Scenario 2 - States treating decisions of HHS Appeals Entity as *determinations* of eligibility

Individual applies at the FFE and is assessed ineligible for Medicaid and determined eligible to enroll in a QHP through the Exchange and for APTC. The applicant requests a full determination of eligibility by the Medicaid agency.

**State Medicaid Agency (SMA)**

1. Receive ATR1 for full determination
2. Ind. is determined ineligible

**State Medicaid Agency (SMA)**

3. Receive EFT
4. Match EFT and ATs (R#1&2)
5. Provide Medicaid (see footnote)

**State Medicaid Agency (SMA)**

6. Send OUTBOUND AT to FFE with eligibility determination

**HHS Appeals Entity**

7. Receive appeal
8. Review FFE account for new information to consider
9. No new info to consider
10. Appeal Resolved

**HHS Appeals Entity**

11. Send EFT to SMA
12. Issue appeal decision
13. Adjuciation triggers an AT (R#2) to the SMA
14. New info found for consideration
15. Informal resolution/ hearing occurs and ind. found potentially eligible for Medicaid
16. Review FFE account for new information to consider
17. No new info to consider
18. Appeal Resolved

**FederaLy Facilitated Exchange (FFE)**

19. Receive Eligibility notice
20. Ind. is sent to the SMA to conduct a full Medicaid determination
21. Receive OUTBOUND ATR1 response from SMA of eligibility determination
22. ATR1 is sent to the SMA to conduct a full Medicaid determination
23. File application at the FFE

*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.

*If the state agency had determined eligibility for Medicaid based on the ATR2 prior to receiving the EFT, the state agency would not be required to accept the HHS Appeals Entity’s decision as a determination.*