

**Eligibility Results Toolkit - Phase 3**

**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 3 entities must submit complete eligibility application UI screenshots only for the Phase 3 Eligibility Results Toolkit (ERT). Phase 3 entities must submit EDNs and unparsed JSONs for all test cases it completes in the Phase 1, 2, and 3 ERTs. 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.  Note: 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 (different toolkit)	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.  Note: 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 questions 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).

Phase 3	This tab displays an overview of the test scenarios for the Phase 3 eligibility application.	<p>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.</p> <p>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.</p>
Test Case Input Tabs (e.g., Test Case 3.A input, Test Case 3.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 Results" 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., TestCase3A-1, TestCase3A-2). Similarly, the Auditor should name the JSON files to clearly identify them as belonging to a specific test case (e.g., TestCase3A-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 "TestCase3-A") instead of submitting each screenshot as an individually saved image (e.g., TestCase3A-1.jpg, TestCase3A-2.jpg). This may help expedite CMS's audit review.

Audit Requirements by Tab		
Tab: Phase 3		
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 3" 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 15 of the 3.A Check List is "Check Item 32: Verify the answer format for the statement related to not having a SSN is a checkbox format and conforms to the UI Q CG requirements." 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 3" tab, "Auditor checklist item 32/row 15 compliance conclusion: ____"
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.

<b>Tab: Test Case Input</b> <b>Note: Not all columns are present in all test case tabs.</b>		
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 its compliance determination for each checklist item in the corresponding field in the "Auditor Compliance Conclusion" column in the "Phase" tab.
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.
Household Member Input	Test data for each consumer in the test case.	
Household Member Information	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.	
Tax Household	This section provides information for answering tax filing status 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 Eligibility Results Page. The information displayed in the UI should accurately reflect results found in the Eligibility Determination Notice (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 Results 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 eligibility results page and eligibility determination notice 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 3.A	AL, FL, GA, KS, MS, NC, SC, SD, TN, or WY	-Initial application, 2 member household -Not seeking financial assistance -Married, no dependents -One member has A/AN status -SEP	-A/AN status and federally recognized tribe questions displayed -CSR eligibility determined correctly with A/AN household members -A/AN consumer is QHP eligible with CSR; both spouses are eligible to enroll in QHP through SEP	A young married couple applies for coverage together without seeking financial assistance. One spouse is an American Indian/Alaska Native (A/AN) and one is not, which impacts the eligibility results: the A/AN consumer receives CSR, even though he is not applying for financial assistance. Both consumers are found eligible for the marriage SEP, the A/AN consumer qualifies for a tribal SEP.	Eligibility results compliance conclusion: Auditor checklist item 32/row 15 compliance conclusion: Auditor checklist items 211 and 270/row 22 compliance conclusion: Auditor checklist item 211 to verify display of eligibility results page/row 38 compliance conclusion:					
Test Case 3.A.2	Same application state as 3.A	-Change in circumstance (CIC) on application from test case 3.A, 2 member household -Update 3.A to request financial assistance -Married, no dependents -One member has A/AN status	-A/AN status and federally recognized tribe questions displayed -Tribal income questions displayed -CSR eligibility determined correctly with A/AN household member; spouse may be eligible for Medicaid	In this scenario, the couple from Test Case 3.A performs a change in circumstance (CIC) to request financial assistance. Because of the husband's American Indian/Alaska Native (A/AN) status, special questions are asked related to tribal income. The husband is now found eligible for a hardship exemption due to the Medicaid coverage gap and having income below APTC range, and the wife is found eligible for Medicaid because she was in foster care in the application state and aged out in the application state.	Eligibility results compliance conclusion: Auditor checklist item 30/row 15 compliance conclusion: Auditor checklist items 149 and 269/row 24 compliance conclusion: Auditor checklist items 179 and 180/row 32 compliance conclusion: Auditor checklist item 285/row 35 compliance conclusion: Auditor checklist item 239/row 36 compliance conclusion:					
Test Case 3.C	IN	-Initial application, 3 member household -Seeking financial assistance -Single, 1 dependent applying for coverage, 1 domestic partner not applying for coverage -Application filer is a non-U.S. citizen and pregnant -Applicant and their dependent have access to employer-sponsored coverage (ESC), but it is unaffordable -Dependent also lives with a parent outside the application	-ESC questions display and collect required information about Minimum Value (MV) and affordability -Eligible immigration status questions display -Information is collected for household members outside of the application, after child attests to living with a parent outside the application -Mother may be eligible for Medicaid due to pregnancy; child is QHP eligible with APTC due to CHIP waiting period, but cannot enroll due to lack of SEP	In this scenario, a non-citizen parent and citizen child are both applying for coverage. This scenario demonstrates a household where family members are found eligible for different programs and where a child lives with someone who is not on the application and whose information must be included in order to build the child's Medicaid household. Although the household income is within CHIP range, the child is subject to a CHIP waiting period and therefore becomes APTC eligible. This triggers display of ESC coverage, and the applicant must provide information about a health coverage offer from the mother's job that is available to the child, but is unaffordable.	Eligibility results compliance conclusion: Auditor checklist item 30/row 10 compliance conclusion: Auditor checklist items 88, 282, and 104/row 12 compliance conclusion: Auditor checklist items 243 and 244/row 36 compliance conclusion: Auditor checklist items 200 and 304/row 37 compliance conclusion:					
Test Case 3.D	AZ, AR, DE, FL, MI, MS, NE, NC, ND, OH, OK, SC, SD, TX, UT, VA, or WY	-Initial application, 3 member household -Seeking financial assistance -Single, 1 dependent, 1 domestic partner -Applicant filer has access to an offer of employer-sponsored coverage (ESC), it is affordable	-Displays questions to build tax household when one applicant is not part of tax return -ESC questions display and collect required information about Minimum Value (MV) and affordability -Application can support a domestic partner -Mother, domestic partner and child are eligible for QHP without subsidy -All 3 members are eligible for a move SEP	Summary: In this scenario, a parent, her domestic partner, and her child apply for coverage. This scenario demonstrates the UI can successfully build the household when one of applicants (domestic partner) is not part of the tax return. The mother has an offer of employer-sponsored coverage (ESC), and because the offer is affordable, she is found QHP eligible without APTC. Because the daughter is enrolled in COBRA, she is found QHP eligible without APTC. Because the domestic partner is not filing a tax return, he is eligible for QHP without subsidy.	Eligibility results compliance conclusion: Auditor checklist items 88 and 104/row 13 compliance conclusion: Auditor checklist item 104/row 14 compliance conclusion: Auditor checklist item 116/row 15 compliance conclusion: Auditor checklist item 32/row 16 compliance conclusion: Auditor checklist items 200 and 208/row 36 compliance conclusion: Auditor checklist item 286/row 37 compliance conclusion:					
Test Case 3.E	AL, DE, GA, MS, MO, MT, NC, ND, OR, SC, TN, UT, VA, WV, or WI	-Initial application, 3 member household -Seeking financial assistance -Single, 1 child, 1 grandchild -Application filer temporarily resides outside of the application state -Dependents have address different from application filer and is within application state	-Application can support multi-generation application -Home address in a state different from application state and applicants with different addresses are supported -Grandfather and son are determined QHP eligible with APTC through a loss of coverage SEP, baby may be eligible for Medicaid based on income and referred for non-MAGI factors	This scenario demonstrates a multi-generation application where the application filer is temporarily residing outside the application state and the other application members reside at a different address within the application state. Because the application filer intends to return to reside in the application state, he is found QHP eligible with subsidy. This scenario also demonstrates the UI's ability to display special Medicaid household composition questions to the grandchild.	Eligibility results compliance conclusion: Auditor checklist items 126, 127, and 279/row 13 compliance conclusion: Auditor checklist items 104/row 14 compliance conclusion: Auditor checklist item 117/row 15 compliance conclusion: Auditor checklist items 185, 186 and 187/row 33 compliance conclusion: Auditor checklist item 200/row 37 compliance conclusion:					
Test Case 3.F	Any	-Initial application, 3 member household -Seeking financial assistance -Application filer is non-applicant -1 child, 1 non-applicant spouse -Married filing separately tax status -Dependent attests to Medicaid denial and lives with a parent outside the application	-Application supports married filing separately tax status and dependent living with a parent outside the tax household -Application supports non-applicant application filer -Child is QHP eligible without subsidy through a Medicaid denial SEP	In this application, a non-applicant non-custodial parent is applying for coverage for her child. Because the child attests to a Medicaid/CHIP denial, the child is not found eligible for Medicaid/CHIP regardless of income, and because the application filer has a married filing separately tax status, the child is not eligible for APTC. Therefore, the eligibility outcome is QHP only.	Eligibility results compliance conclusion: Auditor checklist item 270/row 11 compliance conclusion: Auditor checklist items 104 and 105/row 13 compliance conclusion: Auditor checklist item 89/row 20 compliance conclusion: Auditor checklist items 133, 134, and 136/row 29 compliance conclusion:					
Test Case 3.G	SC or TX	-Initial application, 6 member household -Seeking financial assistance -Single, 3 children, 1 niece, 1 child's spouse -Application filer is non-applicant -One dependent is married, one dependent is filing separate tax return -Non-applicant added after start of application	-UI supports addition of non-applicants after start of application and properly displays legal relationship questions -EDE Entity supports complex tax household scenario with married dependents, non-applicant tax dependents, and dependents filing their own return -Application member may be eligible for Medicaid, and application members are determined eligible for QHP with APTC through a marriage SEP	This scenario presents an application within APTC income range that includes married tax dependents, non-applicant tax dependents, and a tax dependent who is also filing their own return. The scenario demonstrates the UI's ability to display special Medicaid household composition questions as well as display legal relationship questions, other individual market insurance coverage, and multiple SEP types. This test case must be run in SC, zip code 29401 or TX, zip code 77001.	Eligibility results compliance conclusion: Auditor checklist item 104/row 13 compliance conclusion: Auditor checklist item 116/row 15 compliance conclusion: Auditor checklist item 81/row 18 compliance conclusion: Auditor checklist items 83 and 84/row 20 compliance conclusion: Auditor checklist item 138/row 29 compliance conclusion: Auditor checklist item 153/row 31 compliance conclusion: Auditor checklist items 226 and 234/row 39 compliance conclusion:					
Test Case 3.H	LA	-Initial application, 7 member household -Seeking financial assistance -Multiple marriages, other relative, parent/caretaker relative question -One married applicant who is not a tax dependent -Application filer lives with unrelated other relative -Non-applicants added after start of application	-UI supports addition of non-applicants after start of application and properly displays parent caretaker relatives and legal relationship questions -EDE Entity supports complex tax households on application -Application members may be eligible for Medicaid and application members are determined eligible for QHP with and without APTC through a Medicaid denial SEP	This is another multi-generation household scenario that includes an applicant who is not a dependent on the application filer's return. The scenario requires the UI to display questions to collect information on a non-applicant dependent child for purposes of parent/caretaker relative eligibility only, and collect information on current health coverage for a dependent child non-applicant for Medicaid adult group eligibility of the parent. This scenario also demonstrates results for a consumer who does not file a tax return and is not claimed as a dependent. The scenario produces eligibility results that include Medicaid and QHP with and without subsidy. This test case should be run in LA, zip code 70802.	Eligibility results compliance conclusion: Auditor checklist item 30/row 9 compliance conclusion: Auditor checklist items 104/row 13 compliance conclusion: Auditor checklist items 117-119/row 15 compliance conclusion: Auditor checklist item 38/row 18 compliance conclusion: Auditor checklist item 136/row 29 compliance conclusion: Auditor checklist item 240/row 36 compliance conclusion:					
Test Case 3.I	FL, TX, WI	-Initial application, 2 member household -Seeking financial assistance -Married, no dependents -Application filer and spouse attest to ICHRA offer from application filer's job -Spouse attests to QSEHRA offer	-UI supports collecting information about the application filer's ICHRA and the spouse's QSEHRA offer for purposes of a SEP -Application members are determined for QHP with APTC through a QSEHRA offer SEP	A married couple applying for financial assistance reports they were offered an individual coverage HRA (ICHRAs) they have not accepted yet. The scenario demonstrates the UI's ability to collect information about the consumers' ICHRA offer to determine whether it is considered "affordable" for purposes of determining APTC eligibility. In addition, the UI must collect information about the application filer's ICHRA and the spouse's Qualified Small Employer HRA (QSEHRA) offer for purposes of a special enrollment period (SEP) eligibility. Due to the unaffordable ICHRA offer, the couple is eligible for APTC/CSRs. The couple is also eligible for an SEP due to being newly offered an ICHRA and being newly provided a QSEHRA, but the eligibility results show the QSEHRA SEP. This test case should be run in FL (zip code 33305, Broward county), WI (zip code 53062, Calumet county), or TX (zip code 75001, Dallas county).	Eligibility results compliance conclusion: Auditor checklist items 288, 291, and 292/row 36 compliance conclusion: Auditor checklist items 296-299/row 37 compliance conclusion:					

**Summary:** A young married couple applies for coverage together without seeking financial assistance. One spouse is an American Indian/Alaska Native (AI/AN) and one is not, which impacts the eligibility results: the AI/AN consumer receives CSR, even though he is not applying for financial assistance. Both consumers are found eligible for the marriage SEP, and the AI/AN consumer qualifies for a tribal 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	AL, FL, GA, KS, MS, NC, SC, SD, TN, or WY			
Item 2	Coverage Year	Current year			
<b>Financial Assistance</b>					
Item 21	Seeking financial assistance?	No*		<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
<b>Household Member Information</b>					
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Alex Burns* Age: 26 Male	Lynn Jones* Age: 24 Female	<p>*Do not use Burns and Jones 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:            - Items 4-9 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</p>	
Item 30	Application Filer/Relationship to Application Filer and Other Family Members	Application Filer	Spouse of Alex		
Items 27, 30	Applicant/Non-Applicant	Applicant	Applicant		
Items 76, 77	Marital Status	Married	Married	Not required to display if marital status is already established in Item 30	
Items 5, 123, 276	Address and Living Situations	Provide address in application state Lives with spouse Lynn	Same address as application filer Lives with spouse Alex		
Item 117	Parent/Caretaker Relative Status	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 32	SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN		Check Item 32: Verify that you 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 SSN card?	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 naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen		
<b>Tax Household</b>					
Item 81	Tax Filing Status	N/A (should not display for this household member)	N/A (should not display for this household member)		
<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)	N/A (should not display)		
Items 146, 210, 211, 270 Item 269 (depending on implementation)	American Indian/Alaska Native	<b>Member of a federally recognized American Indian tribe:</b> Seminole Tribe of FL or Catawba of SC	Does not have AI/AN status		Check Items 211 and 270: Verify tribes in all states can be selected and that all tribe names for selected state appear in accordance with UI Q.CG requirements
Item 147 Item 269 (depending on implementation)	Pregnancy Questions	N/A (should not display)	N/A (should not display)		
Item 149 Item 269 (depending on implementation)	Foster Care Questions	N/A (should not display)	N/A (should not display)		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated		
Item 144 Item 269 (depending on implementation)	Full-Time Student Questions	N/A (should not display)	N/A (should not display)		
<b>Medicaid Block</b>					
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)	N/A (should not display)		
<b>Income</b>					
Item 153	Current Month Income	N/A (should not display)	N/A (should not display)		
Item 174	Deductions	N/A (should not display)	N/A (should not display)		
Item 181	Annual Income	N/A (should not display)	N/A (should not display)		
<b>Program Questions</b>					
Items 213, 218, 224, 225, 226, 294	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 in last 60 days Attest "Yes" to prior coverage questions*	*Questions regarding prior coverage may be omitted for Alex and Lynn in this scenario because of Alex's attested AI/AN status	
<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	Eligible to buy a Marketplace plan  Eligible for additional help with costs as a member of a tribe*  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan  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  *Eligible applicants who are members of a federally-recognized tribe can enroll in Platinum, Gold, Silver, or Bronze plans with cost-sharing reductions	Verify eligibility results page clearly indicates Alex (but not Lynn) is eligible for additional help with costs as a member of a tribe

**Summary:** In this scenario, the couple from Test Case 3.A performs a change in circumstance (CIC) to request financial assistance. Because of the husband's American Indian/Alaska Native (AI/AN) status, special questions are asked related to tribal income. The husband is now found eligible for a hardship exemption due to the Medicaid coverage gap and having income below APTC range, and the wife is found eligible for Medicaid because she was in foster care in the application state and aged out in the application state.

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	Same application state as 3.A		Because this is a CIC, the application coverage year and state should remain the same and the application from Test Case 3.A should be updated	
Item 2	Coverage Year	Same coverage year as 3.A			
<b>Financial Assistance</b>					
Item 21	Seeking financial assistance?	Yes*		<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
<b>Household Member Information</b>					
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Alex Burns* Age: 26 Male	Lynn Jones* Age: 24 Female	<p>*Do not use Burns and Jones 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:            - Items 4-9 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</p>	
Item 30	Application Filer/Relationship to Application Filer and Other Family Members	Application Filer	Spouse of Alex		
Items 27, 30	Applicant/Non-Applicant	Applicant	Applicant		
Items 76, 77	Marital Status	Married	Married		
Items 5, 123, 276	Address and Living Situations	Provide address in application state Lives with spouse Lynn	Same address as application filer Lives with spouse Alex		
Item 117	Parent/Caretaker Relative Status	Not main person taking care of any children age 18 or younger	Not main person taking care of any children age 18 or younger		
Item 32	SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN		Check Item 32: Verify that you 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 SSN card?	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 naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen		
<b>Tax Household</b>					

Items 81, 82	Tax Filing Status	Filing jointly with Lynn Does not attest to any dependents on their tax return	Filing jointly with Alex Does not attest to any dependents on their tax return		
<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 146, 210, 211, 270 Item 269 (depending on implementation)	American Indian/Alaska Native	<b>Member of a federally recognized American Indian tribe:</b> Seminole Tribe of FL or Catawba of SC	Does not have AI/AN status		
Item 147 Item 269 (depending on implementation)	Pregnancy Questions	N/A (should not display for this household member)	Not pregnant		
Items 149, 150, 151, 152 Item 269 (depending on implementation)	Foster Care Questions	N/A (should not display for this household member)	<b>Former Foster Care</b> State of application state; Attests "Yes" to having Medicaid while in foster care Left foster care at age: AL, FL, MS, or NC: 21 SC: 19 GA, KS, SD, TN, or WY: 18	Testers must respond to the question regarding when Lynn left foster care using the specified age associated with the application state	Check Item 149 or 269: Verify that Alex does not appear as an answer option to the former foster care question
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated		
Item 144 Item 269 (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)		
<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		
<b>Income</b>					
Items 153, 154, 159	Current Month Income	<b>Self-employment:</b> \$700 per month	No income		
Item 174	Deductions	No deductions	No deductions		
Items 179, 180	Tribal Income	\$100 of Alex's self-employment income is from a type of tribal income per month (for selling items of tribal significance)	N/A (should not display for this household member)		Check Items 179 and 180: Verify these questions display for Alex and question and answer option language is exact
Items 181, 182, 183	Annual Income	<b>Disagree with calculated annual income;</b> Income is not hard to predict; Attest to \$10,000 annual income	\$0		
<b>Program Questions</b>					
Items 191, 285	Current Coverage	N/A (should not display for this household member)	None		Check Item 285: Verify Item 285 does not display for Lynn
Item 239	Help Paying Medical Bills	N/A (should not display for this household member)	Do not answer affirmatively		Check Item 239: Verify Lynn is the only answer option for "Would any of these people like help paying for medical bills from the last 3 months?"
Items 213, 218, 224, 225, 226, 294	Recent Life Changes (SEPs)	<b>Recently married</b> Provide date in last 60 days Attest "Yes" to prior coverage questions*	N/A (should not display for this household member)	*Questions regarding prior coverage may be omitted for Alex and Lynn in this scenario because of Alex's attested AI/AN status	
<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	Eligible to buy a Marketplace plan  Eligible for additional help with costs as a member of a tribe*  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  *Eligible applicants who are members of a federally-recognized tribe can enroll in Platinum, Gold, Silver, or Bronze plans with cost-sharing reductions	

**Summary:** In this scenario, a non-citizen parent and citizen child are both applying for coverage. This scenario demonstrates a household where family members are found eligible for different programs and where a child lives with someone who is not on the application and whose information must be included in order to build the child's Medicaid household. Although the household income is within CHIP range, the child is subject to a CHIP waiting period and therefore becomes APTC eligible. This triggers display of ESC coverage, and the applicant must provide information about a health coverage offer from the mother's job that is available to the child, but is unaffordable.

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	IN				
Item 2	Coverage Year	Current year				
	<b>Financial Assistance</b>					
Item 21	Seeking financial assistance?	Yes*			<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
	<b>Household Member Information</b>					
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Laura Banfield* Age: 35 Female	Junior Banfield* Age: 5 Male	+ John Curtis Age: 58 Male  + Add John when answering questions about Junior living with another parent. Do not add him at the beginning of the application	<p>*Do not use Banfield or 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: - Items 4-9 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</p>	
Item 30	Application Filer/Relationship to Application Filer and Other Family Members	Application Filer Mother of Junior Domestic partner to John	Child of Laura Child of John	Domestic partner to Laura Father of Junior		Check Item 30: Verify UI collects John's relationship of "parent (including adoptive parent)" to Junior
Items 27, 30	Applicant/Non-Applicant	Applicant	Applicant	Non-Applicant		
Item 76	Marital Status	Single	Single	Single	Entities have the flexibility to ask if all applicants are married or to limit the question to applicants over the age of 14. Depending on implementation, a UI may not collect Junior's marital status	
Items 123, 276 For Junior: Items 88, 282, 94, 104, 109	Address and Living Situations	Provide address in application state	Same address as application filer Lives with mother, Laura Lives with parent/stepparent other than Laura (father, John Curtis) Junior does not live with any other family members	Same address as application filer	Must use valid zip code/county within application state	<p>Check Items 88 and 282: Verify Item 88 displays for Junior and that the UI allows John Curtis' information to be entered through Item 282 at that point</p> <p>Check Item 104: Verify Item 104 displays for Junior</p>
Item 116	Parent/Caretaker Relative Status	<b>Main person taking care of son Junior</b>	N/A (should not display for this household member)	N/A (should not display for this household member)	This question is optional to appear for Laura (Item 116) because the backend logic can derive Laura lives with her son Junior and set her parent/caretaker relative status accordingly	
Items 32, 34	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 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, 39, 40, 44, 46, 48, 49, 71, 72	Citizenship/immigration	<b>Not a U.S. citizen/national</b>  Attests to eligible immigration status  Document type: I-551 green card; does not have other document types  Answer "Yes" to question: "Has Laura lived in the U.S. since 1996?"	Attests to U.S. citizenship; not naturalized or derived citizen	N/A (should not display for this household member)	Do not enter document numbers for Laura (Item 49)	
<b>Tax Household</b>						
Items 80, 82, 83	Tax Filing Status	Filing taxes, claiming Junior	Claimed by Laura*	N/A (should not display for this household member)	*There is flexibility in the flow for collecting Junior's tax filing information. If the UI first establishes that he is claimed as a dependent by Laura, then it is optional to ask him if he will also file his own return	
<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	N/A (should not display for this household member)		
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status		
Items 147, 148 Item 269 (depending on implementation)	Pregnancy Questions	<b>Pregnant</b> Expecting 1 child	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 149 Item 269 (depending on implementation)	Foster Care Questions	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)		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	N/A (should not display for this household member)		
Item 144 Item 269 (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)	N/A (should not display for this household member)		
<b>Medicaid Block</b>						
Items 133, 138, 141	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP  Was not found ineligible due to immigration status	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	N/A (should not display for this household member)		
<b>Income</b>						
Items 153, 154, 155, 156, 209	Current Month Income	<b>Job:</b> \$20 an hour, 40 hours per week	No income	No income	Employer name and phone number are required fields, but any value may be entered (ex: "ABC Corp" or "555-555-5555")	
Item 174	Deductions	No deductions	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 \$42,100 annual income	\$0	\$0		
<b>Program Questions</b>						
Items 191, 285	Current Coverage	None	None; Does not already have an ICHRA	N/A (should not display for this household member)		Check Items 191 and 285: Verify Item 285 displays separately from Item 191 for Junior  Check Item 285: Verify Item 285 does not display for Laura
Item 239	Help Paying Medical Bills	Do not answer affirmatively	N/A (should not display for this household member)	N/A (should not display for this household member)		
Items 243, 244	CHIP Waiting Period Questions	N/A (should not display for this household member)	<b>Answer "Yes" to CHIP waiting period question "Did Junior have health coverage through a job that ended in in the last [number of months]?"</b>  Answer "Other" or leave blank follow up question of "why did that coverage end?"	N/A (should not display for this household member)	The CHIP waiting period question will display the value 3 months in IN	Check Items 243 and 244: Verify questions only display for Junior and that the correct number of months value displays for application state
Items 200, 201, 203, 204, 207, 245, 284, 304	Offer of Coverage Through Job	<b>Offer of coverage through her own job</b>	Not offered [state]'s state employee health benefit plan through a job or a family member's job  <b>Offer of coverage through Laura's job</b> Plan meets minimum value standard Family premium for the plan is \$800/month	N/A (should not display for this household member)	Must include Laura's employer's name and phone number  Entities have flexibility about whether to ask consumers age 13 or under if they are offered coverage through their own job	Check Item 200: Verify Laura is asked whether they have coverage through their own job.*  *Please note, Junior may or may not be asked Item 200 depending on Entity implementation.  Check Item 304: Verify Laura is asked for the lowest-cost premium amount that covers her and Junior.
Item 286	Offer of individual coverage HRA (ICHRA)	N/A (should not display for this household member)	None	N/A (should not display for this household member)		
Items 213, 218, 224, 294	Recent Life Changes (SEPs)	N/A (should not display for this household member)	None of these changes	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			Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case
<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	May be eligible for Medicaid	Eligible to buy a Marketplace plan  Eligible for 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*	N/A	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 not eligible for SEP

<b>Summary:</b> In this scenario, a parent, her domestic partner, and her child apply for coverage. This scenario demonstrates the UI can successfully build the household when one of applicants (domestic partner) is not part of the tax return. The mother has an offer of employer-sponsored coverage (ESC), and because the offer is affordable, she is found QHP eligible without APTC. Because the daughter is enrolled in COBRA, she is found QHP eligible without APTC. Because the domestic partner is not filing a tax return, he is eligible for QHP without subsidy.						
UI Question Companion Guide Reference	Application Data	Application Input			Notes to Testers	Auditor Checklist
Tab: UI Questions		Application State & Coverage Year				
Item 1	State	AZ, AR, DE, FL, MI, MS, NE, NC, ND, OH, OK, SC, SD, TX, UT, VA, or WY				
Item 2	Coverage Year	Current year				
Financial Assistance						
Item 21	Seeking financial assistance?	Yes*			<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
Household Member Information						
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Jane Doe* Age: 35 Female	Jim Doe* Age: 35 Male	Baby Doe* Age: 5 Female	<p>*Do not use Doe 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 use valid zip and county in 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 4-9 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 30	Application Filer/Relationship to Application Filer	Application Filer	Domestic Partner	Son/Daughter		
Items 27, 30	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 76	Marital Status	Single	Single	N/A (should not display for this household member)	Entities have the flexibility to ask if all applicants are married or to limit the question to applicants over the age of 14. Depending on implementation, a UI may not collect Baby's marital status	
Item 276 For Baby: Item 88 For Jim: Item 104	Address and Living Situations	Provide address in application state Lives with child (Baby) and domestic partner (Jim)	Same address as application filer; Jim does not live with any other family members	Same address as application filer; Baby does not live with another parent	Must use valid zip and county in application state	Check Item 88: Verify Baby is asked about living with another parent  Check Item 104: Verify Item 104 displays for Jim
Items 30, 271	Relationships and Other Family Members	Mother of Baby Domestic partner to Jim Does not attest to any legal relationship with other household members	Domestic partner to Jane Parent's domestic partner to Baby ( <b>Baby is not Jim's child</b> ) Does not attest to any legal relationship with other household members	Child of Jane Child of domestic partner to Jim ( <b>Jim is not a parent of Baby</b> ) Does not attest to any legal relationship with other household members		Check Item 30: Verify UI collects Jim's relationship to both Jane and Baby, and that relationships of "domestic partner" and either "parent's domestic partner" or "child of domestic partner" are accepted
Item 116	Parent/Caretaker Relative Status	<b>Main person taking care of Baby</b>	<b>Main person taking care of Baby</b>	N/A (should not display for this household member)	This question is expected to appear for Jim (Item 116). It's optional to appear for Jane, as the backend logic can derive Jane lives with her daughter and set her parent/caretaker relative status accordingly	Check Item 116: Verify Jim is asked about children he lives with and takes care of and is able to select "Baby" as an answer option
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 you can proceed without entering an SSN and that wording and answer option format conform to UI QCG requirements
Item 36	Applying with same name as 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 naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen		
Tax Household						
Items 80, 82, 83, 90	Tax Filing Status	Filing a return, claiming Baby	Not filing a return, not claimed as a dependent	Tax dependent of Jane		
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		
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status		
Item 147 Item 269 (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 269 (depending on implementation)	Foster Care Questions	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)		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated		
Item 144 Item 269 (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)	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, 156, 209	Current Month Income	Job: \$22 an hour, 40 hours per week	Job: \$11 an hour, 40 hours per week	No income	Employer name and phone number are required fields, but any value may be entered (ex: "ABC Corp" or "555-555-5555")	
Item 174	Deductions	No deductions	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 \$48,720	\$22,862.40	\$0		
<b>Program Questions</b>						
Items 191, 285	Current Coverage	None; Does not already have an ICHRA	N/A (should not display for this household member)	Enrolled in COBRA through Jane's employer; Does not already have an ICHRA		
Items 200, 201, 204, 207, 208	Offer of Coverage Through Job	Offer of coverage through her job Coverage meets minimum value standard Individual premium is \$10/month	N/A (should not display for this household member)	N/A (should not display for this household member)	Any values can be entered for employer contact  Entities have flexibility about whether to ask consumers age 13 or under if they are offered coverage through their own job	Check Item 200: Verify that Jim is not asked whether he has coverage through his own job  Check Item 208: Verify Jane is asked for the lowest cost premium for just herself
Item 286	Offer of individual coverage HRA (ICHRA)	None	N/A (should not display for this household member)	None		Check Item 286: Verify that Jim is not asked about an ICHRA offer
Items 213, 218, 224, 231, 232, 233, 234, 294	Recent Life Changes (SEPs)	<b>Recently moved</b> Provide zip code in a different county than zip code provided in home address; Provide date within 60 days of present; Attest "Yes" to prior coverage question	None of these changes	<b>Recently moved</b> Provide zip code in a different county than zip code provided in home address; Provide date within 60 days of present; Attest "Yes" to prior coverage question	If a date outside of the last 60 days is entered, then an error message will appear	
<b>Attestations</b>						
Items 246, 252, 255, 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, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page	Eligible to buy a Marketplace plan  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan  Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan  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	

**Summary:** This scenario demonstrates a multi-generation application where the application filer is temporarily residing outside the application state and the other application members reside at a different address within the application state. Because the application filer intends to return to reside in the application state, he is found QHP eligible with subsidy. This scenario also demonstrates the UI's ability to display special Medicaid household composition questions to the grandchild.

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	AL, DE, GA, MS, MO, MT, NC, OK, OR, SC, TN, UT, VA, WV, or WI				
Item 2	Coverage Year	Current year				
		<b>Financial Assistance</b>				
Item 21	Seeking financial assistance?	Yes*			<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
		<b>Household Member Information</b>				
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Grandpa Ee* Age: 64 Male	Sonny Ee* Age: 25 Male	Baby Ee* Age: 6 Female	<p>*Do not use Ee 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 4-9 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 30	Application Filer/Relationship to Application Filer	Application Filer	Son/Daughter	Grandchild		
Items 27, 30	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 76	Marital Status	Single	Single	Single	Entities have the flexibility to ask if all applicants are married or to limit the question to applicants over the age of 14. Depending on implementation, a UI may not collect Baby's marital status	
Item 280 For Grandpa: Items 5, 7, 126, 127, 276, 279 For Sonny and Baby: Items 124, 276, 277, 278	Address and Living Situations	<p>Provide a home address that is in a state outside of application state</p> <p>Attest "Yes" to "Is Grandpa living outside [state of application] temporarily?"</p> <p>Provide mailing address in application state</p> <p>For question "Where will Grandpa live in [state of application]?" provide city and zip code in application state</p>	Enter address in application state, separate from Grandpa. Any zip code	Same address as Sonny	Sonny must provide a valid county and zip code for the application state	Check Items 126, 127, and 279: Verify these items display for Grandpa after he enters a home address outside of the application state

Item 30 For Baby: Items 104 For Sonny and Baby: Item 271	Relationships and Other Family Members	Parent to Sonny; Grandparent to Baby	Son of Grandpa; Parent to Baby Does not attest to any legal relationship with other household members	Child of Sonny; Grandchild to Grandpa Does not attest to any legal relationship with other household members Baby does not live with any other family members		Check Item 104: Verify Item 104 displays for Baby
For Sonny: Item 116 (depending on implementation) For Grandpa: Item 117	Parent/Caretaker Relative Status	Not main person taking care of any children age 18 or younger	<b>Main person taking care of daughter (Baby)</b>	N/A (should not display for this household member)	This question (Item 116) is optional to appear for Sonny, as the backend logic can derive Sonny lives with his son and set his parent/caretaker relative status accordingly	Check Item 117: Verify Grandpa is asked if he lives with and takes care of any children under 19
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 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 naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen		
<b>Tax Household</b>						
Items 80, 82, 83 Item 275 (depending on implementation)	Tax Filing Status	Tax filer, files own return, claims child (Sonny) and grandchild (Baby) as dependents	Not filing a return, claimed as a dependent by Grandpa	Not filing a return, claimed as a dependent by Grandpa	Sonny and Baby do not need to be asked if they are filing taxes after Grandpa attests to claiming them as dependents	
<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>Attests to physical disability; attests to needing help with daily activities</b>		
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status		
Item 147 Item 269 (depending on implementation)	Pregnancy Questions	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)		
Item 149 Item 269 (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 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated		
Item 144 Item 269 (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)	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, 157, 159, 162, 209	Current Month Income	<b>Social Security income:</b> \$1,000 per month <b>Retirement:</b> \$1,000 per month	<b>Self-employment income:</b> \$1,100 per month	No income	All household members should be asked of their current income and deductions regardless of age. The UI should display expected annual income for each household member	
Item 174	Deductions	No deductions	No deductions	No deductions		
Item 181	Annual Income	\$24,000	\$13,200	\$0	Household members should attest to agreeing with the expected income calculated	Check Items 185, 186, and 187: Verify income discrepancy questions do not display
<b>Program Questions</b>						
Items 191, 285	Current coverage	None; Does not already have an ICHRA	None; Does not already have an ICHRA	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		
Item 200	Offer of coverage through job	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	N/A (should not display for this household member)	Entities have flexibility about whether to ask consumers age 13 or under if they are offered coverage through their own job	Check Item 200: Verify Grandpa and Sonny, depending on implementation are asked whether they have coverage through their own jobs.*  *Please note, Baby may or may not be asked Item 200 depending on Entity
Item 286	Offer of individual coverage HRA (ICHRA)	None	None	N/A (should not display for this household member)		

Items 213, 214, 215, 218, 224, 294	Recent Life Changes (SEPs)	None of these changes	<b>Recent loss of minimum essential coverage (MEC);</b> Provide date in last 60 days; Do not provide the name of the plan	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	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	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	<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:** In this application, a non-applicant non-custodial parent is applying for coverage for her child. Because the child attests to a Medicaid/CHIP denial, the child is not found eligible for Medicaid/CHIP regardless of income, and because the application filer has a married filing separately tax status, the child is not eligible for APTC. Therefore, the eligibility outcome is QHP only.

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>Financial Assistance</b>						
Item 21	Seeking financial assistance?	Yes*			<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
<b>Household Member Information</b>						
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Francis F* Age: 35 Female	Kid F* Age: 5 Female	+ Frank F* Age: 35 Male  + Add Frank when asked about Francis' marital status. Do not add him at the beginning of the application	<p>*Do not use F. 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 4-9 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 30	Application Filer/Relationship to Application Filer	Application Filer	Son/Daughter	Spouse		
Items 27, 30	Applicant/Non-Applicant	Non-Applicant	Applicant	Non-Applicant		Check Item 27: Verify user is able to proceed after indicating the application filer (Francis) is not applying for coverage
Item 76 For Francis: Items 77, 78	Marital Status	Married	Single	Married	Entities have the flexibility to ask if all applicants are married or to limit the question to applicants over the age of 14. Depending on implementation, a UI may not collect Kid's marital status	
Items 276, 277, 280 For Francis: Item 5 For Kid and Frank: Items 278, 124 For Kid: Items 104, 105 (Items 94 and 95 depending on implementation)	Address and Living Situations	Enter address in application state Lives alone	Enter address in application state, separate from Francis Any zip code Does not live with claiming parent Francis Lives with parent Frank Kid does not live with any other family members	Same address as Kid Lives with Kid		Check Items 104 and 105: Verify applicant is asked to provide additional information about Kid's other parent, Frank
For Kid: Item 30 For Frank: Item 78	Relationships and Other Family Members	Parent of Kid; Spouse of Frank	Child of Francis and Frank	Spouse of Francis; Parent of Kid		
Item 117	Parent/Caretaker Relative Status	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 32, 34	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 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	N/A (should not display for this household member)	Attests to U.S. citizenship; not naturalized or derived citizen	N/A (should not display for this household member)		
<b>Tax Household</b>						
Items 80, 82, 83, 89, 90, 91 Items 275, 281 (depending on implementation)	Tax Filing Status	Married, filing separately Claiming Kid Attest "No" to Head of Household question	Not filing a return, claimed as a dependent by Francis	N/A (should not display for this household member)		Check Item 89: Verify the Head of Household question displays for Francis only after the UI has established that 1) she is married filing separately, 2) that she does not live with her spouse, and 3) that she is claiming a dependent
<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 for this household member)	Do not answer affirmatively to any non-MAGI questions	N/A (should not display for this household member)		
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status		
Item 147 Item 269 (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 269 (depending on implementation)	Foster Care Questions	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)		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	N/A (should not display for this household member)	Not incarcerated	N/A (should not display for this household member)		
Item 144 Item 269 (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)	N/A (should not display for this household member)		
<b>Medicaid Block</b>						
Items 133, 134, 136	Medicaid/CHIP Denial	N/A (should not display for this household member)	Does not have Medicaid/CHIP that recently ended or will end soon <b>Denied Medicaid in the last 90 days;</b> Provide date in last 60 days; Attest to applying during last Open Enrollment [most recent OE start date] – [most recent end date]	N/A (should not display for this household member)	The date provided should be within the last 60 days	Check Items 133, 134, and 136: Verify that attesting to past Medicaid denial displays follow-up questions regarding date of denial (Item 134) and whether the applicant applied during the last Open Enrollment (Item 136)
<b>Income</b>						
Items 153, 154, 155, 156, 209	Current Month Income	<b>Job:</b> \$11 an hour, 40 hours per week	No income	No income	Employer name and phone number are required fields, but any value may be entered (ex: "ABC Corp" or "555-555-5555")	
Item 174	Deductions	No deductions	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 \$23,000	\$0	\$0		
<b>Program Questions</b>						
Items 213, 218, 224, 294	Recent Life Changes (SEPs)	N/A (should not display for this household member)	None of these changes	N/A (should not display for this household member)		
<b>Attestations</b>						
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations			Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	
<b>Reference Materials</b>						
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page	N/A	Eligible to buy a Marketplace plan  Eligible for a Special Enrollment Period	N/A	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	

<p><b>Summary:</b> This scenario presents an application within APTC income range that includes married tax dependents, non-applicant tax dependents, and a tax dependent who is also filing their own return. The scenario demonstrates the UI's ability to display special Medicaid household composition questions as well as display legal relationship questions, other individual market insurance coverage, and multiple SEP types. This test case must be run in SC, zip code 29401 or TX, zip code 77001.</p>								Notes to Testers	Auditor Checklist	
UI Question Companion Guide Reference	Application Data	Application Input						Notes to Testers	Auditor Checklist	
Tab: UI Questions	Application State & Coverage Year									
Item 1	State	SC, zip code 29401 TX, zip code 77001								
Item 2	Coverage Year	Current Year								
Financial Assistance										
Item 21	Seeking financial assistance?	Yes*							<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
Household Member Information										
Items 4, 30 Name Items 5, 6, 122 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Aubrey Gee* Age: 51 Female	Tony Gee* Age: 21 Male	Gabriela Gee* Age: 18 Female	Will Gee* Age: 18 Male	+ Robert Gee* Age: 14 Male  + Add Robert when Aubrey is asked about additional dependents on her tax return. Do not add him at the beginning of the application	+ Sandra Gee* Age: 18 Female  + Add Sandra when Will is asked about his marital status. Do not add her at the beginning of the application	<p>*Do not use Gee 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>Provide zip code <b>29401</b> in SC or <b>77001</b> for TX</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: - Items 4-9 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</p>		
Item 30	Application Filer/Relationship to Application Filer	Application Filer	Son/Daughter	Niece	Son/Daughter	Son/Daughter	Daughter-in-law			
Items 27, 30	Applicant/Non-applicant	Non-applicant	Applicant	Applicant	Applicant	Non-applicant	Non-applicant			
For Aubrey, Tony, Gabriela, Will: Item 76 For Will: Items 77, 78	Marital Status	Single	Single	Single	Married	N/A (should not display for this household member)	Married			
Items 276, 277 For Sandra: Items 278, 124 For Will: Item 88 For Gabriela: Item 104	Address and Living Situations	Provide address in application state  Lives with children Tony, Will, and Robert; and niece Gabriela	Same address as application filer  Lives with parent Aubrey, brother Will and Robert, and first cousin Gabriela	Same address as application filer  Lives with aunt Aubrey, and first cousins Will, Tony, and Robert.  Gabriela does not live with any other family members	Same address as application filer  Lives with parent Aubrey, brothers Tony and Robert, and first cousin Gabriela.  Does not live with spouse (Sandra); does not live with another parent at this address	Same address as application filer  Lives with parent Aubrey, brothers Tony and Tony, and first cousin Gabriela	<b>Different address than application filer</b>	Provide zip code <b>29401</b> in SC or <b>77001</b> for TX	Check item 104: Verify this question displays for Gabriela	
For Will, Gabriela, Tony: Item 30 For Robert: Item 84 For Sandra: Item 78 For Gabriela: Item 271	Relationships and Other Family Members	Parent of Tony, Will, and Robert; Aunt of Gabriela	Son of Aubrey; Brother of Will and Robert; First cousin to Gabriela Does not attest to any legal relationship with other household members	Niece of Aubrey; First cousin to Will, Tony, and Robert; Does not attest to any legal relationship with other household members	Son of Aubrey; Brother of Tony and Robert; First cousin to Gabriela Does not attest to any legal relationship with other household members	Son of Aubrey; brother of Will and Tony; First cousin to Gabriela; Brother-in-law to Sandra	Aubrey's daughter-in-law; Will's spouse			
Item 116	Parent/Caretaker Relative Status	N/A (should not display for this household member)	Not main person taking care of any children age 18 or younger	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)	N/A (should not display for this household member)		Check item 116: Verify this question displays for Tony	
Items 32 For Aubrey, Robert: Item 34	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	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN	N/A (should not display for this household member)			
Item 36	Applying with same name as 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)	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 For Gabriela: Item 41	Citizenship/Immigration	N/A (should not display for this household member)	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; <b>Attests to naturalized or derived citizenship;</b> Does not have a Naturalization Certificate or Certificate of Citizenship	Attests to U.S. citizenship; not naturalized or derived citizen	N/A (should not display for this household member)	N/A (should not display for this household member)		Check item 41: Verify that the questions that request documentation after Gabriela attests to naturalized citizenship are optional	
Tax Household										
Items 80, 81, 82, 83, 84, 90, 91	Tax Filing Status	Filing return, claiming Tony, Gabriela, Will, Robert as dependents	Not filing a return Claimed as dependent by Aubrey	Not filing a return Claimed as dependent by Aubrey	Do not answer affirmatively to any non-MAGI questions Claimed as dependent by Aubrey	Not filing a return Claimed as dependent by Aubrey*	Not filing, not claimed as a dependent	<p>*This is the point at which the application should collect information about any other dependents Aubrey will claim on her return. At this point, testers should add Robert as an additional dependent. Note Robert is not applying for coverage</p> <p>**There is flexibility in the flow for collecting Will's tax filing information. If the UI first establishes that he is claimed as a dependent by Aubrey, then it is optional to ask him if he will also file his own return</p>	Check items 83 and 84: Verify Aubrey is able to select known applicants (Tony, Will, Gabriela) as dependents and able to add Robert as a non-applicant dependent through Item 84	
More About This Household										
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	N/A (should not display for this household member)	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	N/A (should not display for this household member)	N/A (should not display for this household member)			
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	N/A (should not display for this household member)			
Item 147 Item 269 (depending on implementation)	Pregnancy Questions	Not pregnant	N/A (should not display for this household member)	Not pregnant	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)			
Item 149 Item 269 (depending on implementation)	Foster Care Questions	N/A (should not display for this household member)	Not former foster care	Not former foster care	Not former foster care	N/A (should not display for this household member)	N/A (should not display for this household member)			
Item 150 Item 269 (depending on implementation)	Incarceration Questions	N/A (should not display for this household member)	Not incarcerated	Not incarcerated	Not incarcerated	N/A (should not display for this household member)	N/A (should not display for this household member)			
Item 144 Item 269 (depending on implementation)	Full-Time Student Questions	N/A (should not display for this household member)	Not a full-time student	Not a full-time student	Not a full-time student	N/A (should not display for this household member)	Not a full-time student			

Medicaid Block									
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display for this household member)	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	N/A (should not display for this household member)	N/A (should not display for this household member)		Check Item 138: Verify Medicaid/CHIP recently ended or ending soon is asked before Medicaid/CHIP denial
Income									
Items 153, 154, 155, 209	Current Month Income	Job: \$7,250 per month	Job: \$91.17 per month	Job: \$139.25 per month	Job: \$833.33 per month	Job: \$88.42 per month	N/A (should not display for this household member)	Employer name and phone number are required fields, but any value may be entered (ex: "ABC Corp" or "555-555-5555")	Check Item 153: Verify income information is not requested of Sandra
Items 174, 175, 176	Deductions	No deductions	No deductions	No deductions	Alimony: \$400 per month	No deductions	N/A (should not display for this household member)		
Item 181	Annual Income	\$87,000	\$1,094.04	\$1,671	\$5,199.96	\$1,061.04	N/A (should not display for this household member)	Household members should attest to agreeing with the expected income calculated	
Program Questions									
Items 191, 192, 285	Current Coverage	N/A (should not display for this household member)	None; Does not already have an ICHRA	None	Marketplace Coverage; Does not already have an ICHRA	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 239	Help Paying Medical Bills	N/A (should not display for this household member)	N/A (should not display for this household member)	Does not answer affirmatively	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)		
Item 200	Offer of Coverage Through Job	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	N/A (should not display for this household member)		
Item 286	Offer of individual coverage HRA (ICHRA)	N/A (should not display for this household member)	None	N/A (should not display for this household member)	None	N/A (should not display for this household member)	N/A (should not display for this household member)		
Items 213, 218, 224, 225, 226, 231, 232, 233, 234, 294	Recent Life Changes (SEPs)	N/A (should not display for this household member)	Recently moved; Provide zip code in a different county than zip code provided in home address; Provide date in last 60 days; Attest "No" to prior coverage question	N/A (should not display for this household member)	Recently married; Provide date in last 60 days; Attest "Yes" to prior coverage question  Recently moved; Provide zip code in a different county than zip code provided in home address; Provide date in last 60 days; Attest "No" to prior coverage question	N/A (should not display for this household member)	N/A (should not display for this household member)	If a date outside of the last 60 days is entered, then an error message will appear	Check Items 226 and 234: Verify question about prior coverage displays for both move and marriage SEP attestations
Attestations									
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations						Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	
Reference Materials									
UI QG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page	N/A	Eligible to buy a Marketplace plan with a premium tax credit of up to [C- \$339; TX - \$333] each month for your tax household  Eligible for a Special Enrollment Period	May be eligible for Medicaid	Eligible to buy a Marketplace plan with a premium tax credit of up to [C- \$339; TX - \$333] each month for your tax household  Eligible for a Special Enrollment Period	N/A	N/A	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 is another multi-generation household scenario that includes an applicant who is not a dependent on the application filer's return. The scenario requires the UI to display questions to collect information on a non-applicant dependent child for purposes of parent/caretaker relative eligibility only, and collects information on current health coverage for a dependent child non-applicant for Medicaid adult group eligibility of the parent. This scenario also demonstrates results for a consumer who does not file a tax return and is not claimed as a dependent. The scenario produces eligibility results that include Medicaid and QHP with and without subsidy. This test case should be run in LA, zip code 70802.

UI Question Companion Guide Reference	Application Data	Application Input							Notes to Testers	Auditor Checklist
Tab: UI Questions		Application State & Coverage Year								
Item 1	State	LA, zip code 70802								
Item 2	Coverage Year	Current year								
Financial Assistance										
Item 21	Seeking financial assistance?	Yes*							*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)  The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"  Items 22-26 may display if a consumer selects "I'm not sure" for this question	
Household Member Information										
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Farah H * Age: 48 Female	Henry H * Age: 48 Male	Rina H * Age: 18 Female	+ Mark H * Age: 15 Male  + Add Mark when asked about additional dependents on Farrah's tax return. Do not add him at the beginning of the application	Mama H * Age: 66 Female	+ Husband H * Age: 66 Male  + Add Husband when asked about Mama H's marital status. Do not add him at the beginning of the application	+ Anastasia H * Age: 8 Female  + Add Anastasia when Mama H is asked if she is the main caretaker for a child under age 18. Do not add her at the beginning of the application	*Do not use H, 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.  Provide zip code <b>70802</b>  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 4-9 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 30: Verify that Medicare messaging displays for Mama
Items 30	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter	Son/Daughter	Mother	Other relative	Other relative		
Items 27, 30	Applicant/non-applicant	Applicant	Applicant	Applicant	Non-applicant	Applicant	Non-applicant	Non-applicant		
For Farrah, Henry, Rina, Mark, Mama, Husband: Item 76 For Farrah, Mama: Item 77	Marital Status	Married	Married	Single	Single*	Married	Married	N/A (should not display for this household member)	*Depending on application implementation, if marital status is collected before tax filing status, the application may not collect Mark's marital	
Items 276, 277 For Husband: Items 124, 278 For Mama: Item 104	Address and Living Situations	Provide address in application state  Lives with spouse Henry, children Rina and Mark; parent Mama H, other relative Anastasia	Same address as application filer  Lives with spouse Farrah, children Rina, Mark, mother-in-law Mama H, and other relative Anastasia	Same address as application filer  Lives with parents Farrah and Henry, brother Mark, grandmother Mama, and other relative Anastasia	Same address as application filer  Lives with parents Farrah and Henry, sister Rina, grandmother Mama, and other relative Anastasia	Same address as application filer  Lives with daughter Farrah, son-in-law Henry, grandchild Anastasia, Rina, and Mark (does not live with spouse)  Does not live with any other family members.	Different address in application state  Lives alone	Same address as application filer  Lives with grandmother Mama and other relatives Farrah, Henry, Rina, and Mark	Provide zip code <b>70802</b>	Check Item 104: Verify this question displays for Mama
Items 30, 271 For Farrah, Henry, Rina, Mother: Item 30 For Mark: Item 84 For Husband: Item 78 For Anastasia: Item 119	Relationships and Other Family Members	Spouse of Henry, parent of Rina and Mark; child to Mama H, other relative to Anastasia	Spouse to Farrah, parent of Rina and Mark, son-in-law to Mama H, and other relative to Anastasia	Daughter to Farrah and Henry, sibling of Mark, grandchild of Mama H, other relative to Anastasia Does not attest to any legal relationship with other household members	Son to Farrah and Henry, sibling of Rina, grandchild of Mama H, and Husband H, other relative to Anastasia	Mother to Farrah, mother-in-law to Henry, grandmother to Anastasia, Rina, and Mark; Does not attest to any legal relationship with other household members	Spouse of Mama	Granddaughter to Mama and Husband	*The entity's UI is not required to collect the relationship between Mark and Husband	
Item 116 (depending on implementation) For Mama: Items 117, 118, 119	Parent/Caretaker Relative Status	<b>Main person taking care of Rina and Mark*</b>	<b>Main person taking care of Rina and Mark*</b>	N/A (should not display for this household member)	N/A (should not display for this household member)	<b>Main person taking care of granddaughter Anastasia*</b>	N/A (should not display for this household member)	N/A (should not display for this household member)	*Farrah and Henry do not need to be asked the parent/caretaker relative question if the application has already established they live with and claim their children, Rina and Mark, as tax dependents. If the application has not implemented this logic, it is compliant for it to collect that Farrah and Henry are taking care of their children Rina and Mark. However, this question must appear for Mama, and testers should respond "Yes" and should be prompted to enter information about Anastasia for the first time at that point	Check Items 117, 118, and 119: Verify Mama is able to attest to living with and taking care of a child not on the application, and can add Anastasia's information at this point
Items 32 For Mark: Item 34	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	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 36	Applying with same name as SSN (e.g)?	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)	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)	N/A (should not display for this household member)		
Items 38, 40	Citizenship/immigration	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen	N/A (should not display for this household member)	N/A (should not display for this household member)		Check Item 38: Verify citizenship questions are only asked for applicants Farrah, Henry, Rina, and Mama
Tax Household										
Items 80, 81, 82, 83, 84, 90	Tax Filing Status	Married filing jointly Claims Rina and Mark as dependents	Married filing jointly Claims Rina and Mark as dependents	Not filing a return Dependent (claimed by Farrah and Henry)	Not filing a return Dependent (claimed by Farrah and Henry)	Not filing a return Not claimed as a dependent	N/A (should not display for this household member)	N/A (should not display for this household member)	This is the point at which the application should collect information about any other dependents Farrah will claim on her return. At this point, testers should add Mark as an additional dependent. Note: Mark is not applying for coverage	
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	<b>Attests to physical disability; attests to needing help with daily activities</b>	N/A (should not display for this household member)	Do not answer affirmatively to any non-MAGI questions	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 146 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	Does not have AI/AN status	N/A (should not display for this household member)	N/A (should not display for this household member)		
Items 147 Item 269 (depending on implementation)	Pregnancy Questions	Not pregnant	N/A (should not display for this household member)	Not pregnant	N/A (should not display for this household member)	Not pregnant	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 149 Item 269 (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	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)	N/A (should not display for this household member)		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated	Not incarcerated	N/A (should not display for this household member)	Not incarcerated	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 144 Item 269 (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	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)	N/A (should not display for this household member)		
Medicaid Block										

Items 133, 134, 135, 136, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon Denied Medicaid in the last 90 days Provide date in last 60 days; Attest to applying during last Open Enrollment [most recent OE start date] – [most recent OE end date] or during qualifying life event	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 Denied Medicaid in the last 90 days Provide date in last 60 days; Attest to applying during last Open Enrollment [most recent OE start date] – [most recent OE end date] or during qualifying life event	N/A (should not display for this household member)	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	N/A (should not display for this household member)	N/A (should not display for this household member)	The date provided should be within the last 60 days	Check Item 136: Verify that this question only displays for Farrah and Rina
<b>Income</b>										
Items 153, 154, 155, 162, 209	Current Month Income	Job: \$2,791.67 per month	No income	No income	No income	Social Security benefits: \$166.67 per month	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 174	Deductions	No deductions	No deductions	No deductions	No deductions	No deductions	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 181	Annual Income	\$33,500.04	\$0	\$0	\$0	\$2,000.04	N/A (should not display for this household member)	N/A (should not display for this household member)	Household members should attest to agreeing with the expected income calculated	
<b>Program Questions</b>										
Items 191, 192, 194, 285	Current Coverage	None; Does not already have an ICHRA	None	Medicare; Does not already have an ICHRA	N/A (should not display for this household member)	None	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 240	Covered Dependent Question	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)	Attests to having health coverage now	N/A (should not display for this household member)	N/A (should not display for this household member)	None	The UI must collect information on the non-applicant dependent's (Mark's) health coverage for purposes of determining Medicaid eligibility for his parent	Check Item 240: Verify Item 240 displays in the UI for Mark
Item 239	Help Paying Medical Bills	N/A (should not display for this household member)	Do not answer affirmatively	N/A (should not display for this household member)	N/A (should not display for this household member)	Do not answer affirmatively	N/A (should not display for this household member)	N/A (should not display for this household member)		
Item 200	Offer of Coverage Through Job	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer	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)		
Item 286	Offer of individual coverage HRA (ICHRA)	None	N/A (should not display for this household member)	None	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)	N/A (should not display for this household member)		
Items 213, 218, 224, 294	Recent Life Changes (SEPs)	None of these changes	N/A (should not display for this household member)	None of these changes	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)	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							Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	
<b>Reference Materials</b>										
UI Q CC Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page	Eligible to buy a Marketplace plan with a premium tax credit of up to \$707 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	May be eligible for Medicaid	Eligible to buy a Marketplace plan  Eligible for a Special Enrollment Period	N/A	May be eligible for Medicaid	N/A	N/A	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EON and complies with ERP messaging requirements outlined in the documentation listed in Column A	

**Summary:** A married couple applying for financial assistance reports they were offered an individual coverage HRA (ICHRA) they have not accepted yet. The scenario demonstrates the UI's ability to collect information about the consumers' ICHRA offer to determine whether it is considered "affordable" for purposes of determining APTC eligibility. In addition, the UI must collect information about the application filer's ICHRA and the spouse's Qualified Small Employer HRA (QSEHRA) offer for purposes of a special enrollment period (SEP) eligibility. Due to the unaffordable ICHRA offer, the couple is eligible for APTC/CSRs. The couple is also eligible for an SEP due to being newly offered an ICHRA and being newly provided a QSEHRA, but the eligibility results show the QSEHRA SEP. This test case should be run in FL (zip code 33305, Broward county), WI (zip code 53062, Calumet county), or TX (zip code 75001, Dallas county).

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	FL, zip code 33305, county Broward WI, zip code 53062, county Calumet TX, zip code 75001, county Dallas			
Item 2	Coverage Year	Current year			
<b>Financial Assistance</b>					
Item 21	Seeking financial assistance?	Yes*		<p>*When asking consumers about financial assistance, the entity's UI can provide a screener tool to help consumers make their decisions on this question, but the screener tool is not required (Items 22-26)</p> <p>The UI must display answer options "Yes" and "No" for Item 21. Entities are not required to display the answer option "I'm not sure"</p> <p>Items 22-26 may display if a consumer selects "I'm not sure" for this question</p>	
<b>Household Member Information</b>					
Items 4, 30 Name Items 5, 6, 123 Home address Items 7, 8 Mailing address Item 10 Language preferences	Household Member	Ned Roseman* Age: 25 Male	Marietta Roseman* Age: 25 Female	<p>*Do not use Roseman 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>Provide zip code <b>33305</b> in FL, <b>53062</b> in WI, or <b>75001</b> in TX</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:            - Items 4-9 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</p>	
Item 30	Application Filer/Relationship to Application Filer	Application Filer Spouse of Marietta	Spouse of Ned		
Items 27, 30 Items 76, 77	Applicant/Non-Applicant Marital Status	Applicant Married	Applicant Married	Not required to display if marital status is already established in Item 30	
Items 276 For Ned: Item 5	Address and Living Situations	Provide address in application state Lives with spouse, Marietta	Same address as application filer Lives with spouse, Ned	Provide zip code <b>33305</b> in FL, <b>53062</b> in WI, or <b>75001</b> in TX	
Item 117	Parent/Caretaker Relative Status	Not main person taking care of any children age 18 or younger	Not main person taking care of any children age 18 or younger		
Item 32	SSN	Does not have SSN, continue without providing SSN	Does not have SSN, continue without providing SSN		
Item 36	Applying with same name as SSN card?	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 naturalized or derived citizen	Attests to U.S. citizenship; not naturalized or derived citizen		
<b>Tax Household</b>					
Items 81 and 82	Tax Filing Status	Married filing jointly; Does not attest to any dependents on their tax return	Married filing jointly; Does not attest to any dependents on their tax return		
<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		
Item 146 Item 269 (depending on implementation)	American Indian/Alaska Native	Does not have AI/AN status	Does not have AI/AN status		
Item 147 Item 269 (depending on implementation)	Pregnancy Questions	N/A (should not display for this household member)	Not pregnant		
Item 149 Item 269 (depending on implementation)	Foster Care Questions	Not former foster care	Not former foster care		
Item 250 Item 269 (depending on implementation)	Incarceration Questions	Not incarcerated	Not incarcerated		
Item 144 Item 269 (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)		
<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		
<b>Income</b>					
Items 153, 154, 155, 209	Current Month Income	<b>Job A:</b> \$1,666.67 per month	<b>Job B:</b> \$833.33 per month	Employer name and phone number are required fields, but any value may be entered (ex: "ABC Corp" or "555-555-5555")	
Item 174	Deductions	No deductions	No deductions		
Item 181	Annual Income	\$20,000.04	\$9,999.96	Household members should attest to agreeing with the expected income calculated	
<b>Program Questions</b>					
Items 191, 285	Current coverage	None; Does not already have an ICHRA	None; Does not already have an ICHRA		
Item 200	Offer of coverage through job	Does not have an offer of coverage through their own employer	Does not have an offer of coverage through their own employer		
Items 286, 288, 291, 292, 293 Item 287 (depending on implementation)	Offer of individual coverage HRA (ICHRA)	<b>ICHRA offer from Job A</b> Can use offer 60 days from today's date* Start date: 5 days before today's date End date: 75 days after today's date Maximum self-only premium: \$50/month	<b>ICHRA offer from Job A (Ned's job)</b> Can use offer 60 days from today's date*	*The UI can either 1) display Item 287, or 2) not display Item 287 and include help text in Item 286 that instructs applicants to only attest "yes" to having an ICHRA offer for ICHRAs they'll be able to use 60 days from now  <b>**It's important to carefully follow the instructions for inputting dates for the test case to function</b>	Check Item 288: When asked which employer offers the individual coverage HRA, verify that both Ned and Marietta can choose Job A, Job B, or another employer not listed  Check Items 291 and 292: Verify that start date, end date, and maximum self-only premium are collected only once for the ICHRA offer from Job A
Items 213, 218, 224, 294, 295, 296, 297, 298, 299	Recent Life Changes (SEPs)	<b>Offered an ICHRA</b> Notice date: 95 days before today's date Start date: 5 days before today's date Not currently enrolled in an ICHRA through this employer	<b>Offered an ICHRA</b> Notice date: 95 days before today's date Start date: 5 days before today's date Not currently enrolled in an ICHRA through this employer  <b>Offered a QSEHRA</b> Notice date: 30 days before today's date Start date: first day of the next month Currently enrolled in a QSEHRA through Job B Will not stay enrolled in the current QSEHRA until the new one begins on [attested start date]		Check Items 296-299: Verify that questions about the ICHRA offer clearly indicate "individual coverage HRA" while questions about the QSEHRA offer clearly indicate "Qualified Small Employer HRA"
<b>Attestations</b>					
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations		Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	
<b>Reference Materials</b>		<b>Eligibility Results</b>			

<p>UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5</p> <p>Sample HealthCare.gov Eligibility Results Messaging</p> <p>HRA Messaging Resource</p>	<p>Eligibility Results Page</p>	<p>Eligible to buy a Marketplace plan with a premium tax credit of up to [FL - <b>\$678</b>; WI - <b>\$622</b>; TX - <b>\$682</b>] each month for your tax household</p> <p>Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver Plans</p> <p>Eligible for an individual coverage HRA. An employer offers an individual coverage HRA, so be sure to opt out of this employer's offer if you plan to use the premium tax credit that you're eligible for from the Marketplace*</p> <p>Eligible for a Special Enrollment Period</p>	<p>Eligible to buy a Marketplace plan with a premium tax credit of up to [FL - <b>\$678</b>; WI - <b>\$622</b>; TX - <b>\$682</b>] each month for your tax household, but since you told us you have a QSEHRA from an employer, you'll have to manually adjust the amount you use based on the QSEHRA amount*</p> <p>Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver Plans</p> <p>Eligible for an individual coverage HRA. An employer offers an individual coverage HRA, so be sure to opt out of this employer's offer if you plan to use the premium tax credit that you're eligible for from the Marketplace*</p> <p>Eligible for a Special Enrollment Period</p>	<p>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</p> <p>*Entities have flexibility in messaging HRA in their UI and are encouraged to include it on the Eligibility Results Page. However, entities can choose to display required messaging in their plan selection UI instead or in addition to the messaging on the Eligibility Results Page. Please see HRA messaging requirements outlined in CR#47 and the DE API Specs Version 9.1, Appendix F. In addition, please see the "HRA Messaging Resource" on zONE</p>	
---	---------------------------------	--	---	---	--