



Recent Filing in Lawsuit Describes Medicaid Unwinding Harms in Tennessee

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Medicaid enrollees in Tennessee filed a lawsuit challenging the bureaucratic maze they have to navigate when trying to renew their Medicaid coverage under TennCare (Tennessee’s Medicaid program). The case, *A.M.C. v. Smith*, was brought by the National Health Law Program, Tennessee Justice Center, National Center for Law & Economic Justice, and pro bono counsel Selendy Gay Elsberg PLLC in 2020, with claims challenging TennCare’s notices, refusal to grant appeals, and the limited access to the program for people with disabilities.

With the end of the public health emergency, TennCare began Medicaid redeterminations and TennCare enrollees, including those with disabilities and chronic medical conditions, are now struggling to maintain their coverage. The issues include that TennCare:

- relies heavily on a call center and online portal, with little to no opportunity for in-person assistance to address questions;
- sends notices that do not meaningfully explain why individuals are losing coverage;
- refuses to let many individuals appeal their terminations; and
- has no reliable system for providing accommodations—like extra time to return information—to individuals with disabilities.

In response to the state’s recent efforts to dismiss the case (in a filing known as a “Motion for Summary Judgment”), the Plaintiffs recently submitted [new evidence](#) including stories from several TennCare enrollees describing the barriers they face to renewing their coverage during the unwinding. Two example include:

- Gentry Fields is a 39-year old resident of Tennessee with Down Syndrome and multiple other disabilities and medical conditions. He received Medicaid as a Disabled Adult Child in Kentucky and Florida before moving to Tennessee. After the family moved to Tennessee, Gentry’s mother struggled to convince TennCare that he was eligible. The state denied her an appeal, and she finally managed to enroll him in 2017 only with the help of a state government official she knew. When redeterminations started again this

April, TennCare again failed to recognize that he was eligible as a Disabled Adult Child. They sent him a 30-page packet to complete and return, but it did not ask the questions necessary to identify him as eligible, so TennCare concluded he was ineligible yet again without considering that he is a Disabled Adult Child. Mr. Field's mother spent hours on the phone with TennCare's call center, repeatedly providing TennCare with information already in the state's files, and only succeeded in getting him approved with the help of the state official she knew.

- Patrick Guyton was a TennCare enrollee who lived with his parents until his death on July 27, 2023, at the age of 37. He had lifelong medical conditions and was enrolled in Medicaid through a waiver program that provides home and community based services. Even though nothing had changed, on May 18, 2023, TennCare sent Patrick a notice that his coverage would soon end because he was not in an eligibility group that TennCare covered. The notice included a questionnaire, but it did not include questions that would elicit information identifying a person as eligible as an enrollee in the waiver program. In repeated calls to the state call center, Patrick's parents spent hours waiting on hold, only to be dropped. They attempted to appeal TennCare's decision three times, explaining that nothing about his eligibility had changed. But TennCare insisted they had not provided enough information to show that TennCare made a mistake. Instead of focusing on his care while Patrick was fighting for his life, his parents spent hours on the phone with TennCare trying to keep his coverage—coverage that should have been renewable automatically because nothing had changed and TennCare had access to the necessary data.

The experiences of Gentry and Patrick offer just two examples of the thousands of eligible individuals who have lost their Medicaid coverage because of the state's burdensome paperwork and failure to accurately assess evidence of eligibility.