Scenario 3 - States treating decisions of HHS Appeals Entity as determinations 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.

**Scenario Diagram:**

1. **Individual (Ind.)**
   - File application at the SMA
   - Receive appeal
   - Review FFE account for new information to consider
   - No new info to consider
   - Appeal Resolved
   - Appeal resolved

2. **State Medicaid Agency (SMA)**
   - Receive INBOUND AT to FFE for QHP/APTC determination
   - If the state agency had determined eligibility for Medicaid based on the AT prior to receiving the EFT, the state agency would need to adjust the effective date based on the original application date/month found in the EFT or the date/month of the application date in AT.
   - If the state agency had determined the individual ineligible for Medicaid based on the AT prior to receiving the EFT, the state agency would not be required to accept the HHS Appeals Entity’s decision as a determination.
   - 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.

3. **HHS Appeals Entity**
   - Receive appeal
   - Review FFE account for new information to consider
   - New info found for consideration
   - Informal resolution/hearing occurs and ind. found potentially eligible for Medicaid
   - Adjudication triggers an AT (#1) to the SMA
   - Issue appeal decision
   - Send EFT to SMA

4. **Federally Facilitated Exchange (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.
   - Send INBOUND AT to FFE for QHP/APTC determination
   - Receive appeal
   - Review FFE account for new information to consider
   - New info found for consideration
   - Informal resolution/hearing occurs and ind. found potentially eligible for Medicaid
   - Adjudication triggers an AT (#1) to the SMA
   - Issue appeal decision
   - Send EFT to SMA
   - Receive AT#1
   - Receive EFT
   - Match EFT, AT, & initial application
   - Provide Medicaid
   - *See footnote
   - Send Outbound AT to FFE with eligibility determination
   - Receive eligibility determination notice

   *Note: If the state agency had determined eligibility for Medicaid based on the AT prior to receiving the EFT, the state agency would need to adjust the effective date based on the original application date/month found in the EFT or the date/month of the application date in AT. If the state agency had determined the individual ineligible for Medicaid based on the AT prior to receiving the EFT, the state agency would not be required to accept the HHS Appeals Entity’s decision as a determination.*