**Scenario 3 - States treating decisions of HHS Appeals Entity as assessments of eligibility**

Individual applies at the state agency, is denied eligibility for Medicaid, and the account is transferred to the FFE. At the FFE, the individual is assessed likely ineligible for Medicaid and determined eligible in a QHP through the Exchange and for APTC.

### Federally Facilitated Exchange (FFE)
- Receive application at the SMA
- Approve QHP/ADP/ATC amount
- Receive INBOUND AT and determine QHP eligibility and APTC amount
- Receive appeal
- Review FFE account for new information to consider
  - No new info to consider
    - Appeal Resolved
  - New info found for consideration
    - Informal resolution/ hearing occurs and ind. found potentially eligible for Medicaid
    - Adjudication triggers an OUTBOUND AT to the SMA
    - Issue appeal decision
    - Send EFT to SMA
- Send OUTBOUND AT to FFE
- Response with Eligibility determination result

### SMA
- Receive INBOUND AT
- Determine eligibility
- Send OUTBOUND AT to FFE
- Receive eligibility determination notice

### FFE
- Determine eligibility
- Provide Medicaid
- Provide OUTBOUND AT to FFE with eligibility determination
- Send notification to the ind.

**Footnote:**
*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.*