have multiple medical problems. Your daughter is your direct social worker and she works in a beauty salon which has been closed due to Covid 19. **Your daughter can keep you company as she is not working. You have not had a recent hospitalization or emergency room visit. You are not total care. You do not need a tube to help you to breathe or eat. The hours are not medically necessary.** The additional hours/ supplies were denied by the Medical Director because service is not medically necessary. You are already receiving services and/or consumable medical supplies that should meet your needs. This decision was based on the Florida Medicaid Statewide Medicaid Managed Care Long Term Care Program Coverage Policy.

Respondent's Composite Exhibit 1, pages 5-6. (Emphasis added.)

7. Petitioner requested a plan appeal. On August 6, 2020, Respondent sent Petitioner an NPAR, denying Petitioner's plan appeal. See Respondent's Composite Exhibit 1, page 15. The NPAR stated as follows:

On 07/15/2020 we received your timely plan appeal request regarding Humana Long- Term Care Plan's Notice of Adverse Benefit Determination dated

05/07/2020, authorization # [REDACTED], denying the request for adult companion services (18 Participant Directed Option hours weekly) provided to [Petitioner].

On 08/05/2020, after consideration of the information you provided to Humana Long- Term Care Plan in support of your plan appeal, was reviewed by a medical director who is a MD and board certified in Internal Medicine.

The reason for the decision is as follows: You appealed a denial for Adult Companion PDO 18 hours weekly. We reviewed all the information provided to us and we upheld the denial because the requested services/equipment are not medically necessary.

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

XXX Must be needed to protect life, prevent significant illness or disability, or alleviate severe pain.

XXX Must be individualized, specific, consistent with symptoms or diagnosis of illness or injury, and not be in excess of the patient's needs. Must meet accepted medical standards and not be experimental or investigational.

...

XXX 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.

Respondent's Composite Exhibit 1, page 15.

8. On August 13, 2020, [REDACTED] requested a Fair Hearing on Petitioner's behalf due to the denial of the additional 18 hours per week of PDO adult companion care services. On August 26, 2020, the undersigned scheduled the Fair Hearing for September 22, 2020, at [REDACTED], and all parties were duly notified.

9. [REDACTED] is Petitioner's daughter and Petitioner's designated service worker ("DSW") through the PDO service delivery model of Florida Medicaid. Petitioner lives alone and takes care of herself when she is alone. [REDACTED] believes that Petitioner needs the requested adult companion care services for supervision and so that Petitioner does not feel alone. Approximately 4 times during the week, [REDACTED] brother goes to Petitioner's house

and checks on Petitioner for 5 to 10 minutes in the mornings around 5:00 a.m. or 6:00 a.m. before he goes to work. Petitioner's friends also call her on the telephone to check on her.

10. [REDACTED] is [REDACTED] husband, and he is Petitioner's son-in-law. [REDACTED] described Petitioner has having mental issues, nervous problems, and panic attacks. Petitioner takes medication for anxiety. [REDACTED] has daily contact with Petitioner. [REDACTED] picks Petitioner up and takes her to his and [REDACTED] home, and Petitioner stays with them for 6 to 8 hours almost every day. Petitioner usually stays at her own house 1 to 2 days per week.

11. Dr. Jules is the LTC Medical Director for Humana. Dr. Jules reviewed all documentation submitted to Respondent for this case, and it is his professional opinion that Respondent correctly denied the additional PDO adult companion care services. Dr. Jules explained that Petitioner can adjust times the services are provided to meet her needs.

CONCLUSIONS OF LAW

12. The Agency's Office of Fair Hearings has jurisdiction over the subject matter of this proceeding and the parties pursuant to Florida Statute § 409.285(2). This order is the final administrative decision of AHCA under Fla. Stat. § 409.285(2)(a).

13. This hearing was held as a *de novo* proceeding pursuant to Fla. Admin. Code R. 59G-1.100(17)(b).

14. The burden of proof in this proceeding is governed by Fla. Admin Code R. 59G-1.100(17)(g), which provides as follows:

The burden of proof is on the party asserting the affirmative of an issue, except as otherwise required by statute. The burden of proof is on the Agency or plan, whichever is applicable, when the issue presented is the suspension, reduction, or termination of a previously authorized service. The burden of proof is on the recipient or enrollee, when the issue presented is the denial or a limited authorization of a service. The party with the burden of proof shall establish its

position to the satisfaction of the Hearing Officer by a preponderance of the evidence.

15. Because Petitioner is requesting additional services, Fla. Admin. Code R. 59G-1.100(17)(g) assigns the burden of proof to the 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.).

16. The Florida Medicaid policy that applies to the requested services is the SMMC LTC Policy. The Agency’s SMMC LTC Policy has been incorporated, by reference, into Florida Administrative Code Rule 59G-4.192. The LTC Policy provides as follows:

1.1 Description and Program Goal

Under the Statewide Medicaid Managed Care Long-term Care (LTC) program, managed care plans (LTC plans) are required to provide an array of home and community-based services that enable enrollees to live in the community and to avoid institutionalization.

...

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 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

...

1.3.5 701-B Comprehensive Assessment

An individualized, complete assessment of an individual’s medical, developmental, behavioral, social, financial, and environmental status. The assessment is conducted by a trained individual employed by the

Department of Elder Affairs Comprehensive Assessment and Review for Long-Term Care Services (CARES) program or the LTC plan, to determine eligibility for the LTC program based on the need for a nursing facility level of care.

...

1.3.9 Instrumental Activities of Daily Living (IADLs)

When necessary for the recipient to function independently, including:

- 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)

...

1.3.14 Medically Necessary or Medical Necessity

For the purposes of this policy, the service must meet either of the following criteria:

- (a) Nursing facility services and mixed services must meet the medical necessity criteria defined in Rule 59G-1.010, F.A.C.
- (b) All other LTC supportive services must meet all of the following:
 - 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 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

And, one of the following:

- Enable the enrollee to maintain or regain functional capacity; or
- Enable the enrollee to have access to the benefits of community living, to achieve person-centered goals, and to live and work in the setting of his or her choice.

...

2.2 Who Can Receive

Florida Medicaid recipients requiring medically necessary LTC services who are enrolled in a LTC plan and have a nursing facility level of care determined by the CARES program. 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 LTC plans cover services that meet all of the following:

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

4.2 Specific Criteria

Florida Medicaid LTC plans cover services that meet all of the following:

- Consistent with the type, amount, duration, frequency, and scope of services specified in an enrollee’s authorized plan of care
- Provided in accordance with a goal in the enrollee’s plan of care
- Intended to enable the enrollee to reside in the most appropriate and least restrictive setting.

4.2.1 Home and Community-Based Supportive Services

The LTC program benefit includes coverage of the following home and community-based supportive services:

...

4.2.1.1 Adult Companion Care

The provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.

...

4.2.1.9 Homemaker Services

The provision of general household activities (such as meal preparation) and routine household care (including laundry and pest control) by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage these activities.

...

4.2.1.14 Personal Emergency Response Systems

For installation and service monitoring of an electronic device connected to an enrollee’s phone that includes a portable “help” button, when provided to an enrollee at high risk of institutionalization to secure help in an emergency.

...

4.2.2.6 Personal Care

In accordance with Rule 59G-4.215, F.A.C., for enrollees under the age of 21 years. To provide assistance with ADLs and IADLs, including assistance with preparation of meals, and housekeeping chores which are incidental to the care furnished or are essential to the health and welfare of the enrollee. The scope and nature of these services do not otherwise differ from personal care services furnished to persons under the age of 21 years.

...

6.0 Documentation

...

6.2 Specific Criteria

In order to receive LTC services, services must be documented on an individualized plan of care based upon a comprehensive needs assessment. The comprehensive assessment includes the completion of the 701-B Comprehensive Assessment and the LTC Supplemental Assessment.

LTC Policy, pages 1-8.

17. The Florida Medicaid Definitions Policy (August 2017) (“Definitions Policy”), which is incorporated by reference in Fla. Admin. Code R. 59G-1.010, defines “medical necessity” as follows:

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 severe 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.

18. In the instant case, Petitioner requested 18 additional hours of PDO adult companion care services per week. *See supra* ¶ 6 and 7. As established on the record by the evidence and testimony, Respondent denied Petitioner’s request, because the documentation submitted in support of Petitioner’s request failed to establish that the requested services were medically necessary. *Id.*

19. Section 4.1 of the SMMC LTC Policy provides that Florida Medicaid LTC plans cover services that: (a) are determined medically necessary, as defined in the SMMC LTC Policy; (b) do not duplicate another service; and (c) meet the criteria as specified in the SMMC LTC Policy. *See supra* ¶ 16. Section 4.2.1.1 of the SMMC LTC Policy reflects that adult companion care services are “[t]he provision of non-medical care, supervision when necessary to protect the health, safety, and well-being of the enrollee, or social enrichment of a functionally impaired enrollee. This includes assistance or supervision with meal preparation, laundry, and light housekeeping tasks incidental to the care and supervision of the enrollee.” *See supra* ¶ 16.

20. The evidence presented in this case does not reflect that Petitioner is in need of 18 additional hours per week of PDO adult companion care services. Specifically, regarding ADLs, Petitioner needs: no assistance with eating, using the bathroom, transferring, and walking/mobility; and assistance (but not total help) with bathing and dressing. *See supra* ¶ 4. Regarding IADLs, Petitioner needs: no assistance with using the telephone; supervision or prompting for managing money; assistance (but not total help) with heavy chores, light housekeeping, preparing meals, shopping, managing medication and using transportation. *See supra* ¶ 5.

21. Petitioner has constant bladder incontinence. *Id.* Petitioner lives alone, takes care of herself when she is alone, and is “afraid of being alone and falling again.” See supra ¶ 2 and 9. However, [REDACTED] picks Petitioner up and takes her to his and [REDACTED] home almost every day, and Petitioner stays with them for 6 to 8 hours. See supra ¶ 10. Petitioner usually stays at her own house 1 to 2 days per week. *Id.* Approximately 4 times during the week, [REDACTED] brother goes to Petitioner’s house and checks on Petitioner for 5 to 10 minutes in the mornings around 5:00 a.m. or 6:00 a.m. before he goes to work. See supra ¶ 9. Additionally, Petitioner’s friends also call her on the telephone to check on her. See supra ¶ 9. Petitioner also receives other home and community-based services. See supra ¶ 3. Although Petitioner fell in [REDACTED] 2020, supra ¶ 2, Petitioner offered no substantive testimony on how the denial of the additional 18 hours of PDO adult companion care services will impact Petitioner’s social enrichment, or the supervision of Petitioner to protect her health, safety, and well-being. Although the record reflects that [REDACTED] believes that Petitioner needs the requested adult companion care services for supervision, and so that Petitioner does not feel alone, supra ¶ 9, Petitioner did not explain how the additional 18 hours of PDO adult companion care services will be utilized to meet Petitioner’s needs (e.g., a daily schedule, a schedule of non-medical care, supervision and social enrichment, or the amount of time needed for non-medical care, supervision and social enrichment).

22. Considering the totality of Petitioner’s circumstances – including the fact that Petitioner stays at [REDACTED] house almost every day for 6 to 8 hours, receives visits from [REDACTED] brother during the mornings approximately 4 times during the week, and receives other home and community based services – Petitioner’s evidence fails to

justify the approval of 18 additional hours of PDO adult companion care services weekly. Based upon the evidence presented by both parties, Petitioner failed to establish that the requested PDO adult companion care services are warranted in this case.

23. Section 1.3.14 of the SMMC LTC Policy requires that the requested services must “[b]e 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.” See *supra* ¶ 16. It should be noted that Petitioner is currently authorized to receive the following home and community-based services: 7 hours per week of PDO personal care services; 7 hours per week of PDO homemaker services; “Bladder Control Pads/Undergarments/Liners/Mens Guards;” and a personal emergency response system. See *supra* ¶ 3. [REDACTED] is Petitioner’s designated service worker through Florida Medicaid’s PDO service delivery model, *supra* ¶ 9, and Petitioner can adjust times the services are provided to meet her needs. See *supra* ¶ 11. Further, Dr. Jules, Respondent’s Medical Director, reviewed all documentation submitted to Respondent for this case, and it is his professional opinion that Respondent correctly denied the additional PDO adult companion care services. See *supra* ¶ 11. Considering the SMMC LTC Policy’s definitions for adult companion care services, homemaking services, PERS, and personal care services, *supra* ¶ 16, Petitioner did not demonstrate that her aforementioned needs, *supra* ¶ 3, 4, 9, 10, 20, 21 and 22, are not sufficiently met by her currently authorized services. Further, given that Petitioner failed to establish that the requested adult companion care services are warranted in this matter, *supra* ¶ 20, the requested adult companion care services are “in excess of [Petitioner’s] needs.” See *supra* ¶ 16.

24. In light of the both parties' testimony, Respondent's Composite Exhibit 1, the SMMC LTC Policy, and the Definitions Policy, the undersigned Hearing Officer finds that Petitioner failed to meet her burden of proving that the additional 18 hours per week of PDO adult companion care services are medically necessary.

25. Accordingly, the undersigned Hearing Officer finds that Petitioner failed to prove by a preponderance of the evidence that Respondent's denial of the requested PDO adult companion care services was incorrect.

DECISION

Respondent's denial of an additional 18 hours of PDO adult companion care services is **AFFIRMED**. Petitioner's appeal based on Respondent's denial in this matter is **DENIED**.

DONE AND ORDERED this 20th day of October, 2020, in Tallahassee, Leon County, Florida.

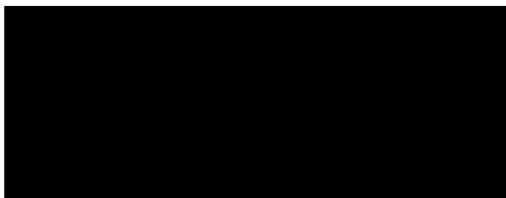

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TRACIE HARDIN, Hearing Officer
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NOTICE OF A RIGHT TO JUDICIAL REVIEW

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:



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