

HENRY C. "HANK" JOHNSON, JR.
4TH DISTRICT, GEORGIA

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TRANSPORTATION AND INFRASTRUCTURE

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REGION VIII WHIP

Congress of the
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Washington, DC 20515–1004

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Governor Brian Kemp
Office of the Governor
206 Washington Street
111 State Capitol
Atlanta, Georgia 30334

Commissioner Frank W. Berry
Office of Commissioner for the Georgia
Department of Community Health
2 Peachtree Street, NW
Atlanta, GA 30303

Dear Governor Kemp and Commissioner Berry,

As you are aware, approximately two weeks ago, the Georgia Department of Community Health (DCH) almost purged 30,000 vulnerable Georgians, many from my district, from the state Medicaid-Medicare program because of a "glitch" in the department's computer system. This was an egregious error with causes that have not yet been remedied. If they aren't corrected, seniors, disabled folks, and the most vulnerable of my constituents will have their healthcare placed in jeopardy again, and face extremely high healthcare costs. Given the severity of the issue, we request that the Georgia DCH and Division of Family and Child Services (DFCS) provide answers to the questions below and share how this purge can be avoided in the future. We request a response within thirty (30) days of receipt of this letter.

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On June 14, 2019, the *Atlanta Journal Constitution* reported that Medicaid benefits were terminated for 17,000 eligible recipients — men and women enrolled in the dual Medicaid-Medicare program.¹ On June 18, 2019, the *Atlanta Journal Constitution* reported that an

¹ Hart, Ariel. "17,000 Georgians Cut off from Medicaid Face Messy Bureaucracy." *Atlanta Journal Constitution*, 14 June 2019, www.ajc.com/news/state--regional-govt--politics/000-georgians-cut-off-from-medicaid-face-messy-bureaucracy/la0pcJA3lBBq5oDAQntMSJ/.

additional 13,000 beneficiaries were due to lose their coverage at the end of the month.² Many of those 30,000 beneficiaries are both elderly and disabled, with complex health needs and extremely limited means. These individuals almost exclusively rely upon their Medicare and Medicaid benefits to survive. Some beneficiaries are also children with equally complex health needs.

On Friday, June 21, 2019, the Georgia DCH declared that it would reinstate coverage for recipients whose coverage was terminated in a mass disenrollment. The *Atlanta Journal Constitution* quoted state officials who reported that the terminations were caused by the Georgia Gateway system, the state's online program, which "accidentally created a backlog of 30,000 cases for cancellation last year ... which should have generated an alert for a caseworker to review each account. ... Instead, a glitch that started in October put said accounts in limbo. When the vendor for Gateway, Deloitte Consulting, realized the mistake in January, the backlog was too big for caseworkers to review. DCH decided to terminate them."³

Standard procedure for the termination of dual enrollment benefits includes an individual case review from an employee at the DFCS, as well as two notices of the need to renew coverage, before benefits are terminated. In this present case, according to an official at DFCS, because of a shortage of caseworkers employed at the agency, the volume of cases became overwhelming and the DCH elected to instead implement an "automatic process" — resulting in the termination of an estimated 30,000 disabled and senior Georgians.

In addition to the Medicare-Medicaid recipients terminated through the automatic process, many individuals who contacted legal services received insufficient notice of the need to renew their coverage. There was no option to renew on their Georgia Gateway profiles and no notice of the need to renew through any other mechanism. State Medicaid programs are required by law to "provide all applicants and beneficiaries with timely and adequate written notice of any decision affecting their eligibility, including an approval, denial, termination or suspension of eligibility, or a denial or change in benefits and services." These notices must be in plain language with sufficient accommodations for limited-English proficient persons and individual with disabilities.⁴

Many of the individuals who faced termination of coverage live on limited means and do not have the ability to wait weeks or months for their coverage to be re-instated. Compounding the problem, even temporary termination of Medicaid benefits may also affect Social Security benefit calculations. For a population whose stability is dependent on Social Security assistance, any limitation of these payments will have devastating impacts due to reductions of up to \$405

² Hart , Ariel. "13,000 More Georgians Could Lose Medicaid Benefits." *Atlanta Journal Constitution*, 18 June 2019, www.ajc.com/news/state--regional-govt--politics/000-more-georgians-could-lose-medicaid-benefits/BlkckqMu4qfWkqDtXcLcLP/ .

³ Hart , Ariel. "Medicaid benefits to be restored to thousands in state." *Atlanta Journal Constitution*, 22 June 2019, <https://epaper.ajc.com/html5/reader/production/default.aspx?pubname=&edid=00627992-49fb-4c23-a739-6610cde2f8ad>.

⁴ 42 CFR § 435.917(a)

for multi-month Medicare premium deductions. Medicaid disenrollment could also have a ripple effect on supplemental nutrition assistance program (SNAP) benefits, housing assistance, and children whose caretakers rely upon Medicaid and Social Security.


Finally, the termination of coverage for dually enrolled individuals would have resulted in more expenses for Georgia taxpayers. If these recipients lose their Medicaid benefits that pay their Medicare premiums, they will lose their Medicare coverage. Without funds from the Center for Medicare and Medicaid Services (CMS), dual enrollees will be left with just state-funded health services, deepening the cost for all of Georgia.

In response to this situation, we request answers to the following questions, within the next 30 days.


- Did the DCH and DFCS reinstate all 17,000 purged dual enrollees, as the *Atlanta Journal Constitution* reported? If not, what are the steps the DCH and DFCS plan to take to reinstate coverage for dual enrollee Medicaid and Medicaid beneficiaries wrongfully terminated? What steps will your departments take to ensure this process is manageable for individuals without access to transportation or computers or the disabled? What steps do DFCS and DCH plan to take to ensure mass unenrollment does not occur again?
- What is the state's plan to address caseworker staffing issues at the DFCS that led to the implementation of an "automatic process" for reviewing cases and mass disenrollment of beneficiaries?
- Did either the DFCS or the DCH vet how automating the case review process would affect beneficiaries' renewal process?
- What evidence can DFCS and DCH provide to demonstrate the department sent renewal notices to individuals before their coverage was terminated on May 31st? What evidence can DCH and DFCS present to demonstrate they have sent materials highlighting the need to renew services for recipients who were purged, and reinstated, after their coverage was renewed temporarily on June 21st?
- Were you aware these mass cuts were imminent, before the *Atlanta Journal Constitution* broke news of the changes made on May 31st?
- What can outside stakeholders, such as Georgia Legal Services Program and Atlanta Legal Aid do to monitor the re-enrollment/renewal efforts made by DFCS and DCH to assure that everyone who tries to renew or re-enroll can access the process? Is there adequate notice of how to ensure these extra 30,000 renewals can make through the enrollment systems that are being set up?
- Have DFCS and DCH notified the Social Security Administration system not to withdraw Medicare premiums from any of those 30,000 who were impacted by the computer error?

We appreciate your attention in this manner, and request responses by July 30, 2019.

Sincerely,



Rep. Henry C. "Hank" Johnson, Jr.
Member of Congress



Rep. David Scott
Member of Congress



Rep. Sanford D. Bishop, Jr.
Member of Congress



Rep. Lucy McBath
Member of Congress

CC: Office of the Interim Division Director, Georgia Department of Health Services, Division of Family and Children Services, Tom Rawlings