Eligibility Results Toolkit - Phase 1

Purpose of This Toolkit

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

Documentation Requirements

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

Required Completion Rate

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

Note:

Each phase-specific set of eligibility results test scenarios are contained within separate toolkits (e.g., there is a Eligibility Results Toolkit specific to Phase 3).

Note on Version

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

Navigating Updates to the Toolkit

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

Black font: Original value

Tabs for Auditor Review

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

Phase 3 (different toolkit)	This tab displays an overview of the test scenarios for the Phase 3 eligibility application.	The Auditor will use this tab to track compliance with each eligibility result test scenario defined in the subsequent tabs. The Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case. **Note:** Auditors for Phase 3 EDE applications must complete all Phase 3 test case scenarios, as well as the following test cases from Phase 1 and Phase 2: 1.A, 1.B, 1.C, 1.D, 1.E, 1.F, 1.K, 1.L, 1.M, 1.N, 1.O (not 1.D.2, 1.H, 1.J which are Phase 1 only test cases) and 2.A, 2.B, 2.B.2, 2.D, 2.E, 2.E.2, 2.F and 2.G (not 2.H which is a Phase 2 only test case), if possible. If an entity does not intend to operate in the specific state(s) provided in the test case, Auditors must submit at least 8 of 14 Phase 1 test cases AND 5 of 9 Phase 2 test cases AND 7 of 9 Phase 3 test cases. Note that because Phase 3 supports all consumer scenarios, Phase 3 does not have screening questions. Therefore, information that is gathered via screening question for a Phase 1 or Phase 2 application is asked as an application question for a Phase 3 application. For instance, American Indian or Alaska Native status is included in Phase 1 and 2 screening questions, but will be included as an application question in Phase 3 applications.
Test Case Input Tabs (e.g., Test Case 1.A input, Test Case 1.B input)	Each test case input tab details the eligibility application answers to test the eligibility determination through the EDE pathway.	Auditors should use each tab to complete an eligibility application with the answers detailed in the tab. Upon receiving an eligibility determination through the EDE Pathway, the Auditor should confirm that the eligibility results from the EDE Pathway are identical to the "Eligibility Result" included at the end of each test case. The Auditor must take screenshots of the eligibility application process while progressing through the test case, including a screenshot of the ERP, and also store the EDN and provide the EDN to CMS (if applicable). The Auditor must also submit the Get App API response (JSON) from each test case. The Auditor should name the screenshot files sequentially and clearly identify them as belonging to a specific test case (e.g., TestCase1A-1, TestCase1A-2). Similarly, the Auditor should name the JSON files to clearly identify them as belonging to a specific test case (e.g., TestCase1A-JSON). CMS strongly recommends that Auditors sequentially aggregate the screenshots in a single document for each test case (e.g., a Microsoft Word, PowerPoint, or PDF document with each image labelled "TestCase1-A") instead of submitting each screenshot as an individually saved image (e.g., TestCase1A-1.jpg, TestCase1A-2.jpg). This may help expedite CMS's audit review.

Audit Requirements by Tab		
Tab: Phase 1 In this tab, the Auditor must scroll to the right to complete the last six columns whose column headings are shaded in yellow or marked with "**."		
Columns	Description	How to Review
Test Case ID	Test Case ID that corresponds to each input tab.	The Auditor must match the Test Case ID in the "Phase 1" tab to the corresponding Test Case ID input tab, and use information from both tabs to complete the audit.
State	List of state(s) for testing that corresponds to each input tab.	The Auditor must use an approved state (i.e., the state or one of the states provided for each test case) to complete each test case.
Summary/Criteria	Summary of test data for each test case.	The Auditor may use this summary information to inform the audit.
Expected Results/What's Tested	Summary of tested functionalities and expected results for each test case.	As stated above, the Auditor must carefully examine the "Eligibility Results" section of each "Test Case" input tab prior to confirming the EDE Entity's compliance with each test case.
Test Scenario Description	Summary description of the test case.	The Auditor may use this summary information to inform the audit.

Auditor Compliance Conclusion**	The Auditor must provide a conclusion as to whether the scenario or requirement defined in each row is compliant with the CMS requirements. A compliance conclusion should be indicated as "Yes" or "No."	The Auditor will use the test case eligibility details from the Test Case input tabs to complete the EDE Entity's eligibility application. Upon completing the eligibility application, the Auditor will verify that the eligibility results on the EDE Entity's website match the eligibility results defined at the end of each Test Case input tab. The Auditor will document each screen within the eligibility application with screenshots and store the EDN and provide the EDN to CMS, unless the test case ends after the screener questions, which is clearly marked in each input tab. For each test case, the Auditor must provide the raw JSON from the Get App API response for the application version used to complete the scenario. There are several required fields in each cell within this column: - The first required field in each cell is, "Eligibility results compliance conclusion: _____." If the test case is compliant, and matches the eligibility results expected for the test case, the Auditor must indicate "Yes" in this column. If the row is not compliant, the Auditor must indicate the noncompliance with a "No" in this column. -The subsequent required fields in each cell refer to the "Auditor Checklist" column and include the item number from the Application UI Toolkit, and the row number from the test case. For example, the first item in row 33 of the 1.A Check List is "Check Items 128-130: Verify that Race and Ethnicity questions are optional to answer for all household members." After the Auditor verifies this checklist item, the Auditor must document its compliance determination in the corresponding field in the "Auditor Compliance Conclusion" column in the "Phase 1" tab, "Auditor checklist Items 128-130/row 33 compliance conclusion:_____"
Risks Identified**	The Auditor must detail any compliance risks identified during the audit in this column for each applicable row. Use this column if the Compliance Conclusion was "No" or if the entity resolved a risk prior to audit submission. There are two types of risks: resolved and unresolved. Please document them both here. Do not document a risk if the requirement is compliant and there was no mitigation required.	As the Auditor reviews each test case in its entirety, the Auditor must indicate any compliance risks identified in this column. This includes any compliance risks that the EDE Entity has since resolved and come into compliance. One example finding is the Auditor could not input all of the test data because UI questions were missing. Another example is if the eligibility result was correct, but the Auditor found that the Entity's UI did not seem to follow the test data inputs or display correct questions.
Risk Level**	Auditors must assign a risk level to each risk it identifies. CMS will take the risk level assigned by the Auditor into consideration when reviewing the audit, but may adjust it if necessary.	The Auditor must assign a risk level of "high" or "low" to each risk. High-risk issues may impact a consumer's eligibility determination, enrollment disposition or status, or legal attestation. High-risk issues may also greatly hinder the consumer experience or impact data collection (e.g., skipping a question that is required for a EDE Entity to ask, but optional for the consumer to answer). Low-risk issues are unlikely to affect a consumer's eligibility determination, enrollment disposition or status, legal attestation, experience (i.e., in a negative or confusing way), or data collection. **Note:** These risk determinations are applicable for the business audit only and not the privacy and security audit.
Risk Mitigation Strategy**	Auditors must explain how a risk(s) was mitigated. For example, if the entity had non-compliant question text, the Auditor must identify that as a risk and list the specific language used as well as how the issue was resolved. This field is required for high-risk findings. The Auditor can work with the EDE Entity to decide on whether or not to include this for low-risk findings.	As the Auditor identifies compliance risks, the Auditor and EDE Entity will identify a mitigation strategy that will mitigate or eliminate the compliance risk. The Auditor must document that mitigation strategy here. This includes documenting the mitigation strategy for any identified risk that the EDE Entity has resolved. One example is, if the initial test did not produce the expected eligibility results (which would be an identified risk), the EDE Entity made a system or UI change to correct the issue to produce the correct eligibility result.
Estimated Resolution Date**	Auditors must provide a timeframe for risk resolution (required for unresolved high-risk findings).	CMS recommends Auditors work with the EDE Entity to provide a realistic timeframe of when a risk will be closed or mitigated given other dependencies and their expertise.
Auditor Comments**	Auditors must use the Auditor comments column for any additional notes or comments pertaining to each item. The Auditor must use this column to include the applicable screenshot file or folder names that show proof of compliance (or non-compliance) for this requirement.	For instructions on how to properly document supplemental documentation see the Enhanced Direct Enrollment (EDE) Business Audit Instructions and Report Template. The Auditor can also use this column to provide any additional notes or comments pertaining to each item. Business requirements audits should not include comments that describe the Auditor's process for verifying the requirement unless there is a specific issue or concern regarding the requirement that warrants raising a concern.

Tab: Test Case Input Note: Not all columns are present in all test case tabs.		
Columns & Sections	**Description**	**Testing Notes**
Summary	A high-level summary of the test case.	
UI Question Companion Guide Reference	Item numbers from the UI Question Companion Guide so the Auditor can easily refer back to requirements.	The Auditor should note this column does not provide an exhaustive list of item numbers for each test case and is not intended for audit purposes. It is a tool to better understand question display requirements by providing an easily accessible reference to detailed information in the UI Question Companion Guide.

Application Data	The question, group of questions/application section, or eligibility result.	
Application Input	Test data for the consumer(s) in each test case (i.e., test data the EDE Entity and Auditor use to answer questions in the eligibility application).	
Notes to Testers	Additional notes to complete each test case and provide additional information for the Auditor about what should or should not appear in the UI.	
Auditor Checklist	Each case has 1-7 checklist items for the Auditor to use when going through the test case to ensure correct implementation. The Auditor must review and verify each checklist item.	The Auditor is required to verify all checklist items and include it's compliance determination for each checklist item in the corresponding field in the "Auditor Compliance Conclusion" column in the "Phase" tab.
Application State & Coverage Year	This section provides the state and required ZIP Code (if any) and coverage year for each test case.	Some test scenarios require the use of specific application states or ZIP Codes. In the event an EDE Entity does not support an application state listed in the test scenario, the Auditor may omit that test case.

Required Completion Rate (Reminder)
Auditors must conduct all possible test cases. However, depending on the entity's intended service areas, Auditors may not be able to conduct a test case because the entity does not intend to operate in the specific state(s) provided in the test case. Auditors must conduct a minimum number of test cases from each toolkit it completes. Auditors conducting Phase 1 audits must submit at least 11 of 14 Phase 1 test cases. Auditors conducting Phase 2 audits must submit at least 8 of 14 Phase 1 test cases AND 6 of 9 Phase 2 test cases. Auditors conducting Phase 3 audits must submit at least 8 of 14 Phase 1 test cases AND 5 of 9 Phase 2 test cases AND 7 of 9 Phase 3 test cases. If an Auditor is not able to conduct the minimum number of test cases for each toolkit because of the entity's planned service areas, it must email DE Support to request instructions to modify test cases so that the Auditor is able to conduct and submit the minimum number of test cases. |
Screening Questions	This section provides the screener questions and answers for each test case that determine if consumer(s) can use a certain phase of EDE.	
Screening Pass/Fail	This section describes and explains if the test consumer(s) may continue the application or if the test consumer must be guided to an alternate pathway because the consumer is not eligible for this phase of EDE.	
Household Member Input	Test data for each consumer in the test case.	
Household	This section provides the household composition information such as relationships, whether household members are applicants/non-applicants, Social Security Numbers (SSNs), and citizenship/immigration information.	All Phase 1 and some Phase 2 scenarios require the use of specific test SSNs which are provided in the input table. Some Phase 2 and Phase 3 scenarios do not include SSNs. In these instances, the Auditor should proceed in the application without entering any values in the SSN field. Entering an invalid SSN will prevent application submission. Please refer to phase-specific instructions.
More About This Household	This section provides information for answering the Non-MAGI Medicaid eligibility questions (physical disabilities, assistance with daily living, nursing home care).	
Medicaid Block	This section provides information for answering the questions about Medicaid denial or Medicaid ending due to a change in eligibility.	
Income	This section provides each household member's current income, deductions, annual income, and income discrepancies, when applicable.	
Program Questions	This section provides additional inputs for each test case that are specific to APTC, Medicaid, CHIP, SEP, and QHP eligibility.	
Attestations	This section provides information for answering the legal attestations.	

| Eligibility Results | This section shows the eligibility results that should display for each consumer in the ERP. The information displayed in the UI should accurately reflect results found in the EDN and use specific language where noted in the test cases. | Auditors should note that test cases do not include data matching issue (DMI) status in the Eligibility Result section. If the test case results in a DMI, the ERP and EDN will provide instruction that the consumer must submit documentation to confirm information. DMIs can occur for citizenship status; immigration status; household income; incarceration status; American Indian or Alaska Native status; eligibility for minimum essential job-based coverage; and eligibility for coverage through Medicaid or CHIP, TRICARE, Veterans Health Care Program, Medicare, or Peace Corps.

Auditors should also note that the test cases do include information on Special Enrollment Verification Issues (SVIs) in the Eligibility Results section, and that messaging about SVIs is expected on both the ERP and EDN when noted in the test case. However, SVIs will not be generated for applicants who are current enrollees or for applications submitted during the annual open enrollment period. Entities can help ensure they are generating the expected SVIs by always randomizing demographic data as instructed by the test cases and completing the toolkit outside of the open enrollment period. |

Test Case ID	State	Summary/Criteria	Expected Results/What's Tested	Test Scenario Description	Auditor Compliance Conclusion**	Risks Identified**	Risk Level**	Risk Mitigation Strategy**	Estimated Resolution Date**	Auditor Comments**
Test Case 1.A	Any state **except AK**	-Initial application, 2 member household -Seeking financial assistance -Married, no dependents -Current coverage through Medicare	-EDE Entity can handle non-applicants (spouse) -EDE Entity accurately collects job-based income information (including both current monthly amount and annual amount) -Primary applicant is ineligible for APTC (due to Medicare enrollment)	This is a simple test case with a two person household—a married couple filing a joint tax return in any state. This test case allows the EDE Entity to demonstrate its ability to handle non-applicants, as the application filer's spouse must be included on the application, but is not seeking coverage herself. Because the application filer is over age 65, the UI must display a message regarding impacts of Medicare and Marketplace coverage. This test case also demonstrates the collection of information about the consumer's employer, because job-based income is reported, and about enrollment in other non-employer-sponsored health coverage. In this case, the application filer has Medicare which results in ineligibility for APTC.	Eligibility results compliance conclusion: Auditor checklist Item 27/row 21 compliance conclusion: Auditor checklist Items 128-130/row 33 compliance conclusion: Auditor checklist Item 34/row 36 compliance conclusion: Auditor checklist Item 194/row 47 compliance conclusion:					
Test Case 1.B	Any state	-Initial application, 1 member household -Not seeking financial assistance -Single, no dependents -Loss of coverage SEP	-EDE Entity properly displays limited screener questions due to consumer indicating they are not seeking financial assistance -EDE Entity properly displays limited application questions due to consumer indicating they are not seeking financial assistance -Applicant is eligible for QHP and may enroll through SEP due to recent loss of MEC	This is a scenario where the consumer is not requesting financial assistance. It can be tested using any state's application. This allows the EDE Entity to demonstrate that only limited screener questions and limited application questions appear based on the consumer's choice not to be considered for insurance affordability programs. The consumer attests to a recent loss of coverage and is therefore eligible to enroll through a SEP.	Eligibility results compliance conclusion: Auditor checklist Item 9/row 33 compliance conclusion: Auditor checklist Item 215/row 46 compliance conclusion: Auditor checklist Item 246 to verify that income does not display on the review application page/row 48 compliance conclusion: Auditor checklist item to verify display of eligibility results page/row 50 compliance conclusion:					
Test Case 1.C	FL, NC, or SC	-Initial application, 2 member household -Seeking financial assistance -Single, 1 dependent	-EDE Entity properly displays prior coverage in the 60 days before the move question -EDE Entity UI successfully collects written language preference -Child may be Medicaid eligible -Parent is found QHP eligible and eligible for hardship exemption due to income below 100% FPL and residency in non-expansion state	This scenario includes a single parent applying for herself and one young child. She selects Spanish as her preferred written and spoken language, and the EDN will be generated in Spanish as a result. In this scenario, the consumer reports a monthly deduction as well as weekly job income. Finally, the consumer in this scenario attests to a recent move. However, the consumer does not meet the prior coverage requirement for the move SEP. In this scenario, the child is found Medicaid eligible while the parent is found QHP eligible and eligible for a hardship exemption on the basis of living in a non-expansion state with an income 100% of the poverty line.	Eligibility results compliance conclusion: Auditor checklist item to verify Item 138/row 40 compliance conclusion: Auditor checklist item to verify "May be eligible for Medicaid" wording/row 52 compliance conclusion:					
Test Case 1.D	AK, AZ, AR, DE, HI, IL, IN, IA, LA, MI, MO, MT, NE, NH, ND, OH, OK, OR, UT, VA, WV	-Initial application, 1 member household -Seeking financial assistance -Single, no dependents	-EDE Entity allows applicant to disagree with projected annual income and input different amount -Applicant may be eligible for Medicaid based on current monthly income	This is a simple scenario of a single individual with no dependents applying for financial assistance in Medicaid Expansion states. This individual attests to weekly unemployment income and disagrees with the calculated projected annual income and inputs her own amount. She resides in a Medicaid Expansion state, and is found Medicaid eligible based on current monthly income.	Eligibility results compliance conclusion: Auditor checklist Item 9/row 12 compliance conclusion: Auditor checklist Item 4/row 33 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 3/row 51 compliance conclusion:					
Test Case 1.D.2	State used in 1.D	-Change in circumstance (CIC) application for 1.D, 1 member household -Seeking financial assistance -Single, no dependents -Pregnant application filer	-EDE Entity demonstrates UI can support CIC -Applicant is routed to HealthCare.gov or alternate channel after attesting to pregnancy -Proper disclaimer regarding unsupported scenarios displayed	This test case tests the UI and functionality related to reporting a life change on an existing application. For this test case, after completing test case 1.D, the tester must report a change in circumstance (CIC) on the already-submitted 1.D application. The household information for the individual would stay the same, except that on the CIC application version, the consumer is now pregnant. Because pregnancy affects Medicaid eligibility, the consumer should be routed to an alternative pathway after accurately answering the screener questions.	Eligibility results compliance conclusion: Auditor checklist Item 9/row 12 compliance conclusion: Auditor checklist Item 19/row 20 compliance conclusion:					
Test Case 1.E	Any state	-Initial application, 2 member household -Not seeking financial assistance -Married, no dependents -Marriage SEP	-The EDE Entity properly displays prior coverage question after Marriage SEP attestation -Applicant and spouse are found eligible for QHP and SEP	In this scenario, a couple with no dependents in any state applies for coverage with no financial assistance. The consumers attest to marriage in the last 60 days. The UI should include a follow-up question asking if either spouse had coverage in the 60 days before the marriage. Because at least one consumer answers "Yes", they are found both QHP and SEP eligible.	Eligibility results compliance conclusion: Auditor checklist Item 32/row 36 compliance conclusion: Auditor checklist Item 246 to verify that income does not display on the review application page/row 48 compliance conclusion:					
Test Case 1.F	AZ, AR, DE, HI, IL, IN, IA, LA, MI, MT, NE, NH, ND, OH, OK, OR, UT, VA, WV	-Initial application, 1 member household -Seeking financial assistance -Single, no dependents -Medicaid denial SEP	-EDE Entity properly displays follow up questions to Medicaid denial question -Applicant is found QHP, APTC, CSR, and SEP eligible due to Medicaid denial	In this simple scenario, a single consumer applies for financial assistance in a Medicaid Expansion state. He attests to job income and to a recent Medicaid denial. The application should include follow-up questions about his Medicaid denial to determine whether he originally applied during Open Enrollment as well as the date of the denial. Despite income below the Medicaid limit in his state, the consumer is found QHP, APTC, CSRs and SEP eligible due to the Medicaid denial attestation.	Eligibility results compliance conclusion: Auditor checklist Item 134 and Item 138/row 40 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 4/row 52 compliance conclusion:					
Test Case 1.H	Any state	-Initial application, 4 member household -Seeking financial assistance -Single, 3 dependents -Dependent lives with parent not on the application filer's tax return	-EDE Entity demonstrates UI properly screens out scenarios not supported by Phase 1 -Applicant routed to HealthCare.gov or alternate channel after answering screening questions -Proper disclaimer regarding unsupported scenarios displayed	This scenario demonstrates proper functionality of the screener tool for an unmarried parent seeking coverage and financial assistance for three tax dependents in any state. The application filer also lives with a domestic partner, which requires use of an alternative pathway only because that domestic partner is the parent of one or more of the application filer's tax dependents. Therefore the application filer should answer "Yes" to the screener question which asks whether their dependents live with a parent who's not on his/her tax return. Upon doing so, they should be directed to an alternative pathway.	Eligibility results compliance conclusion: Auditor checklist Item 12/row 15 compliance conclusion: Auditor checklist Item 20/row 22 compliance conclusion:					
Test Case 1.J	Any state	-Initial application, 1 member household -Not seeking financial assistance -Single, no dependents -Naturalized citizen	-EDE Entity displays naturalized citizenship questions properly in screener -Applicant routed to HealthCare.gov or alternate channel after answering screening questions -Proper disclaimer regarding unsupported scenarios displayed	This test case demonstrates the screener tool UI and functionality for a consumer not applying for financial assistance. In this scenario, an unmarried consumer in any state with no dependents completes the screener on the EDE entity site. Although this consumer is a U.S. citizen, they were not born in the U.S. and became naturalized as a U.S. citizen in the 1990s. On the screener tool, when the consumer answers the question about naturalized citizenship accurately, they should be redirected to an alternative pathway.	Eligibility results compliance conclusion: Auditor checklist item to verify consumer is guided to an alternate pathway with consumer friendly language/row 28 compliance conclusion:					
Test Case 1.K	NH	-Initial application, 3 member household -Seeking financial assistance -Married, 1 dependent -Current coverage through TRICARE -Move SEP	-EDE Entity UI handles multiple income and deduction types -UI accounts for other coverage (TRICARE) and Move SEP -One member is determined eligible for QHP with APTC, one member determined eligible for QHP without subsidy, and the child is assessed as eligible for Medicaid -Correct APTC amount calculated	This test case demonstrates functionality for a mixed eligibility household with multiple income and deduction types, other health coverage, and a Move SEP. In a three member household financial assistance application, one member is determined eligible for QHP with a Move SEP, APTC, and CSRs, one member determined eligible for QHP with a Move SEP and without subsidy, and the child is assessed as eligible for Medicaid. This test case must be run in NH, zip code 03301.	Eligibility results compliance conclusion: Auditor checklist Item 195/row 46 compliance conclusion: Auditor checklist Item 239/row 47 compliance conclusion: Auditor checklist item to check Eligibility Results Tab, Item 5/row 51 compliance conclusion:					
Test Case 1.L	SC	-Initial application, 5 member household -Seeking financial assistance -Married, 3 dependents -1 non-applicant	-EDE Entity handles multiple member's income and properly calculates APTC for a 5 member household -EDE Entity supports non-applicants -Four members are determined eligible for QHP with APTC; one member is not seeking coverage and receives no eligibility results. -Members are not eligible to enroll at this time due to lack of SEP	This test case verifies that the EDE Entity can support a five member household financial assistance application, and successfully grants QHP eligibility with correct subsidy amounts for Member 1, Member 3, Member 4, and Member 5, with Member 2 not seeking health insurance coverage. This test case must be run in SC, zip code 29401.	Eligibility results compliance conclusion: Auditor checklist Item 14/row 16 compliance conclusion: Auditor checklist Item 131/row 38 compliance conclusion: Auditor checklist Item 153-155/row 42 compliance conclusion:					
Test Case 1.M	NH	-Initial application, 4 member household -Seeking financial assistance -Married, 2 dependents -Current coverage through other non-MEC health coverage	-EDE Entity UI handles multiple incomes and a deduction -Correct APTC amount calculated -UI accounts for other non-MEC coverage -UI properly determines eligibility for mixed household - two members are determined eligible for QHP with APTC and two may be eligible for Medicaid	This scenario includes a four member household financial assistance application with multiple income and deduction types, where one member attests to having other non-MEC health coverage. The result is QHP with APTC for two (2) members and Medicaid for two (2) members. This test case must be run in NH, zip code 03301.	Eligibility results compliance conclusion: Auditor checklist Item 22/row 24 compliance conclusion: Auditor checklist Item 175, column G/row 43 compliance conclusion: Auditor checklist Item 192/row 46 compliance conclusion: Auditor checklist Item 239/row 47 compliance conclusion:					
Test Case 1.N	TX	-Initial application, 5 member household -Seeking financial assistance -Married, 3 dependents -Current coverage through TRICARE and Medicare -Marriage SEP	-EDE Entity handles multiple income and properly calculates APTC for a 5 member household -EDE Entity properly displays marriage SEP and prior coverage questions -UI accounts for CHIP waiting period and displays appropriate questions for minor children -UI accounts for Medicare and TRICARE coverage -Parents are eligible for QHP without subsidy, two of the children are referred to Medicaid while one is granted APTC and CSR while in the CHIP waiting period due to the answers to the CHIP waiting period exceptions question	This scenario includes a five member household financial assistance application, where the household's income places a child within CHIP range in a state with a CHIP waiting period. Two of the children are referred to Medicaid while one is granted APTC and CSR while in the CHIP waiting period due to the answers to the CHIP waiting period exceptions question. This test case must be run in TX, zip code 77001.	Eligibility results compliance conclusion: Auditor checklist Item 154, Column G/row 42 compliance conclusion: Auditor checklist Items 243 and 244/row 48 compliance conclusion: Auditor checklist Item 246 to verify the application review page/row 51 compliance conclusion:					
Test Case 1.O	VA	-Initial application, 9 member household -Seeking financial assistance -Married, 7 dependents -Affirmative answers to non-MAGI questions -Medicaid/CHIP denial -Medicaid denial SEP	-EDE Entity UI can handle complex large household with mixed eligibility results -UI correctly calculates multiple income and deduction types and correctly calculates APTC -UI can accommodate multiple SEP (move, loss of MEC, and Medicaid/CHIP denial) and current coverage through the Peace Corps and return correct eligibility results -Members receive determinations of QHP without subsidy, QHP with APTC and CSR, and CHIP eligibility for the family members	This test case verifies the ability for the EDE Entity UI to handle a complex scenario in which a nine (9) member household is applying for financial assistance in Virginia. The application contains multiple income and deduction types, current coverage, multiple SEPs, and attestations to physical disabilities and needing assistance with daily living that result in determinations of QHP without subsidy, QHP with APTC and CSR, and CHIP eligibility for the family members. The test case must be run in VA with zip code 22032 (Fairfax County).	Eligibility results compliance conclusion: Auditor checklist Item 23/row 25 compliance conclusion: Auditor checklist Item 32/row 36 compliance conclusion: Auditor checklist Item 234/row 47 compliance conclusion: Auditor checklist item to verify display of Eligibility Results Page/row 51 compliance conclusion:					

Summary: This is a simple test case with a two person household—a married couple filing a joint tax return in any state. This test case allows the EDE Entity to demonstrate its ability to handle non-applicants, as the application filer's spouse must be included on the application, but is not seeking coverage herself. Because the application filer is over age 65, the UI must display a message regarding impacts of Medicare and Marketplace coverage. This test case also demonstrates the collection of information about the consumer's employer, because job-based income is reported, and about enrollment in other non-employer-sponsored health coverage. In this case, the application filer has Medicare which results in ineligibility for APTC.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	Any state **except AK**		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening Question		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	Application filer is a U.S. citizen, not naturalized or		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		Item 27: Verify "Are either of you offered an individual coverage Health Reimbursement Arrangement (HRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA) through your job, or through the job of another person, like a spouse or parent?" displays as a screening question
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions	Household				
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Dwayne *Curtis* * Male Age: 72	Betty *Curtis* * Female Age: 58	*Do not use Curtis as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	Check Items 128-130: Verify that Race and Ethnicity questions are optional to answer for all household members
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse		
Items 27, 29	Applicant/Non-Applicant	Applicant	Non-applicant		
Items 32, 34	SSN	317-20-1410	317-20-1411	SSN must be entered exactly for test case to function	Check Item 34: Verify that SSN is clearly optional for Betty since she is a non-applicant
More About This Household					
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	N/A (should not display for this household member)		
Medicaid Block					
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	N/A (should not display for this household member)		
Income					
Items 153, 154, 155, 209	Current Month Income	**Job:** $2,798.08 per month	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions	No deductions		
Item 181	Annual Income	$33,576.96	$0	All household members should be asked of their current income and deductions regardless of age. The UI should display expected annual income for each household member	

Item 186	Income Discrepancies	Answer "Household members have changed" to "Dwayne and Betty's income in [coverage year] seems like it will be lower than what our records from the past 2 years show.	N/A (should not display for this household member)		
Program Questions					
Items 191, 192, 194	Current coverage	**Medicare**	N/A (should not display for this household member)		Check Item 194: Verify "Medicare Number" is optional to answer
Items 213, 218, 223	Recent Life Changes (SEPs)	None of these changes	N/A (should not display for this household		
Attestations					
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**		
Reference Materials	**Eligibility Results**				
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan Not eligible for a Special Enrollment Period May be eligible for Medicaid*	N/A	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A *Optional to display for QHP applicant who is also being referred to the state Medicaid agency based on age/disability (non-MAGI)	

Summary: This is a scenario where the consumer is not requesting financial assistance. It can be tested using any state's application. This allows the EDE Entity to demonstrate that only limited screener questions and limited application questions appear based on the consumer's choice not to be considered for insurance affordability programs. The consumer attests to a recent loss of coverage and is therefore eligible to enroll through a SEP.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions	**Application State & Coverage Year**			
Item 1	State	Any state		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening Question	**Screening Questions**			
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	No		
Item 8	Resides in application state	Yes, application filer lives in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	N/A (should not display)		
Item 10	Responsible for a child 18 or younger not on tax return	N/A (should not display)		
Item 11	Full-time student	N/A (should not display)		
Item 12	Pregnant	N/A (should not display)		
Items 14, 17	Citizenship	Application filer is a U.S. citizen, not naturalized or		
Item 15	Can provide SSN	Yes		
Item 16	Applying with same name as name on SSN card	Yes		
Item 18	Incarceration	Not incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	N/A (should not display)		
Item 21	Former foster care	N/A (should not display)		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
	Screening Pass/Fail			
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions	**Household**			

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Michael *Ewing* * Male Age: 31	*Do not use Ewing as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	Check Item 9: Verify that phone number is a required field to answer
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	317-20-1400	SSN must be entered exactly for test case to function	
More About This Household				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	N/A (should not display)		
Medicaid Block				
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)		
Income				
Item 153	Current Month Income	N/A (should not display)		
Item 174	Deductions	N/A (should not display)		
Item 181	Annual Income	N/A (should not display)		
Program Questions				
Items 213, 214, 215, 218, 223	Recent Life Changes (SEPs)	**Recent loss of minimum essential coverage (MEC);** Provide date in last 60 days; Do not provide the name of the plan		Check Item 215: Verify that the field to enter plan name is optional
Attestations				
Items 246, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	Verify that income does not display on the review application page since this is a non-financial assistance application
Reference Materials	**Eligibility Results**			
UI Q CG Eligibility Results Tab: Items 1, 4, 5 Sample HealthCare.gov	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan Eligible for a Special Enrollment Period	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Verify eligibility results page displays that Michael is "eligible to buy a Marketplace plan," "eligible for a Special Enrollment Period"

Summary: This scenario includes a single parent applying for herself and one young child. She selects Spanish as her preferred written and spoken language, and the EDN will be generated in Spanish as a result. In this scenario, the consumer reports a monthly deduction as well as weekly job income. Finally, the consumer in this scenario attests to a recent move. However, the consumer does not meet the prior coverage requirement for the move SEP. In this scenario, the child is found Medicaid eligible while the parent is found QHP eligible and eligible for a hardship exemption on the basis of living in a non-expansion state with an income below 100% of the poverty line.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	FL, NC, or SC		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening Questions		**Screening Questions**		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	1		
Item 3	Who is applying for coverage?	Application filer, dependent		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Household**			

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Becky Eleanor *Oliver* * Female Age: 38 Preferred written/spoken language - Spanish	Bill *Oliver* * Male Age: 3	*Do not use Oliver as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer Parent of Bill	Child of Becky		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant		
Item 32	SSN	766-42-2490	766-42-4551	SSN must be entered exactly for test case to function	
More About This Household					
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Medicaid Block					
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		Check Item 138: Verify Medicaid recently ended or ending soon is asked before Medicaid denial
Income					
Items 153, 154, 155, 209	Current Month Income	**Job:** $325 per week	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 177	Deductions	**Student Loans:** $100 per month	No deductions		
Item 181	Annual Income	$15,687	$0	All household members should be asked of their current income and deductions regardless of age. The UI should display expected annual income for each household member	
Program Questions					
Item 191	Current coverage	N/A (should not display for this household member)	None		
Item 239	Help paying for medical bills	N/A (should not display for this household member)	Do not answer affirmatively		
Items 213, 218, 223, 231, 232, 233, 234	Recent Life Changes (SEPs)	**Recently Moved** Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question	N/A (should not display for this household member)	If a date outside of the last 60 days is entered, then an error message will appear	
Attestations					
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations		**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials	**Eligibility Results**				

UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan	May be eligible for Medicaid	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Verify "May be eligible for Medicaid" wording is used for Bill on the Eligibility Results Page because FL, NC, and SC are Assessment states

Summary: This is a simple scenario of a single individual with no dependents applying for financial assistance in Medicaid Expansion states. This individual attests to weekly unemployment income and disagrees with the calculated projected annual income and inputs her own amount. She resides in a Medicaid Expansion state, and is found Medicaid eligible based on current monthly income.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions	**Application State & Coverage Year**			
Item 1	State	AK, AZ, AR, DE, HI, IL, IN, IA, LA, MI, MO, MT, NE, NH, ND, OH, OK, OR, UT, VA, WV		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening	**Screening Questions**			
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, application filer lives in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		Check Item 9: Verify question text displays relevant coverage year
Item 10	Responsible for a child 18 or younger not on tax return	Not responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	Not a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	Application filer is a U.S. citizen, not naturalized or derived		
Item 15	Can provide SSN	Yes		
Item 16	Applying with same name as name on SSN card	Yes		
Item 18	Incarceration	Not incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	Does not have coverage through a job or COBRA		
Item 21	Former foster care	Not former foster care		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
	Screening Pass/Fail			
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions	**Household**			

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Aisha *Modell* * Age: 31 Female	*Do not use Modell as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	Check Item 4: Verify answer fields for Middle Name and Suffix are optional
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	317-20-1400	SSN must be entered exactly for test case to function	
More About This Household				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions		
Medicaid Block				
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
Income				
Items 153, 154, 165, 209	Current Month Income	**Unemployment:** $288 per week	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions		
Items 181, 182, 183	Annual Income	**Disagree with calculated annual income**; Income is not hard to predict; Attests to $16,093		
Program Questions				
Item 191	Current coverage	None		
Item 239	Help paying for medical bills	Do not answer affirmatively		
Attestations				
Items 246, 247, 252, 254, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all other application attestations	**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials	**Eligibility Results**			

UI Q CG Eligibility Results Tab: Items 1, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	May be eligible for Medicaid	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Check Eligibility Results Tab, Item 3: Verify UI does **not** display Full Medicaid Determination

Summary: This test case tests the UI and functionality related to reporting a life change on an existing application. For this test case, after completing test case 1.D, the tester must report a change in circumstance (CiC) on the already-submitted 1.D application. The household information for the individual would stay the same, except that on the CiC application version, the consumer is now pregnant. Because pregnancy affects Medicaid eligibility, the consumer should be routed to an alternative pathway after accurately answering the screener questions.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	State used in 1.D	Because this is a CiC, the application coverage year and state should remain the same and the application from Test Case 1.D should be	
Item 2	Coverage Year	Coverage year used in 1.D		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, application filer lives in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		Check Item 9: Verify the question is written as or similarly to "Do you plan to file a federal tax return for [insert coverage year]? You don't have to file taxes to apply for coverage, but you'll need to file next year if you want to get a premium tax credit to help pay for coverage now."
Item 10	Responsible for a child 18 or younger not on tax return	Not responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	Not a full-time student		
Item 12	Pregnant	**Application filer is pregnant**	The pathway for consumers to report this life change may vary by UI, but the tester should see similar screening questions that will allow them to report the pregnancy CiC. Pregnancy is not supported by Phase 1 applications, so this answer/input will result in the consumer being redirected to an alternate pathway	
Items 14, 17	Citizenship	Application filer is a U.S. citizen, not naturalized or derived		
Item 15	Can provide SSN	Yes		
Item 16	Applying with same name as name on SSN card	Yes		
Item 18	Incarceration	Not incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		Check Item 19: The question should be written as or similarly to "Are you an American Indian or Alaska Native?"
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		

Item 20	Offer of coverage through job or COBRA	No coverage through job or COBRA		
Item 21	Former foster care	Not former foster care		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
Screening Pass/Fail				
	Pass Screener?	No, consumer should be guided to alternate pathway and should not complete the application	When a consumer fails the screening questions, the UI should redirect the consumer to HealthCare.gov or a Direct Enrollment pathway and display consumer friendly language as to why they cannot continue the application on the entity site	

Summary: In this scenario, a couple with no dependents in any state applies for coverage with no financial assistance. The consumers attest to marriage in the last 60 days. The UI should include a follow-up question asking if either spouse had coverage in the 60 days before the marriage. Because at least one consumer answers "Yes", they are found both QHP and SEP eligible.				
UI Question Companion Guide Reference	**Application Data**	**Application Input**	**Notes to Testers**	**Auditor Checklist**
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	Any state		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer, spouse		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	No		
Item 8	Resides in application state	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	N/A (should not display)		
Item 10	Responsible for a child 18 or younger not on tax return	N/A (should not display)		
Item 11	Full-time student	N/A (should not display)		
Item 12	Pregnant	N/A (should not display)		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	N/A (should not display)		
Item 21	Former foster care	N/A (should not display)		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
		Screening Pass/Fail		
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	**Application Data**	**Household Member Input**	**Household Member Input**	**Notes to Testers**	**Auditor Checklist**
Tab: UI Questions		**Household**			

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Jose *Bandas* * Age: 59 Male	Benita *Bandas* * Age: 61 Female	*Do not use Bandas as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer Spouse of Benita	Spouse of Jose		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant		
Item 32	SSN	317-20-1410	317-20-1411	SSN must be entered exactly for test case to function	Check Item 32: Verify this question is accompanied by the required help text about use of SSN (found in Column F)
			More About This Household		
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	N/A (should not display)	N/A (should not display)		
			Medicaid Block		
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)	N/A (should not display)		
			Income		
Item 153	Current Month Income	N/A (should not display)	N/A (should not display)		
Item 174	Deductions	N/A (should not display)	N/A (should not display)		
Item 181	Annual Income	N/A (should not display)	N/A (should not display)		
			Program Questions		
Items 213, 218, 223, 225, 226	Recent Life Changes (SEPs)	**Got Married** Provide date in last 60 days Attest "Yes" to prior coverage question	**Got Married** Provide date in last 60 days Attest "Yes" to prior coverage question		
			Attestations		
Items 246, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations		**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	Verify that income does not display on the review application page since this is a non-financial assistance application
Reference Materials			**Eligibility Results**		

| UI Q CG Eligibility Results Tab: Items 1, 4, 5

Sample HealthCare.gov Eligibility Results Messaging | Eligibility Results Page (ERP) | Eligible to buy a Marketplace plan

Eligible for a Special Enrollment Period | Eligible to buy a Marketplace plan

Eligible for a Special Enrollment Period | Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A | |
|---|---|---|---|---|---|

Summary: In this simple scenario, a single consumer applies for financial assistance in a Medicaid Expansion state. He attests to job income and to a recent Medicaid denial. The application should include follow-up questions about his Medicaid denial to determine whether he originally applied during Open Enrollment as well as the date of the denial. Despite income below the Medicaid limit in his state, the consumer is found QHP, APTC, CSRs and SEP eligible due to the Medicaid denial attestation.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	AZ, AR, DE, HI, IL, IN, IA, LA, MI, MT, NE, NH, ND, OH, OK, OR, UT, VA, WV		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, application filer lives in application state		
Item 9	Tax filing status	Filing taxes		
Item 10	Responsible for a child 18 or younger not on tax return	Not responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	Not a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	Application filer is a U.S. citizen, not naturalized or		
Item 15	Can provide SSN	Yes		
Item 16	Applying with same name as name on SSN card	Yes		
Item 18	Incarceration	Not incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	Does not have coverage through a job or COBRA		
Item 21	Former foster care	Not former foster care		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
		Screening Pass/Fail		
	Pass Screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Household**		

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Gerald *Rivers* * Age: 20 Male	*Do not use Rivers as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Must provide a valid county and zip code for the application state Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer		
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	317-20-1405	SSN must be entered exactly for test case to function	
More About This Household				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions		
Medicaid Block				
Items 133, 134, 136, 138	Medicaid/CHIP Denial	Does not have Medicaid that recently ended or will end soon **Denied Medicaid/CHIP in the last 90 days** Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"	The date provided should be within the last 60 days	Check Item 138: Verify Medicaid recently ended or ending soon is asked before Medicaid denial Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an answer
Income				
Items 153, 154, 155, 209	Current Month Income	**Job:** $1,417 per month	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Item 174	Deductions	No deductions		
Items 181, 182, 183	Annual Income	**Disagree with calculated annual income;** Income is not hard to predict; Attest to $15,750		
Item 186	Income Discrepancy	Answer "Household members have changed" to question "Gerald's household 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?"		
Program Questions				
Item 191	Current coverage	None		
Items 213, 218, 223	Recent Life Changes (SEPs)	None of these changes		
Attestations				

Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations	**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials	**Eligibility Results**			
UI Q CG Eligibility Results Tab: Items 1, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to **[amount]** each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Eligible for a Special Enrollment Period	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Check Eligibility Results Tab, Item 4: Verify UI displays exact language "What should I do if I think my eligibility results are wrong?"

Summary: This scenario demonstrates proper functionality of the screener tool for an unmarried parent seeking coverage and financial assistance for three tax dependents in any state. The application filer also lives with a domestic partner, which requires use of an alternative pathway only because that domestic partner is the parent of one or more of the application filer's tax dependents. Therefore the application filer should answer "Yes" to the screener question which asks whether their dependents live with a parent who's not on his/her tax return. Upon doing so, they should be directed to an alternative pathway.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	Any state		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	3		
Item 3	Who is applying for coverage?	Application filer, 3 dependents		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	Filing taxes		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		Check Item 12: The question should be written as or similarly to "Is anyone pregnant?" since there is more than one household member on the application
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		Check Item 20: The question should be written as or similarly to "Are any of you offered health coverage through your job, someone else's job, or COBRA?" since there are more than two applicants on the application
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	**Yes**	This scenario is not supported by Phase 1 applications. This answer will result in the consumer being redirected to an alternate pathway	
		Screening Pass/Fail		

	Pass Screener?	No, consumer should be guided to alternate pathway and should not complete the application	When a consumer fails the screening questions, the UI should redirect the consumer to HealthCare.gov or a Direct Enrollment pathway and display consumer friendly language as to why they cannot continue the application on the entity site	

Summary: This test case demonstrates the screener tool UI and functionality for a consumer not applying for financial assistance. In this scenario, an unmarried consumer in any state with no dependents completes the screener on the EDE entity site. Although this consumer is a U.S. citizen, they were not born in the U.S. and became naturalized as a U.S. citizen in the 1990s. On the screener tool, when the consumer answers the question about naturalized citizenship accurately, they should be redirected to an alternative pathway.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		Application State & Coverage Year		
Item 1	State	Any state		
Item 2	Coverage Year	Current Year		
Tab: Phase 1 Screening		Screening Questions		
Item 1	Marital Status	Single		
Item 2	Number of tax dependents	0		
Item 3	Who is applying for coverage?	Application filer		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	No		
Item 8	Resides in application state	Application filer lives in application state	Must provide a valid zip code for the application state	
Item 9	Tax filing status	N/A (should not display)		
Item 10	Responsible for a child 18 or younger not on tax return	N/A (should not display)		
Item 11	Full-time student	N/A (should not display)		
Item 12	Pregnant	N/A (should not display)		
Items 14, 17	Citizenship	**Application filer was born outside of the U.S. and is a naturalized citizen**	This scenario is not supported by Phase 1 applications. This answer will result in the consumer being redirected to an alternate pathway	
Item 15	Can provide SSN	Yes		
Item 16	Applying with same name as name on SSN card	Yes		
Item 18	Incarceration	Not incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	Does not have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	N/A (should not display)		
Item 21	Former foster care	N/A (should not display)		
Item 22	Claiming all dependents on tax return	N/A (should not display)		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	N/A (should not display)		
Item 26	Dependents live with parent not on tax return	N/A (should not display)		
		Screening Pass/Fail		
	Pass Screener?	No, consumer should be guided to alternate pathway and should not complete the application	When a consumer fails the screening questions, the UI should redirect the consumer to HealthCare.gov or a Direct Enrollment pathway and display consumer friendly language as to why they cannot continue the application on the entity site	Verify consumer is guided to an alternate pathway with consumer friendly language

Summary: This test case demonstrates functionality for a mixed eligibility household with multiple income and deduction types, other health coverage, and a Move SEP. In a three member household financial assistance application, one member is determined eligible for QHP with a Move SEP, APTC, and CSRs, one member determined eligible for QHP with a Move SEP and without subsidy, and the child is assessed as eligible for Medicaid. This test case must be run in NH, zip code 03301.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	NH, zip code 03301		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	1		
Item 3	Who is applying for coverage?	Application filer, spouse, dependent		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state, 03301	This test case requires use of zip code 03301 in state of NH	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions			**Household**			

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Bobby Alva *Jones* * Age: 55 Male	Roxy Verna *Jones* * Age: 51 Female	Amber Amy *Jones* * Age: 10 Female	*Do not use Jones as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Provide zip code **03301** Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	276-72-8793	276-72-9990	276-74-0252	SSN must be entered exactly for test case to function	
More About This Household						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Medicaid Block						
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
Income						
Items 153, 154, 155, 209	Current Month Income	**Job:** $1,550.07 per month **Job:** $429.93 per month **Job:** $99.37 per week	**Job:** $2,212.17 per month	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 176	Deductions	**Alimony:** $197.77 per month	No deductions	No deductions		
Item 181	Annual Income	$26,550.03	$26,546.04	$0		
Program Questions						
Items 191, 192, 195	Current coverage	None	**TRICARE**	None		Check Item 195: Verify policy number and Member ID are optional
Item 239	Help paying for medical bills	N/A (should not display for this household member)	N/A (should not display for this household member)	Do not answer affirmatively		Check Item 239: Verify "Would any of these people like help paying for medical bills from the last 3 months?" only displays for Amber because she is prelim Medicaid eligible
Items 213, 218, 223, 231, 232, 233, 234	Recent Life Changes (SEPs)	**Recently moved;** Provide zip code in a different county than zip code provided in home address; Provide date within last 60 days; Attest "Yes" to prior coverage question	None of these changes	N/A (should not display for this household member)	If a date outside of the last 60 days is entered, then an error message will appear	
Attestations						

Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all other application attestations			**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials		**Eligibility Results**				
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to **$421** each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan Eligible for a Special Enrollment Period	May be eligible for Medicaid	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Check Eligibility Results Tab, Item 5: Verify UI displays link to voter registration

Summary: This test case verifies that the EDE Entity can support a five member household financial assistance application, and successfully grants QHP eligibility with correct subsidy amounts for Member 1, Member 3, Member 4, and Member 5, with Member 2 not seeking health insurance coverage. This test case must be run in SC, zip code 29401.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	SC, zip code 29401		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	3 dependents		
Item 3	Who is applying for coverage?	Application filer, 3 dependents		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state, 29401	Test case requires use of zip code 29401 in state of SC	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		Check Item 14: The question should be written as or similarly to "Are all of you U.S. citizens?" because there are more than two household members on the application
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Household**						
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Laila *Simon* * Age: 38 Female	William *Simon* * Age: 38 Male	Finley *Simon* * Age: 16 Male	Princeton *Simon* * Age: 10 Male	Alexzander Carl *Simon* * IV Age: 11 Male	*Do not use Simon as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Provide zip code **29401** Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter	Son/Daughter	Son/Daughter		

Items 27, 29	Applicant/Non-Applicant	Applicant	Non-Applicant	Applicant	Applicant	Applicant		
Items 32, 34	SSN	292-62-0994	292-62-1254	292-62-7192	292-66-0653	292-66-1450	SSN must be entered exactly for test case to function	
More About This Household								
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	N/A (should not display for this household member)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		Check Item 131: Verify that William (non-applicant) does not display as answer option
Medicaid Block								
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	N/A (should not display for this household member)	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
Income								
Items 153, 154, 155, 209	Current Month Income	**Job:** $4,796.67 per month	**Job:** $4,796.66 per month	No income	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Items 153, 154, and 155: Verify that William (non-applicant) is an answer option and allowed to attest to income
Item 174	Deductions	No deductions	No deductions	No deductions	No deductions	No deductions		
Item 181	Annual Income	$57,560.04	$57,559.92	$0	$0	$0		
Program Questions								
Item 191	Current coverage	None	N/A (should not display for this household member)	None	None	None		
Items 213, 218, 223	Recent Life Changes (SEPs)	None of these changes	N/A (should not display for this household member)	None of these changes	None of these changes	None of these changes		
Attestations								
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations					**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials		**Eligibility Results**						
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to **$605** each month for your tax household Not eligible for a Special Enrollment Period*	N/A	Eligible to buy a Marketplace plan with a premium tax credit of up to **$605** each month for your tax household Not eligible for a Special Enrollment Period*	Eligible to buy a Marketplace plan with a premium tax credit of up to **$605** each month for your tax household Not eligible for a Special Enrollment Period*	Eligible to buy a Marketplace plan with a premium tax credit of up to **$605** each month for your tax household Not eligible for a Special Enrollment Period*	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A *Optional to display if consumer is *not* eligible for Special Enrollment Period	

Summary: This scenario includes a four member household financial assistance application with multiple income and deduction types, where one member attests to having other non-MEC health coverage. The result is QHP with APTC for two (2) members and Medicaid for two (2) members. This test case must be run in NH, zip code 03301.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	NH, zip code 03301		
Item 2	Coverage Year	Current Year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	2		
Item 3	Who is applying for coverage?	Application filer, spouse, 2 dependents		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state, 03301	This test case requires use of zip code 03301 in state of NH	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		Check Item 22: This question should be worded as or similarly to "Will you claim all of them as dependents on your federal income tax return for [coverage year]?" because there is more than one dependent on the application
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Household**					

Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Soren M *Sharp* * Age: 31 Male	Mia *Sharp* * Age: 31 Female	Christian Matthew *Sharp* * Age: 9 Male	Monika Leila *Sharp* * Age: 6 Female	*Do not use Sharp as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name Provide zip code **03301** Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter	Son/Daughter		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	276-98-1152	276-98-1693	276-98-1793	276-98-4751	SSN must be entered exactly for test case to function	
More About This Household							
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
Medicaid Block							
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP		
Income							
Items 153, 154, 155, 209	Current Month Income	**Job:** $2,982.39 per month	**Job:** $3,013.75 per month	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 177	Deductions	**Student Loan:** $214.88 per month	No deductions	No deductions	No deductions		Check Item 175, column G: Verify all expenses are listed as answer options
Item 181	Annual Income	$33,210.12	$36,165.00	$0	$0		
Program Questions							
Items 191, 192, 197	Current Coverage	**Other full benefit coverage;** Name of health plan: ABC plan; Policy number: #12345678	None	None	None		Check Item 192: Verify all coverage options display
Item 239	Help Paying For Medical Bills	N/A (should not display for this household member)	N/A (should not display for this household member)	Do not answer affirmatively	Do not answer affirmatively		Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 213, 218, 223	Recent Life Changes (SEPs)	None of these changes	None of these changes	N/A (should not display for this household member)	N/A (should not display for this household member)		
Attestations							
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations				**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials	**Eligibility Results**						
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to **$355** each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Not eligible for a Special	Eligible to buy a Marketplace plan with a premium tax credit of up to **$355** each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Not eligible for a Special	May be eligible for Medicaid	May be eligible for Medicaid	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A *Optional to display if consumer is *not* eligible for Special Enrollment Period	

Summary: This scenario includes a five member household financial assistance application, where the household's income places a child within CHIP range in a state with a CHIP waiting period. Two of the children are referred to Medicaid while one is granted APTC and CSR while in the CHIP waiting period due to the answers to the CHIP waiting period exceptions question. This test case must be run in TX, zip code 77001.

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	TX, zip code 77001		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening Questions		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	3		
Item 3	Who is applying for coverage?	Application filer, spouse, 3 dependents		
Item 5 Items 4, 6, 7 (depending on implementation)	Seeking financial assistance?	Yes		
Item 8	Resides in application state	Yes, all household members live at same address in application state, 77001	This test case requires use of zip code 77001 in state of TX	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions				**Household**				
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Kylan Isaac *Dickson* * Age: 34 Male	Kathryn Elizabeth *Dickson* * Age: 34 Female	Phoenix *Dickson* * Age: 2 Female	Keira *Dickson* * Age: 4 Female	Zaara Leona *Dickson* * Age: 6 Female	*Do not use Dickson as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name. Provide zip code **77001** Use any date of birth that results in the correct age for each household member Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer	Spouse	Son/Daughter	Son/Daughter	Son/Daughter		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	278-03-1454	278-03-4151	278-03-8550	278-04-0190	278-04-4990	SSN must be entered exactly for test case to function	
				More About This Household				
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		

Medicaid Block							
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	
Income							
Items 153, 154, 155, 159, 209	Current Month Income	**Job:** $2,744.38 per month **Self-employment:** $859.31, profit, per month	**Job:** $742.04 per month	No income	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 154, Column G: Verify all income types are listed as answer options
Items 174, 175, 178	Deductions	**Other:** $128.90 per month	No deductions	No deductions	No deductions	No deductions		
Items 181	Annual Income	$41,697.48	$8,904.48	$0	$0	$0		
Program Questions							
Items 191, 192, 194, 195	Current coverage	**TRICARE**	**Medicare**	None	None	None		
Item 239	Help paying for medical bills	N/A (should not display for this household member)	N/A (should not display for this household member)	Do not answer affirmatively	Do not answer affirmatively	N/A (should not display for this household member)		
Items 243, 244	CHIP waiting period questions	N/A (should not display for this household member)	N/A (should not display for this household member)	N/A (should not display for this household member)	N/A (should not display for this household member)	**Answer "Yes" to "Did Zaara have coverage through a job that ended in the last three months?"; Reason for coverage ending: "Other"**		Check Items 243 and 244: Verify only Zaara is listed as an answer option for Item 243, and that all reasons for coverage ending in Item 244, column G are displayed
Items 213, 218, 223, 225, 226	Recent Life Changes (SEPs)	**Got Married** Provide a date within the last 60 days; Answer "Yes" to prior coverage question	**Got Married** Provide a date within the last 60 days; Answer "Yes" to prior coverage question	N/A (should not display for this household member)	N/A (should not display for this household member)	None of these changes		
Attestations							
Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations					**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	Verify all the information on the application review page accurately reflects the attestations inputted during the test case
Reference Materials		**Eligibility Results**					
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan Eligible for a Special Enrollment Period	May be eligible for Medicaid	May be eligible for Medicaid	Eligible to buy a Marketplace plan with a premium tax credit of up to **$267** each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	

Summary: This test case verifies the ability for the EDE Entity UI to handle a complex scenario in which a nine (9) member household is applying for financial assistance in Virginia. The application contains multiple income and deduction types, current coverage, multiple SEPs, and attestations to physical disabilities and assistance with daily living that result in determinations of QHP without subsidy, QHP with APTC and CSR, and CHIP eligibility for the family members. The test case must be run in VA with zip code 22032 (Fairfax County).

UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		**Application State & Coverage Year**		
Item 1	State	VA, zip code 22032, county Fairfax		
Item 2	Coverage Year	Current year		
Tab: Phase 1 Screening		**Screening Questions**		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	7		
Item 3	Who is applying for coverage?	Application filer, spouse, 7 dependents		
Item 5	Seeking financial assistance?	Yes		
Items 4, 6, 7 (depending on implementation)				
Item 8	Resides in application state	Yes, all household members live at same address in application state, 22032	This test case requires use of zip code 22032 (Fairfax County) in state of VA	
Item 9	Tax filing status	Filing jointly		
Item 10	Responsible for a child 18 or younger not on tax return	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
Item 11	Full-time student	No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
Items 14, 17	Citizenship	All applicants are U.S. citizens, not naturalized or derived		
Item 15	Can provide SSN	All applicants can provide SSN		
Item 16	Applying with same name as name on SSN card	All applicants are applying with name same as the name on their SSN card		
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has AI/AN status		
Item 27	Offer of individual coverage HRA (ICHRA) or a qualified small employer Health Reimbursement Arrangement (QSEHRA)	No applicants have an ICHRA or QSEHRA offer		
Item 20	Offer of coverage through job or COBRA	No applicants have access to coverage through a job or COBRA		
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax return	Yes		
Items 23, 25	Dependent is child, single (not married), 25 or younger, not step child or grandchild	Yes		Check Item 23: The question should be written as or similarly to "Are all of them your children who are single (not married) and 25 or younger?" since there is more than one dependent on the application
Item 26	Dependents live with parent not on tax return	No		
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

UI Question Companion Guide Reference	Application Data	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Tab: UI Questions						**Household**						
Items 4, 28 Name Item 5 Home address Items 7, 8 Mailing address Item 10 Preferred language	Household member	Clayton *Morgan* * Age: 38 Male	Alba *Morgan* * Age: 38 Female	Ayva *Morgan* * Age: 6 Female	Safiyah Nina *Morgan* * Age: 8 Female	Daphne *Morgan* * Age: 10 Female	Hareem Christina *Morgan* * Age: 12 Female	Theodore Clarence *Morgan* * Age: 14 Male	Michael *Morgan* * Age: 16 Male	Hugh *Morgan* * Age: 18 Male	*Do not use Morgan as the last name. Use a different last name that is unique (it can be a random string of letters). Do not change the first name. Provide zip code 22032 (Fairfax County) Use any date of birth that results in the correct age for each household member. Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question Companion Guide: - Items 4, 5, 7, 8, 9 Household Contact Information - Items 10-14 Communication Preferences - Items 15-20 Help Applying for Coverage - Items 128-130 Applicant and non-applicant information - Race and Ethnicity	
Item 28	Application Filer/Relationship to Application Filer	Application Filer Spouse of Alba	Spouse of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba	Child of Clayton Child of Alba		
Items 27, 29	Applicant/Non-Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant	Applicant		
Item 32	SSN	278-24-3790	278-24-6594	278-24-9494	278-26-4192	278-26-6153	278-26-7351	278-28-3690	278-28-5191	278-30-5192	SSN must be entered exactly for test case to function	Check Item 32, Column F: Verify this question is accompanied by the required help text about use of SSN
						More About This Household						
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical disabilities, assistance with daily living, nursing home care)	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	**Attests to physical disability or mental health condition**	Do not answer affirmatively to any non-MAGI questions	**Attest to needing help with activities of daily living**	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions	Do not answer affirmatively to any non-MAGI questions		
						Medicaid Block						
Items 133, 134, 136, 137, 138, 139, 140	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon **Denied Medicaid in last 90 days;** Provide a date within the last 60 days; Attest to applying after a qualifying life event	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	**Had Medicaid coverage that ended recently due to a change in eligibility;** Income and household size have not changed since applicant was told their coverage was ending; Provide a date in the last 60 days	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	Does not have Medicaid/CHIP that recently ended or will end soon; Not denied Medicaid/CHIP	The date provided should be within the last 60 days	
						Income						
Items 153, 154, 155, 159, 209	Current Month Income	**Job:** $1,804 every two weeks	**Job:** $3,755.25 per month	No income	No income	No income	No income	**Self-employment:** $50 per month	No income	No income	Employer name (and phone number, where Item 209 is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 176, 177	Deductions	**Alimony:** $100 every two weeks	**Student loans:** $300 per month	No deductions	No deductions	No deductions	No deductions	No deductions	No deductions	No deductions		
Items 181, 182, 183, 184	Annual Income	**Disagree with calculated annual income;** Income is hard to predict; Attest to $44,315	$41,463	$0	$0	$0	$0	**Disagree with calculated annual income;** Income is not hard to predict; Attest to $300	$0	$0		
						Program Questions						
Items 191, 192	Current Coverage	None	**Peace Corps**	None	None	None	None	None	None	None		

Items 213, 214, 215, 218, 223, 231, 232, 233, 234	Recent Life Changes (SEPs)	Loss of coverage; Provide date within last 60 days	Moved; Provide date within last 60 days; Provide zip code in a different county than zip code provided in home address; Answer "Yes" to prior coverage question	None of these changes	N/A (should not display for this household member)	N/A (should not display for this household member)	Loss of coverage; Provide date within last 60 days (same date as when Hareem's Medicaid ended above)	N/A (should not display for this household member)	N/A (should not display for this household member)	N/A (should not display for this household member)	The loss of coverage date for Hareem may be prepopulated by the UI	Check Item 234: Verify Alba is required to answer question about prior coverage after attesting to a recent move
Attestations												
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all application attestations									**Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case**	
Reference Materials		**Eligibility Results**										
UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5 Sample HealthCare.gov Eligibility Results Messaging	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan with a premium tax credit of up to $732 each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan Eligible for a Special Enrollment Period	Eligible to buy a Marketplace plan with a premium tax credit of up to $732 each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Eligible for a Special Enrollment Period	Eligible for CHIP	Eligible for CHIP	Eligible to buy a Marketplace plan with a premium tax credit of up to $732 each month for your tax household Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Eligible for a Special Enrollment Period	Eligible for CHIP	Eligible for CHIP	Eligible for CHIP	Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	Verify the Eligibility Results Page displays correct eligibility and APTC amount for each household member