BEFORE THE ALASKA OFFICE OF ADMINISTRATIVE HEARINGS ON REFERRAL BY THE COMMISSIONER OF HEALTH

In the Matter of	)	
	)	
T.G	)	OAH No. 25-1023-MDX
	)	

DECISION

I. Introduction

From 2022 to 2025, Ms. T.G received various medical services. The providers of those services submitted claims for Alaska Medicaid coverage that were denied for failure to first bill Ms. G's primary insurance provider. On April 2, 2025, a request for hearing on the denial of those claims was submitted, and a hearing was held on June 5, 2025.

At that Hearing, Laura Baldwin represented the Division of Health Care Services ("Division") and Ms. B B-G represented her daughter, Ms. T.G. At that hearing, the Division informed Ms. B-G that Ms. G's 2025 bill had already been reprocessed and paid by the Division.

As 7 AAC 160.200 does not permit the Division to make payment on a claim until third party resources are exhausted, and Ms. G had active TRICARE coverage at the time of her other bills, the Division's decision to deny payment is AFFIRMED.

II. Facts

The facts in this matter are not in dispute.[1] Ms. G received medical services on 9/7/2022, 5/18/2023, 8/30/2023, and 1/13/2025. Prior to receiving treatment at those appointments, she informed the providers that she was covered under Medicaid. At the time the providers submitted those claims for Medicaid coverage, Ms. G was listed in Alaska Medicaid's system as having primary coverage under TRICARE.

The Division denied those claims because 7 AAC 160.200(a) only permits Alaska Medicaid to provide coverage after the recipient has made full use of their primary coverage. The providers were informed by the Division they needed to bill the primary insurer, however, that did not occur.

At the time of the earliest of these disputed claims, T.G was a minor, and she was receiving TRICARE through her sister who was acting as her guardian. At some point, Ms. G's sister was no longer able to serve as her guardian. Without her sister as a legal guardian Ms. G would eventually lose TRICARE coverage. Accordingly, Ms. G, stopped seeking coverage under that plan. However, unbeknownst to Ms. G and her mother, Ms. B-G, the TRICARE coverage lasted significantly longer than they expected.

On March 26, 2025, Ms. G's profile with the Division was updated to show that her third-party insurance coverage ended on December 31, 2023.

On April 2, 2025, Ms. G submitted a request for hearing on the denial of coverage. As a result of that request, her file was examined and, because of the update to her third-party coverage, the provider's claim from 1/13/2025 was reprocessed and paid by Alaska Medicaid. Leaving only the 9/7/2022, 5/18/2023, and 8/30/2023 claims in dispute.

[1] The Facts are drawn from statements at hearing on June 5, 2025, and the Division's position statement and admitted exhibits D and E.

III. Discussion

Ms. G's representative did not dispute that she had active TRICARE coverage at the time relevant to this case.[2] Moreover, she admitted that miscommunications with her other daughter, the former guardian of Ms. G, might have contributed to the denial of Medicaid coverage.

Medicaid is the payor of last resort. Under 7 AAC 160.200, recipients must exhaust other third-party resources, like TRICARE, before the Division can make payment on a claim. Accordingly, the Division was correct to deny coverage for services provided on 9/7/2022, 5/18/2023, and 8/30/2023.

It should be noted that when Medicaid denies payment, under 7 AAC 105.270(a) and 7 AAC 105.280, the provider can request an appeal to challenge the denial or a reduction in a claim. The "recipient is under no obligation to pay the provider for the service" unless the "recipient fail[ed] to furnish a recipient identification card, recipient identification number, or other evidence of Medicaid eligibility before receiving the service." [3] That said, the recipient may have some limited copayment obligation.[4]

The Division's representative stated on the record that the G family was not responsible for the cost of care under 7 AAC 105.220 and 145.005 as they furnished T's medical providers with evidence of Medicaid eligibility prior to receiving services. Further, the Division opined that it was the provider's obligation to resubmit the claim to TRICARE.[5]

IV. Conclusion

The Division's denial of Alaska Medicaid coverage of Ms. T.G's medical bills on 9/7/2022, 5/18/2023, and 8/30/2023 is hereby affirmed.

Dated: June 9, 2025

Signed

Garrison A. Todd
Administrative Law Judge

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[2] She also did not present any evidence that Ms. G was not covered by a third-party insurer at the time of the remaining contested charges or show that charges had been submitted to that insurer.

[3] 7 AAC 145.005(d). *See also,* 7 AAC 145.005(g) ("By providing a service to a Medicaid recipient and billing the department for that service, a provider agrees to comply with applicable department regulations.")

[4] 7 AAC 145.005(d). The copayment requirements are listed in 7 AAC 105.610.

[5] Determining Ms. G's financial responsibility for the services rendered, or the duties of the providers, is outside the scope of this decision.

Adoption

The undersigned, by delegation from the Commissioner of Health, 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 2nd day of July, 2025.

By: *Signed*
Name: Daniel R. Phelps II
Title: Process Improvement Manager
Office of the Commissioner
Alaska Department of Health

[This document has been modified to conform to the technical standards for publication. Names may have been changed to protect privacy.]