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





OFFICE OF APPEAL HEARINGS DEPT OF CHILDREN & FAMILIES

PETITIONER,

APPEAL NO. 15F-01147

Vs.

AGENCY FOR HEALTH CARE ADMINISTRATION

CIRCUIT: 11 (Dade)

UNIT: AHCA

RESPONDENT.

FINAL ORDER

Pursuant to notice, the undersigned convened a telephonic administrative hearing in the above-referenced matter on March 2, 2015 at 10:00 a.m.

APPEARANCES

For the Petitioner:

Petitioner's father

For the Respondent:

Dianna Chirino, Senior Program Specialist Agency for Health Care Administration (AHCA)

STATEMENT OF ISSUE

At issue is whether the Respondent's denial of the Petitioner's claim for outpatient hospital services was correct.

PRELIMINARY STATEMENT

The Petitioner did not submit any documents as evidence for the hearing.

Appearing as a witness for the Respondent was Robert Walker, Grievance and Appeals Coordinator for Staywell Health Plans, which is the Petitioner's managed health care organization. Respondent's composite Exhibit 1 was entered into evidence, consisting of documents relating to the Petitioner's claims.

Also present for the hearing was a Spanish language interpreter, Lourdes, from Propio Language Services.

FINDINGS OF FACT

- 1. The Petitioner is a fifteen-year old Medicaid recipient who was enrolled in the Statewide Medicaid Managed Care (SMMC) Managed Medical Assistance (MMA) plan effective July 1, 2014. He receives services under the plan from Staywell Health Plans.
- 2. The Petitioner experienced a medical problem relating to a serious headache while visiting Canada on or about July 31, 2014. He sought and received treatment at the Canada.
- 3. The Petitioner subsequently received medical bills for services rendered on July 31, 2014 by the (\$1,575.00) and (\$214.31).

FINAL ORDER (Cont.) 15F-01147 PAGE - 3

- 4. On January 6, 2015 and January 12, 2015, Staywell informed the Petitioner that the claims for the services rendered in Canada had been denied because the services were rendered outside the United States and the providers were neither Medicaid providers nor participating providers within the Staywell network. The Petitioner subsequently filed a request for a fair hearing concerning the two unpaid claims.
- 5. The Petitioner's father testified he believes the claims should be covered by Staywell because the hospital in Canada told him it would accept his Staywell coverage and someone at Staywell told him not to worry about the medical bills.
- 6. The Respondent's witness, Mr. Walker, testified that the denial of the Petitioner's claims was appropriate because Staywell does not provide worldwide coverage and the Canadian providers are not Florida Medicaid providers.
- 7. Services under the Medicaid State Plan in Florida are provided in accordance with the Respondent's Florida Medicaid Provider General Handbook ("Medicaid Handbook"), effective July, 2012.

CONCLUSIONS OF LAW

- 8. By agreement between the Agency for Health Care Administration (AHCA) and the Department of Children and Families, AHCA has conveyed jurisdiction to the Office of Appeal Hearings to conduct this hearing pursuant to Chapter 120.80 Fla. Stat.
- 9. This is a final order pursuant to Fla. Stat. § 120.569 and § 120.57.
- 10. This hearing was held as a de novo proceeding pursuant to Fla. Admin. Code R. 65-2.056.
- 11. In accordance with Fla. Admin. Code R. 65-2.060 (1), the burden of proof was assigned to the Petitioner. The standard of proof in an administrative hearing is a

FINAL ORDER (Cont.) 15F-01147 PAGE - 4

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.).

- 12. The Florida Medicaid Program is authorized by Chapter 409, Fla. Stat. and Chapter 59G, Fla. Admin. Code. The Medicaid Program is administered by the Respondent.
- 13. The Medicaid Handbook, on page 2-43, states the following:

Medicaid does not reimburse for services provided to recipients when they are out of the United States.

Medicaid does not reimburse for services rendered by providers who are not in the United States.

- 14. It is undisputed that the Petitioner received the medical services at issue while in Canada and the services were rendered by Canadian providers.
- 15. The Handbook provisions cited above clearly state that Medicaid will not pay for services rendered outside the United States.
- 16. The undersigned acknowledges that the Petitioner's father may have been given inaccurate information throughout the billing process which led him to believe Staywell would cover the claims. However, the clear language of the Medicaid Handbook supports the conclusion that the denial of the claims was proper.
- 17. After considering all the documentary evidence and witness testimony presented, the undersigned concludes the Petitioner has not met the burden of proof in demonstrating that the Respondent incorrectly denied his request for payment of the claims at issue.

FINAL ORDER (Cont.) 15F-01147 PAGE - 5

DECISION

Based upon the foregoing Findings of Fact and Conclusions of Law, the appeal is DENIED.

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 agency has no funds to assist in this review, and any financial obligations incurred will be the Petitioner's responsibility.

DONE and ORDERED this 3 day of March, 2015,

in Tallahassee, Florida.

Rafael Centurion Hearing Officer

Building 5, Room 255

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Copies Furnished To:

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Rhea Gray, AHCA Area 11, Field Office Manager