

## Appendix 2

### **States treating decisions of HHS Appeals Entity as *determinations of eligibility***

Operational flows for each scenario provided in this appendix are available on the Eligibility page of Medicaid.gov: <https://www.medicaid.gov/medicaid/eligibility/index.html>.

**Scenario 1 - Individual applies at the FFE and is assessed likely ineligible for Medicaid and determined eligible to enroll in a QHP through the Exchange and for APTC. The applicant does not request a full eligibility determination by the Medicaid agency.**

Sam, a 25 year old non-disabled adult, files an application at the FFE. He is assessed ineligible for Medicaid and receives a determination of eligibility to enroll in a QHP through the Exchange and for APTC. The application does not indicate potential Medicaid eligibility on a basis other than modified adjusted gross income (MAGI), and Sam does not request a full determination of eligibility by the state agency. Sam withdraws his Medicaid application and the FFE does not transmit an AT to the state agency at the point of application. Sam appeals the APTC amount for which he was determined eligible to the HHS Appeals Entity. After collecting additional information during the course of the appeal, the HHS Appeals Entity enters new information into Sam's account at the FFE, which changes the application date to the date the HHS Appeals Entity updated Sam's account. This time, the HHS Appeals Entity assesses Sam as potentially eligible for Medicaid and an AT is transmitted to the state agency. The HHS Appeals Entity then issues an appeal decision and sends an EFT (including the appeal decision and appeal record) to the state agency. In this scenario, we assume that the state agency has not completed processing the AT received prior to receiving the EFT. The state agency has elected to accept Exchange-related appeal decisions as a final determination of eligibility.

Below are the steps that the state agency must take after the HHS Appeals Entity sends the EFT.

STEP 1: Receive the EFT and match with the AT received from the FFE.

STEP 2: Review the EFT and AT.

STEP 3: Determine Sam eligible for Medicaid based on HHS Appeals Entity decision, with eligibility effective based on the original application date in the EFT; provide Sam with notice in accordance with 42 CFR 435.917.

*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 found in the EFT. If the state agency had determined Sam 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.*

STEP 4: Send outbound AT response to the FFE with the state agency's determination.

**Scenario 2 - Individual applies at the FFE and is assessed likely 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.**

Cindy, a 32 year old pregnant woman, applies at the FFE, is assessed ineligible for Medicaid based on modified adjusted gross income (MAGI) and receives a determination of eligibility for QHP enrollment through the Exchange and for APTC. On the application, Cindy requests that a full determination of eligibility be conducted by the state agency. An AT (AT#1) is sent to the state agency. The state agency conducts a full Medicaid eligibility determination, determines Cindy is ineligible for Medicaid and sends her a denial notice. Meanwhile, Cindy has appealed the APTC amount with the HHS Appeals Entity. She does not appeal the state agency's denial of Medicaid eligibility. After collecting additional information during the course of the appeal, the HHS Appeals Entity enters new information into Cindy's account at the FFE, which changes the application date to the date the HHS Appeals Entity updates Cindy's account. This time, the HHS Appeals Entity finds that Cindy is potentially eligible for Medicaid and an AT (AT #2) is transmitted to the state agency. The HHS Appeals Entity issues an appeal decision and sends the EFT (including the appeal decision and appeal record) to the state agency. In this scenario, we assume that the state agency has not completed processing AT #2 when it receives the EFT. The state agency has elected to accept Exchange-related appeal decisions as a final determination of eligibility.

Below are the steps that the state agency must take after the HHS Appeals Entity sends the EFT.

STEP 1: Receive the EFT and match with the ATs received from the FFE (AT#1 and AT#2).

STEP 2: Review the EFT and ATs.

STEP 3: Accept determination of eligibility made by the HHS Appeals Entity.

STEP 4: Determine appropriate effective date of eligibility – i.e., whether information in AT #2 or the EFT establishes eligibility back to the date or month of the original application (contrary to the agency's initial determination) or some other date earlier than the application date reflected in AT #2.

STEP 5: Provide Cindy with notice in accordance with 42 CFR 435.917.

*NOTE: If the state agency had determined eligibility for Medicaid based on AT #2 prior to receiving the EFT, the state agency similarly would need to consider whether it needs to adjust the effective date of Cindy's eligibility back to the original application date found in the EFT, or some date between the original application date and the application date reflected in AT #2. If the state agency had determined Cindy ineligible for Medicaid based on AT #2 prior to receiving the EFT, the state agency would not be required to accept the HHS Appeals Entity's decision as a determination.*

STEP 6: Send outbound AT response to the FFE with state agency's determination.

**Scenario 3 - Individual applies at the state Medicaid agency, is denied eligibility for Medicaid, and the account is transferred to the FFE. The individual is assessed likely ineligible for Medicaid and determined eligible to enroll in a QHP through the Exchange and for APTC.**

Sally, a 25 year old parent with two children, applies at the state agency and is determined ineligible for Medicaid. The state agency sends an AT to the FFE. Sally does not request a fair hearing of the Medicaid denial at the state agency. At the FFE, Sally is determined eligible for coverage in a QHP through the Exchange and for APTC. She appeals the APTC amount to the HHS Appeals Entity. After collecting additional information during the course of the appeal, the HHS Appeals Entity enters new information into Sally's account at the FFE, which changes the application date to the date the HHS Appeals Entity updates Sally's account. The HHS Appeals Entity finds that Sally is potentially eligible for Medicaid, and an AT is sent to the state agency. The HHS Appeals Entity issues an appeal decision and sends the EFT (including the appeal decision and the appeal record) to the state agency. In this scenario, we assume that the state agency has not completed processing the AT when it receives the EFT. The state agency has elected to accept Exchange-related appeal decisions as a final determination of eligibility.

Below are the steps that the state agency must take after the HHS Appeals Entity sends the EFT.

STEP 1: Receive the EFT and match with the AT received from the FFE, and the initial application processed by the state agency corresponding to the individual in the EFT.

STEP 2: Review the information in EFT, AT and initial application.

STEP 3: Accept determination of eligibility made by the HHS Appeals Entity.

STEP 4: Determine appropriate effective date of eligibility – i.e., whether information in the AT or the EFT establishes eligibility back to the date or month of the original application (contrary to the agency's initial determination) or some other date earlier than the application date reflected in the AT.

STEP 5: Provide Sally with notice in accordance with 42 CFR 435.917.

*NOTE: If the state agency had approved eligibility for Medicaid based on the AT prior to receiving the EFT, the state agency similarly would need to consider whether it needs to adjust the effective date back to the original application date found in the EFT, or some date between the original application date and the application date reflected in the AT. If the state agency had determined Sally 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.*

STEP 6: Send an outbound AT response to the FFE with the state agency's determination.