

Congress of the United States

Washington, DC 20515

September 29, 2023

The Honorable Xavier Becerra
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Secretary Becerra and Administrator Brooks-LaSure,

We write to express our concern with new data confirming that Georgia has not been following federal requirements through the Medicaid unwinding process, putting vulnerable Georgians—especially children—at risk of losing their health care. We ask for additional assistance from your agencies to ensure Georgians are not unnecessarily stripped of their health care through no fault of their own.

The pandemic-era Medicaid continuous eligibility requirements led to a record number of medically insured Americans. In Georgia, Medicaid enrollment during the pandemic grew, totaling more than 2.7 million Medicaid beneficiaries in the state.¹ Nearly 70 percent of those 2.7 million enrollees were children.² We are concerned that the unwinding process already has deprived Georgia children of health care coverage for which they are eligible, and that this will continue.

In July 2023, the State of Georgia released data showing that out of 160,000 enrollees up for redetermination, 95,000 Georgians were disenrolled from Medicaid.³ Further, among the 95,000 disenrolled, 89,000 were removed from the Medicaid rolls because the state is missing information—not without an express determination that they are ineligible. Despite Georgia adopting “express lane eligibility” for children who also qualify for nutrition assistance to automatically enroll in Medicaid, 71 percent of those unenrolled are reportedly children, who likely still qualify for coverage but were disenrolled due to procedural reasons.⁴

In recent days, we have learned more about why so many children have lost coverage in Georgia. Following the Deputy Administrator and Director of Medicaid & CHIP Services Daniel Tsai’s letter to State Medicaid Directors on August 30, 2023, CMS published data from states about whether they were

¹ <https://dhs.georgia.gov/medicaid-unwinding>.

² <https://gbpi.org/children-stand-to-lose-during-medicicaid-unwinding-but-theres-more-we-can-do-to-keep-georgians-covered/#:~:text=About%2069%25%20of%20all%20Medicaid,access%20to%20health%20care%20coverage>.

³ Georgia Department of Community Health, 2023-2024 Medicaid Redetermination Info, <https://app.powerbigov.us/view?r=eyJrIjoiMDAzMjgyMmUtMmJhNS00ZjE5LTg4YTItYTdjMjdhMzFkODNlIiwidCI6IjUxMmRhMTBkLTA3MmWItNGI5NC04YWJjLTllYzQwNDRkMTUxNiJ9&pageName=ReportSectionc446ca21b7983d474637>

⁴ <https://georgiavoices.org/wp-content/uploads/2023/01/2.-Two-Ways-to-Get-Kids-Covered-FINAL.pdf>;
<https://www.ajc.com/news/health-news/children-account-for-71-of-georgians-losing-medicicaid-because-of-red-tape/4U72ZDPRMRGAVKKBAGGYCEUDZLA>.

auto-renewing enrollees (called *ex parte*) at the individual level, as required by the federal government.⁵ In this newly-released data, Georgia reported that the state had not been not following federal requirements and “household members with different eligibility statuses” were affected.

Georgia is continuing to assess the estimated number of people who may have been affected by this error. We are gravely concerned that this error has led to thousands of children losing coverage and applaud CMS’ commitment to work with Georgia to assure that people are reinstated, that procedural disenrollments are paused, and that the state fixes its system going forward. However, we encourage CMS and HHS to do more to ensure that eligible Medicaid enrollees are not erroneously removed for procedural technicalities.

The Fiscal Year 2023 Consolidated Appropriations Act (P.L. 117-328) gave CMS the authority to exercise robust oversight of states as they redetermine their Medicaid populations.⁶ CMS has provided steady and valuable guidelines to states throughout this process so coverage losses are minimal. Therefore, we request CMS to provide written answers to the following questions by October 31, 2023:

1. How will CMS work with Georgia and other states who experienced challenges with renewals at the individual level to fix systemic issues and prevent further problems?
 - a. Will CMS require additional data on the number of those affected for states, like Georgia, that are still “assessing” the impact?
2. How will CMS work with states, like Georgia, that have historically low *ex parte* rates to establish safeguards and prevent erroneous disenrollments?
3. For states that pause their redeterminations to evaluate and address procedural disenrollments, how will CMS ensure that when redeterminations resume, the state is able to complete the process in a timely manner?
4. How will CMS ensure that, should pauses in redeterminations cause a backlog of enrollees, enrollees are not negatively impacted by any backlogs in the standard annual re-enrollment of Medicaid beneficiaries?
5. Drawing from the data CMS collects on call center operations at Medicaid state agencies:
 - a. How many calls has each state call center received?
 - b. What is the average wait time for an individual to receive a call back?
 - c. How many calls are not returned?
 - d. How many calls can be answered in languages other than English (if requested by the caller)? Please provide the top languages requested other than English.
6. As Georgia works to hire additional eligibility workers to process Medicaid redeterminations and takes steps to update its systems to assure that determinations are conducted properly, how will CMS work with states to identify the appropriate increased administrative matching rate for activities related to redetermination?⁷
7. Can CMS request that states disaggregate redetermination data based on specific age, county/region, and race/ethnicity of disenrolled individuals?


⁵ See <https://www.cms.gov/newsroom/press-releases/coverage-half-million-children-and-families-will-be-reinstated-thanks-hhs-swift-action>

⁶ For the statutory language of P.L. 117-328, see <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>.

⁷ <https://www.macpac.gov/federal-match-rates-for-medicaid-administrative-activities>.

We understand the complexities of Medicaid redeterminations and the toll this massive upheaval puts on the hardworking state agency staff responsible for it. In light of ongoing concerns with the implementation of this program in Georgia, we request your agencies leverage every resource to ensure that people who are eligible for Medicaid in Georgia remain enrolled. The lives of Georgians, including children, are at stake. We look forward to your response.

Sincerely,



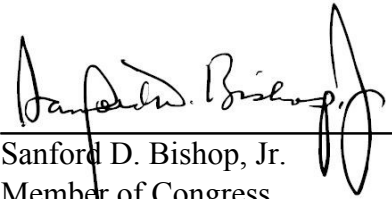
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Jon Ossoff
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