Scenario 1 - States treating decisions of HHS Appeals Entity as assessments of eligibility

Individual applies at the FFE and is assessed ineligible for Medicaid and determined eligible to enroll in QHP through the Exchange and for APTC. The applicant does not request a full determination by the Medicaid agency.

- **File application at the FFE**
- **Appeals QHP/ APTC amount**
- **Receive application**
- **Assessed ineligible for Medicaid and determine QHP eligibility and APTC amount**
- **Receive appeal**
- **Informal resolution/ hearing occurs and ind. found potentially eligible for Medicaid**
- **Adjudication triggers an AT to the SMA**
- **Issue appeal decision**
- **Send EFT to SMA**
- **Receive AT**
- **Receive EFT**
- **Match EFT and AT**
- **Review the EFT and AT**
- **Accept findings related to eligibility criterion**
- **Determine Eligibility**
- **Eligible**
  - Provide Medicaid *see footnote*
  - Send OUTBOUND AT to FFE with eligibility determination
- **Ineligible**
  - Send notification to the ind.

*If the SMA finds the ind. eligible for CHIP, the SMA must enroll the ind. with an effective date according to the State’s approved child health plan.*