Case Explainer: *Chianne D. v. Harris*

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On January 6, 2026, a federal court handed down a major victory for Medicaid enrollees in Florida in the case *Chianne D. v. Harris* (formerly *Chianne D. v. Weida*) following a six-day trial. The case was brought by the Florida Health Justice Project and the National Health Law Program through its Health Law Partnership (HLP).

In a thorough 273-page decision, the Court found that Florida's Medicaid termination notices "border on the incomprehensible" and violate the procedural due process protections guaranteed by the Fourteenth Amendment to the U.S. Constitution, likely resulting in mistaken loss of Medicaid eligibility for children, pregnant and postpartum individuals, and parents/caretakers. The Court ordered that Florida may not terminate these groups for being over-income until the notices are fixed.

This case explainer highlights key aspects of the decision and describes what the next steps are. An earlier case explainer details the initial case filing.

The Court's Factual Findings

"Incomprehensible" Notices

The case focused on notices to terminate Medicaid for individuals found over-income. The Court concluded that the notices suffered from severe clarity problems: they used identical section headings like "Medicaid" to refer to entirely different eligibility categories without any way for recipients to distinguish between them and were formatted in such a way that the state's own witness described them as "very chunky" and which forced recipients to "read and read" without being able to understand "what's going on" from the first page. The notices relied heavily on internal jargon and acronyms, cited to inaccurate or conflicting regulations and laws, failed to explain which specific Medicaid eligibility requirements were being applied,

and provided no information about critical eligibility factors like household size or income calculations used to determine whether someone qualifies for Medicaid.

Key Quotes

"…the Court's review of the evidence and the notices — their structure, the confusing, contradictory, and often misleading reasons they provide, and the lack of alternate available sources for the necessary information — inescapably leads to the conclusion that the State's ***notices are fundamentally insufficient*** to satisfy the requirements of due process." (emphasis added)

"Having reviewed the [notices] and heard all the evidence, the Court cannot conclude that the State's chosen methods of notice are sufficient to meet the requirements of due process under the circumstances. The [notices] do not unambiguously communicate the State's decision to terminate benefits, the reason for that decision, or to whom it applies. The pertinent information that is provided is buried and obscured by the confusing structure of the document. Moreover, neither the [notices] nor any other written notice details the reasons for the State's decision as necessary to allow the effected individuals to assess the accuracy of the decision and decide whether to appeal."

Insufficiency of Florida's Medicaid Eligibility System as a Whole

The state argued that while their notices were not perfect, individuals could use external resources to fill in information the notices lacked. The Court rejected that argument. For example:

- The state's call center had wait times often exceeding an hour, was manned by untrained staff, and blocked an astonishing 54% of calls received.
- Online accounts that DCF instructed recipients to refer to held no more information than the insufficient notices and were equally full of jargon and inconsistent statements.
- All other publicly available information was not individualized, often contradictory, and indecipherable to those unfamiliar with Florida Medicaid.

Key Quote

"The call center and other sources of information do not cure these deficiencies. The State cannot satisfy its due process obligations by placing the burden on enrollees to obtain adequate notice for themselves. And regardless, the other methods by which an enrollee might be able to acquire the needed information are neither timely provided nor reasonably certain to inform those affected."

Experiences of Individual Medicaid Beneficiaries Reveal Widespread Errors

At trial, four mothers testified about their struggles navigating Florida's Medicaid eligibility system after the end of the COVID public health emergency revealing that there were numerous, recurring errors in Florida's Medicaid eligibility decisions.

Chianne D., the mother of a toddler diagnosed with cystic fibrosis and a newborn learned her family's Medicaid would be terminated only a few days before it was to occur. The Court painstakingly reviewed Chianne's termination notices. It also listened to hours of calls Chianne made to DCF where she struggled to understand the reason for termination and persists through dropped calls and misinformation. Focused solely on healthcare coverage for her medically complex daughter, only after she retained counsel did she learn she also continued to be Medicaid eligible for postpartum coverage.

Jennifer V., the mother of A.V., a one-year-old child and six others, learned from a medical provider that A.V. would lose Medicaid. This triggered significant anxiety in Ms. V., based on her past experiences with Medicaid, but she nonetheless persisted. Although Ms. V. waited on hold for over an hour, she was never connected to an agent. Her husband's attempts were also unsuccessful. Not until they retained counsel were they able to understand that DCF may have made an error in failing to count all members in the household. After litigation was filed, DCF once again terminated A.V.'s Medicaid based on the same error and once again issued a notice that Ms. V. was unable to interpret.

The termination notice sent to **Kimber Taylor**, mother to newborn K.H., did not contain any reason for termination. Both continued to be eligible regardless of their income because of Medicaid's continuous eligibility protection for children and postpartum individuals. Ms. Taylor was unaware her income should not count in determining her family's eligibility and assumed the DCF call center was correct when it told her she made too much money to qualify. That misinformation led to Ms. Taylor incurring uncovered medical expenses. And less than 6 months later, the state told her again she and her son would lose Medicaid coverage, sending a notice that left Ms. Taylor equally baffled by the state's action and factual basis for it.

Lily Mezquita testified that her family erroneously lost Medicaid at least four times over the course of a year and even after she was identified as a class member. Like Chianne D., the Court listened to extensive phone calls with the DCF call center, noting the fact that Ms. Mezquita had to request time off work to wait on hold. Even with that level of diligence, the state failed to provide Ms. Mezquita the answers she needed; as the Court remarked, the call center's information was "astounding in its inaccuracies."

Key Quotes

"The Court is particularly disturbed by the egregious errors made by agents who spoke to Chianne D. and Lily Mezquita. While the Court recognizes that these are only two callers out of millions, there is no evidence to suggest that their experiences with the call center were unusual."

"The State attempts to minimize the potential for error by asserting that the erroneous terminations discussed at trial are merely four cases out of four million.…having heard extensive testimony about the way eligibility determinations are made, the Court is convinced that a significant risk of error exists throughout the process."

Florida must update its notices

The Court held that Florida must include the following unambiguous information in its Medicaid termination notices:

- a statement of the termination decision,
- to whom that decision applies, and
- detailed reasons for that decision sufficient to allow the recipient to assess the accuracy and decide whether to request a fair hearing.

Because this case related to termination based on financial ineligibility, the "detailed reasons" the state must provide include:

- the household size of the beneficiary (which determines the income limit to be applied),
- the beneficiary's countable income used in the determination,
- the eligibility category in which the beneficiary is enrolled (which also determines the income limit to be applied),
- an explanation of a change in the eligibility category if such change occurred, and
- the income limit applied.

The Final Outcome

The relief stemming from this decision is immense. From the date of the January 6th order, **no** Floridians enrolled in MAGI Medicaid can be terminated based on financial ineligibility until the state fixes the notices.

The state also has 60 days from the court's order to send class members notice of the ruling and a constitutionally adequate notice. To remedy the harm to individuals who are currently without Medicaid coverage, the notice must contain information about the ability to request a fair hearing and the ability to seek reinstatement of Medicaid benefits pending completion of the fair hearing process as well as the administrative procedures permitting the payment of past medical bills if it is found that their Medicaid was terminated erroneously.

The state has the right to appeal and can exercise that right up to 30 days from the date the Court entered judgment.