

Appendix 1

States treating decisions of HHS Appeals Entity as *assessments 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 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.

Sam, a 25 year old non-disabled adult, files an application at the FFE. He is assessed as likely 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 eligibility for Medicaid 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 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 updates the 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 to the state that includes the appeal decision and appeal record. 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 treat Exchange-related appeal decisions of Medicaid or CHIP eligibility as an assessment 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 information in the EFT and AT.

STEP 3: Accept any findings related to an eligibility criterion made by the HHS Appeals Entity if made in accordance with the policies and procedures applied by the state or approved by the state. With respect to any other eligibility criterion, process the account, requesting additional information or documentation from Sam, if needed, only if Sam has not already provided the information or it is not included in the EFT.

STEP 4: Determine eligibility.

- If Sam is determined *eligible*, provide Medicaid with an effective date 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 Sam is determined *ineligible*, send a denial notice, consistent with 42 CFR part 431, subpart E and 42 CFR 435.917.

STEP 5: Send an outbound AT response to the FFE with the state agency's determination.

Scenario 2 - 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.

Cindy, a 32 year old pregnant woman, applies at the FFE, is assessed likely ineligible for Medicaid based on modified adjusted gross income (MAGI) and receives a determination of eligibility to enroll in a QHP through the Exchange and for APTC. On the application, Cindy requests a full determination of eligibility by the state agency. An AT (AT#1) is transmitted 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 appeals decision and sends the EFT to the state agency (including the appeal decision and appeal record). 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 treat Exchange-related appeal decisions of Medicaid or CHIP eligibility as an assessment 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 previous ATs (AT#1 and AT#2) received from the FFE.

STEP 2: Review the EFT and ATs to determine if there is new information or documentation available in AT #2 or the EFT as compared to the information and documentation available when the agency denied eligibility based on information contained in AT #1.

- If there is no new information, the agency can rely on its prior determination to deny eligibility. PROCEED TO STEP 5.
- If there is new information or documentation, CONTINUE TO STEP 3.

STEP 3: Accept any findings related to an eligibility criterion made by the HHS Appeals Entity if made in accordance with the policies and procedures applied by the state or

approved by it. With respect to any other eligibility criterion, request additional information or documentation from the individual if needed, only if the individual has not already provided the information or it is not included in the EFT.

STEP 4: Determine eligibility.

- If Cindy is determined *eligible*, determine appropriate effective date of eligibility. Depending on the new information or documentation in AT #2 or the EFT, eligibility may be effective back to the date or month of application in the EFT (or a later date which is after the initial application date but before the date reflected in AT #2); provide Cindy with notice in accordance with 42 CFR 435.917.
- If the Cindy is determined *ineligible*, send a denial notice, consistent with 42 CFR part 431 subpart E and 42 CFR 435.917.

STEP 5: Send outbound AT response to the FFE with state agency's determination.

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

Sally, a 25 year old parent with 2 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 determined by the Medicaid agency. At the FFE, Sally is determined eligible for coverage in a QHP through the Exchange and for APTC. She appeals the APTC amount with 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 transmitted to the state agency. The HHS Appeals Entity issues an appeals 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 the AT when it receives the EFT. The state agency has elected to treat Exchange-related appeal decisions of Medicaid or CHIP eligibility as an assessment 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 pursuant to the HHS Appeals Entity decision 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.

- If there is no new information in the EFT or AT as compared to the initial application, the state agency can rely on its previous determination and send individual a notice denying eligibility consistent with 42 CFR part 431 subpart E and 42 CFR 435.917. PROCEED TO STEP 6.

- If there is new information in the EFT or AT, proceed to STEP 3.

STEP 3: Accept any factual findings made by the HHS Appeals Entity if made in accordance with the policies and procedures applied by the state or approved by the state. With respect to any other eligibility criterion, request additional information or documentation from Sally if needed, unless Sally has already provided the information or it is included in the EFT.

STEP 4: Determine eligibility.

- If Sally is determined *eligible*, determine appropriate effective date of eligibility. Depending on the new information or documentation in the AT or the EFT, eligibility may be effective based on the application date in the EFT or a later date; provide Sally with notice in accordance with 42 CFR 435.917.

NOTE: If the state agency had determined Sally eligible for Medicaid based on the AT prior to receiving the EFT, the state agency would need to determine whether the new information obtained during Sally's appeal requires the agency to adjust the effective date of eligibility back to the date or month of initial application found in the EFT (or to some date between the initial application and the date reflected in the AT). If the state agency had determined Sally ineligible for Medicaid prior to receiving the EFT, no further action due to receipt of the EFT would be required.

- If Sally is determined *ineligible*, send a denial notice, consistent with 42 CFR part 431 subpart E and 42 CFR 435.917.

STEP 5: Send an outbound AT response to the FFE with state agency's determination.