

Much later—on August 16, 2012—“retroactive Medicaid” was approved for E to cover the month of October, 2010.³

On September 27, 2013 (13 months after the final Medicaid approval), Dr. K submitted a claim consisting of two components: (1) reimbursement for \$3,384 in food expenses she had paid at the Providence cafeteria during her son’s hospitalization at Providence, and (2) payment to No Name House of \$6,908 in lodging expenses she had incurred there, but not paid, and for which No Name House was pursuing collection against her.⁴

The Division of Health Care Services denied the claim in its entirety on November 21, 2013, and this appeal followed.⁵

III. Discussion

The Division denied the claim on three grounds: that it was submitted too late; that Dr. K could not be reimbursed because she did not have prior authorization for travel and accommodation as an escort; and that claims for Medicaid reimbursement must be submitted by the provider of the services.⁶ There are some respects in which the Division’s analysis of this claim is questionable or faulty.⁷ Nonetheless, the Division is wholly correct on the issue of timeliness, and that single issue resolves this case.

In general, Medicaid claims must be submitted to the department “no more than 12 months after the date of service.”⁸ The claim for services in this case was submitted two years and eight months after the last of the services was rendered, well outside the 12 month window. There is a partial exception to this requirement which applies to most of the services at issue. It is, however, not sufficiently broad to render these claims timely.

The partial exception applies to services for which the provider could reasonably believe that the recipient was ineligible for Medicaid coverage at the time the service was provided, and

³ Rebuttal testimony of Michelle Cranford; see also Ex. E, pp. 8, 63.

⁴ Direct testimony of Michelle Cranford, W K, and E K; Ex. E, p. 5.

⁵ Ex. C, D.

⁶ Ex. D.

⁷ For example, the Division is correct that reimbursement for an escort’s accommodation generally requires prior authorization. *See* 7 AAC 105.130(a)(1). However, the Division failed to note that this requirement does not apply “if prior authorization was not possible before the service was provided” or if the claim is being made for service rendered during a period covered by a retroactive eligibility determination under 7 AAC 100.072. *See* 7 AAC 105.130(d). Both of these exceptions seem to apply to the lodging in late October, and the first exception may apply to some of the lodging after November 1 but prior to approval of Mr. K’s Medicaid application.

⁸ 7 AAC 145.005(c). The claims must be submitted by the provider, and in some circumstances failure of the provider to submit the claims timely can relieve the covered individual from liability to the provider. *See* 7 AAC 145.005(d). Whether the cited regulation relieves Dr. K from any portion of her alleged debt to No Name House is not an issue that can be addressed in this case.

the recipient was later determined to be eligible. For services in this category, the 12-month deadline can be extended to “12 months after the date the department sends notice to the recipient . . . that eligibility is established.”⁹

In this case, the services provided on October 30 and 31, 2010 must be considered separately; for that month eligibility was not established until the retroactive eligibility determination on August 16, 2012. The claim for coverage of those services was submitted 13½ months later, and thus was still outside the 12-month window.

For services provided between November 1, 2010 and January 12, 2011 (the date Medicaid was first approved effective November 1, 2010), the partial exception likely extended the deadline to 12 months after the January 12, 2011 approval. Hence any claim for these services had to be submitted, at the latest, by January 12, 2012. The claim at issue in this case was submitted well over a year after that deadline.

For services provided between January 13 and January 31, 2011, no exception applies and the 12-month window would close in late January of 2012. Again, the claim in this case is far outside that window.

IV. Conclusion

The claim for food and lodging expenses for Ms. K was submitted too late to be considered. The Division’s denial of the claim is affirmed on that ground.

DATED this 18th day of February, 2014.

Signed

Christopher Kennedy
Administrative Law Judge

⁹ 7 AAC 145.005(c).

Adoption

The undersigned, by delegation from of the Commissioner of Health and Social Services, adopts this Decision, under the authority of AS 44.64.060(e)(1), as the final administrative determination in this matter.

Judicial review of this decision may be obtained by filing an appeal in the Alaska Superior Court in accordance with Alaska R. App. P. 602(a)(2) within 30 days after the date of this decision.

DATED this 3rd day of March, 2014.

By: Signed _____
Name: Jared C. Kosin, J.D., M.B.A.
Title: Executive Director
Agency: Office of Rate Review, DHSS

[This document has been modified to conform to the technical standards for publication.]