

ONE HUNDRED FIFTEENTH CONGRESS  
**Congress of the United States**  
**House of Representatives**

COMMITTEE ON ENERGY AND COMMERCE

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October 11, 2017

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Administrator Verma:

We are writing to inquire about the Centers for Medicare & Medicaid Services' (CMS) relief efforts, specifically through the Medicaid program, in U.S. states and territories impacted by Hurricanes Harvey, Irma, and Maria. In less than a month these powerful hurricanes have devastated parts of the mainland U.S., Puerto Rico and the Caribbean. Hurricane Harvey made landfall along the Texas Coast on August 25<sup>th</sup> 2017, causing widespread flooding and damage. Hurricanes Irma and Maria made landfall on September 6<sup>th</sup> and September 20<sup>th</sup>, respectively, causing massive power outages, flooding, and structural damage in Florida, Puerto Rico and the U.S. Virgin Islands. For instance, nearly 100 percent of Puerto Rico was left without power after Hurricane Maria—crippling the island's healthcare system. In the aftermath of these hurricanes many Americans have found themselves without a home and without easy access to food, water, or medical care. Due to these events, a substantial coordinated state and federal disaster response is necessary. We are pleased to see that CMS has agreed to extend both the Medicare and Marketplace open enrollment periods for individuals impacted by Hurricanes Harvey, Irma, and Maria. However, it is imperative that similar short term and long term flexibilities such as this should be considered in the Medicaid program.

Hurricane Katrina demonstrated that Medicaid plays a critical role in our nation's response to natural disasters. After Katrina, the Bush Administration utilized Medicaid to provide health care to low income hurricane victims by allowing for a temporary expansion of Medicaid in affected areas and providing full federal financing for those efforts through the Deficit Reduction Act of 2005. CMS should undertake similar coordinated efforts to protect the health and lives of Medicaid beneficiaries living in affected U.S. states and territories. Therefore, we seek to better understand what steps CMS plans to take, in coordination with Texas, Florida, Puerto Rico, the U.S. Virgin Islands, and other states and territories affected by the recent hurricanes, to provide clear guidance on disaster-related Medicaid eligibility changes.

While we hope that Congress will soon provide additional Medicaid funding and authorities needed for disaster relief, CMS should immediately begin to undertake important administrative action in the Medicaid program. Specifically, for example, CMS should consider the following actions:

- Provide temporary Medicaid eligibility to affected individuals and evacuees based on self-attestation of income and displacement status, with additional time for states to provide verification and good cause exceptions for individuals who cannot provide documentation;
- Establish a moratorium on redeterminations for already-eligible Medicaid beneficiaries;
- Allow current Medicaid beneficiaries to be automatically recertified;
- Permit a simplified Medicaid application form;
- Encourage states to at least temporarily expand Medicaid and work with states to establish a temporary state plan amendment;
- Allow self-attestation of all Medicaid eligibility factors during the 2018 Marketplace open enrollment period, extend timeframes for enrollees in affected areas to provide any needed documentation, and allow people to show good cause reasons for lack of documentation.

To further assist our inquiry, please respond to the following questions:

1. How will CMS work with states and territories to assess and address increased uncompensated care? Is CMS aware of any current or planned efforts by states or territories impacted by recent hurricanes to track unmet need?
2. Does CMS intend to provide guidance offering a streamlined eligibility pathway for states or territories receiving evacuees to ensure continued coverage, as the Bush Administration did in 2005? If so, please describe any areas where the Administration plans to differ from the 2005 guidance?
3. Does CMS intend to evaluate and track additional funding needed for both infrastructure and coverage/services?
4. What steps are CMS, states, and territories taking to ensure that Medicaid beneficiaries who have been evacuated are receiving the medications and treatment they need while they are displaced and that states and providers are appropriately reimbursed for providing such treatment to evacuees?

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5. How can Congress assist CMS in ensuring that those impacted by hurricanes Harvey, Irma, and Maria receive all the health care services they need in the Medicaid program?

Your prompt attention to this matter is greatly appreciated. Should you have any questions, please contact Rachel Pryor of the Democratic Committee Staff at (202) 225-3641.

Sincerely,



Frank Pallone, Jr.  
Ranking Member



Gene Green  
Ranking Member  
Subcommittee on Health



Kathy Castor  
Vice Ranking Member