STATE OF FLORIDA
DEPARTMENT OF CHILDREN AND FAMILIES
OFFICE OF APPEAL HEARINGS

[redacted]

PETITIONER,

Vs.

AGENCY FOR HEALTH
CARE ADMINISTRATION
CIRCUIT: 04 Clay
UNIT: AHCA

RESPONDENT.
_____/

APPEAL NO. 14F-10962

FINAL ORDER OF DISMISSAL

An appeal in the above style matter is before the undersigned hearing officer. The petitioner is a Florida Medicaid recipient. The petitioner receives his health services through United Healthcare, a Health Maintenance Organization (HMO). At issue is the petitioner's dissatisfaction with the quality of care he receives from his primary care physician. In addition, the petitioner would like to change health plans, From United Healthcare to another plan.

Federal Regulations at 42 C.F.R. § 431.220 states in relevant part, "(a) The State agency must grant an opportunity for a hearing to the following: (1) Any applicant who requests it because his claim for services is denied or is not acted upon with reasonable promptness (2) Any recipient who requests it because he or she believes the agency has taken an action erroneously..."

The petitioner has issues about the quality of care he receives from his primary care physician. The authority cited above explains that the jurisdiction of the Office of Appeal Hearings is limited to adverse actions involving an applicant's or recipient's request for program participation or program services. The undersigned does not have jurisdiction over provider quality of care and/or customer service issues. The petitioner may register provider complaints with AHCA's fraud and compliance section at 1-866-966-7626.

Fla. Stat. § 409.969(2) addresses disenrollment; grievances and reads in relevant part, "[a]fter a recipient has enrolled in a managed care plan, the recipient shall have 90 days to voluntarily disenroll and select another plan. After 90 days, no further changes may be made except for good cause. ...After 12 months of enrollment, a recipient may select another capitated managed network. ..."

The petitioner would like to change managed health plans. The cited authority explains Medicaid recipients can change managed care plans within 90 days of enrollment and during the annual open enrollment period. The petitioner's annual open enrollment period began February 3, 2015 and will end on April 30, 2015. This issue is not yet ripe for an appeal as petitioner is within the time period to change to a different HMO.

The issues under appeal are non-jurisdictional or not yet ripe. The appeal is hereby dismissed.

NOTICE OF RIGHT TO APPEAL

This decision is final and binding on the part of the agency. If the petitioner disagrees with this decision, the petitioner may seek a judicial review. To begin the judicial review, the petitioner must file one copy of a "Notice of Appeal" with the Agency Clerk, Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308-5403. The petitioner must also file another copy of the "Notice of Appeal" with the appropriate District Court of Appeal. The Notices must be filed within thirty (30) days of the date stamped on the first page of the final order. The petitioner must either pay the court fees required by law or seek an order of indigency to waive those fees. The petitioner is responsible for any financial obligations incurred as the agency has no funds to assist in this review.

DONE and ORDERED this 13th day of March, 2015,

in Tallahassee, Florida.

Leslie Green

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Copies Furnished To: [redacted] Petitioner
Lisa Broward, Area 4, AHCA Field Office Manager