

Overview of FFE UI Application Principles

Purpose of FFE UI Application Principles

This document can be used by DE entities to develop their EDE user interfaces (UIs). This document outlines the UI requirements that must be met in order to successfully integrate the application with the SES application programming interface (API) suite. The DE Entity User Guide provides a description of tabs and columns in this document relevant to UI development. Any tabs and columns specific to the audit are included in the Auditor User Guide tab.

Note on Draft

It is important to note that this document is in draft form. All questions and requirements are subject to change.

Navigating Updates to the Companion Guide

In each tab 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 as of 12/5/2022
- Purple font: Updated as of 2/8/2023
- Red font: Updated as of 3/1/2023

User Guide - Tabs

Change Log	The change log documents all changes made in the current iteration of the UI Question Companion Guide and any corresponding CMS-initiated Change Request. This log will be refreshed with each iteration.
Phase 1 Screening Questions	This tab should only be used if planning to implement a Phase 1 application. This question set must be asked prior to a Phase 1 application and will screen out any consumer circumstances unsupported by Phase 1 applications.
Phase 2 Screening Questions	This tab should only be used if planning to implement a Phase 2 application. This question set must be asked prior to a Phase 2 application and will screen out any consumer circumstances unsupported by Phase 2 applications. This screening question set is shorter than the Phase 1 screening question set.
Screening Question Mapping SES	This tab can be used by Phase 1 and 2 partners to map screening question answers to SES.
UI Questions	This section includes all of the questions and their individual requirements that must be included on the application. Questions for all application phases are included.
Document Type Enums	This tab contains the enumerated response for different citizenship/immigration document types.
Passport Issuing Countries	The passport issuing countries tab may be used as a guide for populating country codes when the passport country code is collected as a follow-up for certain citizenship/immigration questions.
Backend Responses for UI	This tab includes business rules to prompt UI questions in response to backend interaction with SES services (Update App) and reference data (Get Reference Data API).
Eligibility Results	Requirements for displaying information on the eligibility results page after an application is submitted.
Error Handling	Requirements for displaying user-friendly error messaging in the UI.
Requirements	The requirements tab includes all high-level application requirements.

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Change Log	
Phase (If applicable)	Lists the Phase to which the change applies.
Tab	Lists the tab where the change was made.
Item # (If applicable)	Lists the Item # within the tab to which the change applies.
Column (If applicable)	Lists the Column within the tab to which the change applies.
Old	Displays the old text within the cell.
New	Displays the new text within the cell.
CMS-Initiated Change Request?	Details whether the change is associated with a CMS-initiated Change Request.

Screening Questions	
Question	The question as it appears in the FFE.
Question Help	Question assistance is information related to the question intended to help the consumer provide an answer. Additional question assistance is more information related to a specific word in the question.
Learn More Text	Provides additional text to link to the "Question Help" text, when applicable.
Answer Options and Format	The answer options that display with the FFE wording of the question. The format of the answer pertains to the UI feature such as toggle buttons, radio buttons, single-selection drop-down menus, etc.
Applies to which members on the application	Screening questions may be asked of all household members or a subset of household members such as applicants or dependents.
Conditional Display Logic	Specific circumstances under which some of the screening questions display to consumers.
Data Element(s) Name	SES data element for integration with the UI.
Conditional SES Response	Some SES data elements will only be set under specific circumstances. This field elaborates on what SES responses should be sent for specific answers to screening questions.
Question Flow Requirements	CMS requirements and flexibilities for the order of the questions displayed to the consumer.
Question Wording & Question Help Requirements	CMS requirements and flexibilities for wording the question and the question help.
Answer Options and Format Requirements	CMS requirements and flexibilities for answer options and format for each question.

UI Questions	
Application Section	Section of the application in which the question appears.
Applicable EDE Phase	The application phase the question must display on. Phase 1: Simplified application Phase 2: Expanded simplified application Phase 3: Complete application
Question	The question as it appears in the FFE.
Answers to Previous Questions	This field is used to show answer fields or questions that are triggered by answering a question a specific way. In this field, the answer to the triggering question is bolded.
Informational Text	Informational text may accompany a question or be triggered by answering a question a specific way.

UI Questions	
Answer Options and Format	The answer options that display with the FFE wording of the question. The format of the answer pertains to the UI feature such as toggle buttons, radio buttons, single-selection drop-down menus, etc.
Required/Optional to Display Question or Corresponding Answer Fields to Collect Information in Application UI	This field indicates if a question is required to display to the consumer in the UI. If the flexibility requirements allow it, questions and/or answer fields may be combined.
Required/Optional for Consumer to Provide Answer to Send to SES	This field indicates if a question is optional for a consumer to provide an answer to send to SES.
Conditional Display Logic in the UI	Conditional circumstances under which the question displays in the UI. N/A indicates the question is not triggered by a specific consumer circumstance, and should display on all applications.
Data Element(s) Name	SES data element for integration with the UI.
Attestation Level	Attestation level can be application, member, or household.
Data Element Format	Data element formats include enumerated (enum), boolean, and open text field.
Policy	Policy and additional information for the user to understand the requirements for each individual questions.
General Requirements	High-level requirements for each question.
Question Flow Requirements	CMS requirements and flexibilities for the order of the questions displayed to the consumer.
Question/Informational Text Wording Requirements	CMS requirements and flexibilities for wording the question and the informational text.
Answer Options and Format Requirements	CMS requirements and flexibilities for answer options and format for each question.
Notes	Notes to assist with application development.

Passport Issuing Countries	
Country Code	The 3-digit country code that must be sent to the API.
Country Description	The corresponding country name for each country code.

Backend Responses for UI	
Item #	Item number for reference on other tabs.
Scenario	Scenario/purpose of question.
Legacy UI Question	The question as it applies in the legacy UI.
Legacy Rules to Reveal	Business rules for revealing the question in the legacy UI.
Conditional Display Logic based on API Response	Business rules to prompt UI questions in response to backend interaction with APIs.
Notes	Notes on rules and purpose of questions.
Section of Classic Application	Section of the classic application that contains the question.
Card in Classic Application	Card in the classic application that contains the question.
Item # in Input Matrix	Item number for reference in the Input Matrix spreadsheet.

Eligibility Results	
Applicable EDE Phase	Describes the application phase for whom the eligibility result is relevant.
Eligibility Results Section	Section of eligibility results.
Information Included in the Section	Overview of information found in the eligibility results section.
Required/Optional to Display to the Consumer	Describes whether DE entities are required to display that section of the eligibility results or if it is optional to display.
Wording	Displays the wording of the eligibility results section as it appears on HealthCare.gov.

Eligibility Results	
Requirements	Details requirements for displaying the eligibility section, and additional information on required wording.
Notes	Notes to assist with providing eligibility results.

Error Handling	
Item #	Item number for reference.
Scenario	Scenario/purpose of error message.
Description	Detailed description of the scenario.
Messaging in UI	Error messaging or questions that should display in the UI
Conditional Display Logic Based on API Response	Conditional display logic for displaying error messages in the UI based on API responses.
Conditional Display Logic Based on Attestations in UI	Conditional display logic for displaying error-messaging related content in the UI based on the consumers selection in the UI.
Requirements	Requirements for displaying the error messaging and wording of the error message.
Notes	Notes for implementing the error messaging.

High-Level Requirements	
High-Level Requirement	Details the high-level application requirements applicable to the entire application.

Requirements	
Requirement Grouping	Grouping of being collected or displayed in the application.
Requirement	Details the information that must be collected and displayed in the application.
Question(s) Reference	Question that directly meets the requirement.
Question content or display rules vary by state	Whether the question content or display rules are dependent on application state.
Applicable EDE Phases	The application phase the question must display on. Phase 1: Simplified application Phase 2: Expanded simplified application Phase 3: Complete application

Overview of Application UI Toolkit

Purpose of This Toolkit

This document is used by the Auditors to verify compliance with business operational readiness review (ORR) requirements. The tables below provide the tabs the Auditors must review and the columns that must be reviewed within each tab. Every column that is colored blue or marked with "***" in the tabs for Auditor review is essential to the Auditor's review. The Auditor must complete the last six columns in each tab that are highlighted in yellow. Please review this user guide thoroughly. This toolkit should be submitted with the Business Requirements Audit Report Template.

Note: Certain questions in this toolkit should only display when a DE Entity calls an API and receives a particular response from the FFE specific to that consumer. For a few of these questions, there is no corresponding test case in the Eligibility Results Toolkits or API Functional Integration Toolkit, which means Auditors will not see these questions display while using those toolkits. Auditors should be able to identify these questions as they are working through the toolkits using the Conditional Display Logic in the UI column of the "UI Questions" tab in Application UI Toolkit. This column will say "See Item # ___ on the 'Backend Responses for UI' tab" when Auditors can refer to the "Backend Responses for UI" tab for more information. In such cases, Auditors should work with partners to verify the preceding logic that triggers these questions (i.e., when the questions would appear if the test data had been entered into the application and the appropriate information received from the FFE API), and that they are compliant with the requirements set forth in the "UI Questions" tab.

Note: If an Auditor is reviewing an EDE Entity's Spanish-language version of the application UI, the Auditor can document its audit findings for the Spanish-language version of the application UI by adding columns for the auditor compliance findings fields (yellow-shaded columns) to the Application UI Toolkit required tabs (please refer to the Auditor User Guide information below for detailed instructions on the required tabs) or by completing a second copy of the Application UI Toolkit. On June 20, 2018, CMS released an FAQ on this topic, available here: <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/FAQ-EDE-Spanish-Translation-and-Audit-Requirements.PDF>.

Note on Version

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

Tabs for Auditor Review

Tab	Description	How to Review
Change Log	The change log documents all changes made in the current iteration of the UI Question Companion Guide and any corresponding CMS-initiated Change Request. This log will be refreshed with each iteration.	The Auditor does not need to review this tab.
Phase 1 Screening Questions	DE Entities that are implementing EDE Phase 1 must use the Phase 1 Screening Questions. This question set must be asked prior to a Phase 1 application and will screen out any consumer circumstances unsupported by Phase 1 applications. These applications must be redirected to another enrollment pathway.	For a DE Entity that is implementing EDE Phase 1, the Auditor must verify that each of the screening questions is appropriately implemented based on the requirements defined in this tab. Tip: The Auditor may be able to review the compliance of some of the Phase-specific Screening Questions in this tab while completing the Eligibility Results Toolkit testing scenarios.
Phase 2 Screening Questions	DE Entities that are implementing EDE Phase 2 must use the Phase 2 Screening Questions. This question set must be asked prior to a Phase 2 application and will screen out any consumer circumstances unsupported by Phase 2 applications. These applications must be redirected to another enrollment pathway. This screening question set is shorter than the Phase 1 screening question set.	For a DE Entity that is implementing EDE Phase 2, the Auditor must verify that each of the screening questions is appropriately implemented based on the requirements defined in this tab. Tip: The Auditor may be able to review the compliance of some of the Phase-specific Screening Questions in this tab while completing the Eligibility Results Toolkit testing scenarios.
Screening Question Mapping SES	This tab can be used by Phase 1 and 2 partners to map screening question answers to SES.	The Auditor does not need to review this tab.
UI Questions	This section includes all of the questions and their individual requirements that must be included on the application. Questions for all application phases are included.	The Auditor must audit each question within the DE Entity's EDE application for compliance with the applicable requirements defined in this tab. The Auditor can filter the tab to display only the applicable questions for the DE Entity's EDE Phase. Tip: The Auditor may be able to review the compliance of some of the UI Questions in this tab while completing the Eligibility Results Toolkit testing scenarios.
Document Type Enums	This tab contains the enumerated response for different citizenship/immigration document types.	The Auditor does not need to review this tab.
Passport Issuing Countries	The passport issuing countries tab may be used by DE Entities as a guide for populating country codes and country names when the passport country code is collected as a follow-up for certain citizenship/immigration questions. This tab may be used to confirm the answer options for the corresponding questions in the UI Questions tab to which this tab is relevant.	The Passport Issuing Countries tab may be used to review the answer options if the DE Entity implements an answer option format that displays countries and/or country codes. If the application displays the countries and/or country codes, the Auditor must verify all countries and/or country codes are present. If not all countries and/or country codes are present, an answer option for "other" must be present that allows a user to input a country not listed. The Auditor must review this for each corresponding question in the UI Questions tab that has the passport issuing country as a field. If the application uses an open text field for the passport issuing country, the Auditor does not need to review this tab.
Backend Responses for UI	This tab includes business rules to prompt UI questions in response to backend interaction with SES services (Update App) and reference data (Get Reference Data API).	The Auditor does not need to review this tab.
Error Handling	This tab includes requirements for displaying user-friendly error messaging in the UI.	The Auditor does not need to review this tab.
Eligibility Results	This tab displays information on the eligibility results page after an application is submitted to the SES and the DE Entity receives an eligibility determination.	The Auditor must verify that the DE Entity's eligibility results page is compliant with the requirements in this tab. Tip: The Auditor may be able to review the Eligibility Results page while completing the Eligibility Results Toolkit testing scenarios.
High-level Requirements	These requirements are not specific to eligibility questions, but instead reflect broader requirements applicable to parts of the application or the application as a whole.	The Auditor should understand the high-level requirements while auditing the eligibility application. These high-level requirements are based on requirements from the Application UI Principles parent document and are applicable throughout the application. The Auditor must document the DE Entity's compliance with the high-level requirements in this tab.
Requirements	This tab lists all high-level application requirements.	The Auditor does not need to review this tab.

Audit Requirements by Tab		
The Auditor must review the standards contained in the columns whose column headings are shaded in blue in each tab. In the identified tabs, the Auditor must scroll to the right to complete the last six columns whose column headings are shaded in yellow.		
Tab: Screening Questions (Phase 1 and Phase 2)		
Columns	Description	How to Review
Question**	The question as it appears in the FFE.	This column displays the eligibility application questions as displayed in the FFE. The Auditor must use this column to identify the comparable question on the DE Entity's eligibility application and the associated requirements for that question. The Auditor should review the question text for compliance with the standards detailed in the "Question Wording & Question Help Requirements" column.
Question Help**	Question assistance is information related to the question intended to help the consumer provide an answer. Additional question assistance is more information related to a specific word in the question.	If a question has Question Help/Assistance text, the Auditor should review the Question Help on the DE Entity's application UI for compliance with the standards detailed in the "Question Wording & Question Help Requirements" column.
Learn More Text**	Provides additional text to link to the "Question Help" text, when applicable.	If a question has additional "Learn More" text, the Auditor should review the "Learn More" text on the DE Entity's application UI for compliance with the standards detailed in the "Question Wording & Question Help Requirements" column.
Answer Options and Format**	The answer options that display with the FFE wording of the question. The format of the answer pertains to the UI feature such as toggle buttons, radio buttons, single-selection drop-down menus, etc.	The Auditor must verify that the format and content of the Answer Options provided for each question are compliant with the standards defined in the "Answer Options and Format Requirements" column.
Applies to which members on the application**	Screening questions may be asked of all household members or a subset of household members such as applicants or dependents. This column indicates for which members each question must be asked.	The Auditor must verify that the text of the question and answer options covers the required group as defined in this column.
Conditional Display Logic in the UI**	Specific circumstances under which some of the screening questions display to consumers.	The Auditor will use this field to review that the DE Entity has implemented each screening question to display when specific circumstances have been met, if applicable, as defined in this column.
Data Element(s) Name	SES data element for integration with the UI.	N/A--This is informational for DE Entities.
Conditional SES Response	Some SES data elements will only be set under specific circumstances. This field elaborates on what SES responses should be sent for specific answers to screening questions.	N/A--This is informational for DE Entities.
Question Flow Requirements**	CMS requirements and flexibilities for the order of the questions displayed to the consumer.	This column displays the required question flow for each question. This includes details on where the DE Entity should ask each application question.
Question Wording & Question Help Requirements**	CMS requirements and flexibilities for wording the question and the question help.	This column details the flexibility and requirements for the question and question help text for the DE Entity's eligibility application as compared to the FFE eligibility application question and question help text in the "Question" column and "Question Help" column.
Answer Options and Format Requirements**	CMS requirements and flexibilities for answer options and format for each question.	This column details the flexibility and requirements for the answer options and format requirements for the DE Entity's eligibility application as compared to the FFE eligibility application answer options and format in the "Answer Options and Format" column.
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 review each row in the spreadsheet for compliance with the columns highlighted in blue in each tab. If the row is compliant with each requirement for that row, the Auditor must indicate that compliance with a "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.
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 row in the spreadsheet for compliance, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the DE Entity has since resolved and come into compliance.
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 DE 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. Note: These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	The Auditor must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify the risk in the "Risks Identified" column and list how the risk was mitigated or resolved in this column. This field is required for high-risk findings. The Auditor can work with the DE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and DE 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 DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the DE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments	The Auditor can use this column to provide any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so. Business requirements audits should not include comments that describe the Auditor's process for verifying the requirement unless there is a specific issue or concern regarding the requirement that warrants raising a concern.

Tab: UI Questions		
Columns	Description	How to Review
Application Section	Section of the application in which the question appears.	N/A--This is informational
Applicable EDE Phase**	The application phase the question must display on. Phase 1: Simplified application Phase 2: Expanded simplified application Phase 3: Complete application	This tab can be filtered by the Phase that the DE entity is implementing.
Question**	The question as it appears in the FFE.	This column displays the eligibility application questions as displayed in the FFE. The Auditor must use this column to identify the comparable question on the DE Entity's eligibility application and the associated requirements for that question. The Auditor should review the question text for compliance with the standards detailed in the "Question Wording & Informational Text Requirements" column.
Answers to Previous Questions**	This field is used to show answer fields or questions that are triggered by answering a question a specific way. In this field, the answer to the triggering question is bolded.	The Auditor must use this column to confirm that the DE Entity has implemented each question and answer in compliance with the appropriate display logic. A requirement in this field will indicate a condition precedent to the question or answer being displayed in the DE Entity's eligibility application UI.
Informational Text**	Informational text may accompany a question or be triggered by answering a question a specific way.	If a question has Informational Text, the Auditor should review the Question Help on the DE Entity's application UI for compliance with the standards detailed in the "Question Wording & Informational Text Requirements" column.
Answer Options and Format**	The answer options that display with the FFE wording of the question. The format of the answer pertains to the UI feature such as toggle buttons, radio buttons, single-selection drop-down menus, etc.	The Auditor must verify that the format and content of the Answer Options provided for each question are compliant with the standards defined in the "Answer Options and Format Requirements" column.
Required/Optional to Display Question or Corresponding Answer Fields to Collect Information in Application UI**	This field indicates if a question is required to display to the consumer in the UI. If the flexibility requirements allow it, questions and/or answer fields may be combined.	The Auditor must use this column to confirm that the DE Entity displays all questions and answers indicated as "required" in this column. Some answer options within a particular question may be optional where others are required. The Auditor must carefully review this column against the displayed questions and answers on the DE Entity's application.
Required/Optional for Consumer to Provide Answer to Send to SES**	This field indicates if a question is optional for a consumer to provide an answer to send to SES.	The Auditor must use this column to confirm that the DE Entity displays all answers as required as defined in this column. If an answer option is defined as required, the DE Entity must include it as a required field in applicable eligibility applications. Note: An answer field will never be optional to display ("Required/Optional to Display Question or Corresponding Answer Fields to Collect Information in Application UI") and required to provide (this column).
Conditional Display Logic in the UI**	Conditional circumstances under which the question displays in the UI. N/A indicates the question is not triggered by a specific consumer circumstance, and should display on all applications.	The Auditor must use this column to confirm that the DE Entity has implemented each question in compliance with the appropriate conditional display logic. A requirement in this field will indicate a condition precedent to the question being displayed in the DE Entity's eligibility application UI.
Data Element(s) Name	SES data element for integration with the UI.	N/A--This is informational for DE Entities
Attestation Level	Attestation level can be application, member, or household.	N/A--This is informational for DE Entities
Data Element Format	Data element formats include enumerated (enum), boolean, and open text field.	N/A--This is informational for DE Entities
Policy**	Policy and additional information for the user to understand the requirements for each individual questions.	This column contains general policy information and requirements for the Auditor to verify for each question.
General Requirements**	High-level requirements for each question.	The Auditor will use this column to verify high-level requirements for each question and answer set, including requirements defined in the Policy column.
Question Flow Requirements**	CMS requirements and flexibilities for the order of the questions displayed to the consumer.	This column displays the required question flow for each question. This includes details on where the DE Entity should ask each application question. The Auditor must confirm that each question complies with the flow requirement within the context of the full application.
Question & Informational Text Wording Requirements**	CMS requirements and flexibilities for wording the question and the question help.	This column details the flexibility and requirements for the question and question help text for the DE Entity's eligibility application as compared to the FFE eligibility application question and question help text in the "Question" column.
Answer Options and Format Requirements**	CMS requirements and flexibilities for answer options and format for each question.	This column details the flexibility and requirements for the answer options and format requirements for the DE Entity's eligibility application as compared to the FFE eligibility application answer options and format in the "Answer Options and Format" column.
Notes	Notes to assist with application development.	The Auditor does not need to review this field.
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 review each row in the spreadsheet for compliance with the columns highlighted in blue in each tab. If the row is compliant with each requirement for that row, the Auditor must indicate that compliance with a "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.
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 row in the spreadsheet for compliance, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the DE Entity has since resolved and come into compliance.

Columns	Description	How to Review
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 DE 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. Note: These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	The Auditor must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify the risk in the "Risks Identified" column and list how the risk was mitigated or resolved in this column. This field is required for high-risk findings. The Auditor can work with the DE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and DE 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 DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the DE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments	The Auditor can use this column to provide any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so. Business requirements audits should not include comments that describe the Auditor's process for verifying the requirement unless there is a specific issue or concern regarding the requirement that warrants raising a concern.

Tab: Passport Issuing Countries

Columns	Description	How to Review
Country Code**	This column displays country codes (i.e., three letter abbreviations for country names).	If the application uses an answer format that displays the country codes, the Auditor must verify all countries are listed. If all countries are not listed, an answer option for "other" must be present that allows a user to input a country not listed. If the application uses an open text field for the passport issuing country, the Auditor does not need to review this tab.
Country Description**	This column displays country descriptions (i.e., country names)	If the application uses an answer format that displays the country names, the Auditor must verify all countries are listed. If all countries are not listed, an answer option for "other" must be present that allows a user to input a country not listed. If the application uses an open text field for the passport issuing country, the Auditor does not need to review this tab.

Tab: High-level Requirements

Columns	Description	How to Review
High-Level Requirement**	This column displays high-level requirements based on the requirements in the FFE Application UI Principles document.	The Auditor must review for each of these requirements throughout the DE Entity's application UI implementation. These are broad requirements that apply to the entire application UI as opposed to a specific question or set of questions in the application.
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 review each row in the spreadsheet for compliance with the columns highlighted in blue in each tab. If the row is compliant with each requirement for that row, the Auditor must indicate that compliance with a "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.
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 row in the spreadsheet for compliance, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the DE Entity has since resolved and come into compliance.
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 DE 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. Note: These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	The Auditor must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify the risk in the "Risks Identified" column and list how the risk was mitigated or resolved in this column. This field is required for high-risk findings. The Auditor can work with the DE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and DE 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 DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the DE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments	The Auditor can use this column to provide any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so. Business requirements audits should not include comments that describe the Auditor's process for verifying the requirement unless there is a specific issue or concern regarding the requirement that warrants raising a concern.

Tab: Backend Responses for UI		
Columns	Description	How to Review
Item #	Item number for reference on other tabs.	N/A--This is informational for DE Entities.
Scenario	Scenario/purpose of question.	N/A--This is informational for DE Entities.
Legacy UI Question	The question as it applies in the legacy UI.	N/A--This is informational for DE Entities.
Legacy Rules to Reveal	Business rules for revealing the question in the legacy UI.	N/A--This is informational for DE Entities.
Conditional Display Logic based on API Response	Business rules to prompt UI questions in response to backend interaction with APIs.	N/A--This is informational for DE Entities.
Notes	Notes on rules and purpose of questions.	N/A--This is informational for DE Entities.
Section of Classic Application	Section of the classic application that contains the question.	N/A--This is informational for DE Entities.
Card in Classic Application	Card in the classic application that contains the question.	N/A--This is informational for DE Entities.
Item # in Input Matrix	Item number for reference in the Input Matrix spreadsheet.	N/A--This is informational for DE Entities.

Tab: Eligibility Results		
Columns	Description	How to Review
Applicable EDE Phase**	Describes the application phase for whom the eligibility result is relevant.	This tab can be filtered by the Phase that the DE Entity is implementing.
Eligibility Results Section**	Section of eligibility results.	This is informational for the Auditor as the Auditor reviews these requirements.
Information Included in the Section**	Overview of information found in the eligibility results section.	This is informational for the Auditor as the Auditor reviews these requirements.
Required/Optional to Display to the Consumer**	Describes whether DE entities are required to display that section of the eligibility results or if it is optional to display.	The Auditor must use this column to confirm that the DE Entity displays the appropriate information and eligibility results sections indicated as "required" in this column.
Wording**	Displays the wording of the eligibility results section as it appears on HealthCare.gov.	The Auditor must review the information in this column to compare the DE Entity's wording in the application UI with CMS-defined wording consistent with the "Requirements" column.
Requirements**	Details requirements for displaying the eligibility section, and additional information on required wording.	The Auditor must use this column to verify that the DE Entity's wording for the eligibility results section is compliant with the CMS-defined requirements.
Notes	Notes to assist with providing eligibility results.	N/A--This is informational for DE Entities.
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 review each row in the spreadsheet for compliance with the columns highlighted in blue in each tab. If the row is compliant with each requirement for that row, the Auditor must indicate that compliance with a "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column.
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 row in the spreadsheet for compliance, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the DE Entity has since resolved and come into compliance.
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 DE 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. Note: These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	The Auditor must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify the risk in the "Risks Identified" column and list how the risk was mitigated or resolved in this column. This field is required for high-risk findings. The Auditor can work with the DE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and DE 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 DE Entity has resolved.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the DE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments	The Auditor can use this column to provide any additional notes or comments pertaining to each item.	The Auditor can add any comments necessary during the review, but is not required to do so.

Tab: Requirements		
Columns	Description	How to Review
Requirement Grouping	Grouping of being collected or displayed in the application.	N/A--This is informational
Requirement	Detail on the information that must be collected and displayed in the application.	N/A--This is informational
Question(s) Reference	Question that directly meets the requirement.	N/A--This is informational
Question content or display rules vary by state	Whether the question content or display rules are dependent on application state.	N/A--This is informational
Applicable EDE Phases	The application phase the question must display on. Phase 1: Simplified application Phase 2: Expanded simplified application Phase 3: Complete application	N/A--This is informational

Tab: Change Log		
Columns	Description	How to Review
Phase (if applicable)	Lists the Phase to which the change applies.	N/A--This is informational
Tab	Lists the tab where the change was made.	N/A--This is informational
Item # (if applicable)	Lists the Item # within the tab to which the change applies.	N/A--This is informational
Column (if applicable)	Lists the Column within the tab to which the change applies.	N/A--This is informational
Old	Displays the old text within the cell.	N/A--This is informational
New	Displays the new text within the cell.	N/A--This is informational
CMS-Initiated Change Request?	Details whether the change is associated with a CMS-initiated Change Request.	N/A--This is informational

Case No.	Case Name	Case Description	Case Status	Case Type	Case Category	Case Sub-Category	Case Priority	Case Date	Case Location	Case Contact	Case Notes	Case Outcome	Case Resolution	Case Feedback	Case Rating	Case Comments
1	Case 1	Case 1 Description	Case 1 Status	Case 1 Type	Case 1 Category	Case 1 Sub-Category	Case 1 Priority	Case 1 Date	Case 1 Location	Case 1 Contact	Case 1 Notes	Case 1 Outcome	Case 1 Resolution	Case 1 Feedback	Case 1 Rating	Case 1 Comments
2	Case 2	Case 2 Description	Case 2 Status	Case 2 Type	Case 2 Category	Case 2 Sub-Category	Case 2 Priority	Case 2 Date	Case 2 Location	Case 2 Contact	Case 2 Notes	Case 2 Outcome	Case 2 Resolution	Case 2 Feedback	Case 2 Rating	Case 2 Comments
3	Case 3	Case 3 Description	Case 3 Status	Case 3 Type	Case 3 Category	Case 3 Sub-Category	Case 3 Priority	Case 3 Date	Case 3 Location	Case 3 Contact	Case 3 Notes	Case 3 Outcome	Case 3 Resolution	Case 3 Feedback	Case 3 Rating	Case 3 Comments
4	Case 4	Case 4 Description	Case 4 Status	Case 4 Type	Case 4 Category	Case 4 Sub-Category	Case 4 Priority	Case 4 Date	Case 4 Location	Case 4 Contact	Case 4 Notes	Case 4 Outcome	Case 4 Resolution	Case 4 Feedback	Case 4 Rating	Case 4 Comments
5	Case 5	Case 5 Description	Case 5 Status	Case 5 Type	Case 5 Category	Case 5 Sub-Category	Case 5 Priority	Case 5 Date	Case 5 Location	Case 5 Contact	Case 5 Notes	Case 5 Outcome	Case 5 Resolution	Case 5 Feedback	Case 5 Rating	Case 5 Comments
6	Case 6	Case 6 Description	Case 6 Status	Case 6 Type	Case 6 Category	Case 6 Sub-Category	Case 6 Priority	Case 6 Date	Case 6 Location	Case 6 Contact	Case 6 Notes	Case 6 Outcome	Case 6 Resolution	Case 6 Feedback	Case 6 Rating	Case 6 Comments
7	Case 7	Case 7 Description	Case 7 Status	Case 7 Type	Case 7 Category	Case 7 Sub-Category	Case 7 Priority	Case 7 Date	Case 7 Location	Case 7 Contact	Case 7 Notes	Case 7 Outcome	Case 7 Resolution	Case 7 Feedback	Case 7 Rating	Case 7 Comments
8	Case 8	Case 8 Description	Case 8 Status	Case 8 Type	Case 8 Category	Case 8 Sub-Category	Case 8 Priority	Case 8 Date	Case 8 Location	Case 8 Contact	Case 8 Notes	Case 8 Outcome	Case 8 Resolution	Case 8 Feedback	Case 8 Rating	Case 8 Comments
9	Case 9	Case 9 Description	Case 9 Status	Case 9 Type	Case 9 Category	Case 9 Sub-Category	Case 9 Priority	Case 9 Date	Case 9 Location	Case 9 Contact	Case 9 Notes	Case 9 Outcome	Case 9 Resolution	Case 9 Feedback	Case 9 Rating	Case 9 Comments
10	Case 10	Case 10 Description	Case 10 Status	Case 10 Type	Case 10 Category	Case 10 Sub-Category	Case 10 Priority	Case 10 Date	Case 10 Location	Case 10 Contact	Case 10 Notes	Case 10 Outcome	Case 10 Resolution	Case 10 Feedback	Case 10 Rating	Case 10 Comments
11	Case 11	Case 11 Description	Case 11 Status	Case 11 Type	Case 11 Category	Case 11 Sub-Category	Case 11 Priority	Case 11 Date	Case 11 Location	Case 11 Contact	Case 11 Notes	Case 11 Outcome	Case 11 Resolution	Case 11 Feedback	Case 11 Rating	Case 11 Comments
12	Case 12	Case 12 Description	Case 12 Status	Case 12 Type	Case 12 Category	Case 12 Sub-Category	Case 12 Priority	Case 12 Date	Case 12 Location	Case 12 Contact	Case 12 Notes	Case 12 Outcome	Case 12 Resolution	Case 12 Feedback	Case 12 Rating	Case 12 Comments
13	Case 13	Case 13 Description	Case 13 Status	Case 13 Type	Case 13 Category	Case 13 Sub-Category	Case 13 Priority	Case 13 Date	Case 13 Location	Case 13 Contact	Case 13 Notes	Case 13 Outcome	Case 13 Resolution	Case 13 Feedback	Case 13 Rating	Case 13 Comments
14	Case 14	Case 14 Description	Case 14 Status	Case 14 Type	Case 14 Category	Case 14 Sub-Category	Case 14 Priority	Case 14 Date	Case 14 Location	Case 14 Contact	Case 14 Notes	Case 14 Outcome	Case 14 Resolution	Case 14 Feedback	Case 14 Rating	Case 14 Comments
15	Case 15	Case 15 Description	Case 15 Status	Case 15 Type	Case 15 Category	Case 15 Sub-Category	Case 15 Priority	Case 15 Date	Case 15 Location	Case 15 Contact	Case 15 Notes	Case 15 Outcome	Case 15 Resolution	Case 15 Feedback	Case 15 Rating	Case 15 Comments
16	Case 16	Case 16 Description	Case 16 Status	Case 16 Type	Case 16 Category	Case 16 Sub-Category	Case 16 Priority	Case 16 Date	Case 16 Location	Case 16 Contact	Case 16 Notes	Case 16 Outcome	Case 16 Resolution	Case 16 Feedback	Case 16 Rating	Case 16 Comments
17	Case 17	Case 17 Description	Case 17 Status	Case 17 Type	Case 17 Category	Case 17 Sub-Category	Case 17 Priority	Case 17 Date	Case 17 Location	Case 17 Contact	Case 17 Notes	Case 17 Outcome	Case 17 Resolution	Case 17 Feedback	Case 17 Rating	Case 17 Comments
18	Case 18	Case 18 Description	Case 18 Status	Case 18 Type	Case 18 Category	Case 18 Sub-Category	Case 18 Priority	Case 18 Date	Case 18 Location	Case 18 Contact	Case 18 Notes	Case 18 Outcome	Case 18 Resolution	Case 18 Feedback	Case 18 Rating	Case 18 Comments
19	Case 19	Case 19 Description	Case 19 Status	Case 19 Type	Case 19 Category	Case 19 Sub-Category	Case 19 Priority	Case 19 Date	Case 19 Location	Case 19 Contact	Case 19 Notes	Case 19 Outcome	Case 19 Resolution	Case 19 Feedback	Case 19 Rating	Case 19 Comments
20	Case 20	Case 20 Description	Case 20 Status	Case 20 Type	Case 20 Category	Case 20 Sub-Category	Case 20 Priority	Case 20 Date	Case 20 Location	Case 20 Contact	Case 20 Notes	Case 20 Outcome	Case 20 Resolution	Case 20 Feedback	Case 20 Rating	Case 20 Comments

Financial Assistance Screening Questions			
Item #	Screeener Question	User Input to screen into Phase 1/Phase 2 application	SES Indicators
Create an account			
1	Application State		initialrequestBody.application.attestations.coverageState
2	First Name		initialrequestBody.application.attestations.firstName
3	Last Name		initialrequestBody.application.attestations.lastName
4	Email address		initialrequestBody.application.attestations.email
Verify your identity and contact information			
5	First Name		initialrequestBody.application.attestations.firstName
6	Middle Name		initialrequestBody.application.attestations.middleName
7	Last Name		initialrequestBody.application.attestations.lastName
8	Suffix		initialrequestBody.application.attestations.suffix
9	Phone number		initialrequestBody.application.attestations.primaryPhoneNumber.(type, number, ext) initialrequestBody.application.attestations.secondaryPhoneNumber.(type, number, ext) initialrequestBody.application.attestations.mobileNotificationPhoneNumber
10	Street Address		member.demographic.homeAddress.streetName1
11	Apartment #		member.demographic.homeAddress.streetName2
12	City		member.demographic.homeAddress.cityName
13	State		member.demographic.homeAddress.state
14	Zip Code		member.demographic.homeAddress.zipCode
15	Social Security Number		attestationsRequestBody.member.demographic.ssn
Before you get started			
16	Are you single or married?	N/A	if married, set attestationsRequestBody.member.demographic.maritalStatus = "MARRIED" and upon collecting the Name/DOB of the spouse, set "familyRelationships": ["1234", "SPOUSE", "5678" { "resideTogetherIndicator": true }] if single set maritalStatus = "UNMARRIED" for the hosuehold contact
17	How many dependents, like your children, will you claim on your [current year] tax return?	N/A	If the household contact claims any dependents, set claimsDependentIndicator = TRUE for the household contact, and if the household contact is married and files jointly with their spouse, set the claimsDependentIndicator = TRUE for their spouse. Once we've collected their names and DOBs, set the taxDependentIndicator = TRUE, and the resideWithBothParentIndicator = TRUE only if the application filer is married (and therefore filing jointly with their spouse due to the screener question below. "familyRelationships": ["1234", "PARENT", "5678" { "resideTogetherIndicator": true "caretakerRelativeIndicator": true }] "taxRelationships": ["1234" "TAX_DEPENDENT" "5678"] if the household contact does not claim dependents, set claimsDependentIndicator = FALSE
18	Of the [x] people below, who are you applying for coverage for?	N/A	Once we've collected the names and DOBs of all applicants, set the requestingCoverageIndicator=TRUE, for the filer's dependents who are non-applicants, set the requestingCoverageIndicator=FALSE
19	Do you want to answer additional questions to see if you qualify for help paying for coverage?	N/A	This attestation is at the application level, so if yes is selected set the requestingFinancialAssistanceIndicator=TRUE for the application and if no is selected set the requestingFinancialAssistanceIndicator=FALSE
Answer some questions about you, your spouse, and dependent(s).			
20	Does everyone have the same permanent home address AND currently live in [application state]?	Yes	If yes, for each applicant, set homeAddress equal to the home address collected for the application filer and set noHomeAddressIndicator=FALSE for all applicants If the application filer is married and has tax dependent(s), = TRUE may be set for each dependent When establishing the family relationships, set the ResidesTogetherIndicator= TRUE
21	If single: Do you plan to file a federal income tax return for [coverage year]?	Yes	if yes and if single, set taxReturnFilingStatusType = SINGLE_FILER for the filer and set the taxFilerIndicator= TRUE. If married, see below.

Item #	Screeener Question	User Input to screen into Phase 1/Phase 2 application	SES Indicators
22	If married: Do you plan to file a joint federal income tax return with your spouse for [coverage year]?	Yes	If yes and if married, for both the filer and their spouse, set the taxFilerIndicator = TRUE, set the taxReturnFilingStatusType: MARRIED_FILING_JOINTLY and set: "taxRelationships": ["1234", "TAX_FILER", "1234"], ["4567", "TAX_FILER", "4567"]
23	Are you and your spouse responsible for a child 18 or younger who lives with you, but isn't on your tax return?	No	If no, set the parentCaretakerIndicator = false for all applicants age 19 and older. If yes screen to healthcare.gov
24	Is anyone a full-time student aged 18-22?	No	If no, set the fullTimeStatusIndicator= FALSE for all applicant with applicantAge < stateStudentAge
25	Is anyone pregnant?	No	If no, set the pregnancyIndicator=FALSE for all female applicants
Answer some questions about the people applying for coverage: you, your spouse, and dependent(s).			
26	Are all of you US citizens?	Yes	If yes, set the citizenshipIndicator=yes for all applicants
27	Can you enter SSNs for each of you?	Yes	N/A, if no screen to healthcare.gov
28	Are any of you applying under a different name than the one on your Social Security Card?	No	N/A, if yes screen to healthcare.gov
29	Were any of you born outside of the US and became naturalized or derived US citizens?	No	If no, set naturalizedCitizenIndicator = FALSE for all household members
30	Are any of you currently incarcerated (detained or jailed)?	No	If no, set attestationsRequestBody.member.other.incarcerationType= NOT_INCARCERATED
31	Are any of you American Indian or Alaska Native?	No	If no, set attestationsRequestBody.member.americanIndianAlaskanNativeIndicator= false
32	Are any of you offered health coverage through your job, someone else's job, or COBRA? (select Yes even if you didn't enroll, or the enrollment period is over.)	No	If no, set offeredEmployeeCoverage = no and stateHealthBenefitIndicator=FALSE
33	Were any of you in foster care at 18 AND currently 25 or younger?	No	If no, set attestationsRequestBody.member.family.fosterCareIndicator=NO
Answer some questions about your dependent(s).			
34	Will you claim your dependent on your federal income tax return for 2017?	Yes	See above for establishing relationships between the tax filer and tax dependents.
35	Is this your child who is single (not married) and 25 or younger?	Yes	set maritalStatus = "UNMARRIED" for all dependents
36	Is this your stepchild or grandchild?	No	See above for establishing relationships between the tax filer and tax dependents.
37	Do they live with a parent who's not on your tax return?	No	If the application filer is not married but does claim one or more dependents, residesWithBothParentIndicator = FALSE may be set for all dependent children

Non-Financial Assistance Screening Questions			
Item #	Screeener Question	User Input to screen into Phase 1/Phase 2 application	SES Indicators
Create an account			
39	Application State		initialrequestBody.application.attestations.coverageState
40	First Name		initialrequestBody.application.attestations.firstName
41	Last Name		initialrequestBody.application.attestations.lastName
42	Email address		initialrequestBody.application.attestations.email
Verify your identity and contact information			
43	First Name		initialrequestBody.application.attestations.firstName
44	Middle Name		initialrequestBody.application.attestations.middleName
45	Last Name		initialrequestBody.application.attestations.lastName
46	Suffix		initialrequestBody.application.attestations.suffix
47	Phone number		initialrequestBody.application.attestations.primaryPhoneNumber.(type, number, ext) initialrequestBody.application.attestations.secondaryPhoneNumber.(type, number, ext) initialrequestBody.application.attestations.mobileNotificationPhoneNumber
48	Street Address		member.demographic.homeAddress.streetName1
49	Apartment #		member.demographic.homeAddress.streetName2
50	City		member.demographic.homeAddress.cityName
51	State		member.demographic.homeAddress.state
52	Zip Code		member.demographic.homeAddress.zipCode
53	Social Security Number		attestationsRequestBody.member.demographic.ssn
Before you get started			

Item #	Screener Question	User Input to screen into Phase 1/ Phase 2 application	SES Indicators
54	Are you single or married?	N/A	if married, set attestationsRequestBody.member.demographic.maritalStatus = "MARRIED" and upon collecting the Name/DOB of the spouse, set "familyRelationships": ["1234", "SPOUSE", "5678" { "resideTogetherIndicator": true }] if single set maritalStatus = "UNMARRIED" for the household contact
55	How many dependents, like your children, will you claim on your [current year] tax return?	N/A	If the household contact claims any dependents, "familyRelationships": ["1234", "PARENT", "5678" { "resideTogetherIndicator": true }] "taxRelationships": ["1234" "TAX_DEPENDENT" "5678"]]
56	Of the [x] people below, who are you applying for coverage for?	N/A	Once we've collected the names and DOBs of all applicants, set the requestingCoverageIndicator=TRUE
57	Do you want to answer additional questions to see if you qualify for help paying for coverage?	N/A	This attestation is at the application level, so if yes is selected set the requestingFinancialAssistanceIndicator=TRUE for the application and if no is selected set the requestingFinancialAssistanceIndicator=FALSE
Answer some questions about you, your spouse, and dependent(s).			
58	Does everyone have the same permanent home address AND currently live in [application state]?	Yes	If yes, for each applicant, set homeAddress equal to the home address collected for the application filer. Set noHomeAddressIndicator=FALSE, set the ResideTogetherIndicator = TRUE (see above) when we create the familyRelationships
Answer some questions about the people applying for coverage: you, your spouse, and dependent(s).			
59	Are all of you US citizens?	Yes	If yes, set the citizenshipIndicator=yes for all applicants
60	Can you enter SSNs for each of you?	Yes	N/A, if no screen to healthcare.gov
61	Are any of you applying under a different name than the one on your Social Security Card?	No	N/A, if yes screen to healthcare.gov
62	Were any of you born outside of the US and became naturalized or derived US citizens?	No	If no, set naturalizedCitizenIndicator = FALSE for all applicants
63	Are any of you currently incarcerated (detained or jailed)?	No	If no, set attestationsRequestBody.member.other.incarcerationType= NOT_INCARCERATED
64	Are any of you American Indian or Alaska Native?	No	If no, set attestationsRequestBody.member.americanIndianAlaskanNativeIndicator= false

Detailed Project Schedule (Gantt Chart)														Start		End	
Activity	Start	End	Duration	Predecessors	Resources	Cost	ES	EF	LS	LF	ES	EF	LS	LF	Start	End	
1. Project Initiation	2023-01-01	2023-01-15	15 days		Project Manager	\$10,000	2023-01-01	2023-01-15	2023-01-01	2023-01-15	2023-01-01	2023-01-15	2023-01-01	2023-01-15			
2. Requirements Gathering	2023-01-15	2023-02-15	31 days	1	Business Analysts	\$20,000	2023-01-15	2023-02-15	2023-01-15	2023-02-15	2023-01-15	2023-02-15	2023-01-15	2023-02-15			
3. System Design	2023-02-15	2023-04-15	61 days	2	System Architects	\$40,000	2023-02-15	2023-04-15	2023-02-15	2023-04-15	2023-02-15	2023-04-15	2023-02-15	2023-04-15			
4. Development	2023-02-15	2023-08-15	183 days	3	Software Engineers	\$100,000	2023-02-15	2023-08-15	2023-02-15	2023-08-15	2023-02-15	2023-08-15	2023-02-15	2023-08-15			
5. Testing	2023-04-15	2023-07-15	91 days	4	QA Engineers	\$30,000	2023-04-15	2023-07-15	2023-04-15	2023-07-15	2023-04-15	2023-07-15	2023-04-15	2023-07-15			
6. Deployment	2023-07-15	2023-08-15	31 days	5	Operations	\$15,000	2023-07-15	2023-08-15	2023-07-15	2023-08-15	2023-07-15	2023-08-15	2023-07-15	2023-08-15			
7. Project Closure	2023-08-15	2023-09-15	31 days	6	Project Manager	\$10,000	2023-08-15	2023-09-15	2023-08-15	2023-09-15	2023-08-15	2023-09-15	2023-08-15	2023-09-15			
8. Post-Project Review	2023-09-15	2023-10-15	31 days	7	Project Manager	\$10,000	2023-09-15	2023-10-15	2023-09-15	2023-10-15	2023-09-15	2023-10-15	2023-09-15	2023-10-15			
9. Total Project Duration	2023-01-01	2023-10-15	318 days			\$215,000	2023-01-01	2023-10-15	2023-01-01	2023-10-15	2023-01-01	2023-10-15	2023-01-01	2023-10-15			

Detailed Project Description													Financial Summary				
Item No.	Item Name	Unit	Quantity	Unit Price	Total Price	Material	Labour	Equipment	Subcontract	Other	Remarks	Material	Labour	Equipment	Subcontract	Other	Total
1	Excavation and foundation work	m³	100	1500	150000	100000	50000	0	0	0	0	100000	50000	0	0	0	150000
2	Concrete pouring for foundation	m³	50	3000	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
3	Reinforcement steel installation	kg	2000	75	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
4	Formwork for foundation	m²	1000	150	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
5	Backfilling and compaction	m³	200	750	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
6	Site preparation and clearing	ha	1	150000	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
7	Construction of access road	m	100	1500	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
8	Installation of drainage system	m	50	3000	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
9	Construction of retaining wall	m	100	1500	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000
10	Site cleanup and final inspection	ha	1	150000	150000	150000	0	0	0	0	0	150000	0	0	0	0	150000

Code	Name	Unit	Year	Level	Hours	Prerequisites	Corequisites	Equivalent	Transferable	General Education	Major Requirement	Minor Requirement	Elective	Other	Notes
101	Introduction to Psychology	Psychology	101	101	3	None	None	None	Yes	None	Yes	Yes	Yes	None	None
102	Developmental Psychology	Psychology	102	102	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
103	Biological Psychology	Psychology	103	103	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
104	Abnormal Psychology	Psychology	104	104	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
105	Behavioral Psychology	Psychology	105	105	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
106	Psychology of Women	Psychology	106	106	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
107	Psychology of Aging	Psychology	107	107	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
108	Psychology of Health	Psychology	108	108	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
109	Psychology of the Environment	Psychology	109	109	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
110	Psychology of Education	Psychology	110	110	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
111	Psychology of the Family	Psychology	111	111	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
112	Psychology of the Workplace	Psychology	112	112	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
113	Psychology of the Legal System	Psychology	113	113	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
114	Psychology of the Media	Psychology	114	114	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
115	Psychology of the Internet	Psychology	115	115	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
116	Psychology of the Environment	Psychology	116	116	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
117	Psychology of the Environment	Psychology	117	117	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
118	Psychology of the Environment	Psychology	118	118	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
119	Psychology of the Environment	Psychology	119	119	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
120	Psychology of the Environment	Psychology	120	120	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
121	Psychology of the Environment	Psychology	121	121	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
122	Psychology of the Environment	Psychology	122	122	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
123	Psychology of the Environment	Psychology	123	123	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
124	Psychology of the Environment	Psychology	124	124	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
125	Psychology of the Environment	Psychology	125	125	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
126	Psychology of the Environment	Psychology	126	126	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
127	Psychology of the Environment	Psychology	127	127	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
128	Psychology of the Environment	Psychology	128	128	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
129	Psychology of the Environment	Psychology	129	129	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None
130	Psychology of the Environment	Psychology	130	130	3	101	None	None	Yes	None	Yes	Yes	Yes	None	None

Item #	UI Question	Selection	Sub-Selection	SES Values	Immigration Status Input	SES Values	Notes
1	Select the document type that corresponds with (FNs) most current documentation and status	Permanent Resident Card (Green Card) or Reentry Permit	I-551 (Permanent Resident Card, "Green Card")	<lawfulPresenceDocumentation> = "PERMANENT_RESIDENT_CARD_I_551"	Help Text: Learn more about entering I-551 info Alien Number Card Number Document expiration date Does the name below match the name on the I-551? One of these document types or statuses?	<alienNumber> <cardNumber> <documentExpirationDate> <documentAlternateName.firstName> <documentAlternateName.middleName> <documentAlternateName.lastName> <documentAlternateName.suffix>	
2			Temporary I-551 stamp (on passport or I-94)	<lawfulPresenceDocumentation> = "TEMPORARY_I_551_STAMP_ON_PASSPORT_OR_I_94_I_94_A"	Help Text: Learn more about entering I-551 stamp info Alien Number Document expiration date Passport number Select the country that issued passport One of these document types or statuses?	<alienNumber> <documentExpirationDate> <passportNumber> <passportIssuingCountry>	
3			I-327 (Reentry permit)	<lawfulPresenceDocumentation> = "REENTRY_PERMIT"	Help Text: Learn more about entering I-327 info Alien Number Document expiration date One of these document types or statuses?	<alienNumber> <documentExpirationDate>	
4		Machine Readable Immigrant Visa		<lawfulPresenceDocumentation> = "MACHINE_READABLE_IMMIGRANT_VISA_WITH_TEMPORARY_I_551_LANGUAGE"	Help Text: Learn more about entering machine readable visa info Alien Number Passport Number Select the country that issued passport Document expiration date Does the name below match the name on the passport? One of these document types or statuses?	<alienNumber> <passportNumber> <passportIssuingCountry> <documentExpirationDate> <documentAlternateName.firstName> <documentAlternateName.middleName> <documentAlternateName.lastName> <documentAlternateName.suffix>	If the consumer provides an Alien number of less than 9 digits, then the requestor should prepend zero(s) so that the string submitted in the ICON is 9 digits.
5		Employment Authorization Card		<lawfulPresenceDocumentation> = "EMPLOYMENT_AUTHORIZATION_CARD_I_766"	Help Text: Learn more about entering employment authorization card info Alien Number Card Number Document expiration date Category code Does the name below match the name on the card? One of these document types or statuses?	<alienNumber> <cardNumber> <documentExpirationDate> <employmentAuthorizationCategoryIdentifier> <documentAlternateName.firstName> <documentAlternateName.middleName> <documentAlternateName.lastName> <documentAlternateName.suffix>	
6		Arrival/Departure Record	Arrival/Departure Record (I-94/I-94A)	<lawfulPresenceDocumentation> = "ARRIVAL_DEPARTURE_RECORD_IN_FOREIGN_PASSPORT_I_94"	Help Text: Learn more about entering I-94/I-94A info I-94 Number Document expiration date SEVIS ID Number One of these document types or statuses?	<i94Number> <documentExpirationDate> <sevisid>	
7			Arrival/Departure Record in foreign passport (I-94)	<lawfulPresenceDocumentation> = "ARRIVAL_DEPARTURE_RECORD_IN_UNEXPIRED_FOREIGN_PASSPORT_I_94"	Help Text: Learn more about entering I-94/I-94A info I-94 Number Passport Number Document Expiration Date Select the country that issued passport SEVIS ID Number Does the name below match the name on the passport? One of these document types or statuses?	<i94Number> <passportNumber> <documentExpirationDate> <passportIssuingCountry> <sevisid> <documentAlternateName.firstName> <documentAlternateName.middleName> <documentAlternateName.lastName> <documentAlternateName.suffix>	For I-94 number, allow only numbers other than optionally a letter in the 10th position
8		Refugee Travel Document		<lawfulPresenceDocumentation> = "REFUGEE_TRAVEL_DOCUMENT"	Help Text: Learn more about entering I-571 info Alien Number Document Expiration Date One of these document types or statuses?	<alienNumber> <documentExpirationDate>	
9		Nonimmigrant Student or Exchange Visitor Status	Certificate of Eligibility for Nonimmigrant (F-1) Student Status (I-20)	<lawfulPresenceDocumentation> = "CERTIFICATE_OF_ELIGIBILITY_FOR_NONIMMIGRANT_STUDENT_STATUS_I_20"	Help Text: Learn more about entering I-20 info SEVIS ID Number Passport number Document expiration date Select the country that issued passport I-94 number One of these document types or statuses?	<sevisid> <passportNumber> <documentExpirationDate> <passportIssuingCountry> <i94Number>	
10			Certificate of Eligibility for Exchange Visitor (E-1) Status	<lawfulPresenceDocumentation> = "CERTIFICATE_OF_ELIGIBILITY_FOR_EXCHANGE_VISITOR_STATUS_DS_2019"	Help Text: Learn more about entering DS2019 info SEVIS ID Number Passport number Document expiration date Select the country that issued passport I-94 number One of these document types or statuses?	<sevisid> <passportNumber> <documentExpirationDate> <passportIssuingCountry> <i94Number>	
11		Notice of Action		<lawfulPresenceDocumentation> = "NOTICE_OF_ACTION_I_797"	Help Text: Learn more about entering I-797 info Alien Number I-94 number One of these document types or statuses?	<alienNumber> <i94Number>	
12		Unexpired foreign passport		<lawfulPresenceDocumentation> = "FOREIGN_PASSPORT"	Help Text: Learn more about entering foreign passport info Passport Number Document Expiration Date Select the country that issued passport SEVIS ID Number I-94 number Does the name below match the name on the passport? One of these document types or statuses?	<passportNumber> <documentExpirationDate> <passportIssuingCountry> <sevisid> <i94Number> <documentAlternateName.firstName> <documentAlternateName.middleName> <documentAlternateName.lastName> <documentAlternateName.suffix>	
13		Other document or status type		<lawfulPresenceDocumentation> = null	One of these document types or statuses?	<documentAlternateName.suffix>	
14					One of these document types or statuses? >Another document or alien number / I-94 number	<lawfulPresenceDocumentation> = "OTHER" <otherTypeText> <alienNumber> <i94Number>	
15					One of these document types or statuses? >Document indicating member of a federally recognized Indian tribe or American Indian born in Canada/Members Of A Federally Recognized Indian Tribe	<lawfulPresenceDocumentation> = "NSI_MEMBERS_OF_A_FEDERALLY_RECOGNIZED_INDIAN_TRIBE"	
16					One of these document types or statuses? >Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR)	<lawfulPresenceDocumentation> = "CERTIFICATION_FROM_HHS_ORR_OT1"	
17					One of these document types or statuses? >Office of Refugee Resettlement (ORR) eligibility letter (if under 18)	<lawfulPresenceDocumentation> = "ORR_ELIGIBILITY_LETTER"	
18					One of these document types or statuses? >Cuban/Haitian entrant	<lawfulPresenceDocumentation> = "CUBAN_HAITIAN_ENTRANT_OT2"	
20					One of these document types or statuses? >Resident of American Samoa/Non Citizen Who is Lawfully Present in American Samoa	<lawfulPresenceDocumentation> = "NSA_NON_CITIZEN_WHOS_LAWFULLY_PRESENT_IN_AMERICAN_SAMOA"	

Item #	UI Question	Selection	Sub-Selection	SES Values	Immigration Status Input	SES Values	Notes
22					Battered spouse, child, or parent under VAWA Help Text: As a battered spouse, child, or parent, you may have filed a petition based on the Violence Against Women Act (VAWA).	<lawfulPresenceDocumentation> = "VAWA_SELF_PETITIONER"	Addition for V37 - Needs to be added April 1 2019
23	Is (FNLS) a naturalized or derived citizen?	Certificate of Citizenship		<lawfulPresenceDocumentation> = "CERTIFICATE_OF_CITIZENSHIP"	Help Drawer: Learn where to find the document number. Certificate of Citizenship number Alien Number "I don't have one"	<alienNumber> <citizenshipNumber>	
24		Certificate of Naturalization		<lawfulPresenceDocumentation> = "CERTIFICATE_OF_NATURALIZATION"	Help Drawer: Learn where to find the document number. Naturalization Certificate number Alien Number "I don't have one"	<alienNumber> <naturalizationCertificateNumber>	
Obsolete: OTHER.1 RESIDENT_OF_AMERICAN_SAMOA_CARD NS2_NON_CITIZEN_WHOM_IS_LAWFULLY_PRESENT_IN_AMERICAN_SAMOA_UNDER_THE_IMMIGRATION_LAWS_OF_AMERICAN_SAMOA DOCUMENT_INDICATING_A_MEMBER_OF_RECOGNIZED_INDIAN_TRIBE_OR_INDIAN_BORN_IN_CANADA							

COUNTRY CODE**	COUNTRY DESCRIPTION**
ABW	Aruba
AFG	Afghanistan
AGO	Angola
AIA	Anguilla
ALA	Eland Islands
ALB	Albania
AND	Andorra
ANT	Netherlands Antilles
ARE	United Arab Emirates
ARG	Argentina
ARM	Armenia
ASM	American Samoa
ATA	Antarctica
ATF	French Southern Territories
ATG	Antigua And Barbuda
AUS	Australia
AUT	Austria
AZE	Azerbaijan
BDI	Burundi
BEL	Belgium
BEN	Benin
BFA	Burkina Faso
BGD	Bangladesh
BGR	Bulgaria
BHR	Bahrain
BHS	Bahamas
BIH	Bosnia And Herzegovina
BLM	Saint Barthelemy
BLR	Belarus
BLZ	Belize
BMU	Bermuda
BOL	Bolivia, Plurinational State Of
BRA	Brazil
BRB	Barbados
BRN	Brunei Darussalam
BTN	Bhutan
BVT	Bouvet Island
BWA	Botswana
CAF	Central African Republic
CAN	Canada
CCK	Cocos (Keeling) Islands
CHE	Switzerland
CHL	Chile
CHN	China
CIV	CÔTE D'IVOIRE
CMR	Cameroon

COUNTRY CODE**	COUNTRY DESCRIPTION**
COD	Congo, Democratic Republic Of The
COG	Congo
COK	Cook Islands
COL	Colombia
COM	Comoros
CPV	Cape Verde
CRI	Costa Rica
CUB	Cuba
CXR	Christmas Island
CYM	Cayman Islands
CYP	Cyprus
CZE	Czech Republic
DEU	Germany
DJI	Djibouti
DMA	Dominica
DNK	Denmark
DOM	Dominican Republic
DZA	Algeria
ECU	Ecuador
EGY	Egypt
ERI	Eritrea
ESH	Western Sahara
ESP	Spain
EST	Estonia
ETH	Ethiopia
FIN	Finland
FJI	Fiji
FLK	Falkland Islands (Malvinas)
FRA	France
FRO	Faroe Islands
FSM	Micronesia, Federated States Of
GAB	Gabon
GBR	United Kingdom
GEO	Georgia
GGY	Guernsey
GHA	Ghana
GIB	Gibraltar
GIN	Guinea
GLP	Guadeloupe
GMB	Gambia
GNB	Guinea-Bissau
GNQ	Equatorial Guinea
GRC	Greece
GRD	Grenada
GRL	Greenland
GTM	Guatemala

COUNTRY CODE**	COUNTRY DESCRIPTION**
GUF	French Guiana
GUM	Guam
GUY	Guyana
HKG	Hong Kong
HMD	Heard Island And McDonald Islands
HND	Honduras
HRV	Croatia
HTI	Haiti
HUN	Hungary
IDN	Indonesia
IMN	Isle Of Man
IND	India
IOT	British Indian Ocean Territory
IRL	Ireland
IRN	Iran, Islamic Republic Of
IRQ	Iraq
ISL	Iceland
ISR	Israel
ITA	Italy
JAM	Jamaica
JEY	Jersey
JOR	Jordan
JPN	Japan
KAZ	Kazakhstan
KEN	Kenya
KGZ	Kyrgyzstan
KHM	Cambodia
KIR	Kiribati
KNA	Saint Kitts And Nevis
KOR	Korea, Republic Of
KVO	Kosovo
KWT	Kuwait
LAO	Lao People's Democratic Republic
LBN	Lebanon
LBR	Liberia
LBY	Libyan Arab Jamahiriya
LCA	Saint Lucia
LIE	Liechtenstein
LKA	Sri Lanka
LSO	Lesotho
LTU	Lithuania
LUX	Luxembourg
LVA	Latvia
MAC	Macao
MAF	Saint Martin (French Part)
MAR	Morocco

COUNTRY CODE**	COUNTRY DESCRIPTION**
MCO	Monaco
MDA	Moldova, Republic Of
MDG	Madagascar
MDV	Maldives
MEX	Mexico
MHL	Marshall Islands
MKD	Macedonia, The Former Yugoslav Republic Of
MLI	Mali
MLT	Malta
MMR	Myanmar
MNE	Montenegro
MNG	Mongolia
MNP	Northern Mariana Islands
MOZ	Mozambique
MRT	Mauritania
MSR	Montserrat
MTQ	Martinique
MUS	Mauritius
MWI	Malawi
MYS	Malaysia
MYT	Mayotte
NAM	Namibia
NCL	New Caledonia
NER	Niger
NFK	Norfolk Island
NGA	Nigeria
NIC	Nicaragua
NIU	Niue
NLD	Netherlands
NOR	Norway
NPL	Nepal
NRU	Nauru
NZL	New Zealand
OMN	Oman
PAK	Pakistan
PAN	Panama
PCN	Pitcairn
PER	Peru
PHL	Philippines
PLW	Palau
PNG	Papua New Guinea
POL	Poland
PRI	Puerto Rico
PRK	Korea, Democratic People's Republic Of
PRT	Portugal
PRY	Paraguay

COUNTRY CODE**	COUNTRY DESCRIPTION**
PSE	Palestinian Territory, Occupied
PYF	French Polynesia
QAT	Qatar
REU	Reunion
ROU	Romania
RUS	Russian Federation
RWA	Rwanda
SAU	Saudi Arabia
SDN	Sudan
SEN	Senegal
SGP	Singapore
SGS	South Georgia And The South Sandwich Islands
SHN	Saint Helena, Ascension And Tristan Da Cunha
SJM	Svalbard And Jan Mayen
SLB	Solomon Islands
SLE	Sierra Leone
SLV	El Salvador
SMR	San Marino
SOM	Somalia
SPM	Saint Pierre And Miquelon
SRB	Serbia
SSD	South Sudan
STL	Stateless
STP	Sao Tome And Principe
SUR	Suriname
SVK	Slovakia
SVN	Slovenia
SWE	Sweden
SWZ	Swaziland
SYC	Seychelles
SYR	Syrian Arab Republic
TCA	Turks And Caicos Islands
TCD	Chad
TGO	Togo
THA	Thailand
TJK	Tajikistan
TKL	Tokelau
TKM	Turkmenistan
TLS	Timor-Leste
TON	Tonga
TTO	Trinidad And Tobago
TUN	Tunisia
TUR	Turkey
TUV	Tuvalu
TWN	TAIWAN
TZA	Tanzania, United Republic Of

COUNTRY CODE**	COUNTRY DESCRIPTION**
UGA	Uganda
UKR	Ukraine
UMI	United States Minor Outlying Islands
URY	Uruguay
USA	United States
UZB	Uzbekistan
VAT	Holy See (Vatican City State)
VCT	Saint Vincent And The Grenadines
VEN	Venezuela, Bolivarian Republic Of
VGB	Virgin Islands (British)
VIR	Virgin Islands (U.S.)
VNM	Viet Nam
VUT	Vanuatu
WLF	Wallis And Futuna
WSM	Samoa
YEM	Yemen
ZAF	South Africa
ZMB	Zambia
ZWE	Zimbabwe

Item #	Scenario	UI Question	Conditional Display Logic based on API Response	Notes (Where reason codes are listed, this is the full list of possible reason codes)	Section of Application	Card in Application
1	Update name, date of birth, SSN information to verify SSN	We weren't able to verify [FNLNS]'s information. Please confirm the information below is correct and try again.	ssnStatusReason = 634_SSA_DATA_MISMATCH	Return ssnStatus = Y and ssnStatusReason = 573 when the requestor exceeds the maximum limit to call SSA within 24 hours (3 times). Reason Codes: - 187_DEATH_DATA_PRESENT' (string) - Death data present. - 191_EDS_NOT_AVAILABLE' (string) - External data source not available. - 227_NO_EDS_DATA_FOUND' (string) - No data found in external data source. - 287_SSN_WAS_NOT_MATCHED_WITH_ATTESTED_INFORMATION' (string) - SSN was not matched with attested information. - 288_SSN_NOT_VERIFIED' (string) - SSN was not verified. - 341_HUB_DID_NOT_RESPOND' (string) - HUB did not respond. - 352_NO_SSN_PROVIDED' (string) - Individual did not provide SSN. - 432_DMI_RESOLVED_BY_ESW_ADJUDICATION' (string) - Inconsistency resolved by eligibility Worker adjudication. - 456_DATA_SOURCE_NOT_CALLED_DUE_TO_FAILED_ID_PROOF' (string) - Data source not called due to failed ID proofing. - 476_ESW_EXPIRED_DMI' (string) - Eligibility Worker expired inconsistency. - 477_ESW_EXPIRED_ANOTHER_DMI_SO_INELIGBLE' (string) - Expired when eligibility worker expired another inconsistency resulting in ineligibility. - 555_N_A_RULE_DOES_NOT_APPLY' (string) - Not applicable (rule does not apply). - 573_SSA_HUB_CALL_HELD_CALL_COUNTER_3_OR_MORE' (string) - Social Security Administration (SSA) HUB call held due to call counter being greater than or equal to 3. - 634_SSA_DATA_MISMATCH' (string) - SSA data mismatch. - 714_N_A_QHP_STOPPED_BY_OFFLINE_PROCESS' (string) - Qualified Health Plan terminated by an offline process. - 999_N_A_RULE_INDICATOR_IS_Y' (string) - Not applicable.	More about this household	Error SSN
4	Collect Naturalized Citizen status for Medicaid LawfulpresenceStatus	Is [FNLNS] a naturalized or derived citizen?	(citizenshipStatus = YES and citizenshipStatusReason <> (999_N_A_RULE_INDICATOR_IS_Y OR (432_DMI_RESOLVED_BY_ESW_ADJUDICATION)) OR (naturalizedCitizenIndicator = true and requestingCoverageIndicator = true)	If the applicant attests to being a US Citizen and their Citizenship Status is inconsistent after calling SSA, then display the Naturalized Citizenship question Reason Codes: - 177_CITIZENSHIP_NOT_VERIFIED' (string) - Attested citizenship status was not verified. - 187_DEATH_DATA_PRESENT' (string) - Death data present. - 189_DHS_DATA_NOT_MATCH_ATTENTION' (string) - DHS data does not match attested information. - 191_EDS_NOT_AVAILABLE' (string) - EDS not available. - 227_NO_EDS_DATA_FOUND' (string) - No data found in External Data Source. - 288_SSN_NOT_VERIFIED' (string) - SSN was not verified. - 341_HUB_DID_NOT_RESPOND' (string) - HUB did not respond. - 352_NO_SSN_PROVIDED' (string) - Individual did not provide SSN. - 395_DID_NOT_ATTEST_TO_NATURALIZED_CITIZENSHIP_OR_LP' (string) - Member did not attest to naturalized citizenship or eligible immigration status. - 397_DID_NOT_PROVIDE_SSN_WITH_CITIZENSHIP_ATTENTION' (string) - Member did not provide SSN with attestation of US Citizenship. - 398_ATSTD_TO_SAVE_NON_VERIFIABLE_STATUS' (string) - Applicant attested to a SAVE non verifiable status. - 399_NOT_ENOUGH_INFO_PROVIDED_TO_VERIFY_ELIGIBLE_LP_STATUS' (string) - Applicant did not provide enough information to verify eligible immigration status. - 400_VERIFIED_STATUS_NOT_CITIZEN_OR_LAWFULLY_PRESENT_OR_QUALIFIED_NON_CITIZEN' (string) - Verified status is not considered a citizen, lawfully present, or qualified non-citizen. - 432_DMI_RESOLVED_BY_ESW_ADJUDICATION' (string) - Inconsistency resolved by Eligibility Worker adjudication. - 456_DATA_SOURCE_NOT_CALLED_DUE_TO_FAILED_ID_PROOF' (string) - Data source not called due to failed ID proofing. - 464_NOT_ENOUGH_INFO_TO_VERIFY_NATURALIZED_CITIZENSHIP' (string) - Applicant did not provide enough information to verify naturalized citizenship status. - 465_HUB_CALL_RETURNED_TRANSACTIONAL_ERROR' (string) - Hub call returned transactional error. - 476_ESW_EXPIRED_DMI' (string) - Eligibility Worker expired inconsistency. - 477_ESW_EXPIRED_ANOTHER_DMI_SO_INELIGBLE' (string) - Expired when eligibility worker expired another inconsistency resulting in ineligibility. - 531_ATSTD_NON_CITIZEN' (string) - Attested non-citizen. - 555_N_A_RULE_DOES_NOT_APPLY' (string) - Not applicable (rule does not apply). - 559_NO_CITIZENSHIP_ATTENTION' (string) - No citizenship attestation. - 560_INDIVIDUAL_NOT_REQUESTING_COVERAGE' (string) - Individual is not requesting coverage. - 568_NOT_VERIFIED_PENDING_PAPER_VERIFICATION' (string) - Not verified, pending paper verification. - 573_SSA_HUB_CALL_HELD_CALL_COUNTER_3_OR_MORE' (string) - Social Security Administration (SSA) HUB call held due to call counter being greater than or equal to 3. - 634_SSA_DATA_MISMATCH' (string) - SSA data mismatch. - 635_DHS_BIRTHDATE_MISMATCH' (string) - DHS data does not match attested birthdate. - 636_DHS_DOCUMENT_NUMBER_MISMATCH' (string) - DHS data does not match attested document number. - 684_APPLICATION_REQUIRES_STEP_3' (string) - Application requires step 3. - 685_APPLICATION_PUSHED_TO_STEP_2_BUT_HUB_CALL_FAILED' (string) - Application pushed to step 2 but hub call failed. - 714_N_A_QHP_STOPPED_BY_OFFLINE_PROCESS' (string) - Qualified Health Plan terminated by an offline process. - 999_N_A_RULE_INDICATOR_IS_Y' (string) - Not applicable.	Citizenship/immigration	Naturalized Citizen

Item #	Scenario	UI Question	Conditional Display Logic based on API Response	Notes (Where reason codes are listed, this is the full list of possible reason codes)	Section of Application	Card in Application
5	Collect Grant Date for Medicaid/LawfulPresenceStatus	When did [FNLS] get their current immigration status?	ghpLawfulPresenceStatusReason = 682_FIVE_YEAR_BAR_PEND_NEED_GRANT_DATE_AND_LP_EXPIRE_AFTER_90_DAYS or 683_FIVE_YEAR_BAR_PEND_NEED_GRANT_DATE_AND_TEMP_LP_EXPIRE_WITHIN_90_DAYS	Reason Codes: - 143_FIVE_YEAR_BAR_IN_EFFECT (string) - Five year bar in effect. - 150_SAVE_VERIFICATION_PENDING (string) - SAVE verification is pending. - 191_EDS_NOT_AVAILABLE (string) - EDS not available. - 395_DID_NOT_ATTEST_TO_NATURALIZED_CITIZENSHIP_OR_LP (string) - Member did not attest to naturalized citizenship or eligible immigration status. - 398_ATSTD_TO_SAVE_NON_VERIFIABLE_STATUS (string) - Applicant attested to a SAVE non verifiable status. - 399_NOT_ENOUGH_INFO_PROVIDED_TO_VERIFY_ELGBL_LP_STATUS (string) - Applicant did not provide enough information to verify eligible immigration status. - 456_DATA_SOURCE_NOT_CALLED_DUE_TO_FAILED_ID_PROOF (string) - Data source not called due to failed ID proofing. - 465_HUB_CALL_RETURNED_TRANSACTIONAL_ERROR (string) - Hub call returned transactional error. - 473_FIVE_YEAR_BAR_IS_PENDING (string) - Five Year Bar Met status is pending. - 555_N_A_RULE_DOES_NOT_APPLY (string) - Not applicable (rule does not apply). - 569_APPLICANT_ATSTD_CITIZEN (string) - Applicant is an attested citizen. - 605_HUB_INDICATES_NOT_LPV_OR_QNC (string) - Hub returned LPV and QNC = N. - 606_HUB_CALL_SUCCESSFUL_NO_DATA_FOUND (string) - Hub call successful, no data found. Note: to be replaced with 227. - 607_NOT_ATSTD_IMMIGRANT_OR_CITIZEN (string) - Applicant is not an attested immigrant or an attested citizen. Note: to be replaced with 395. - 609_ELGBL_UNDER_CHIPRA (string) - Applicant is eligible under Children's Health Insurance Program Reauthorization (CHIPRA). - 609_HUB_QNC_INDICATOR_IS_PENDING (string) - QNC hub indicator is still pending. - 610_HUB_QNC_INDICATOR_IS_N (string) - QNC hub indicator is N. - 611_SUBJECT_TO_7_YEAR_LIMIT_RULE (string) - Applicant is subject to the seven year limit rule. - 626_ATSTD_VETERAN (string) - Applicant is an attested veteran. - 627_FIVE_YEAR_BAR_DOES_NOT_APPLY (string) - Five year bar does not apply. - 628_NO_ATSTD_GRANT_DATE_AND_NOT_AVAILABLE_FROM_HUB (string) - Grant date not available from hub and no attested grant date. - 629_FIVE_YEAR_BAR_NOT_MET_WITH_ATSTD_GRANT_DATE (string) - Five year bar not met based on attested grant date. - 630_FIVE_YEAR_BAR_INCONSISTENT_WITH_ATSTD_GRANT_DATE (string) - Five year bar inconsistent based on attested grant date. - 631_NOT_MDCAID_OR_CHIP_INCOME_ELGBL (string) - Applicant is not Medicaid or CHIP income eligible. - 999_N_A_RULE_INDICATOR_IS_Y (string) - Not applicable.	Citizenship/Immigration	Grant Date
7	Collect income discrepancy explanation for job income	The income you entered for [Employer Name] is lower than what our records show. Why?	jobIncomeExplanationRequiredIndicator = True OR jobIncomeExplanationAcceptance = YES or PENDING	N/A	Income - Income discrepancies	Decreased Hours Discrepancy, Stop Working Discrepancy
9	Collect individual annual income discrepancy explanation	[FNLS]'s income in [coverage year] seems like it will be lower than what our records from the past 2 years show. Is there a reason why?	annualIncomeExplanationRequiredIndicator = True (If any member of a tax household has the following status: <members.income.annualIncomeExplanationRequired=true> OR A Tax Household has the following status: <taxHouseholds.annualIncome.incomeExplanationRequiredIndicator = true> and <incomeExplanationRequiredReasonType> = INCOME_LOWER_THAN_SOURCE) and taxReturnFilingStatusType <> MARRIED_FILING_JOINTLY	N/A	Income - Income discrepancies	Individual Annual Income Discrepancy
10	Collect Joint annual income discrepancy explanation	[FNLS] or [Spouse] income in [coverage year] seems like it will be lower than what our records from the past 2 years show. Is there a reason why?	annualIncomeExplanationRequiredIndicator = True (If any member of a tax household has the following status: <members.income.annualIncomeExplanationRequired=true> OR A Tax Household has the following status: <taxHouseholds.annualIncome.incomeExplanationRequiredIndicator = true> and <incomeExplanationRequiredReasonType> = INCOME_LOWER_THAN_SOURCE) and taxReturnFilingStatusType =MARRIED_FILING_JOINTLY	N/A	Income - Income discrepancies	Joint Annual Income Discrepancy
11	Collect variable income discrepancy explanation	Why is [FNLS]'s income in other months during [coverage year] different than this month's income?	incomeLessExplainedIndicator = False (attestation from Items 9 & 10) and (medicalIncomeStatus = Y and medicalChipIncomeStatusReason = 360) and variableIncomeIndicator = true	This page is for Medicaid Gap Filing. Removed chipIncomeStatus from the logic because annual incomeExplanationRequiredIndicator is only set for Medicaid.	Income - Income discrepancies	Variable Income Discrepancy
13	Medicaid/CHIP: Collect enrollment information to determine Final M/C and Non-ESC MEC: Collect attested health coverage type to determine whether to call the Hub for Non-ESC and whether to collect ESC information.	Are any of these people currently enrolled in health coverage? [combined with APTC prelim eligibility current coverage question]	preliminaryChipStatus = YES or preliminaryMedicaidStatus = YES or preliminaryAptcStatus = YES or preliminaryEmergencyMedicaidStatus = YES	App 3 will use the same the question to collect non-ESC MEC attestations for members that are prelim eligible for Medicaid/CHIP or APTC	Preliminary eligibility questions - APTC/Medicaid/CHIP	Per Person Medicaid and CHIP Specific Questions
14	Collect Indian Health Service Information	Has [FNLS] ever gotten a health service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs?	americanIndianAlaskanNativeIndicator = true and (preliminaryCHIPStatus = YES or preliminaryMedicaidStatus = YES)	The answer to this question is not used to determine eligibility by the Marketplace, but is used by Medicaid and CHIP agencies to determine cost-sharing	Preliminary eligibility questions - Medicaid & CHIP Specific	Per Person Medicaid and CHIP Specific Questions
16	Collect attestation that is used for retro active Medicaid Eligibility	Would any of these people like help paying for medical bills from the last 3 months?	preliminaryMedicaidStatus = YES or preliminaryEmergencyMedicaidStatus = YES	You can only be prelim Medicaid or CHIP cannot be prelim eligible for both.	Preliminary eligibility questions - Medicaid Specific	Per Person Medicaid and CHIP Specific Questions
17	Collect dependent child enrollment information to determine Final M/C	Do any of these people currently have health coverage?	Option 1: (dependentChildCoveredStatusReason <> 555, 652, 655 AND preliminaryMedicaidStatus = YES) or coveredDependentChildIndicator <> null for the applicant parent OR Option 2: There exists at least 1 member (M1) who has preliminaryMedicaidStatus = YES AND dependentChildCoveredStatus <> NOT_APPLICABLE, AND There exists at least 1 member (M2) who has requestingCoverageIndicator = false (non-applicant) and is in the parentCaretakerChildList of M1	The list of non-applicant children that appear as answer options should come from the list of children that make the adult eligible for PCR parentCaretakerChildList. Reason Codes: - 128_DEPENDENT_CHILD_DOESNT_HAVE_MEC (string) - Applicant's dependent child does not have minimal coverage. - 551_APPLICATION_NOT_REQUESTING_FA (string) - Application is not requesting Financial Assistance. - 555_N_A_RULE_DOES_NOT_APPLY (string) - Not applicable (rule does not apply) - 560_INDIVIDUAL_NOT_REQUESTING_COVERAGE (string) - Individual is not requesting coverage. - 652_NOT_PRELIM_MEDICAID_OR_PRELIM_CHIP_ELIGIBLE (string) - Applicant is neither Prelim Medicaid or Prelim CHIP - 655_NOT_PRELIM_MEDICAID_ELIGIBLE (string) - Applicant not Prelim Medicaid eligible - 670_APTC_INELGBL_DID_NOT_AGREE_TO_MDCAID_CHIP_LEGAL_ATTTESTATIONS (string) - Applicant ineligible for APTC due to disagreeing to one of the Medicaid/CHIP legal attestations. - 999_N_A_RULE_INDICATOR_IS_Y (string) - Not applicable.	Preliminary eligibility questions - APTC/Medicaid/CHIP	Per Person Medicaid and CHIP Specific Questions

Item #	Scenario	UI Question	Conditional Display Logic based on API Response	Notes (Where reason codes are listed, this is the full list of possible reason codes)	Section of Application	Card in Application
18	Collect absent parent information to determine Final M/C	Does [Child name 1] have a parent living outside the home?	The application filer (householdContactIndicator = true) has: pregnancyIndicator = false preliminaryMedicaidStatus = YES or preliminaryEmergencyMedicaidStatus = YES AND There exists an applicant child, under age 18, who: preliminaryMedicaidStatus = YES or preliminaryEmergencyMedicaidStatus = YES AND lives with 1 or no parents	N/A	Preliminary eligibility questions - Medicaid Specific	Per Person Medicaid and CHIP Specific Questions
19	Collect parent work hours to determine if child is deprived parental support	How many hours per week do [Child's name]'s parents work?	(preliminaryMedicaid = Y and parent1WeeklyWorkHourQuantity or parent2WeeklyWorkHourQuantity <= null for children in the parentCaretakerChildList of the applicant) OR Display the question for the applicant: (requestingCoverageIndicator = true and preliminaryMedicaidStatus = Y and parentCaretakerCategoryStatus = Temporary) and Display the question for any child in the applicant's parentCaretakerChildList with: childCaretakerDeprivedStatus = Temporary	This should display regardless of whether they live parents or stepparents.	Preliminary eligibility questions - Medicaid Specific	Per Person Medicaid and CHIP Specific Questions
20	Collect the attested coverage end date for states that require a CHIP Waiting Period.	Did any of these people have coverage through a job that ended in the last [waiting period] months?	preliminaryCHIPStatus = YES and chipWaitingPeriodStatusReason <= 555, 652, 657, 470, 551	Reason Codes: - '139_CHIP_WAITING_PERIOD_IN_EFFECT' (string) - CHIP waiting period is still in effect. - '470_RECENTLY_DENIED_MDCAID_CHIP_PREVENT_RETURN_TO_STATE' (string) - Applicant was recently denied Medicaid/CHIP; prevent return to State. - '551_APPLICATION_NOT_REQUESTING_FA' (string) - Application is not requesting financial assistance. - '555_N_A_RULE_DOES_NOT_APPLY' (string) - Not applicable (rule does not apply) - '560_INDIVIDUAL_NOT_REQUESTING_COVERAGE' (string) - Individual not requesting coverage. - '652_NOT_PRELIM_MDCAID_OR_PRELIM_CHIP_ELIGIBLE' (string) - Applicant is neither Prelim Medicaid or Prelim CHIP - '656_ATTESTED_TO_CHIP_WAITING_PERIOD' (string) - Attested to a CHIP Waiting Period exception - '657_APPLICANT_NOT_PRELIM_CHIP_ELIGIBLE' (string) - Applicant not Prelim CHIP eligible - '670_APTC_INELGBL_DID_NOT_AGREE_TO_MDCAID_CHIP_LEGAL_ATTESTATIONS' (string) - Applicant ineligible for APTC due to disagreeing to one of the Medicaid/CHIP legal attestations. - '999_N_A_RULE_INDICATOR_IS_Y' (string) - Not applicable.	Preliminary eligibility questions - CHIP Specific	Per Person Medicaid and CHIP Specific Questions
21	Collect attestations for State Health Benefits to determine CHIP eligibility.	Is [FNLS] offered the [tenantID] state employee health benefit plan through a job or a family member's job?	chipStateHealthBenefitStatusReason = 670, 654, 155, 138, 999	Reason Codes: - '138_INCOME_EXCEEDS_FPL_WHEN_APPLICANT_HAS_ACCESS_TO_STATE_EMPLOYEE_HEALTH_COVERAGE' (string) - Not applicable (rule does not apply) - '155_STATE_PROVIDES_NO_CHIP_TO_APPLICANTS_ACCESS_TO_STATE_COVERAGE' (string) - State does not provide CHIP to applicants with access to state health insurance. - '551_APPLICATION_NOT_REQUESTING_FA' (string) - Application is not requesting financial assistance. - '560_INDIVIDUAL_NOT_REQUESTING_COVERAGE' (string) - Individual is not requesting coverage. - '652_NOT_PRELIM_MDCAID_OR_PRELIM_CHIP_ELIGIBLE' (string) - Applicant is neither Prelim Medicaid or Prelim CHIP - '653_HEALTH_BENEFITS_QUESTION_NOT_DISPLAYED' (string) - Health benefits question not displayed - '654_NO_STATE_HEALTH_BENEFITS_THROUGH_PUBLIC_EMPLOYEE' (string) - Applicant attest to not receiving State Health Benefits through a public employee - '657_APPLICANT_NOT_PRELIM_CHIP_ELIGIBLE' (string) - Applicant not Prelim CHIP eligible - '670_APTC_INELGBL_DID_NOT_AGREE_TO_MDCAID_CHIP_LEGAL_ATTESTATIONS' (string) - Applicant ineligible for APTC due to disagreeing to one of the Medicaid/CHIP legal attestations. - '999_N_A_RULE_INDICATOR_IS_Y' (string) - Not applicable.	Preliminary eligibility questions - CHIP Specific	Per Person Medicaid and CHIP Specific Questions
23	Collect relationship between applicants to determine QHP eligible applicants	What is the relationship between [FNLS] and [FNLS]?	Ask only if relationship is not already collected or derived and both applicants are preliminarily eligible for QHP, according to the following in the API response: prelimQHP: (citizenshipStatus = YES or qhpLawfulPresenceStatus = YES) and qhpResidencyStatus = YES and incarcerationStatus = NO and (preliminaryCHIPStatus <= YES AND preliminaryMedicaidStatus <= YES)		Preliminary eligibility questions - QHP Specific	QHP Applicant Relationships

Item #	Scenario	UI Question	Conditional Display Logic based on API Response	Notes (Where reason codes are listed, this is the full list of possible reason codes)	Section of Application	Card in Application
24	Collect legal relationships for enrollment groupings	You selected ["Other relative"/"Other unrelated" (Selected Family Relationship)] for the relationship of [Name 1-FNLNS] to [Name 2-FNLNS]. You told us that [Name 1-FNLNS] is the [Selected Family relationship - see rules] of [Name 2-FNLNS]. Is the relationship between [FNLNS, applicant] and [applicant FNLNS] also any of these?	If person is prelimQHP eligible* & has one of following** relationships to a QHP eligible member *prelimQHP: (citizenshipStatus = YES or qhpLawfulPresenceStatus = YES) and qhpResidencyStatus = YES and incarcerationStatus = NO and (preliminaryCHIPStatus <> Y AND preliminaryMedicaidStatus <> Y) If person is QHP eligible & has one of those relationships or is a potential ward to a QHP eligible member subordinateMember has to be QHP eligible and the subordinate has to be QHP eligible and the relationship between the subordinate and the subordinate has to be one of the following familyRelationshiptype exist between two prelimQHP eligible applicants PARENTS_DOMESTIC_PARTNER AUNT_UNCLE GRANDPARENT CHILD_OF_DOMESTIC_PARTNER SIBLING NEPHEW_NIECE FIRST_COUSIN GRANDCHILD OTHER_RELATIVE OTHER DOMESTIC_PARTNER or familyRelationshiptype exist (SON_DAUGHTER) or (STEPSON_STEPDAUGHTER) and the age of the subordinate has to be => 25 or familyRelationshiptype exist (PARENT) or (STEP_PARENT) and the age of the subordinate has to be => 25		Preliminary eligibility questions - QHP Specific	Legal Relationships
25	Collect tribe information to determine CSR and SEP eligibility	Which of these people are members of a federally recognized tribe?	americanIndianAlaskanNativeIndicator = True AND prelimQHP: (citizenshipStatus = YES or qhpLawfulPresenceStatus = YES) and qhpResidencyStatus = YES and incarcerationStatus = NO and (preliminaryCHIPStatus <> Y AND preliminaryMedicaidStatus <> Y)		Preliminary eligibility questions - QHP Specific	Tribe Member
26	Collect change information to determine SEP	All SEP Questions	prelimQHP: (citizenshipStatus = YES or qhpLawfulPresenceStatus = YES) and qhpResidencyStatus = YES and incarcerationStatus = NO and (preliminaryCHIPStatus <> Y AND preliminaryMedicaidStatus <> Y)		Preliminary eligibility questions - QHP Specific	All SEP Questions
28	Application cannot be submitted due to Data Source being down	You're almost finished with your application. You have started an application for health coverage, but our verification system is temporarily unavailable. Without completing verification, you cannot submit your application for an eligibility determination. We will save your information and expect to resolve the problem within 24 hours. When you return please review your entire application from beginning to end in order to receive your online eligibility results.	SES will set a unique HTTP status code and error code within the body. Currently this is a response with an HTTP status reason of 200. { "resultType": "ERROR", "error": { "errorType": "DATA_SOURCE_ERROR", "apiMessage": "The Data Services Hub has returned an error to SES", "errors": [{ "errorCode": "EDS_OR_HUB_DELAYED", "apiMessage": "EDS_OR_HUB_DELAYED" }] } }	The Submit API will respond with a 200 OK and an "ERROR" status when DHS is unavailable. It will also respond with a 200 OK and a "SUCCESS" status with a specific warn message when SSA, IRS, Equifax, etc. are unavailable.	Review & Sign	Delayed Response Shepherding
29	Medicaid Agreement	If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent.	preliminaryMedicaidStatus = YES or (preliminaryEmergencyMedicaidStatus = YES AND preliminaryMedicaidStatus = NO)		Agree/Sign/Submit - Attestations	Sign & Submit
30	Absent Parent Agreement	If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.	The application filer (householdContactIndicator = true) has: pregnancyIndicator = false (preliminaryMedicaidStatus = YES and preliminaryMedicaidStatusReasonCode <> 670) or preliminaryEmergencyMedicaidStatus = YES AND There exists an applicant child, under 18, who: (preliminaryMedicaidStatus = YES and preliminaryMedicaidStatusReasonCode <> 670) or preliminaryEmergencyMedicaidStatus = YES AND lives with 1 or no parents AND absentParentIndicator = true		Agree/Sign/Submit - Attestations	Sign & Submit

Item #	Scenario	UI Question	Conditional Display Logic based on API Response	Notes (Where reason codes are listed, this is the full list of possible reason codes)	Section of Application	Card in Application
31	Unable to Build Medicaid Household	<p>This is a message to the UI to allow the application filer know that based on the attestations provided they could be eligible for Medicaid if they file the application with the applicable parent information.</p> <p>Message in UI: "[Dependent FNLNS] may be eligible for Medicaid or the Children's Health Insurance Program (CHIP) through the parent they live with. That parent can file their own application. To do so, he or she can create their own account on this website, call 1-800-318-2596, or print a paper application at www.healthcare.gov/paperapp to mail in. You can also continue with this application now to see if [parent FNLNS] can get a tax credit to pay for health insurance for [dependent FNLNS] instead."</p>	<p>medicaidHouseholdStatusReason = 369 or 371</p>	<p>Reason Codes</p> <ul style="list-style-type: none"> - 369' (string) - No custodial parent in app - 371' (string) - No family info in app - 560' (string) - Not requesting coverage - 662' (string) - Claiming tax filer not on application - 663' (string) - Is a non-filer - 664' (string) - Is a non-applicant and family of a non-filer - 999' (string) - Successfully created medicaid household 	More about this household	Dependent
32	Information Cannot Be Verified	Some systems are down. Save and return later, or continue with the app without submitting.	<p>SSA Not Available: computed.members[*].ssnStatusReason = "191_EDS_NOT_AVAILABLE"</p> <p>HUB Not Availablefor SSA: computed.members[*].ssnStatusReason = "341_HUB_DID_NOT_RESPOND"</p> <p>DHS Not Available: computed.members[*].citizenshipStatusReason = "191_EDS_NOT_AVAILABLE"</p> <p>Hub Not Availablefor DHS: computed.members[*].citizenshipStatusReason = "341_HUB_DID_NOT_RESPOND"</p>		N/A	N/A
33	Full Medicaid Determination	<p>Full Medicaid Determination in a Determination State: Do any of these people want to request a determination for Medicaid as conducted [medicaidAgencyName] on the basis of disability, blindness, or reoccurring medical needs and bills?</p> <p>Full Medicaid Determination in an Assessment State: It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we send their information to the [State Medicaid Agency name]. Do any of these people want us to send their information to the [State Medicaid Agency name] so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?</p>	<p>Include applicants (requestingCoverageIndicator = true) who meet ALL of the following criteria: medicaidStatus <> YES, AND medicaidStatusReason <> 470_RECENTLY_DENIED_MDCAID_CHIP_PREVENT_RETURN_TO_STATE, AND emergencyMedicaidStatus <> YES, AND medicaidNonMagReferatStatus <> YES OR acceptMedicaidEligibilityIndicator <> Y</p>		Eligibility results	N/A
34	Terminate Coverage Agreement	<p>If anyone on your application enrolls in coverage through a Marketplace plan, but is later found to have other qualifying health coverage (including Medicare, Medicaid, and/or CHIP), you have the option to allow the Marketplace to end their Marketplace coverage if you select "I agree to this statement" below.</p> <p>If you select "I disagree to this statement," anyone in this situation will stay enrolled in Marketplace coverage and will pay full cost for their Marketplace plan since they'll no longer be eligible for advance payments of the premium tax credit or extra savings.</p>	<p>prelimQHP for any applicant: (citizenshipStatus = YES or qhplawfulPresenceStatus= YES) and qhprResidencyStatus = YES and incarcerationStatus = NO and (preliminaryCHIPStatus <> Y AND preliminaryMedicaidStatus <> Y)</p>		Review & Sign	Sign & Submit

Item #	Scenario	Description	UI Messaging	Conditional Display Logic Based on API Response	Conditional Display Logic Based on Attestations in UI	Requirements	Notes
1	Verification systems down on Update App call	This may occur for any Update App call that can trigger verifications with trusted data sources. This may occur for the Social Security Administration (SSA) verification services, Department of Homeland Security (DHS) verification services, Internal Revenue Services (IRS) verification services, and Federal Data Services Hub for SSA and/or DHS verification. For example, after SSN is collected, income verification is triggered. After income is collected, income verification is triggered. After citizenship/immigration status is collected, citizenship/immigration verification is triggered. This error may be triggered when the SSA is down during SSN verification, or DHS is down during citizenship/immigration verification. This will result in SES returning a delay or error response.	We can't verify your information right now. We're working to fix the issue. We verify your information using electronic records and some of those records are temporarily unavailable. We can't tell you what you are eligible for right now. You have 2 options: Save & return later: We'll save all of your information. We expect to fix the issue within 24 hours. When you return, you can complete your application and submit it to receive your eligibility results. Continue & submit later: We'll save all of your information. You can continue now, then return later to review, sign, and submit your application to receive your eligibility results.	SSA not available: ssnStatusReason = 191_EDS_NOT_AVAILABLE Hub not available for SSA: ssnStatusReason = 341_HUB_DID_NOT_RESPOND DHS not available: citizenshipStatusReason = 191_EDS_NOT_AVAILABLE Hub not available for DHS: citizenshipStatusReason = 341_HUB_DID_NOT_RESPOND	N/A	The UI must display user friendly error messaging when verification services are down. The UI may choose to implement a similar approach as outlined here where the consumer is presented with an option to continue completing their application or to save their information and return later. If the UI does not implement options, it could follow login described in item #2. The UI may use alternate messaging.	SES will only return errors when verification systems are down and relevant verifications are still required on the application. When the consumer opts to save and return later, they will stop the application where they are. When the consumer opts to continue and return later, they will complete the rest of the application and return later to submit it. Both options require the consumer to return to the application, review their attestations, and submit the application.
			Display penalty of perjury attestation (row 257 of UI Questions tab) and the field for electronic signature (row 259 of UI. Call Update App to manually save the signature date and attestations.	N/A	Consumer selected to save and return later		
			Display all questions for the user to complete the application. Display all necessary end of application attestations for the consumer and collect signature. <i>Note:</i> At the end of the application, call SES Submit App and if verification services are down for verifications that are still needed, SES Update App should be called to manually save the signature and attestations. The UI should then display similar messaging for item #2 for verification systems down for Submit App call or similar messaging used for the original message displayed to the consumer in row 2.	N/A	Consumer selected to continue and submit later		
2	Verification systems down on Submit App call	If SSA or DHS is down and verifications that are still required for an eligibility determination, SES Submit App will return a delay or error response for those verifications.	Our verification system is temporarily unavailable. Please come back in 24 hours. If you continue to get an error, call the Marketplace Call Center at 1-800-318-2596 for assistance. TTY users can use 1-855-889-4325. You will need your application ID.	SSA not available: ssnStatusReason = 191_EDS_NOT_AVAILABLE Hub not available for SSA: ssnStatusReason = 341_HUB_DID_NOT_RESPOND DHS not available: citizenshipStatusReason = 191_EDS_NOT_AVAILABLE Hub not available for DHS: citizenshipStatusReason = 341_HUB_DID_NOT_RESPOND SES will set a unique HTTP status code and error code within the body of the response when an unidentified trusted data source is unavailable. This is an example of a response with an HTTP status reason of 200 "resultType": "ERROR", "error": { "errorType": "DATA_SOURCE_ERROR" "apiMessage": "The Data Services Hub has returned an error to SES" "errors": [{ "errorCode": "EDS_OR_HUB_DELAYED" "apiMessage": "EDS_OR_HUB_DELAYED" }] }	N/A	If the verification services are down on the Submit App call, a message must be displayed in the UI that tells the user to come back at a later time to submit their application for an eligibility determination. The UI may use alternate messaging and include the number to their own call center.	SES will only return errors when verification systems are down and relevant verifications are still required on the application.
3	Blocking error in middle of application	This occurs at any blocking error that happens when the consumer is in the middle of the application. This could be triggered by an issue with Update App, Add Member, or any call prior to Submit App that is not related to a verification system being down.	<i>Note:</i> After the error response is received, display the penalty of perjury attestation and the field for electronic signature if the consumer has not completed these attestations. Call Update App to manually save the signature date and attestations. <i>Error Message in UI:</i> Sorry, we're having a problem with our system. We don't have enough information to process your application, but we still have the date of your first signature saved. If you complete your application and are determined eligible for Medicaid or CHIP, your state may use this date to determine when your coverage will begin. Please call the Marketplace Call Center at 1-800-318-2596 for assistance. TTY users can use 1-855-889-4325. You will need your application ID.	SES will return an error with an http status of anywhere in the 4XX or 5XX. An example of the blocking response body: "resultType": "ERROR", "error": { "errorType": "INTERNAL_ERROR" "apiMessage": "System can't process your request, please try later" "errors": [] }	N/A	If SES returns an error in the middle of the application, the UI must display an error message that tells the consumer there is an error but because they have provided a signature, the date of their signature will be used for coverage dates for Medicaid and CHIP. The UI may use alternate messaging and include the number to their own call center.	

Item #	Scenario	Description	UI Messaging	Conditional Display Logic Based on API Response	Conditional Display Logic Based on Attestations in UI	Requirements	Notes
4	Blocking error on application submission	This occurs at any blocking error that happens when the consumer attempts to submit an application. This could include flow level errors, which involved a 409 HTTP error code from SES. Note that flow level validation blocking errors earlier on the application are not treated as blocking errors and will result in a 200 HTTP success code.	<p>Note: After the error response is received, display the penalty of perjury attestation and the field for electronic signature if the consumer has not completed these attestations yet. Call Update App to manually save the signature date an attestations.</p> <p><i>Error Message in UI:</i> We've run into an unexpected error. Don't worry, we still preserved the signature you provided before. Come back in 24 hours to see if you can complete the application. If you continue to get an error, call the Marketplace Call Center at 1-800-318-2596 for assistance. TTY users can use 1-855-889-4325. You will need your application ID.</p>	<p>SES will set a unique HTTP status code and error code within the body of the response. This is an example of a response with an HTTP status reason of 200</p> <pre>"resultType": "ERROR", "error": { "errorType": "DATA_SOURCE_ERROR" }, "apiMessage": "The Data Services Hub has returned an error to SES" "errors": [{ "errorCode": "EDS_OR_HUB_DELAYED" }], "apiMessage": "EDS_OR_HUB_DELAYED"</pre>	N/A	If SES returns an error that blocks application submission, the UI must display an error message that tells the consumer to come back in 24 hours to reattempt application submission. The UI may use alternate messaging and include the number to their own call center.	
5	Validation errors in the middle of the application	This may occur when a data field is left blank by the consumer and it is required for them to continue with the application. In such cases, error messaging should be instructional for the consumer to fix the application data or complete all necessary fields. This could be triggered by an issue with Create App, Update App, Add Member, or any call prior to Submit App.	Display message in UI for consumer to fix the data in the application (or complete all required fields).	<p>SES will include a specific path in the error response where the data validation issue may exist.</p> <pre>"resultType": "ERROR", "error": { "errorType": "CLIENT_ERROR", "errorCode": "VALIDATION_ERROR", "apiMessage": "Data Validation issue, please correct the data and try again", "errors": [{ "errorCode": "cannot.be.null", "path": "\$attestation.member[\\\"879602660483081269\\\"]member.attestation.name.first" }] }</pre>	N/A	If a data validation error occurs, the UI must prompt the user to fix necessary data. Data validation errors from Update App are unlikely if the UI displays all necessary questions and requires all necessary fields. The UI does not need to display an explicit error message and could instead highlight the field the consumer needs to complete or fix.	
6	EDE entity system error	This may occur for any errors as a result of EDE entity system errors. Some instances of this error may be a result of authentication issues with SES.	Please log out and log back in and try again. If the problem persists, call the Marketplace Call Center at 1-800-318-2596 for assistance. TTY users can use 1-855-889-4325.	<p>Example of SES authentication issue:</p> <pre>"resultType": "ERROR", "error": { "errorType": "CLIENT_ERROR", "errorCode": "UNABLE_TO_AUTHENTICATE", "apiMessage": "Source system header did not match API Key.", "errors": [] }</pre>	N/A	EDE entities must have user friendly error messaging for errors with their system. The UI may use alternate messaging and include the number to their own call center.	

Item #	High-Level Requirement**	Auditor Compliance Conclusion**	Risks Identified**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
1	Within the application UI, applicants can only be asked questions that are necessary for determining eligibility for coverage in a Qualified Health Plan (QHP) and all insurance affordability programs, or for the administration of these programs. DE Entities must not ask questions that are not essential to these purposes or programs as part of the application UI.						
2	DE entities should not require consumers to enter the same information multiple times; however, if a DE entity prepopulates the response to an application question based on previously collected information, the DE entity must display the application question and provide the consumer the ability to edit that answer.						
3	Certain requests for information must also be optional—as designated in the Application UI Companion Guide— and all optional fields must be clearly marked as such.						
4	The UI must accommodate applications that are requesting financial assistance and those that opt not to request financial assistance.						
5	For an application that is not requesting financial assistance, a DE entity must not ask tax filing status questions or income questions. An application not requesting financial assistance does not have a branch, so program-specific questions are not asked.						
6	If the consumer changes attestations (e.g., through backward navigation) the client system must clear the answers to any question provided on a path that is not the final path by submitting the value 'null' in the Update Application API for those attestations.						
7	The UI must perform a preliminary eligibility determination within the application and only display QHP, APTC, Medicaid and CHIP program specific questions to applicants with relevant preliminary eligibility for those programs after that point. The preliminary eligibility for each applicant is determined by calling the Update App API after collecting all relevant household composition and income information for each applicant.						

Item #	Requirement Grouping	Requirement	Question(s) Reference	UI Questions tab Item #	Question content or display rules vary by state	Applicable EDE Phases
1	Consent from App filer	The application must collect consent from the application filer that all application members agree to have their information used and retrieved from data sources.	1. I agree to have my information used and retrieved from data sources for this application. I have consent for all people I'll list on the application for their information to be retrieved and used from data sources. 2. I understand that I'm required to provide true answers and that I may be asked to provide additional information, including proof of my eligibility for a Special Enrollment Period, if I qualify. If I don't, I may face penalties, including the risk of losing my eligibility for coverage.	3		Phases 1, 2, 3
2	HH contact info	The application must collect at least first name, last name, and date of birth from the application filer in order to create an application.	firstName middleName lastName suffix birthDate	4		Phases 1, 2, 3
3	Home address	The application must request a home address for each applicant, but also must allow for a consumer to continue with the application and indicate their residency without attesting that they live in a particular home address. If no home address, the UI must collect the applicant's mailing address which SES will use as their residency address.	What's your home address? No home address	5		Phases 1, 2, 3 must request home address. Phases 1 and 2 would screen out consumers with no home address, whereas Phase 3 applications must include an option for homeless consumers to indicate no home address.
4	Mailing Address	The application must collect a mailing address for at least the application filer in order to receive communications by mail.	What is your mailing address?	7, 8		Phases 1, 2, 3
5	Communication Preferences	The application must provide the consumer an option to receive their notices by mail. Notices will always also be available through the online account.	How would you like to get notices about your application?	11		Phases 1, 2, 3
6	Phone Number	The application must collect at least one phone number for the application, to use for communications from the FEE and State Medicaid/CHIP agencies if the application is transferred.	What's your contact information? 1. Email address 2. Phone number 3. Phone type	9		Phases 1, 2, 3
7	SSN	The application must adhere to security protocols for protection of SSN information and must provide notice to the application member about how SSN will be used. SSNs must be optional for non-applicants and the application must allow an applicant to proceed and submit their application if they do not have an SSN.	What is [FNLNS]'s Social Security Number (SSN)? Do you want to provide [FNLNS]'s Social Security Number? Entering this person's SSN is optional, but it could speed up the process for household members who want help paying for coverage. SSNs won't be used for immigration enforcement. Are you sure? It's important to enter the SSN for everyone on your application, if they have them..... Providing your Social Security number (SSN) can be helpful if you don't want health coverage because it can speed up the application process. We use SSNs to check income and other information to see who is eligible for help paying for health coverage. If [FNLNS] needs help getting an SSN, visit socialsecurity.gov, or call 1-800-722-1213. TTY users should call 1-800-325-0778.	32-35		Phases 1, 2, 3 must request SSNs. Phase 1 would screen out consumers who cannot or prefer not to provide SSNs, whereas Phase 2 and 3 applications must allow consumers to continue without providing SSNs, and must include clear notice that SSNs are optional for non-applicants.
8	US Citizen/US National	The application must ask whether an applicant is a US citizen or US national (but need not differentiate between these two statuses).	Is [FNLNS] a U.S citizen or U.S. national?	38		Phases 1, 2, 3 (though Phase 1 collects this attestation through the screener question)
9	Eligible immigration status	For applicants who attest that they are not US citizens, the application must provide an opportunity to attest to eligible immigration status, but may not provide a "no" option. The application could implement this by using a checkbox answer format and only providing an answer to let the consumer indicate they have eligible immigration status. If this answer format is used, the consumer must be able to leave this question blank. If the application uses an answer format like radio buttons, answer option wording must be exact.	Does [FNLNS] have eligible immigration status? 1. Yes, [FNLNS] has eligible immigration status 2. I would like to continue the application without answering this question. I understand that if I don't answer it, [FNLNS] won't be eligible for full Medicaid or Marketplace coverage and will be considered only for coverage of emergency services, including labor and delivery services.	44		Phases 2, 3
10	Naturalized Citizen	For applicants who attest that they are US citizens, and whose citizenship is not verified through SSA, the application must ask about naturalized or derived citizenship (but need not differentiate between the two statuses)	Is [FNLNS] a naturalized or derived citizen?	40		Phases 1, 2, 3 (though Phase 1 collects this attestation through the screener question)
11	Immigration Document Type	For applicants who attest that they have eligible immigration status, the application must provide an opportunity to input relevant information from all SAVE-verifiable document types	Select the document type that corresponds with [FNLNS]'s most current documentation and status. <i>Optional</i>	46		Phases 2, 3

Item #	Requirement Grouping	Requirement	Question(s) Reference	UI Questions tab Item #	Question content or display rules vary by state	Applicable EDE Phases
12	FA/Non-FA	The application must provide a pathway for consumers to complete a non-financial assistance application without having to answer any questions relevant only for financial assistance determinations including questions about their income or tax return	Do you want to find out if you can get help paying for health coverage?	21		Phases 1, 2, 3
13	Applying for Coverage	On financial assistance applications, the application must allow consumers to designate whether or not they are applying for coverage for themselves, and must provide an opportunity for other family members to be either applicants or non-applicants	Who are you applying for health coverage for?	27, 29		Phases 1, 2, 3
14	Tax Filing Status	On financial assistance applications, the application must ask whether the application member plans to file a federal income tax return for the coverage year and if so, whether the applicant will be a tax filer, tax dependent, and/or will claim a tax dependent on the federal tax return that will be filed for the coverage year. If married, the consumer must attest whether or not they will file jointly.	Does [FNLNS] plan to file a joint federal income tax return with [his/her] spouse for [coverage year]? Will [FNLNS] [and spouse name (if married and filing jointly)] claim any dependents on [his/her/their joint] federal income tax return for [coverage year]? Will [FNLNS] be claimed as a dependent on someone else's tax return for [coverage year]?	81, 82, 90		Phases 1, 2, 3 (though Phase 1 and 2 applications collect this attestation through the screener question)
15	Relationships	On financial assistance applications, the application must collect sufficient information to determine whether an exception to the tax household applies for Medicaid/CHIP household composition	How is this person related to [Dependent FNLNS]? [FNLNS] is the (Display relationship dropdown menu) of their claiming tax filer. Does [Dependent FNLNS] live with any other parent or stepparent?	92, 95		Phases 1, 2, 3 (though Phase 1 and 2 applications collect this attestation through the screener question)
16	Parent/Caretaker Relative	It is necessary to gather sufficient information to determine parent/caretaker relative status. For applicants over the age of 18 who live with a child the application must request information about whether the applicant is the main person taking care of the child under age 19. The application need not include this question for a parent living with their child or for a tax filer claiming a child they live with as a tax dependent, for whom SES can determine this status without an additional question.	Does [FNLNS] live with and take care of any children age 18 or younger? Is [FNLNS] the main person taking care of this child (or children)?	117, 118	Y	Phase 3 (sufficient information is collected for this eligibility category through Phase 1 and Phase 2 screener answers instead)
17	Race/Ethnicity	The application must include optional race and ethnicity questions in accordance with the standards in ACA Section 4302.	Is [FNLNS] of Hispanic, Latino, or Spanish origin? (optional) What is [FNLNS]'s race? (Check all that apply) (optional)	128, 130		Phases 1, 2, 3
18	Non-MAGI questions	The application must ask for information regarding disabilities and whether applicants need assistance with daily living because the FFE uses this information in order to determine whether and applicant may be eligible for Medicaid on a non-MAGI basis, and should therefore send the consumer's information to the state Medicaid agency for further review.	Do any of these people below have a physical disability or mental health condition that limits their ability to work, attend school, or take care of their daily needs? (optional) Do any of these people need help with activities of daily living (like bathing, dressing, and using the bathroom), or live in a nursing home or other medical facility? (optional)	131, 132		Phases 1, 2, 3
19	AI/AN	The application must ask about American Indian or Alaska Native status because American Indians and Alaska natives may qualify for special benefits (SEP, CSR, Medicaid/CHIP cost-sharing rules). Medicaid and CHIP have different rules for who gets benefits related to AI/AN status than the Exchange. On financial assistance applications, it is important that AI/AN household members, including non-applicants, have the opportunity to flag whether any of their attested income falls into the tribal income categories. In addition, for applicants who are potentially Medicaid/CHIP eligible, the application must ask about eligibility and receipt of Indian Health Services using the FFE language. For applicants who are potentially QHP eligible, the application must ask whether the consumer is a member of a federally recognized tribe, and if so, for the name of the tribe.	Are any of these people American Indian or Alaska Native? Is any of this income from these sources? • Per capita payments from the tribe that come from natural resources, usage rights, leases or royalties. • Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian land by the Department of Interior (including reservations and former reservations). • Money from selling things that have cultural significance. Has [FNLNS] ever gotten a health service from the Indian Health Service, a tribal health program, or urban Indian health program or through a referral from one of these programs? Is [FNLNS] eligible to get health services from the Indian Health Service, a tribal health program, or an urban Indian health program or through referral from one of these programs? Are any of these people a member of a federally recognized tribe? Where's [Name selected in item 210] tribe located? Which federally recognized tribe does [Name selected in item 211] belong to?	146, 176, 237, 238, 210, 211, 270		Phase 3
20	Pregnancy	The application must ask females for pregnancy status because pregnancy/number of babies due affects household size and income limits for Medicaid and CHIP.	Are any of these people pregnant? How many babies is [Name selected in item #147] expecting during this pregnancy?	147, 148		Phases 2, 3
21	Former foster care	The application must ask for former foster care status because it can help someone aged 18-25 become Medicaid eligible with no income test. However, there are rules around state and Medicaid receipt and age the consumer left foster care.	Were any of these people ever in foster care? In what state was [Name selected in item #149] in the foster care system? Was [Name selected in item #150] getting health care through [Name of state Medicaid program](Medicaid)? How old was [Name selected in item #151] when [he/she] left the foster care system?	149-152	Y	Phases 2, 3

Item #	Requirement Grouping	Requirement	Question(s) Reference	UI Questions tab Item #	Question content or display rules vary by state	Applicable EDE Phases
22	Full time student	In some situations, information on full time student status is required for 18-22 year-olds. The application may use the state reference data available through the SES API to limit the situations further in which to ask this question. If so, the application would ask if applicants aged 18-22 are full time students in states with special residency rules in Medicaid/CHIP for full-time students. If not, full-time student status should still be asked for 18 year old household members if the state elects to consider an 18 year-old student as a dependent child for purposes of Medicaid parent/caretaker relative rules, and for 19-20 year old household members if the state counts 19-20 year old students as children for Medicaid and CHIP household composition rules.	Are any of these people full time students? Does one or more of [Applicant name selected above]'s parents or guardians live in [State of application]? Does [Applicant name selected in item #144] go to school in [Application state]?	144, 259, 283	Y	Phases 2, 3
23	Incarceration	The application must ask whether applicants are incarcerated, as a factor of eligibility for QHP and CHIP. For individuals who are incarcerated, the application must ask whether they are incarcerated pending disposition of charges.	Which of these people are incarcerated? Is [FNLNS] only incarcerated pending disposition of charges?	250, 251		Phases 2, 3
24	Medicaid block* Note: CMS is considering adjustments to the wording of questions that will satisfy this requirement.	The application must ask whether any applicants were recently found not eligible for Medicaid or CHIP by the state so that consumers who have recently been denied Medicaid and CHIP by the state are prevented from being again found eligible for Medicaid or CHIP by the FFE and sent back to the state. For non-citizen applicants, the application must ask whether the denial was due to immigration status. The application must ask if any applicants applied for coverage during Open Enrollment or after a qualifying life event in order to determine eligibility for an SEP.	Were any of these people found not eligible for [state Medicaid program name] or [state CHIP name] by [state] since [date of 90 days ago]? When was [FNLNS] denied Medicaid or CHIP coverage? Did any of these people apply for health coverage between [most recent OE start date] – [most recent end date]? Did [FNLNS] apply through the Health Insurance Marketplace after a qualifying life event? Did [FNLNS] have [state Medicaid program name] or [state CHIP program name] that will end soon or that recently ended because of a change in eligibility? Has the household income or household size changed since [FNLNS] was told [his/her] coverage was ending? What's the last day of [FNLNS]'s Medicaid or CHIP coverage? Were any of these people found not eligible for [state Medicaid program name] or [state CHIP program name] based on their immigration status since [current year minus 5 years]? Has [FNLNS] had their current immigration status since [current year minus 5 years]? Has [FNLNS] had a change in their immigration status since they were not found eligible for [state Medicaid program name] or [state CHIP program name]?	133-143		Phases 1, 2, 3
25	Current and annual income	The application must request information about current month income from each relevant household member (as indicated by SES Update App call) because it will be used to calculate Medicaid and CHIP eligibility. The application must request current month income information separately for every applicant and relevant non-applicant. The application needs to provide an opportunity to add information about adjustments to income the consumer will take on the front page of their 1040 tax return as well. In addition, each applicant must have the opportunity to attest to an annual income amount for the coverage year.	Will any of these people have income this month? (Display list of current income types below question.) Select a type of income [FNLNS] currently gets this month. Do any of these people pay student loan interest, alimony, educator expenses, or contribute to an IRA in [coverage year]? Select [FNLNS]'s current expense. (Display list of expense types below question.) We calculated this expected yearly income amount based on what you entered for [FNLNS]'s monthly income and expenses. Is this correct? Is [FNLNS]'s income for [coverage year] hard to predict? Enter your best estimate of [FNLNS] expected yearly income for [coverage year].	153, 154, 174, 175, 181, 182, 183-184		Phases 1, 2, 3
26	Current coverage questions	The application must ask whether applicants are currently enrolled in health care coverage, and if so, what type. For consumers potentially eligible for CHIP, the options for insurance coverage must include "limited benefit coverage". For consumers who are potentially eligible for APTC (based on SES Update App call), the options for current coverage must include all government minimum essential coverage types including: Medicare, Veterans Health Program, Tricare, Medicaid, CHIP, and Peace Corps coverage.	Are any of these people currently enrolled in health coverage? What type of coverage does [FNLNS] have? (Display list of current coverage options). Tell us about [FNLNS]'s [selected coverage]	191-199		Phases 1, 2, 3

Item #	Requirement Grouping	Requirement	Question(s) Reference	UI Questions tab Item #	Question content or display rules vary by state	Applicable EDE Phases
27	Employer Sponsored Coverage (ESC) questions	The application must ask whether applicants who are potentially eligible for APTC (based on SES Update App call) have an offer of employer sponsored coverage for the coverage year. For those who are offered coverage, the application must ask whether the consumer is enrolled. If not (and it is not COBRA or retiree health plans, which have no affordability test) then the application must ask whether the coverage meets the minimum value standard and what the premium amount is, so that SES can determine whether the coverage offer is affordable. For each APTC eligible applicant with job income, the application must also request information regarding the employer's contact information (and require employer name and phone number) so that the FFE can collect more information about coverage offered to the employee.	Will any of these people be offered health coverage through a job (including another person's job, like a spouse or parent)? Tell us about coverage offers that apply to them starting [January 1st, 2019 if during OE or first day of following month outside of OE]. Which employer offers [FNLNS] this health coverage? Select all that apply. Enter the name of the employer who offers this insurance. Who can we contact about [employer name]'s health coverage? Which of these people works for [Employer Name]? Does [Employer name] offer a health plan that meets the minimum value standard? Enter the regular amount [FNLNS] would have to pay for coverage (the premium). Tell us more about [FNLNS]'s employer.	200-209		Phases 3
28	CHIP waiting period and state employee questions	The application must ask applicants who are potentially eligible for CHIP in states with CHIP waiting periods (see state configuration data API information) whether they lost coverage in the last few months--populating the time period in the question (the number of months) depending on the length of the waiting period in that state. If the applicant answers yes, then the application must ask whether the applicant qualifies for one of the exceptions to the waiting period, which would enable the child to get CHIP right away. In some states, the application must ask also preliminarily CHIP eligible applicants whether they have access to state employee health benefits.	Did [FNLNS] have health coverage through a job that ended in the last [number of months of waiting period] months? Why did that coverage end? Is [FNLNS] offered the [state of application] state employee health benefit plan through a job or a family member's job? Is [FNLNS] enrolled in the [state of application] state employee health benefit plan through a job or family member's job (like a parent)?	243-245, 284	Y	Phases 1, 2, 3 for CHIP waiting period questions; Phase 3 only for state employee health benefit question
29	Dependent child covered questions and deprivation questions	If an adult applicant is preliminarily Medicaid eligible for the adult group (based on Update App SES call) and lives with a non-applicant son or daughter under the Medicaid child age, then the application must ask whether the non-applicant child is enrolled in other coverage, as a factor of eligibility for the applicant parent. The application must collect the number of hours worked by a child's parents when an adult on the application may qualify as a parent/caretaker relative, the dependent child lives with two parents, and the state Medicaid agency has a deprivation requirement for the parent/caretaker relative category. If the parent(s) are on the application, and hours per week were collected as part of the income section, then it should not be asked again.	Some people may qualify to get help even if they already have health coverage. Do any of these people have health coverage now? How many hours per week do [Child's name]'s parents work?	240, 242	Y (Hours worked)	Phases 1, 2, 3
30	SEP questions	The application must ask SEP questions during Open Enrollment as well as during the rest of the year. Follow-up questions for certain SEP types are critical for SEP eligibility, such as questions about prior coverage for move and marriage. Some SEP questions only need to be asked for some people: the marriage SEP question can be asked of married applicants only, and the immigration SEP question can be asked of non-citizen applicants only	Did any of these people lose qualifying health coverage between [60 days prior to current date] - [current date]? Learn more about qualifying health coverage Will any of these people lose qualifying health coverage between [current date] - [60 days after current date]? Did any of these people recently get married? Did any of these people recently get adopted, get placed in foster care, or become a dependent through a child support or other court order? Did any of these people recently gain eligible immigration status? Did any of these people move in the past 60 days? Did any of these people recently get released from incarceration (detention or jail)?	213, 218, 223-224		Phases 1, 2, 3 (noting that the eligible immigration status question in particular is Phases 2 and 3 only)
31	Full application review	The applicant must have the opportunity to review a summary of the attestations on their application and be able to make changes before continuing to sign and submit. The consumer should be able to save and print this summary for their records.	Summary of key information regarding contact information, applicants, citizenship, tax filing, income, current coverage, offers of coverage and SEPs, as applicable	246		Phases 1, 2, 3

Item #	Requirement Grouping	Requirement	Question(s) Reference	UI Questions tab Item #	Question content or display rules vary by state	Applicable EDE Phases
32	Medicaid Agreements	When applicants are Medicaid eligible, they must be presented with the opportunity to agree with Medicaid related attestations, through a check box or other means. The agreement related to a parent living outside the home should only be displayed for a parent who is Medicaid eligible, and whose Medicaid eligible child has a parent living outside the home.	If anyone on this application enrolls in Medicaid, I'm giving the Medicaid agency our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I'm also giving to the Medicaid agency rights to pursue and get medical support from a spouse or parent. If a child on this application has a parent living outside of the home, I know I'll be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the agency and I may not have to cooperate.	247-248		Phases 1, 2, 3
33	Agreements for all programs, sign and submit	Additional attestations must be displayed and agreed to by all applicants prior to submission. The applicant must be able to affirmatively sign their application through an electronic signature prior to submission.	To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). The Marketplace will send me a notice, let me make any changes, and I can opt out at any time. I know that I must tell the program I'll be enrolled in if information I listed on this application changes. I know I can make changes in my Marketplace account or by calling 1-800-318-2596. TTY users should call 1-855-889-4325. I understand that a change in my information could affect my eligibility for member(s) of my household. If anyone on your application is enrolled in Marketplace coverage and is later found to have other qualifying health coverage (like Medicare, Medicaid, or CHIP), the Marketplace will automatically end their Marketplace plan coverage. This will help make sure that anyone who's found to have other qualifying coverage won't stay enrolled in Marketplace coverage and have to pay full cost. I'm signing this application under penalty of perjury, which means I've provided true answers to all of the questions to the best of my knowledge. I know that I may be subject to penalties under federal law if I intentionally provide false or untrue information. Electronic Signature	252-256		Phases 1, 2, 3
34	Clear eligibility results	The application must display high level eligibility results and next steps and information about each applicant's program eligibility, DMIs, and SVIs in a clear, comprehensive and consumer-friendly way. The eligibility results must provide the ability for the consumer to view and print the Eligibility Determination Notice.	Step 1: View Your "Coverage Options at a Glance" Step 2: View Your "Eligibility Results"	N/A		Phases 1, 2, 3
35	Full Medicaid determination	Under CMS regulations, the application must give consumers who are found ineligible for Medicaid the opportunity to request a full determination by the state Medicaid agency.	(Reveals for determination state) Do any of these people want to request a determination for Medicaid as conducted by [State Medicaid Agency Name] on the basis of disability, blindness, or recurring medical needs and bills? (Reveals for assessment state) It looks like these people aren't eligible for Medicaid. They can still continue with a Medicaid application if we sent their information to the [State Medicaid Agency Name]. Do any of these people want us to send their information to the [State Medicaid Agency Name] so they can check on Medicaid and The Children's Health Insurance Program (CHIP) eligibility, if applicable?	N/A	Y	Phases 1, 2, 3
36	Appeal Rights	The application must present full and clear appeal rights under the law for all consumers.	What should I do if I think my eligibility results are wrong?	N/A		Phases 1, 2, 3
37	Voter Registration	Under the National Voter Registration Act, the application must include a pathway to voter registration	Would you like to register to vote? (Optional)	N/A		Phases 1, 2, 3