

**Eligibility Results Toolkit - Phase 2**

**Purpose of This Toolkit**

This document is designed to help Enhanced Direct Enrollment (EDE) Auditors ensure that the application returns accurate eligibility results for specific consumer scenarios. Each test case is phase-specific, and describes a consumer scenario that must be supported by an EDE application. Auditors should complete each test case by using the information provided to complete an application through the EDE Entity's user interface (UI). Some information collected by the UI (e.g., phone numbers, contact method preferences, language preferences) is not specified in the test data. In these cases, Auditors may enter any value or skip optional inputs unless otherwise noted in the test case. The application must display all appropriate application questions to the Auditor and provide the opportunity to enter the test case information into the application. After all of the information from the test case is entered into the application and the application is submitted, the Auditor must verify that the eligibility results returned match the expected eligibility results provided in the test case, which is reflected in the Marketplace Eligibility Determination Notice (EDN) and should be correctly conveyed in the entity's Eligibility Results Page (ERP).

**Documentation Requirements**

Phase 2 Entities must submit complete eligibility application UI screenshots only for the Phase 2 Eligibility Results Toolkit (ERT). Phase 2 entities must submit EDNs and unparsed JSONs for all test cases it completes in the Phase 1 and 2 ERTs. In test cases for which an EDN is not generated, but is expected, Auditors must repeat the test case. If the test case ends after the screening questions (i.e., if the consumer is not eligible to use a Phase 1 or Phase 2 EDE pathway, the consumer must be guided to an alternate pathway), the Auditor will not provide a screenshot of the EDN, but must still provide screenshots showing the application questions asked from the start of the application through the end of the test case (i.e., the redirect to the alternate pathway). Please review row 15 of this tab for more information about naming files.

**Required Completion Rate**

Auditors must conduct all possible test cases. However, depending on the Entity's intended service areas, Auditors may not be able to conduct a test case because the Entity does not intend to operate in the specific state(s) provided in the test case. Auditors must conduct a minimum number of test cases from each toolkit it completes. Auditors conducting Phase 1 audits must submit at least 11 of 14 Phase 1 test cases. Auditors conducting Phase 2 audits must submit at least 8 of 14 Phase 1 test cases AND 6 of 9 Phase 2 test cases. Auditors conducting Phase 3 audits must submit at least 8 of 14 phase 1 test cases AND 5 of 9 Phase 2 test cases AND 7 of 9 Phase 3 test cases. If an Auditor is not able to conduct the minimum number of test cases for each toolkit because of the Entity's planned service areas, it must email DE Support to request instructions to modify test cases so that the Auditor is able to conduct and submit the minimum number of test cases.

**Note:**

Each phase-specific set of eligibility results test scenarios are contained within separate toolkits (e.g., there is a Eligibility Results Toolkit specific to Phase 1).

**Note on Version**

It is important to note that this document is subject to change.

**Navigating Updates to the Toolkit**

Different font colors are used to indicate when the content of a cell was last updated. Use the key below to navigate updates to the content of these tabs.

Black font: Original value

**Tabs for Auditor Review**

Tab	Description	How to Review
Phase 1 (different toolkit)	This tab displays an overview of the test scenarios for the Phase 1 eligibility application.	The Auditor will use this tab to track compliance with each eligibility result test scenario defined in the subsequent tabs. The Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case.  <b>Note:</b> Auditors for Phase 1 EDE applications must complete all Phase 1 test case scenarios, if possible. If an entity does not intend to operate in the specific state(s) provided in the test case, Auditors must submit at least 11 of 14 Phase 1 test cases.
Phase 2	This tab displays an overview of the test scenarios for the Phase 2 eligibility application.	The Auditor will use this tab to track compliance with each eligibility result test scenario defined in the subsequent tabs. The Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case.  <b>Note:</b> Auditors for Phase 2 EDE applications must complete all Phase 2 test case scenarios, as well as the following test cases from Phase 1: 1.A, 1.B, 1.C, 1.D, 1.E, 1.F, 1.K, 1.L, 1.M, 1.N, 1.O (not 1.D.2, 1.H, 1.J which are Phase 1 only test cases), if possible. If an entity does not intend to operate in the specific state(s) provided in the test case, Auditors must submit at least 8 of 14 Phase 1 test cases AND 6 of 9 Phase 2 test cases. Note that because Phase 2 supports more consumer scenarios than Phase 1, some information that is gathered via screening question for a Phase 1 application is asked as an application question for a Phase 2 application. For instance, pregnancy status is included in Phase 1 screening questions, but will be included as an application question in Phase 2 applications.

**PRA DISCLOSURE:** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 144,652 hours annually for all direct enrollment entities. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Brittany Cain at [Brittany.Cain@cms.hhs.gov](mailto:Brittany.Cain@cms.hhs.gov).

Tab	Description	How to Review
Phase 3 (different toolkit)	This tab displays an overview of the test scenarios for the Phase 3 eligibility application.	The Auditor will use this tab to track compliance with each eligibility result test scenario defined in the subsequent tabs. The Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case.  Note: Auditors for Phase 3 EDE applications must complete all Phase 3 test case scenarios, as well as the following test cases from Phase 1 and Phase 2: 1.A, 1.B, 1.C, 1.D, 1.E, 1.F, 1.K, 1.L, 1.M, 1.N, 1.O (not 1.D.2, 1.H, 1.J which are Phase 1 only test cases) and 2.A, 2.B, 2.B.2, 2.D, 2.E, 2.E.2, 2.F and 2.G (not 2.H which is a Phase 2 only test case), if possible. If an entity does not intend to operate in the specific state(s) provided in the test case, Auditors must submit at least 8 of 14 Phase 1 test cases AND 5 of 9 Phase 2 test cases AND 7 of 9 Phase 3 test cases. Note that because Phase 3 supports all consumer scenarios, Phase 3 does not have screening questions. Therefore, information that is gathered via screening question for a Phase 1 or Phase 2 application is asked as an application question for a Phase 3 application. For instance, American Indian or Alaska Native status is included in Phase 1 and 2 screening questions, but will be included as an application question in Phase 3 applications.
Test Case Input Tabs (e.g., Test Case 2.A input, Test Case 2.B input)	Each test case input tab details the eligibility application answers to test the eligibility determination through the EDE pathway.	Auditors should use each tab to complete an eligibility application with the answers detailed in the tab. Upon receiving an eligibility determination through the EDE Pathway, the Auditor should confirm that the eligibility results from the EDE Pathway are identical to the "Eligibility Result" included at the end of each test case. The Auditor must take screenshots of the eligibility application process while progressing through the test case, including a screenshot of the ERP, and also store the EDN and provide the EDN to CMS (if applicable). The Auditor must also submit the Get App API response (JSON) from each test case. The Auditor should name the screenshot files sequentially and clearly identify them as belonging to a specific test case (e.g., TestCase2A-1, TestCase2A-2). Similarly, the Auditor should name the JSON files to clearly identify them as belonging to a specific test case (e.g., TestCase2A-JSON). CMS strongly recommends that Auditors sequentially aggregate the screenshots in a single document for each test case (e.g., a Microsoft Word, PowerPoint, or PDF document with each image labelled "TestCase2-A") instead of submitting each screenshot as an individually saved image (e.g., TestCase2A-1.jpg, TestCase2A-2.jpg). This may help expedite CMS's audit review.

Audit Requirements by Tab		
Tab: Phase 2		
In this tab, the Auditor must scroll to the right to complete the last six columns whose column headings are shaded in yellow or marked with "**."		
Columns	Description	How to Review
Test Case ID	Test Case ID that corresponds to each input tab.	The Auditor must match the Test Case ID in the "Phase 2" tab to the corresponding Test Case ID input tab, and use information from both tabs to complete the audit.
State	List of state(s) for testing that corresponds to each input tab.	The Auditor must use an approved state (i.e., the state or one of the states provided for each test case) to complete each test case.
Summary/Criteria	Summary of test data for each test case.	The Auditor may use this summary information to inform the audit.
Expected Results/What's Tested	Summary of tested functionalities and expected results for each test case.	As stated above, the Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case.
Test Scenario Description	Summary description of the test case.	The Auditor may use this summary information to inform the audit.
Auditor Compliance Conclusion**	The Auditor must provide a conclusion as to whether the scenario or requirement defined in each row is compliant with the CMS requirements. A compliance conclusion should be indicated as "Yes" or "No."	The Auditor will use the test case eligibility details from the Test Case input tabs to complete the EDE Entity's eligibility application. Upon completing the eligibility application, the Auditor will verify that the eligibility results on the EDE Entity's website match the eligibility results defined at the end of each Test Case input tab. The Auditor will document each screen within the eligibility application with screenshots and store the EDN and provide the EDN to CMS, unless the test case ends after the screener questions, which is clearly marked in each input tab. For each test case, the Auditor must provide the raw JSON from the Get App API response for the application version used to complete the scenario.  There are several required fields in each cell within this column: - The first required field in each cell is, "Eligibility results compliance conclusion: ____." If the test case is compliant, and matches the eligibility results expected for the test case, the Auditor must indicate "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column. -The subsequent required fields in each cell refer to the "Auditor Checklist" column and include the item number from the Application UI Toolkit, and the row number from the test case. For example, the first item in row 31 of the 2.A Check List is "Check Item 42: Verify that the alien number is optional." After the Auditor verifies this checklist item, the Auditor must document its compliance determination in the corresponding field in the "Auditor Compliance Conclusion" column in the "Phase 2" tab, "Auditor checklist Item 42/row 31 compliance conclusion: ____"

Columns	Description	How to Review
Risks Identified**	The Auditor must detail any compliance risks identified during the audit in this column for each applicable row. Use this column if the Compliance Conclusion was "No" or if the entity resolved a risk prior to audit submission. There are two types of risks: resolved and unresolved. Please document them both here. Do not document a risk if the requirement is compliant and there was no mitigation required.	As the Auditor reviews each test case in its entirety, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the EDE Entity has since resolved and come into compliance. One example finding is the Auditor could not input all of the test data because UI questions were missing. Another example is if the eligibility result was correct, but the Auditor found that the Entity's UI did not seem to follow the test data inputs or display correct questions.
Risk Level**	Auditors must assign a risk level to each risk it identifies.  CMS will take the risk level assigned by the Auditor into consideration when reviewing the audit, but may adjust it if necessary.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for a EDE Entity to ask, but optional for the consumer to answer). Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. <b>Note:</b> These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	Auditors must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify that as a risk and list the specific language used as well as how the issue was resolved. This field is required for high-risk findings. The Auditor can work with the EDE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and EDE Entity will identify a mitigation strategy that will mitigate or eliminate the compliance risk. The Auditor must document that mitigation strategy here. This includes documenting the mitigation strategy for any identified risk that the EDE Entity has resolved. One example is, if the initial test did not produce the expected eligibility results (which would be an identified risk), the EDE Entity made a system or UI change to correct the issue to produce the correct eligibility result.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the EDE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments**	Auditors must use the Auditor comments column for any additional notes or comments pertaining to each item. The Auditor must use this column to include the applicable screenshot file or folder names that show proof of compliance (or non-compliance) for this requirement.	For instructions on how to properly document supplemental documentation see the Enhanced Direct Enrollment (EDE) Business Audit Instructions and Report Template.  The Auditor can also use this column to provide any additional notes or comments pertaining to each item. Business requirements audits should not include comments that describe the Auditor's process for verifying the requirement unless there is a specific issue or concern regarding the requirement that warrants raising a concern.

Tab: Test Case Input		
Note: Not all columns are present in all test case tabs.		
Columns & Sections	Description	Testing Notes
Summary	A high-level summary of the test case.	
UI Question Companion Guide Reference	Item numbers from the UI Question Companion Guide so the Auditor can easily refer back to requirements.	The Auditor should note this column does not provide an exhaustive list of item numbers for each test case and is not intended for audit purposes. It is a tool to better understand question display requirements by providing an easily accessible reference to detailed information in the UI Question Companion Guide.
Application Data	The question, group of questions/application section, or eligibility result.	
Application Input	Test data for the consumer(s) in each test case (i.e., test data the EDE Entity and Auditor use to answer questions in the eligibility application).	
Notes to Testers	Additional notes to complete each test case and provide additional information for the Auditor about what should or should not appear in the UI.	
Auditor Checklist	Each case has 1-7 checklist items for the Auditor to use when going through the test case to ensure correct implementation. The Auditor must review and verify each checklist item.	The Auditor is required to verify all checklist items and include it's compliance determination for each checklist item in the corresponding field in the "Auditor Compliance Conclusion" column in the "Phase" tab.

Columns & Sections	Description	Testing Notes
Application State & Coverage Year	This section provides the state and required ZIP Code (if any) and coverage year for each test case.	Some test scenarios require the use of specific application states or ZIP Codes. In the event an EDE Entity does not support an application state listed in the test scenario, the Auditor may omit that test case.  Required Completion Rate (Reminder) Auditors must conduct all possible test cases. However, depending on the entity's intended service areas, Auditors may not be able to conduct a test case because the entity does not intend to operate in the specific state(s) provided in the test case. Auditors must conduct a minimum number of test cases from each toolkit it completes. Auditors conducting Phase 1 audits must submit at least 11 of 14 Phase 1 test cases. Auditors conducting Phase 2 audits must submit at least 8 of 14 Phase 1 test cases AND 6 of 9 Phase 2 test cases. Auditors conducting Phase 3 audits must submit at least 8 of 14 Phase 1 test cases AND 5 of 9 Phase 2 test cases AND 7 of 9 Phase 3 test cases. If an Auditor is not able to conduct the minimum number of test cases for each toolkit because of the entity's planned service areas, it must email DE Support to request instructions to modify test cases so that the Auditor is able to conduct and submit the minimum number of test cases.
Screening Questions	This section provides the screener questions and answers for each test case that determine if consumer(s) can use a certain phase of EDE.	
Screening Pass/Fail	This section describes and explains if the test consumer(s) may continue the application or if the test consumer must be guided to an alternate pathway because the consumer is not eligible for this phase of EDE.	
Household Member Input	Test data for each consumer in the test case.	
Household	This section provides the household composition information such as relationships, whether household members are applicants/non-applicants, Social Security Numbers (SSNs), and citizenship/immigration information.	All Phase 1 and some Phase 2 scenarios require the use of specific test SSNs which are provided in the input table. Some Phase 2 and Phase 3 scenarios do not include SSNs. In these instances, the Auditor should proceed in the application without entering any values in the SSN field. Entering an invalid SSN will prevent application submission. Please refer to phase-specific instructions.
More About This Household	This section provides information for answering the Non-MAGI Medicaid eligibility questions (physical disabilities, assistance with daily living, nursing home care), pregnancy, foster care, incarceration and full-time student questions.	
Medicaid Block	This section provides information for answering the questions about Medicaid denial or Medicaid ending due to a change in eligibility.	
Income	This section provides each household member's current income, deductions, annual income, and income discrepancies, when applicable.	
Program Questions	This section provides additional inputs for each test case that are specific to APTC, Medicaid, CHIP, SEP, and QHP eligibility.	
Attestations	This section provides information for answering the legal attestations.	
Eligibility Results	This section shows the eligibility results that should display for each consumer in the ERP. The information displayed in the UI should accurately reflect results found in the EDN and use specific language where noted in the test cases.	Auditors should note that test cases do not include data matching issue (DMI) status in the Eligibility Result section. If the test case results in a DMI, the ERP and EDN will provide instruction that the consumer must submit documentation to confirm information. DMIs can occur for citizenship status; immigration status; household income; incarceration status; American Indian or Alaska Native status; eligibility for minimum essential job-based coverage; and eligibility for coverage through Medicaid or CHIP, TRICARE, Veterans Health Care Program, Medicare, or Peace Corps.  Auditors should also note that the test cases do include information on Special Enrollment Verification Issues (SVIs) in the Eligibility Results section, and that messaging about SVIs is expected on both the ERP and EDN when noted in the test case. However, SVIs will not be generated for applicants who are current enrollees or for applications submitted during the annual open enrollment period. Entities can help ensure they are generating the expected SVIs by always randomizing demographic data as instructed by the test cases and completing the toolkit outside of the open enrollment period.

Test Case ID	State	Summary/Criteria	Expected Results/What's Tested	Test Scenario Description	Auditor Compliance Conclusion**	Risks Identified**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
Test Case 2.A	Any state	-Initial application, 1 member household -Not seeking financial assistance -Single, no dependents -U.S. citizen; not born in U.S. (naturalized)	-EDE Entity displays naturalized citizenship questions properly -EDE partner allows naturalized citizen to proceed with the application and is determined eligible for QHP	This test case demonstrates the functionality for a consumer not applying for financial assistance. In this scenario, an unmarried 25 year-old in any state with no dependents completes the screener on the EDE Entity site. Although this consumer is a U.S. citizen, he was not born in the U.S. and became a naturalized citizen. On the application, the consumer attests to being a citizen, but citizenship cannot be verified by SSA. Consumer is able to continue through the application after attesting as a naturalized citizen and is determined eligible for QHP.	Eligibility results compliance conclusion: Auditor checklist item 42/row 31 compliance conclusion: Auditor checklist items 153, 174, 181/rows 41-43 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 4/row 49 compliance conclusion:					
Test Case 2.B	Any state except AK, HI, LA, SD	-Initial application, 2 member household -Seeking financial assistance -Married, no dependents -Applicant member is pregnant -Marriage SEP	-EDE Entity demonstrates UI can support pregnant application members -Husband is determined eligible for QHP with APTC; wife may be eligible for Medicaid	This test case tests the UI and functionality related to pregnant application members in states with similar Medicaid income limits for pregnant women. The consumers were married within the last 60 days. The husband is found eligible for QHP and APTC with a marriage SEP, but the wife is eligible for Medicaid due to her income and pregnancy status.	Eligibility results compliance conclusion: Auditor checklist item 28/row 27 compliance conclusion: Auditor checklist item 186 (and items 185, 187)/row 44 compliance conclusion: Auditor checklist items 213, 218, 224/row 48 compliance conclusion:					
Test case 2.B.2	State used in Test Case 2.B	-CIC on application from Test Case 2.B, 3 member household -Seeking financial assistance -Married, 1 dependent -Child less than one year old (but older than 60 days) added to application	-EDE Entity is able to support a CIC, and changes in program eligibility stemming from life events -Husband and wife are QHP and APTC/CSR eligible; child may be eligible for Medicaid/CHIP	This test case should re-access the application from 2.B through a change in circumstance (CIC). In this scenario, Betty is no longer pregnant and the couple is adding their child to their application. This demonstrates the EDE partner is able to support CICs that result in changes to program eligibility. Because Betty is no longer pregnant, she is now QHP and APTC with CSRs eligible with a marriage SEP and the child is eligible for Medicaid.	Eligibility results compliance conclusion: Auditor checklist item to verify test case is updating the application submitted in 2.B by reporting a life change/row 4 compliance conclusion: Auditor checklist item 155, Column G/row 41 compliance conclusion: Auditor checklist item 186/row 44 compliance conclusion:					
Test case 2.D	AK, AZ, DE, KS, LA, MI, NE, SC, TX, UT, VA	-Initial application, 3 member household -Seeking financial assistance -Single, 2 dependents -Dependent who is a full-time student -Household receives a determination of QHP eligibility with APTC, and stepchild is referred to the state Medicaid agency for review	-EDE Entity properly displays full-time student question based on tax dependent child's age -EDE Entity's UI is able to support stepchildren and non-MAGI attestation -Household receives a determination of QHP eligibility with APTC, and stepchild is referred to the state Medicaid agency for review	In this scenario, a parent applies for coverage along with their 18 year-old child and a stepchild, who they will claim on their tax return. Because the tax dependent child is 18 and the parent is applying for coverage, the application asks whether or not the 18 year old is a full-time student. The scenario also includes a dependent stepchild who attests to a disability, demonstrating a Phase 2 applicant's ability to support dependent stepchildren. The household receives a determination of QHP eligibility with APTC, and the stepchild is referred to the State Medicaid agency based on her attestations to non-MAGI questions.	Eligibility results compliance conclusion: Auditor checklist item 28/row 27 compliance conclusion: Auditor checklist item 32/row 29 compliance conclusion: Auditor checklist items 144 and 268/row 37 compliance conclusion: Auditor checklist item 215/row 46 compliance conclusion: Auditor checklist item to verify the display of the eligibility results page/row 50 compliance conclusion:					
Test case 2.E	AK, AZ, AR, DE, HI, IL, IN, IA, LA, MI, MT, NH, ND, OH, OR, UT, VA, WV, WI	-Initial application, 1 member household -Seeking financial assistance -Attests to Medicaid denial due to immigration status -Under 150% FLP SEP	-EDE Entity is able to support non-citizen applicants and displays appropriate questions relating to Medicaid/CHIP denial due to immigration status -The consumer is determined eligible for QHP with APTC and CSR and SEP	An applicant is ineligible for Medicaid due to immigration status and attests to a recent denial from the state Medicaid/CHIP agency. The consumer is determined eligible for QHP with APTC and CSRs despite having income below 100% FPL and eligible for the under 150% FLP SEP.	Eligibility results compliance conclusion: Auditor checklist item 4/row 26 compliance conclusion: Auditor checklist items 72 and 73/row 32 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 5/row 51 compliance conclusion:					
Test case 2.E.2	State used in 2.E	-CIC on application from Test Case 2.E, 1 member household -Seeking financial assistance -Single, no dependents -Applicant attests to honorably discharged	-EDE Entity is able to support non-citizen applicants and displays appropriate questions relating to veteran status -The consumer may be Medicaid eligible despite not meeting the five-year bar	This scenario involves the applicant from 2.E reporting a change in circumstance (CIC). Sarah no longer attests to being denied Medicaid and attests her late spouse is an honorably discharged veteran. Therefore, Sarah is eligible for Medicaid despite not meeting the five-year bar.	Eligibility results compliance conclusion: Auditor checklist item to verify test case is updating the application submitted in 2.E by reporting a life change/row 4 compliance conclusion: Auditor checklist items 56 and 71/row 31 compliance conclusion:					
Test case 2.F	Any state except AK and HI	-Initial application, 3 member household -Seeking financial assistance -Married, 1 dependent -2 consumers answer affirmatively to incarceration question; one consumer is pending disposition of charges, another consumer is not pending disposition of charges	-EDE Entity displays attestation or application question requiring consumer to attest whether applicants are incarcerated -UI then collects information about which applicants are incarcerated and asks if they are pending disposition of charges -Applicant and spouse are QHP ineligible due to immigration and incarceration status respectively, and child is QHP and APTC/CSR eligible	This test scenario allows the EDE Entity to demonstrate their UI can support incarcerated application members as part of Phase 2 requirements. The consumer attests that application members are incarcerated. The consumer indicates the wife is incarcerated and answers "No" to the follow-up question of if they are incarcerated pending disposition of charges. The consumer indicates that the son is incarcerated pending disposition of charges. The consumer attests to not having eligible immigration status and is therefore not eligible for a QHP. The wife is not eligible for a QHP due to her incarceration status (not pending disposition of charges). The son is eligible for a QHP because his incarceration is pending disposition of charges.	Eligibility results compliance conclusion: Auditor checklist item 44/row 31 compliance conclusion: Auditor checklist item 251/row 36 compliance conclusion: Auditor checklist item 181/row 43 compliance conclusion:					
Test case 2.G	AR, DE, FL, MI, MS, NC, ND, NE, OK, SC, VA	-Initial application, 3 member household -Seeking financial assistance -Single, 2 dependents -One child has aged out of foster care and is eligible for transitional Medicaid -Other child applying with name different from SSN	-EDE Entity properly displays foster care questions to dependent child applicant who is between 18-25 years old -UI allows applicant to continue with application when applying under name different from their SSN card -Primary applicant and one child eligible for QHP with APTC; child eligible for Medicaid	This scenario includes a single parent applying for himself and his two children. It demonstrates functionality and logic related to former foster care applicants. The older child answers affirmatively to having been formerly in foster care at age 18 or older, indicates the age they left foster care was 18 (VA), 19 (MI, NE, SC) or 21 (AR, DE, FL, MS, NC, ND, OK), and that they were in foster care in the application state. The younger child is applying with a name different than on their SSN card. The primary applicant and younger child are found eligible for QHP with APTC based on income while the older child is determined preliminarily eligible for Medicaid based on former foster care status. The primary applicant is also referred to his state Medicaid agency based on age.	Eligibility results compliance conclusion: Auditor checklist item 9/row 12 compliance conclusion: Auditor checklist item 28/row 26 compliance conclusion: Auditor checklist item 37/row 30 compliance conclusion: Auditor checklist item 151/row 35 compliance conclusion: Auditor checklist item 239/row 46 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 4/row 51 compliance conclusion:					
Test case 2.H	Any state	-Initial application, 3 member household -Seeking financial assistance -Married, 1 dependent -Applicant attests to home address outside of state where applicant is seeking coverage	-EDE Entity demonstrates UI properly screens out scenarios not supported by Phase 2 applications -Applicant is routed to HealthCare.gov or alternate channel after answering screening questions -Proper disclaimer regarding unsupported scenarios is displayed on Entity UI	This scenario demonstrates proper UI and functionality of the screener tool for a married application filer claiming one dependent who is seeking coverage and financial assistance. The application filer also lives in a state different from the application state which requires redirecting the application filer to an alternate pathway because this scenario is not supported by Phase 2 applications. Therefore, the application filer should answer "no" to the screener question "does everyone have the same permanent home address and currently live in [application state]?". Upon doing so, the consumer should be screened out of EDE and directed to HealthCare.gov or an alternate channel.	Eligibility results compliance conclusion: Auditor checklist item 9/row 12 compliance conclusion: Auditor checklist item 12/row 16 compliance conclusion: Auditor checklist item to verify the consumer is guided to an alternate pathway with consumer friendly language/row 21 compliance conclusion:					

<b>Summary:</b> This test case demonstrates the functionality for a consumer not applying for financial assistance. In this scenario, an unmarried 25 year-old in any state with no dependents completes the screener on the EDE entity site. Although this consumer is a U.S. citizen, he was not born in the U.S. and became a naturalized citizen. On the application, the consumer attests to being a citizen, but citizenship cannot be verified by SSA. Consumer is able to continue through the application after attesting as a				
UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>		<b>Application State &amp; Coverage Year</b>		
Item 1	State	Any state		
Item 2	Coverage Year	Current year		
<b>Tab: Phase 2 Screening</b>		<b>Screening Questions</b>		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	No		
Item 8	Resides in application state	Yes	Must provide a valid zip code for the application state	
Item 9	Tax filing status	N/A (should not display)		
Item 10	Responsible for a child 18 or younger not on tax return	N/A (should not display)		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	N/A (should not display)		
Item 13	Claiming all dependents on tax return	N/A (should not display)		
Item 14	Dependent is child or stepchild, single (not married), 25 or younger	N/A (should not display)		
Item 16	Dependents live with parent not on tax return	N/A (should not display)		
		<b>Screening Pass/Fail</b>		
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>	<b>Household</b>			
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	John Matthews* Age: 25 Male	*Do not use Matthews as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name  Must provide a valid county and zip code for the application state  Use any date of birth that results in the correct age for each household member  Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	421-94-1551	SSN must be entered exactly for test case to function	
Item 36	Applying with same name as name on SSN card?	Yes		
Items 38, 40, 41, 42	Citizenship/Immigration	Attests to U.S. citizenship <b>Attests to being a naturalized U.S. citizen</b>  Select Naturalization Certificate Document: Alien Number: 660020811 Naturalization Number: 600060020811	Due to unverified SSN, the UI should ask if the consumer is a naturalized or derived citizen	Check Item 42: Verify that the alien number and naturalization number are optional
<b>More About This Household</b>				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	N/A (should not display)		
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	N/A (should not display)		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	N/A (should not display)		
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	N/A (should not display)		
<b>Medicaid Block</b>				
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)		
<b>Income</b>				
Item 153	Current Month Income	N/A (should not display)		Check Items 153, 174 and 181: Verify no income information is collected since this is a non-financial assistance application
Item 174	Deductions	N/A (should not display)		
Item 181	Annual Income	N/A (should not display)		
<b>Program Questions</b>				
Items 213, 218, 224	Recent Life Changes (SEPs)	None of these changes		
<b>Attestations</b>				
Items 246, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>				
<b>Eligibility Results</b>				
UI Q CG Eligibility Results Tab: Items 1, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan  Not eligible for a Special Enrollment Period*	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A  *Optional to display if consumer is <i>not</i> eligible for a Special Enrollment Period	Check Eligibility Results Tab, Item 4: Verify UI displays exact language "What should I do if I think my eligibility results are wrong?"



<b>Summary:</b> This test case tests the UI and functionality related to pregnant application members in states with similar Medicaid income limits for pregnant women. The consumers were married within the last 60 days. The husband is found eligible for QHP and APTC with a marriage SEP, but the wife is eligible for Medicaid due to her income and pregnancy				
UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>		<b>Application State &amp; Coverage Year</b>		
Item 1	State	Any state <b>except</b> AK, HI, LA, SD		
Item 2	Coverage Year	Current year		
<b>Tab: Phase 2 Screening</b>		<b>Screening Questions</b>		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer, spouse		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state and lives at same address	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 13	Claiming all dependents on tax return	N/A (should not display)		
Item 14	Dependent is child or stepchild, single (not married), 25 or younger	N/A (should not display)		
Item 16	Dependents live with parent not on tax return	N/A (should not display)		
		<b>Screening Pass/Fail</b>		
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>					
<b>Household</b>					
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Betty Curtis* Age: 21 Female	Dwayne Curtis* Age: 21 Male	<p>*Do not use Curtis as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name</p> <p>Must provide a valid county and zip code for the application state</p> <p>Use any date of birth that results in the correct age for each household member</p> <p>Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide:</p> <ul style="list-style-type: none"> <li>- Items 4, 5, 7, 8, 9 Household Contact Information</li> <li>- Items 10-14 Communication Preferences</li> <li>- Items 15-20 Help Applying for Coverage</li> <li>- Items 128-130 Applicant and non-applicant information - Race and Ethnicity</li> </ul>	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse		Check Item 28: Verify that the application collects relationship between Dwayne and Betty
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant		
Item 32	SSN	317-20-1410	317-20-1411	SSN must be entered exactly for test case to function	
Item 36	Applying with same name as name on SSN card?	Yes	Yes		
Item 38	Citizenship/Immigration	Attests to U.S. citizenship	Attests to U.S. citizenship		
<b>More About This Household</b>					
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Items 147, 148 Item 268 (depending on implementation)	Pregnancy Questions	<b>Pregnant</b> Expecting 1 baby	N/A (should not display for this household member)		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	Not former foster care	Not former foster care		
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	Not a full time student	Not a full time student		
<b>Medicaid Block</b>					

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
<b>Income</b>					
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$2,087.75 per month	<b>Job:</b> \$833.33 per month	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions	No deductions		
Item 181	Annual Income	\$25,053	\$9,999.96		
Item 186	Income Discrepancies	Answer "Other reason" for "Betty's and Dwayne's household income seems like it will be lower than what our records from the past 2 years show. Is there a reason why?"		The question will be asked once for the household and not for each household member	Verify only Item 186 displays, and other income discrepancy questions (Items 185, 187) do not
<b>Program Questions</b>					
Item 191	Current coverage	None	None		
Item 239	Help paying for medical bills	Do not answer affirmatively	N/A (should not display for this household member)		
Items 213, 218, 224, 225, 226	Recent Life Changes (SEPs)	N/A (should not display for this household member)	<b>Got married</b> Provide date in last 60 days Attest "Yes" to prior coverage questions		Check Items 213, 218 and 224: These questions should only display for Dwayne
<b>Attestations</b>					
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations		<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>					
<b>Eligibility Results</b>					
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	<b>Determination states:</b> "May be eligible for Medicaid"  <b>Assessment states:</b> "May be eligible for Medicaid"	Eligible to buy a Marketplace plan with a premium tax credit of up to [amount] each month for your tax household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Eligible for a Special Enrollment Period	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A  Betty is not eligible for a Special Enrollment Period because she qualifies for Medicaid	Check Eligibility Results Tab, Item 3: UI should display Full Medicaid Determination for Dwayne

<b>Summary:</b> This test case should re-access the application from 2.B through a change in circumstance (CIC). In this scenario, Betty is no longer pregnant and the couple is adding their child to their application. This demonstrates the EDE partner is able to support CICs that result in changes to program eligibility. Because Betty is no longer pregnant, she is now QHP and APTC with CSRs eligible with a marriage SEP and the child is eligible for Medicaid.				
UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>				
<b>Application State &amp; Coverage Year</b>				
Item 1	State	State used in Test Case 2.B	The tester should update the application submitted in Test Case 2.B through a change in circumstance (CIC), which will use the same application state	Verify entity is updating the application submitted in 2.B by reporting a life change in order to complete test case 2.B.2
Item 2	Coverage Year	Current year		
<b>Tab: Phase 2 Screening Questions</b>				
<b>Screening Questions</b>				
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	1		
Item 3	Who is applying for coverage?	Application filer, spouse, dependent		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state and lives at same address	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 13	Claiming all dependents on tax return	Yes		
Item 14	Dependent is child or stepchild, single (not married), 25 or younger	Yes		
Item 16	Dependents live with parent not on tax return	No		
<b>Screening Pass/Fail</b>				
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>						
<b>Household</b>						
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Betty Curtis * Age: 21 Female	Dwayne Curtis * Age: 21 Male	Baby Curtis * Age: more than 60 days old, but less than 1 year old Male	*Do not use Curtis as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name  Must provide a valid county and zip code for the application state  Use any date of birth that results in the correct age for each household member  Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	317-20-1410	317-20-1411	Does not have SSN, continue without providing SSN	SSN must be entered exactly for test case to function	
Item 36	Applying with same name as on name on SSN card?	Yes	Yes	N/A (should not display for this household member)		
Items 38, 40	Citizenship/immigration	Attests to U.S. citizenship	Attests to U.S. citizenship	Attests to U.S. citizenship, not naturalized or derived		
<b>More About This Household</b>						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	Not pregnant	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	Not former foster care	Not former foster care	N/A (should not display for this household member)		
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	Not a full time student	Not a full time student	N/A (should not display for this household member)		
<b>Medicaid Block</b>						
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
<b>Income</b>						
Items 153, 154, 155, 209	Current Month Income	Job: \$2,087.75 per month	Job: \$833.33 per month	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 155, Column G: Verify all required job income frequencies display as answer options
Item 174	Deductions	No deductions	No deductions	No deductions		
Item 181	Annual Income	\$25,053	\$9,999.96	\$0		
Item 186	Income Discrepancies	Answer "Other reason" for "Betty's and Dwayne's household income seems like it will be lower than what our records from the past 2 years show. Is there a reason why?"		N/A (should not display for this household member)	The question will be asked once for the household and not for each household member	Check Item 186: Verify that this is the only income discrepancy question that displays. Verify that the question only displays once for the whole household
<b>Program Questions</b>						

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Item 191	Current coverage	None	None	None		
Item 239	Help paying for medical bills	N/A (should not display for this household member)	N/A (should not display for this household member)	Do not answer affirmatively		
Items 213, 218, 224, 225, 226	Recent Life Changes (SEPs)	<b>Got married</b> Provide date in last 60 days Attest "Yes" to prior coverage questions	<b>Got married</b> Provide date within last 60 days Attest "Yes" to prior coverage questions	N/A (should not display for this household member)		
<b>Attestations</b>						
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations			<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>		<b>Eligibility Results</b>				
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to [amount] each month for your tax household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan with a premium tax credit of up to [amount] each month for your tax household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Eligible for a Special Enrollment Period	<b>Determination states:</b> "May be eligible for Medicaid"  <b>Assessment states:</b> "May be eligible for Medicaid"	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	

<b>Summary:</b> In this scenario, a parent applies for coverage along with their 18 year-old child and a stepchild, who they will claim on their tax return. Because the tax dependent child is 18 and the parent is applying for coverage, the application asks whether or not the 18 year old is a full-time student. The scenario also includes a dependent stepchild who attests to a disability, demonstrating a Phase 2 application's ability to support dependent stepchildren. The household receives a determination of QHP eligibility with APTC, and the stepchild is referred to the State Medicaid agency based on her attestations to non-MAGI questions.						
UI Question Companion Guide Reference	Application Data	Application Input			Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>						
<b>Application State &amp; Coverage Year</b>						
Item 1	State	AK, AZ, DE, KS, LA, MI, NE, SC, TX, UT, VA				
Item 2	Coverage Year	Current year				
<b>Tab: Phase 2 Screening</b>						
<b>Screening Questions</b>						
Item 1	Marital Status	Single				
Item 2	Number of tax dependents	2				
Item 3	Who is applying for coverage?	Application filer, both dependents				
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes				
Item 8	Resides in application state and lives at same address	Yes, all household members live at same address in application state			Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes				
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return				
Item 11	American Indian/Alaska Native	No one in household has AI/AN status				
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer				
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA				
Item 13	Claiming all dependents on tax	Yes				
Item 14	Dependent is children or stepchildren, single (not married),	Yes				
Item 16	Dependents live with parent not on tax return	No				
<b>Screening Pass/Fail</b>						
	Pass Screener?	Yes, continue with application				

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>						
<b>Household</b>						
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Peter Linnade* Age: 49 Male	Nelly Linnade* Age: 18 Female	Lisa Linnade* Age: 15 Female	<p>*Do not use Linnade as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name</p> <p>Must provide a valid county and zip code for the application state</p> <p>Use any date of birth that results in the correct age for each household member</p> <p>Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide:</p> <ul style="list-style-type: none"> <li>- Items 4, 5, 7, 8, 9 Household Contact Information</li> <li>- Items 10-14 Communication Preferences</li> <li>- Items 15-20 Help Applying for Coverage</li> <li>- Items 128-130 Applicant and non-applicant information - Race and Ethnicity</li> </ul>	

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Item 28	Application Filer/Relationship to Application Filer	Application Filer Parent of Nelly Stepparent of Lisa	Child of Peter	Stepchild of Peter		Check Item 28: Verify that the UI collects both dependents' relationship with the filer and that child and stepchild are distinct answer options
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN		Check Item 32: Verify that applicants can proceed without entering an SSN and that wording and answer option format conform to UI Q CG requirements
Item 36	Applying with same name as on name on SSN card?	N/A (should not display for this household member)	N/A (should not display for this household member)	N/A (should not display for this household member)		
Items 38, 40	Citizenship/immigration	Attests to U.S. citizenship, not a naturalized or derived citizen	Attests to U.S. citizenship, not a naturalized or derived citizen	Attests to U.S. citizenship, not a naturalized or derived citizen		
<b>More About This Household</b>						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	<b>Physical disability, Needs help with activities of daily living</b>		
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	N/A (should not display for this household member)	Not pregnant	Not pregnant		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	N/A (should not display for this household member)	Not former foster care	N/A (should not display for this household member)		
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	N/A (should not display for this household member)	<b>Full-time student</b>	N/A (should not display for this household member)		Check Items 144 and 268: Verify full time student question displays for Nelly
<b>Medicaid Block</b>						
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
<b>Income</b>						
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$5,683.75 per month	<b>Job:</b> \$272.08 per month	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions	No deductions	No deductions		
Item 181	Annual Income	\$68,205	\$3,264.96	\$0		
<b>Program Questions</b>						
Item 191	Current coverage	None	None	None		
Items 213, 214, 215, 218, 224	Recent Life Changes (SEPs)	<b>Recent loss of minimum essential coverage (MEC)</b> Provide date within last 60 days; Do not provide the name of the plan	None of these changes	None of these changes		Check Item 215: Verify that plan name is marked as "optional" and that the consumer can proceed to the next screen without providing a response in the UI
<b>Attestations</b>						
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations			<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>						
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Eligible for a Special Enrollment Period  May be eligible for Medicaid*	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A  *Optional to display for QHP applicant who is also being referred to the state Medicaid agency based on age/disability (non-MAGI)	Verify eligibility results page displays that Peter, Nelly, and Lisa are "eligible to buy a Marketplace plan with a premium tax credit of up to [amount]," and "eligible for a Special Enrollment Period"



**Summary:** An applicant is ineligible for Medicaid due to immigration status and attests to a recent denial from the state Medicaid/CHIP agency. The consumer is determined eligible for QHP with APTC and CSRs despite having income below 100% FPL and eligible for the under 150% FPL SEP.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>		<b>Application State &amp; Coverage Year</b>		
Item 1	State	AK, AZ, AR, DE, HI, IL, IN, IA, LA, MI, MT, ND, NH, OH, OR, UT, VA, WV, WI		
Item 2	Coverage Year	Current Year		
<b>Tab: Phase 2 Screening</b>		<b>Screening Questions</b>		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	Does not have access to coverage through a job or COBRA		
Item 13	Claiming all dependents on tax return	N/A (should not display)		
Item 14	Dependent is children or stepchildren, single (not married), 25 or younger	N/A (should not display)		
Item 16	Dependents live with parent not on tax return	N/A (should not display)		
<b>Screening Pass/Fail</b>				
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>				
<b>Household</b>				
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Sarah Noelfl* Age: 20 Female	*Do not use Noelfl as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name  Must provide a valid county and zip code for the application state  Use any date of birth that results in the correct age for each household member  Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	Check Item 4: Verify Answer fields for Middle Name and Suffix are optional
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	717-07-6993		
Item 36	Applying with same name as name on SSN card?	Yes		
Items 38, 39, 44, 46, 48, 56, 71	Citizenship/Immigration	<b>Not a U.S. citizen/national</b>  Attest to eligible immigration status  Document Type: I-327 Reentry permit  Alien Number: 660031769  Do not enter expiration date		
Items 72, 73	Five-Year Bar/Veteran Status Questions	Do not answer affirmatively to honorably discharged Veteran or active-duty member of the U.S. military questions (including for deceased spouse)		Check Items 72 and 73: Verify that Item 72 does not display (applicant's birthday is after 1996). Verify that both Sarah and Sarah's deceased spouse are listed as answer options for Item 73's question "Are any of these people an honorable discharged veteran or active duty member of the military?"
<b>More About This Household</b>				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	Not pregnant		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	Not former foster care		
Item 250 Item 268(depending on implementation)	Incarceration Questions	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	Not a full-time student		
<b>Medicaid Block</b>				
Items 133, 138, 141, 142, 143	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon  Not denied Medicaid/CHIP in the last 90 days  <b>Denied Medicaid/CHIP due to immigration status in the last five years</b>  Answer "No" to question: "Has Sarah had their current immigration status since [current year minus 5 years]?"  Answer "No" to question: "Has Sarah had a change in their immigration status since they were found not eligible for [state Medicaid program name] or [state CHIP program name]?"		
<b>Income</b>				
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$750 per month	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions		
Item 181	Annual Income	\$9,000		
<b>Program Questions</b>				
Item 191	Current coverage	None		
Items 213, 218, 224	Recent Life Changes (SEPs)	None of these changes		
<b>Attestations</b>				
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>	<b>Eligibility Results</b>			

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Eligible for a Special Enrollment Period	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Check Eligibility Results Tab, Item 5: UI should display link to voter registration

**Summary:** This scenario involves the applicant from 2.E reporting a change in circumstance (CiC). Sarah no longer attests to being denied Medicaid and attests her late spouse is an honorably discharged veteran. Therefore, Sarah is eligible for Medicaid despite not meeting the five-year bar.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>		<b>Application State &amp; Coverage Year</b>		
Item 1	State	State used in 2.E	The tester should update the application submitted in Test Case 2.E through a change in circumstance (CiC), which will use the same application state	Verify partner is updating the application submitted in 2.E by reporting a life change in order to complete test case 2.E.2
Item 2	Coverage Year	Current Year		
<b>Tab: Phase 2 Screening</b>		<b>Screening Questions</b>		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	Does not have access to coverage through a job or COBRA		
Item 13	Claiming all dependents on tax return	N/A (should not display)		
Item 14	Dependent is children or stepchildren, single (not married), 25 or younger	N/A (should not display)		
Item 16	Dependents live with parent not on tax return	N/A (should not display)		
		<b>Screening Pass/Fail</b>		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>				
<b>Household</b>				
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Sarah Noelfl* Age: 20 Female	*Do not use Noelfl as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name  Must provide a valid county and zip code for the application state  Use any date of birth that results in the correct age for each household member  Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	717-07-6993		
Item 36	Applying with same name as name on SSN card?	Yes		
Items 38, 39, 44, 46, 48, 56, 71	Citizenship/Immigration	<b>Not a U.S. citizen/national</b>  Attest to eligible immigration status  Document Type: I-327 Reentry permit  Alien Number: 660031769  Do not enter expiration date		Check Item 56: Verify that alien number, expiration date, and additional document type text fields are optional to provide  Check Item 71: Verify that document type is optional
Item 73	Five-Year Bar/Veteran Status Questions	<b>Answer "Yes" to question: "Are any of these people an honorable discharged veteran or active duty member of the military?" and select Sarah's deceased spouse</b>		
<b>More About This Household</b>				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions		
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	Not pregnant		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Item 149 Item 268 (depending on implementation)	Foster Care Questions	Not former foster care		
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	Not a full time student		
<b>Medicaid Block</b>				
Items 133, 138, 142	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon  Not denied Medicaid/CHIP in the last 90 days  Not denied Medicaid/CHIP due to immigration status in the last five years		
<b>Income</b>				
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$750 per month	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions		
Item 181	Annual Income	\$9,000.00		
<b>Program Questions</b>				
Item 191	Current coverage	None		
Item 239	Help paying for medical bills	Do not answer affirmatively		
<b>Attestations</b>				
Items 246, 247, 252, 254, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>				
<b>Eligibility Results</b>				
UI Q CG Eligibility Results Tab: Items 1, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	<b>Determination states:</b> "May be eligible for Medicaid"  <b>Assessment states:</b> "May be eligible for Medicaid"	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	

Summary: This test scenario allows the EDE Entity to demonstrate their UI can support incarcerated application members as part of Phase 2 requirements. The consumer attests that application members are incarcerated. The consumer indicates the wife is incarcerated and answers "No" to the follow-up question of if they are incarcerated pending disposition of charges. The consumer indicates that the son is incarcerated pending disposition of charges. The consumer attests to not having eligible immigration status and is therefore not eligible for a QHP. The wife is not eligible for a QHP due to her incarceration status (not pending disposition of charges). The son is eligible for a QHP because his incarceration is pending					
UI Question Companion Guide Reference	Application Data	Application Input		Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>					
Item 1	State	Any state <b>Except AK and HI</b>			
Item 2	Coverage Year	Current year			
<b>Tab: Phase 2 Screening</b>					
<b>Screening Questions</b>					
Item 1	Marital Status	Married			
Item 2	Number of tax dependents	1			
Item 3	Who is applying for coverage?	Application filer, spouse, dependent			
Item 5	Seeking financial assistance?	Yes			
Items 4, 6, 7 (depending on implementation)					
Item 8	Resides in application state and lives at same address	Yes, all household members live at same address in application state		Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing jointly			
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return			
Item 11	American Indian/Alaska Native	No one in household has AI/AN status			
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer			
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA			
Item 13	Claiming all dependents on tax return	Yes			
Item 14	Dependent is child or stepchild, single (not married), 25 or younger	Yes			
Item 16	Dependents live with parent not on tax return	No			
<b>Screening Pass/Fail</b>					
	Pass Screener?	Yes, continue with application			

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>						
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	John Smyth* Age: 38 Male	Rita Smyth* Age: 38 Female	Todd Smyth* Age: 19 Male	<p>* Do not use Smyth as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name</p> <p>Must provide a valid county and zip code for the application state</p> <p>Use any date of birth that results in the correct age for each household member</p> <p>Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide:</p> <ul style="list-style-type: none"> <li>- Items 4, 5, 7, 8, 9 Household Contact Information</li> <li>- Items 10-14 Communication Preferences</li> <li>- Items 15-20 Help Applying for Coverage</li> <li>- Items 128-130 Applicant and non-applicant information - Race and Ethnicity</li> </ul>	
Item 28	Application Filer/Relationship to Application Filer	Application Filer Spouse of Rita Parent of Todd	Spouse of John Parent of Todd	Child of John Child of Rita		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN		
Item 36	Applying with same name as name on SSN card?	N/A (should not display for this household member)	N/A (should not display for this household member)	N/A (should not display for this household member)		
Items 38, 40, 44, 45	Citizenship/Immigration	<b>Not a U.S. citizen/national;</b> Proceed without attesting to eligible immigration status	Attests to U.S. citizenship, not naturalized or derived	Attests to U.S. citizenship, not naturalized or derived		Check Item 44: Verify partner's implementation is compliant with answer options and format outlined in the UI Q CG (see Item 44, Columns G and R). For privacy reasons, this question cannot be presented as a "Yes/No" choice to consumers



UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
<b>More About This Household</b>						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Item 147 Items 268 (depending on implementation)	Pregnancy Questions	N/A (should not display for this household member)	Not pregnant	N/A (should not display for this household member)		
Item 149 Item 268 (depending on implementation)	Foster Care Questions	N/A (should not display for this household member)	N/A (should not display for this household member)	Not former foster care		
Items 250, 251 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated	Incarcerated, <b>not pending</b> disposition of charges	Incarcerated, <b>pending</b> disposition of charges		Check Item 251: Verify this question displays conditionally for Rita and Todd after indicating these applicants are incarcerated
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	N/A (should not display for this household member)	N/A (should not display for this household member)	Not a full-time student		
<b>Medicaid Block</b>						
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
<b>Income</b>						
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$3,333.33 per month	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 176	Deductions	<b>Alimony:</b> \$100 per month	No deductions	No deductions		
Items 181, 182, 183	Annual Income	<b>Disagree with calculated annual income;</b> Income is not hard to predict; Attest to \$42,000 per year	\$0	\$0		Check Item 181: Verify all household members are asked of their current income and deductions regardless of age. The UI should display expected annual income for each household member
<b>Program Questions</b>						
Item 191	Current coverage	N/A (should not display for this household member)	N/A (should not display for this household member)	None		
Items 213, 218, 224	Recent Life Changes (SEPs)	N/A (should not display for this household member)	N/A (should not display for this household member)	None of these changes		
<b>Attestations</b>						
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations			<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>						
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Not eligible for health plans, premium tax credits, lower copayments, coinsurance, and deductibles (cost-sharing reductions), or state health benefits	Not eligible for health plans, premium tax credits, lower copayments, coinsurance, and deductibles (cost-sharing reductions), or state health benefits	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Not eligible for a Special Enrollment Period*	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A  *Optional to display if consumer is <i>not</i> eligible for SEP	

**Summary:** This scenario includes a single parent applying for himself and his two children. It demonstrates functionality and logic related to former foster care applicants. The older child answers affirmatively to having been formerly in foster care at age 18 or older, indicates the age they left foster care was 18 (VA), 19 (MI, NE, SC), or 21 (AR, DE, FL, MS, NC, ND, OK), and that they were in foster care in the application state. The younger child is applying with a name different than on their SSN card. The primary applicant and younger child are found eligible for QHP with APTC based on income while the older child is determined preliminarily eligible for Medicaid based on former foster care status. The primary applicant is also referred to his state Medicaid agency based on age.

UI Question Companion Guide Reference	Application Data	Application Input			Notes to Testers	Auditor Checklist
Tab: UI Questions		Application State & Coverage Year				
Item 1	State	AR, DE, FL, MI, MS, NC, ND, NE, OK, SC, VA				
Item 2	Coverage Year	Current Year				
Tab: Phase 2 Screening Questions		Screening Questions				
Item 1	Marital Status	Single				
Item 2	Number of tax dependents	2				
Item 3	Who is applying for coverage?	Application filer, both dependents				
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes				
Item 8	Resides in application state and lives at same address	Yes, all household members live at same address in application state			Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes				Check Item 9: Verify the current coverage year displays in question text
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return				
Item 11	American Indian/Alaska Native	No one in household has AI/AN status				
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer				
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA				
Item 13	Claiming all dependents on tax return	Yes				
Item 14	Dependents are children or stepchildren, single (not married), 25 or younger	Yes				
Item 16	Dependents live with parent not on tax return	No				
Screening Pass/Fail						
	Pass screener?	Yes, continue with application				

UI Question Companion Guide	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		Household				
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Martin <i>Hartman</i> * Age: 78 Male	Helen <i>Hartman</i> * Age: 22 Female	Robert <i>Hartman</i> * Age: 8 Male	*Do not use Hartman as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name	Check Item 28: Help text appears for Martin because he is over 65 years old that states if he has Medicare then he can still get a Marketplace plan but will not be eligible for tax credits or extra
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Son/Daughter	Son/Daughter		
Items 27, 29	Applicant/Non-Applciant	Applicant	Applicant	Applicant		
Item 32	SSN	339-18-0391	339-18-1790	339-18-4454	SSN must be entered exactly for test case to function	
Items 36, 37	Applying with same name as name on SSN card?	Yes	Yes	No, name on SSN card is William [last name chosen for scenario]		Check Item 37: Verify this open text field-only displays for Robert because he answered "No" to Item 36
Item 38	Citizenship/immigration	Attests to U.S. citizenship	Attests to U.S. citizenship	Attests to U.S. citizenship		
More About This Household						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		

UI Question Companion Guide	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Item 147 Item 268 (depending on implementation)	Pregnancy Questions	N/A (should not display for this household member)	Not pregnant	N/A (should not display for this household member)		
Items 149, 150, 151, 152 Item 268 (depending on implementation)	Foster Care Questions	N/A (should not display for this household member)	<b>Former foster care;</b> State of application state; Attest "Yes" to receiving Medicaid	N/A (should not display for this household member)		Check Item 151: Verify the question references the state Medicaid program that is in the state where the consumer was in foster care
Item 250 Item 268 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated		
Item 144 Item 268 (depending on implementation)	Full-Time Student Questions	N/A (should not display for this household member)	Not a full time student	N/A (should not display for this household member)		
<b>Medicaid Block</b>						
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
<b>Income</b>						
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$5,458.33 per month	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions	No deductions	No deductions		
Item 181	Annual Income	\$65,499.96	\$0	\$0		
<b>Program Questions</b>						
Item 191	Current coverage	None	None	None		
Item 239	Help paying for medical bills	N/A (should not display for this household member)	Do not answer affirmatively	N/A (should not display for this household member)		Check Item 239: Verify "Would any of these people like help paying for medical bills from the last 3 months?" only displays for Helen because she is prelim Medicaid eligible
Items 213, 218, 224, 231, 232, 233, 234	Recent Life Changes (SEPs)	<b>Recently moved;</b> Provide zip code in a different county than zip code provided in home address;	N/A (should not display for this household member)	None of these changes	If a date outside of the last 60 days is entered, then an error message will appear	
<b>Attestations</b>						
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations			<b>Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case</b>	
<b>Reference Materials</b>		<b>Eligibility Results</b>				
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Not eligible for a Special Enrollment Period*  May be eligible for Medicaid**	<b>Determination states:</b> "Eligible for Medicaid"  <b>Assessment states:</b> "May be eligible for Medicaid"	Eligible to buy a Marketplace plan with a premium tax credit of up to <b>[amount]</b> each month for your tax household  Not eligible for a Special Enrollment Period*	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A  *Optional to display if consumer is <i>not</i> eligible for SEP  **Optional to display for QHP applicant who is also being referred to the state Medicaid	Check Eligibility Results Tab, Item 4: Verify UI displays exact language "What should I do if I think my eligibility results are wrong?"

<b>Summary:</b> This scenario demonstrates proper UI and functionality of the screener tool for a married application filer claiming one dependent who is seeking coverage and financial assistance. The application filer also lives in a state different from the application state which requires redirecting the application filer to an alternate pathway because this scenario is not supported by Phase 2 applications. Therefore, the application filer should answer "No" to the screener question "does everyone have the same permanent home address and currently live in [application				
UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
<b>Tab: UI Questions</b>				
<b>Application State &amp; Coverage Year</b>				
Item 1	State	Any state		
Item 2	Coverage Year	Current Year		
<b>Tab: Phase 2 Screening Questions</b>				
<b>Screening Questions</b>				
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	1		
Item 3	Who is applying for coverage?	Application filer, spouse, dependent		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state and lives at same address	No, application filer lives in separate state from application state	This scenario is not supported by Phase 2 applications. This answer will result in the consumer being redirected to an alternate pathway	
Item 9	Tax filing status	Filing jointly		Check Item 9: Verify that the question is worded as or similarly to "Do you plan to file a joint federal income tax return with your spouse for [insert coverage year]?"
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	American Indian/Alaska Native	No one in household has AI/AN status		
Item 17	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 12	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		Check Item 12: The question should be worded as or similarly to "Are either of you offered health coverage through your job, someone else's job, or COBRA?"
Item 13	Claiming all dependents on tax return	Yes		
Item 14	Dependent is child or stepchild, single (not married), 25 or younger	Yes		
Item 16	Dependents live with parent not on tax return	No		
<b>Screening Pass/Fail</b>				
	Pass Screener?	No, consumer should be guided to alternate pathway and should not complete application	When a consumer fails the screening questions, the UI should redirect the consumer to HealthCare.gov or a Direct Enrollment pathway and display consumer friendly language as to why they cannot continue the application on the entity site	Verify the consumer is guided to an alternate pathway with consumer friendly language