OMB Control #: 0938-NEW Expiration Date: XX/XX/20XX

### 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 11 of 14 Phase 1 test cases. Auditors conducting Phase 2 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

olack forit: 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.		

PRA DISCLOSURE: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-NEW, expiration date is XX/XX/20XX. The time required to complete this information collection is estimated to take up to 56,290 hours annually for all direct enrollment entities. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact Brittany Cain at Brittany.Cain@cms.hhs.gov.

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.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 1 or Phase 2 application is asked as an application question for a Phase 1 and 2 screening questions, but will be included as an application in Phase 3 application.
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	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.	

ligibility Results	This section shows the eligibility results that should	Auditors should note that test cases do not include data matching issue (DMI)
	display for each consumer in the ERP. The	status in the Eligibility Result section. If the test case results in a DMI, the ERP and
	information displayed in the UI should accurately	EDN will provide instruction that the consumer must submit documentation to
	reflect results found in the EDN and use specific	confirm information. DMIs can occur for citizenship status; immigration status;
	language where noted in the test cases.	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.

Text Care ID	State	Summany /Critaria	Connected Results Althor's Tortad	Tost Sconario 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 francial assistance Adarried, no dependent -Current coverage through Medicare	. IDE firstly can hundle eco-agolicants (spouse) - IDE firstly can hundle eco-agolicants (spouse) - IDE firstly accorately collect (sp. based income information (including both converted moth) amount and annual amount) - Primary applicant is ineligible for APTC (due to Medicare errollment)	This is one polymer and the about present householders a merric drought filter a plant section in any active. The case and destroit follows the demonstrate for section filters and the case and the section filter's openion must be included on the polymeristic filter. It is explained promatic filters' groupe must be included on the polymeristic filters and deploys amenages regarding impacts of Medicines and Mankespillers (in the Unit or displays amenages regarding impacts of Medicines and Mankespillers (in the Unit of Section of Section Sec	Egiplity yeulst compliance conclusion: Auditor checklist time 32 few 32 compliance conclusion: Auditor checklist time 32 to 35		one magazini danag	Contractor to Accordant Contractor	Addition Committee
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 genetions 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 central where the consumer is not requesting financial assistance. It can be tested using any start's application. This allows the EDE Finding to demonstrate that limited cereancy questions and limited application questions appear based on the consumer's choice not be considered finanzince afforcibility programs. The consumers attests to a recent loss of coverage and is therefore eligible to enroll through § EFP.	Bigibility results compliance conclusion: Audior checidist Info 13/6 was 3 compliance conclusion: Audior checidist tem 215/fow at 6 compliance conclusion: Audior checidist tem 215/fow at 6 compliance conclusion: Audior checidist tem 25/6 to verify that conce does not display on the review application page frow 48 compliance conclusion: Audior checidist its mot to certify display of alighbility results page from 50 compliance conclusion.				
Test Case 1.C	FL, NC, or SC	-Initial application, 2 member household -Seeking financial assistance -Single, 1 dependent	4DE Entity properly displays prior coverage in the 60 days before the move question.  "DE Entity III successfully collects written language preference."  "Old may be Medical eligible."  "Devent is brund EPR eighba and eligible for hardship exemption due to income below 100% FPL and residency in non-expension state.	This scenario includes a single parent applying for herest at an done young child. She success Spanish as less priented within an ediploin language, and for DM will be generated in Spanish as a roud. In this scenario, the comment reports a monthly deduction as well as weekly join income. Fairly, the comment in bits carenario stress to a a recent more. However, the comment does not meet the piece coverage requirement for the more SPE in this scenario, the child is not find Medical digible to the throw SPE in this scenario, the child is not find Medical digible to show the scenario should be a find the spanish of the spanish should child register and eighble to a handary or semption on the boar of living in a ron- sequence state with a finceme bable 2006 of the powerty line.	Eighbilty rushir compliance conclusion.  Auditor checklist izen to worthy than 33(now 40 compliance conclusion:  Auditor checklist izen to worthy "May be sligible 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 Medicald Expansion states. This individual attests to weekly unemployment income and disagrees with the calculated projected annual income and inputs for own annount. An evidence in a Medicald Expansion state, and is found Medicald eliable based on current monthly income.	Eligibility results compiliance conclusion: Auditor checkles I tem 9/row 12 compilance conclusion: Auditor checkles I tem 4/row 32 compilance conclusion: Auditor checkles i kem to check Eligibility Results Tab, I tem 3/row 51 compilance conclusion:				
Test Case 1.D.2	State used in 1.D	-Change in circumstance (CIC) application for 1.0, 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 text case texts the UI and functionality related to reporting a life change on an seiding application. For this text case, piece completing text case U.), the texter must report a change in circumstance (CIC) on the already-submitted 1.D application. The household information for the individual would stary the same, except that con the CI application version. The commer is now pregram. Because pregramy affects accurately anowerine the screener assured to an alternative partimizery after securately anowerine the screener assured.	Bigibility results compliance conclusion: Austrac checklet tem 9/10w 22 compliance conclusion: Austrac checklet tem 59/10w 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 UII should notice a follow-up question asking its either spouse had coverage in the 60 days before the marriage. Because at least one consumer answers "Yes", they are found both QMP 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 joi 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 Envolument as well as the date of the denial. Despite income held with Medicaid denial and CRFR, APTC, CRRs and SEP eligible due to the Medicaid into his state, the consumer is found CRFR, APTC, CRRs and SEP eligible due to the Medicaid denial attentation.	Bigibility results compliance conclusion.  Auditor checilist tem 154 and tem 138/row 40 compliance conclusion.  Auditor checilist tem 154 and tem 138/row 40 compliance conclusion.  Auditor checilist tem to check tigibility Results Vsal, trans 4/row 51 compliance conclusion.				
Test Case 1.H	Any state	-Initial application, 4 member household -Seeleing 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 question.  -Proper disclaimer regarding unsupported scenarios displayed	This scenario demonstrates grope functionality of the screener toof for an unmarried permit sceleting compared and functionality of the screener toof for an unmarried than application filer also lines with a domestic partner, which negatives use of an attenuable pathway objectures that domestic pathway in the negatives use of an attenuable pathway objectures that the pathway that the pathway of the the application filer's tax dependents. Therefore the application filer footed answer with 5 to the screener question which also where their dependents is well that parent which is not in higher tax return. Upon doing so, they should be directed to an attenuable activities.	Biglibiley results compliance conclusion. Auditor checitist tiem 17/1/ew 35 compliance conclusion. Auditor checitist tiem 27/1/ew 32 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 is tot case demonstrates the screener tool UI and functionality for a consumer not applying for francial soutenace. In this caseria, or uncomarried consumer is any state with no dependents completes the screener on the EDE entity size. 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 1900. On the screener cod, when the consumer answers the question about naturalized citizenship accurately, they should be redirected to an alternative authors.	Bigibility results compliance conclusion.  Auditor checklist litems to verify concurrer is guided to an alternate pathway with concurrer friendly largering with configurate 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 III handles multiple income and deduction types  "I accounts for other coverage (FIRLOS) and More SEP  One member is determined eligible for CHP with APTC, one member determined eligible for CHP without subsidy, and the child is assessed as eligible for Medical eligible for CHP without subsidy, and the child is assessed as eligible for Medical eligible for CHP without subsidy, and the child is assessed as eligible for Medical eligible	This text case demonstrates functionality for a mixed eligibility household with multiple income and deduction types, other health coverage, and all Nove Fin. no three member household financial assistance application, one member is determined eligibile for CHP with a Move SEP, APTC, and CSRs, one member determined eligibile for CHP with a Move SEP and without subsidy, and the childr's assessed as eligible for Medicaid. This text case must be run in NH, zip code 03301.	Bigibitity results compliance conclusion: Audistor including time 1996 frow 46 compliance conclusion: Audistor circlectist tem 1996 frow 46 compliance conclusion: Audistor circlectist arginise 47 compliance conclusion: Audistor circlectist item to check Etigibility Moudist Yal, Item 5/10w 52 compliance conclusion:				
Test Case 1.L	SC	-Initial application, 5 member household -Seeking financial assistance -Married, 3 dependents -1 non-applicant	for a 5 member household  -EDE Entity supports non applicants  -Four members are determined eligible for CHP with APTC; one member is not seeking coverage and receives no eligibility results.  -Members are not eliable to enroll at this time due to lock of SEP	This test case verifies that the EDE Entity can support a five member household financia 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 checklisis tiem 14/row 15 compliance conclusion: Auditor checklisis tiem 13/row 38 compliance conclusion: Auditor checklisis tiem 153-155/row 42 compliance conclusion:				
Test Case 1.M	NH	-Initial application, 4 member household -Seeking financial assistance -Marriod, 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 esligibility for mixed household - two members are determined eligible for QHP with APTC and two may be eligible for Medicald	This scenario includes a four member household financial assistance application with multiple income and deduction types, where one member attests to having other non- MCE health coverage. The result is CIV with APPT for two 102 members and Medicaid for two (2) members. This test case must be run in NH, zip code 03301.	Bigibility results compliance conclusion: Auditor includit time 32/10w 47 compliance conclusion: Auditor chicklet tem 12/10w 47 compliance conclusion: Auditor chicklet tem 12/10w 46 compliance conclusion: Auditor chicklet tem 192/10w 46 compliance conclusion: Auditor chicklet tem 192/10w 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	ADE feetly handles entitled income and properly calculates APTC for a 5 member household.  Old finitely properly displays manages \$25 and prior coverage questions.  40 finitely properly displays manages \$25 and prior coverage questions for misor children.  41 accounts for CMM stemp period and displays appropriate questions for misor children.  42 accounts for Medicars and TRICAEE coverage.  43 accounts for Medicars and TRICAEE coverage.  43 accounts for Medicars and TRICAEE coverage.  44 accounts for Medicars and TRICAEE coverage.  45 accounts for Medicars and TRICAEE coverage.  45 accounts for Medicars and TRICAEE coverage.  46 accounts for Medicars and TRICAEE coverage.  46 accounts for Medicars and TRICAEE coverage.  47 accounts for Medicars and TRICAEE coverage.  48 accounts for Medicars and TRICAEE coverage.  48 accounts for Medicars and TRICAEE coverage.  48 accounts for Medicars and TRICAEE coverage.  49 accounts for Medicars and TRICAEE coverage.  49 accounts for Medicars and TRICAEE coverage.  40 accounts for Medicars and TRICAEE coverage.  41 accounts for Medicars and TRICAEE coverage.  42 accounts for Medicars and TRICAEE coverage.  43 accounts for Medicars and TRICAEE coverage.  44 accounts for Medicars and TRICAEE coverage.  45 accounts for Medicars and TRICAEE coverage.  46 accounts for Medicars and TRICAEE coverage.  46 accounts for Medicars and TRICAEE coverage.  47 accounts for Medicars and TRICAEE coverage.  47 accounts for Medicars and TRICAEE coverage.  48 accounts for Medicars and TRICAEE coverage.  49 accounts for Medicars and TRICAEE coverage.  49 accounts for Medicars and TRICAEE coverage.  40 accounts for Medicars and TRICAEE coverage.  40 accounts for Medi	This scenario includes a flow member household financial assistance application, where the household's income places a old scenario CHP range in a state with a CHP waiting product. Year of the children are referred to Medicals white one is garried AFTC and CHP control of the children are referred to Medicals white one is garried AFTC and CHP control of the children of the childre	Equilibry results compliance conclusion.  Application (sheeling the SSE), Calumn Gripow 42 compliance conclusion.  Auditor checklist terms 24 and 24-frow 48 compliance conclusion.  Auditor checklist terms 24 to verify the application review pappines 51 compliance conclusion.  Auditor checklist terms 24 to verify the application review pappines 51 compliance conclusion.				
Test Case 1.0	VA	-Initial application, 9 member household -Seeking financial assistance -Married, 7 dependents -Affirmative amoves to non-MAGI questions -Medicald/CHIP denial -Medicald denial SEP	4DE Entity UI can handle complex large household with mixed eligibility results. UI correctly calculates multiple income and deduction types and exclusion UI correctly calculates. Mixed Septiment of the Correct of the Correc	This sect case worther the ability for the LDE Entity UI to handle a complex scenario in which a new (I) member household is applying for fewancial assistance in Vergens. The adjustation contains made place content and department programs and programs of the adjustation and the adjustation contains made in containing the adjustation of CIPP without soboles, CIPP with APTC and CIPI, and CIPP displaying the facility members. The text case must be run in VA with high code 2023 (Paintac County).	Eigibility results compliance conclusion. Auditor checifici time 22/two 25 compliance conclusion. Auditor checifici time 22/two 25 compliance conclusion. Auditor checifici time 324/two 47 compliance conclusion. Auditor checifici time 10 verify display of Eigibility Results Papil/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.

results in ineligibility for AFTC.				
UI Question Companion Guide Reference	Application Data	Application Input	Notes to Testers	Auditor Checklist
Tab: UI Questions		Application State & Coverage Y	ear	
Item 1	State	Any state except AK		
Item 2	Coverage Year	Current year		
ab: 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	No applicants have access to coverage through a job		
	COBRA	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 <i>Curtis</i> * Male Age: 72	Betty <i>Curtis</i> * 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	Check Items 128-130: Verify that Race and Ethnicity questions are optional to answer for all household members
item 10 i referred language				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	
Item 28	Application Filer/Relationship to	Application Filer	Spouse	Race and Ethnicity	
Items 27, 29	Application Filer Applicant/Non-Applicant	Applicant	Non-applicant		
Items 32, 34	SSN 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
		Mor	e 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	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)		
H 152 154 155 200	Compared Managhalananana	Jah. 62 700 00	Income	Frankrich and the second and the sec	
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$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	

		I			
Item 186	Income Discrepancies		N/A (should not display		
		members have changed" to	for this household		
		"Dwayne and Betty's	member)		
		income in [coverage year]			
		seems like it will be lower			
		than what our records			
		from the past 2 years show.			
			Program Questions		
Items 191, 192, 194	Current coverage	Medicare	N/A (should not display		Check Item 194: Verify "Medicare Number" is
			for this household		optional to answer
			member)		
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,	Application Review & Legal	Answers affirmatively to all	application attestations	Auditors should review the application review page	
258	Attestations			(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:	Eligibility Results Page (ERP)	Eligible to buy a	N/A	Auditors should review the Eligibility Results Page to	
Items 1, 3, 4, 5		Marketplace plan		ensure it accurately reflects the eligibility results found in	
				the EDN and complies with ERP messaging requirements	
Sample HealthCare.gov		Not eligible for a Special		outlined in the documentation listed in Column A	
Eligibility Results Messaging		Enrollment Period			
				*Optional to display for QHP applicant who is also being	
		May be eligible for		referred to the state Medicaid agency based on	
		Medicaid*		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	Seeking financial assistance?	No		
Items 4, 6, 7 (depending on implementation)				
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		

<b>UI Question Companion Guide</b>	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Reference				
Tab: UI Questions				

Items 4, 28 Name	Household member	Michael Ewing *	*Do not use Ewing as the last name. Use a different last	Check Item 9: Verify that phone number
Item 5 Home address	Household member	Male	name that is unique (it can be a random string of letters). Do	, ,
Items 7, 8 Mailing address		Age: 31	not change the first name	is a required field to allswer
Item 10 Preferred language		Age. 31	not change the mist hame	
item 10 i referred language			Must provide a valid county and zip code for the application	
			state	
			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	Application Filer		
	Filer			
Items 27, 29	Applicant/Non-Applicant	Applicant		
Item 32	SSN	317-20-1400	SSN must be entered exactly for test case to function	
101 100		More About This Household		
Items 131, 132	Non-MAGI Medicaid Eligibility Questions	N/A (should not display)		
	(physical disabilities, assistance with daily			
	living, nursing home care)	Medicaid Block		
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)		
153, 150	Wedicaldy Criti Defilal	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);		Check Item 215: Verify that the field to
		Provide date in last 60 days;		enter plan name is optional
		Do not provide the name of the plan		
		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	Verify that income does not display on
			246) to ensure all information accurately reflects the	the review application page since this is
			attestations inputted during the test case	a non-financial assistance application
Reference Materials		Eligibility Results		
UI Q CG Eligibility Results Tab:	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan	Auditors should review the Eligibility Results Page to ensure it	Verify eligibility results page displays
Items 1, 4, 5			accurately reflects the eligibility results found in the EDN and	that Michael is "eligible to buy a
		Eligible for a Special Enrollment Period	complies with ERP messaging requirements outlined in the	Marketplace plan," "eligible for a Special
Sample HealthCare.gov			documentation listed in Column A	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.

Reference		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	ening 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	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	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	Application Data	Household Member Input	Household Member Input	Notes to Testers	Auditor Checklist
Reference					
Tab: UI Questions	Household				

					,
Items 4, 28 Name	Household member		Bill Oliver *	*Do not use Oliver as the last name. Use a different last name	
Item 5 Home address			Male	that is unique (it can be a random string of letters). Do not	
Items 7, 8 Mailing address		Becky Eleanor Oliver *	Age: 3	change the first name	
Item 10 Preferred language		Female			
		Age: 38		Must provide a valid county and zip code for the application	
				state	
		Preferred written/spoken language -			
		Spanish		Use any date of birth that results in the correct age for each	
		Spanish		household member	
				nousenoid 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	Child of Becky		
		Parent of Bill	•		
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	
			oout This Household		
Items 131, 132	Non-MAGI Medicaid Eligibility Questions (physical				
	disabilities, assistance with daily living, nursing	MAGI questions	non-MAGI questions		
	home care)		4		
		N	ledicaid Block		
		Door not have Medicaid/CUID that	Door not have Medicaid/CHIR that		Chack Itam 129: Varify Madicaid
Itams 122 129	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that	Does not have Medicaid/CHIP that		Check Item 138: Verify Medicaid
Items 133, 138	Medicaid/CHIP Denial	recently ended or will end soon; Not	recently ended or will end soon; Not		recently ended or ending soon is asked
Items 133, 138	Medicaid/CHIP Denial		recently ended or will end soon; Not denied Medicaid/CHIP		Table   Ta
·		recently ended or will end soon; Not denied Medicaid/CHIP	recently ended or will end soon; Not denied Medicaid/CHIP Income		recently ended or ending soon is asked
Items 133, 138	Medicaid/CHIP Denial  Current Month Income	recently ended or will end soon; Not	recently ended or will end soon; Not denied Medicaid/CHIP	Employer name (and phone number, where Item 209 is	recently ended or ending soon is asked
·		recently ended or will end soon; Not denied Medicaid/CHIP	recently ended or will end soon; Not denied Medicaid/CHIP Income	included) fields are required but any value may be entered (ex:	recently ended or ending soon is asked
Items 153, 154, 155, 209	Current Month Income	recently ended or will end soon; Not denied Medicaid/CHIP Job: \$325 per week	recently ended or will end soon; Not denied Medicaid/CHIP Income No income		recently ended or ending soon is asked
Items 153, 154, 155, 209	Current Month Income  Deductions	recently ended or will end soon; Not denied Medicaid/CHIP Job: \$325 per week Student Loans: \$100 per month	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	recently ended or ending soon is asked
Items 153, 154, 155, 209	Current Month Income	recently ended or will end soon; Not denied Medicaid/CHIP Job: \$325 per week	recently ended or will end soon; Not denied Medicaid/CHIP Income No income	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209	Current Month Income  Deductions	recently ended or will end soon; Not denied Medicaid/CHIP Job: \$325 per week Student Loans: \$100 per month	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209	Current Month Income  Deductions	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209 Items 174, 175, 177 Item 181	Current Month Income  Deductions Annual Income	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209	Current Month Income  Deductions	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191	Current Month Income  Deductions  Annual Income  Current coverage	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member)	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  gram Questions None	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209 Items 174, 175, 177 Item 181	Current Month Income  Deductions Annual Income	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro  N/A (should not display for this household member)  N/A (should not display for this	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191	Current Month Income  Deductions  Annual Income  Current coverage	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member)	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  gram Questions None	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  All household members should be asked of their current income and deductions regardless of age. The UI should display	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member)  N/A (should not display for this household member)	recently ended or will end soon; Not denied Medicaid/CHIP Income No income  No deductions \$0  gram Questions None  Do not answer affirmatively	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member)  Recently Moved	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions 50  gram Questions None Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member) Recently Moved Provide zip code in a different county	recently ended or will end soon; Not denied Medicaid/CHIP Income No income  No deductions \$0  gram Questions None  Do not answer affirmatively	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions 50  gram Questions None Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro  N/A (should not display for this household member)  N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions 50  gram Questions None Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions 50  gram Questions None Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro  N/A (should not display for this household member)  N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions 50  gram Questions None Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232,	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member) Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  gram Questions None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232, 233, 234	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills  Recent Life Changes (SEPs)	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  Bram Questions None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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  If a date outside of the last 60 days is entered, then an error message will appear	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232, 233, 234	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member) Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  Bram Questions None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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  If a date outside of the last 60 days is entered, then an error message will appear	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232, 233, 234	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills  Recent Life Changes (SEPs)	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member)  Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  Bram Questions None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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  If a date outside of the last 60 days is entered, then an error message will appear	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Items 213, 218, 223, 231, 232, 233, 234  Items 246, 247, 252, 254, 255, 256, 258	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills  Recent Life Changes (SEPs)	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member) Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question  Answers affirmatively to all application a	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions S0  gram Questions None Do not answer affirmatively  N/A (should not display for this household member)  Attestations ttestations	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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  If a date outside of the last 60 days is entered, then an error message will appear	recently ended or ending soon is asked before Medicaid denial
Items 153, 154, 155, 209  Items 174, 175, 177  Item 181  Item 191  Item 239  Items 213, 218, 223, 231, 232, 233, 234	Current Month Income  Deductions  Annual Income  Current coverage  Help paying for medical bills  Recent Life Changes (SEPs)	recently ended or will end soon; Not denied Medicaid/CHIP  Job: \$325 per week  Student Loans: \$100 per month \$15,687  Pro N/A (should not display for this household member) N/A (should not display for this household member) Recently Moved Provide zip code in a different county than zip code provided in home address Provide date within last 60 days Attest "No" to prior coverage question  Answers affirmatively to all application a	recently ended or will end soon; Not denied Medicaid/CHIP Income No income No deductions \$0  Bram Questions None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  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  If a date outside of the last 60 days is entered, then an error message will appear	recently ended or ending soon is asked before Medicaid denial

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

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

<b>UI Question Companion Guide</b>	Application Data	Household Member Input	Notes to Testers	Auditor Checklist
Reference				
Tab: UI Questions	Household			
				-

Items 4, 28 Name	Household member	Aisha <i>Modell</i> *	*Do not use Modell as the last name. Use a different last name	Check Item 4: Verify answer fields for
Item 5 Home address		Age: 31	that is unique (it can be a random string of letters). Do not	Middle Name and Suffix are optional
Items 7, 8 Mailing address		Female	change the first name	
Item 10 Preferred language				
			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	317-20-1400	SSN must be entered exactly for test case to function	
		More About This Household		
Items 131, 132		Do not answer affirmatively to any non-MAGI		
	(physical disabilities, assistance with daily	questions		
	living, nursing home care)			
		Medicaid Block		
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP that recently ended		
		or will end soon; Not denied Medicaid/CHIP		
		lusomo		
Items 153, 154, 165, 209	Current Month Income	Unemployment: \$288 per week	Employer name (and phone number where Itam 200 is	
items 153, 154, 165, 209	current Worth Income	Onemployment: \$200 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,	Application Review & Legal Attestations	Answers affirmatively to all other application	Auditors should review the application review page (Item 246)	
258		attestations	to ensure all information accurately reflects the attestations	
			inputted during the test case	
Reference Materials		Eligibility Results		

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

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.

patimay area accurately a	iswering 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	Not responsible for a child 18 or younger who		
	on tax return	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	N/A (should not display)		
	or younger, not step child or grandchild			
Item 26	Dependents live with parent not on tax	N/A (should not display)		
	return			
		Screening Pass/Fail		
	Pass Screener?	No, consumer should be guided to alternate	When a consumer fails the screening questions,	
		pathway and should not complete the	the UI should redirect the consumer to	
		application	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	Application Data	Application Input	Notes to Testers	Auditor Checklist
Guide Reference				
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	Seeking financial assistance?	No		
Items 4, 6, 7 (depending on				
implementation)				
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	N/A (should not display)		
	younger not on tax return			
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	All applicants are applying with name same as the name on their SSN		
	name on SSN card	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	No applicants have an ICHRA or QSEHRA offer		
	(ICHRA) or a qualified small			
	employer Health			
	Reimbursement Arrangement			
	(QSEHRA)			
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	N/A (should not display)		
	return			
Items 23, 25	Dependent is child, single (not	N/A (should not display)		
	married), 25 or younger, not			
	step child or grandchild			
Item 26	Dependents live with parent not	N/A (should not display)		
	on tax return			
		Screening Pass/Fail		
	Pass Screener?	Yes, continue with application		

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

It 4 20 N	Ub-ld	l 0*	Danita Danidaa*	*D	
Items 4, 28 Name	Household member	Jose Bandas *	Benita Bandas *	*Do not use Bandas as the last name. Use a	
Item 5 Home address		Age: 59	Age: 61	different last name that is unique (it can be a	
Items 7, 8 Mailing address		Male	Female	random string of letters). Do not change the first	
Item 10 Preferred language				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	
	A 1: .: 5:1 /8 l .: l	A 1: .: 5:1	6 61		
Item 28	Application Filer/Relationship to		Spouse of Jose		
lt 27, 20	Application Filer	Spouse of Benita	A li		
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	Check Item 32: Verify this question is
				function	accompanied by the required help text
			e About This Household		about use of SSN (found in Column F)
Itamaa 121 122	Non MACI Madisaid Fligibility				
Items 131, 132	Non-MAGI Medicaid Eligibility	N/A (should not display)	N/A (should not display)		
	Questions (physical disabilities, assistance with daily living,				
	nursing home care)				
	nursing nome care)		Medicaid Block		
Items 133, 138	Medicaid/CHIP Denial	N/A (should not display)	N/A (should not display)		
	Demai	.v. (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)		
101	7 diriddi income		Program Questions		
Items 213, 218, 223, 225,	Recent Life Changes (SEPs)	Got Married	Got Married		
226	necent life changes (SLI's)	Provide date in last 60 days	Provide date in last 60 days		
220		Attest "Yes" to prior coverage	Attest "Yes" to prior coverage		
		question	question		
		4466661	Attestations		
Items 246, 254, 255, 256,	Application Review & Legal	Answers affirmatively to all applica		Auditors should review the application review	Verify that income does not display on
258	Attestations	I an applied		page (Item 246) to ensure all information	the review application page since this is a
				accurately reflects the attestations inputted	non-financial assistance application
				during the test case	
Reference Materials		<u>-</u>	Eligibility Results		

UI Q CG Eligibility Results	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan	Eligible to buy a Marketplace	Auditors should review the Eligibility Results Page	
Tab: Items 1, 4, 5			plan	to ensure it accurately reflects the eligibility results	
		Eligible for a Special Enrollment		found in the EDN and complies with ERP	
Sample HealthCare.gov		Period	Eligible for a Special Enrollment	messaging requirements outlined in the	
Eligibility Results Messaging			Period	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		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	Application Input	Household Member Input	Notes to Testers	Auditor Checklist
Reference				
Tab: UI Questions		Household		

Items 4, 28 Name				
the second of the second of the second	Household member	Gerald Rivers *	*Do not use Rivers as the last name. Use a different	
Item 5 Home address		Age: 20	last name that is unique (it can be a random string of	
Items 7, 8 Mailing address		Male	letters). Do not change the first name	
Item 10 Preferred language				
			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	Do not answer affirmatively to any non-MAGI questions		
	(physical disabilities, assistance with daily			
	living, nursing home care)			
		Medicaid Block		
Items 133, 134, 136, 138	Medicaid/CHIP Denial	Does not have Medicaid that recently ended or will end	The date provided should be within the last 60 days	Check Item 138: Verify Medicaid recently
		soon		ended or ending soon is asked before
				Medicaid denial
		Denied Medicaid/CHIP in the last 90 days		
		Provide date within the last 60 days;		Check Item 134: Verify that a date greater
		Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage		Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
		Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"		Check Item 134: Verify that a date greater
		Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?" Income		Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
ltems 153, 154, 155, 209	Current Month Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"	Employer name (and phone number, where Item 209	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
ltems 153, 154, 155, 209	Current Month Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?" Income	is included) fields are required but any value may be	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
		Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month		Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174	Deductions	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions	is included) fields are required but any value may be	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
		Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income;	is included) fields are required but any value may be	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174	Deductions	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict;	is included) fields are required but any value may be	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183	Deductions Annual Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750	is included) fields are required but any value may be	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174	Deductions	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  Answer "Household members have changed" to question	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183	Deductions Annual Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  Answer "Household members have changed" to question "Gerald's household income in [coverage year] seems like	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183	Deductions Annual Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  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	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183	Deductions Annual Income	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  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?"	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183 Item 186	Deductions Annual Income Income Discrepancy	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  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	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183 Item 186	Deductions Annual Income Income Discrepancy Current coverage	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750 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  None	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an
Item 174 Items 181, 182, 183 Item 186	Deductions Annual Income Income Discrepancy	Provide date within the last 60 days; Answer "Yes" to question: "Did you apply for coverage during November 1, 2022 to January 15, 2023?"  Income  Job: \$1,417 per month  No deductions  Disagree with calculated annual income; Income is not hard to predict; Attest to \$15,750  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	is included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	Check Item 134: Verify that a date greater than 90 days in the past is not allowed as an

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

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 an	When a consumer fails the corresping guestions, the	
Pass screener:	, , ,	<b>3</b> . ,	
	should not complete the application	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	Application Data	Application Input	Notes to Testers	Auditor Checklist
Guide Reference				
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	Seeking financial assistance?	No		
Items 4, 6, 7 (depending on				
implementation)				
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	N/A (should not display)		
	return	1 "		
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.	This scenario is not supported by Phase 1	
		and is a naturalized citizen	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	Does not have an ICHRA or QSEHRA offer		
	qualified small employer Health Reimbursement			
	Arrangement (QSEHRA)			
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	When a consumer fails the screening questions, the	Verify consumer is guided to an alternate
		pathway and should not complete the	UI should redirect the consumer to HealthCare.gov	pathway with consumer friendly language
		application	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 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	Application Data	Application Input	Notes to Testers	Auditor Checklist
Guide Reference		Application Chats Q. Courses Very		
Tab: UI Questions Item 1	State	Application State & Coverage Year NH, zip code 03301		
Item 1	Coverage Year	Current year		
Tab: Phase 1 Screening	Coverage rear	Screening Questions		
Item 1	Marital Status	Married		
Item 2	Number of tax dependents	Married 1		
Item 3	Who is applying for coverage?	Application filer, spouse, dependent		
Item 5	Seeking financial assistance?	Yes		
Items 4, 6, 7 (depending on	Seeking illiancial assistance:	res		
implementation)				
	D . I	W III 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TI:	
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	
Itam 0	Tay filing status	Filing injusts	state of NH	
Item 9 Item 10		Filing jointly  No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
item 10	not on tax return	No one in nousehold 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		All applicants are applying with name same as the name on their SSN card		
item 10	SSN card	An applicants are applying with hame same as the hame on their soft 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	No applicants have an ICHRA or QSEHRA offer		
	(ICHRA) or a qualified small employer			
	Health Reimbursement Arrangement			
	(QSEHRA)			
Item 20	Offer of coverage through job or	No applicants have access to coverage through a job or COBRA		
	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	Yes		
	married), 25 or younger, not step			
	child or grandchild			
Item 26	Dependents live with parent not on	No		
	tax return			
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

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

		T	T	T		
Items 4, 28 Name	Household member	Bobby Alva Jones *	Roxy Verna <i>Jones</i> *	Amber Amy Jones *	*Do not use Jones as the last name. Use a	
Item 5 Home address		Age: 55	Age: 51	Age: 10	different last name that is unique (it can be a	
Items 7, 8 Mailing address		Male	Female	Female	random string of letters). Do not change the first	
Item 10 Preferred language					name	
					Provide zip code <b>03301</b>	
					Use any date of birth that results in the correct age for each household member	
					Other household contact and information fields	
					(i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless	
					otherwise noted. Find additional information in the UI Question Companion Guide:	
					- Items 4, 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 House	hold		
Items 131, 132	Non-MAGI Medicaid Eligibility	Do not answer affirmatively to	Do not answer affirmatively to	Do not answer affirmatively to any		
	Questions (physical disabilities,	any non-MAGI questions	any non-MAGI questions	non-MAGI questions		
	assistance with daily living, nursing					
	home care)					
			Medicaid Block			
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP that		
		that recently ended or will end	that recently ended or will end	recently ended or will end soon; Not		
		soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP	denied Medicaid/CHIP		
			Income	<u> </u>		
Items 153, 154, 155, 209	Current Month Income	Job: \$1,550.07 per month	<b>Job:</b> \$2,212.17 per month	No income	Employer name (and phone number, where Item	
, , , , , , , , , , , , , , , , , , , ,		<b>Job:</b> \$429.93 per month			209 is included) fields are required but any value	
		<b>Job:</b> \$99.37 per week			may be entered (ex: ABC corp; 555-555-555)	
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	N/A (should not display for this	Do not answer affirmatively		Check Item 239: Verify "Would any of these
		household member)	household member)			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,	Recent Life Changes (SEPs)	Recently moved;	None of these changes	N/A (should not display for this	If a date outside of the last 60 days is entered,	
233, 234		Provide zip code in a different		household member)	then an error message will appear	
		county than zip code provided in				
		home address;				
		Provide date within last 60 days;				
		Attest "Yes" to prior coverage				
		question				
			Attestations			

Items 246, 247, 252, 254, 255, 256, 258	Application Review & Legal 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			Eligible for a Special Enrollment	May be eligible for Medicaid	results found in the EDN and complies with ERP	Check Eligibility Results Tab, Item 5: Verify UI displays link to voter registration
Sample HealthCare.gov Eligibility Results Messaging		household  Eligible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans  Eligible for a Special Enrollment Period	Period		messaging requirements outlined in the documentation listed in Column A	

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	Application Data	Application Input	Notes to Testers	Auditor Checklist
Reference		Application State & Coverage Year		
Tab: UI Questions	State	SC, zip code 29401		
Item 2	Coverage Year	3c, zip code z940.i Current year		
Tab: Phase 1 Screening	Coverage real	Screening Questions		
Item 1	Marital Status	Married Screening Questions		
Item 2	Number of tax dependents	3 dependents		
Item 3	Who is applying for coverage?	Application filer, 3 dependents		
Item 5	Seeking financial assistance?	- spireter men, 5 dependents		
Items 4, 6, 7 (depending on implementation)				
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		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	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		Laila Simon * Age: 38 Female	William Simon * Age: 38 Male	Finley Simon * Age: 16 Male	Princeton Simon * Age: 10 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	
	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 House				
Items 131, 132	Non-MAGI Medicaid Eligibility	Do not answer affirmatively to	N/A (should not display for	Do not answer affirmatively to	Do not answer affirmatively to	Do not answer affirmatively to		Check Item 131: Verify that William (non-
	Questions (physical disabilities,	any non-MAGI questions	this household member)	any non-MAGI questions	any non-MAGI questions	any non-MAGI questions		applicant) does not display as answer option
	assistance with daily living, nursing							
	home care)							
Items 133, 138	Medicaid/CHIP Denial		Desta 1 1 1 1 1 1 1 1	Medicaid Block Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	1	
items 133, 138	Medicald/CHIP Denial	Does not have Medicaid/CHIP that recently ended or will end	N/A (should not display for this household member)	that recently ended or will end	that recently ended or will end	that recently ended or will end		
		soon; Not denied	this nousehold member)	soon; Not denied Medicaid/CHIP		soon; Not denied		
		Medicaid/CHIP		soon, Not deflied Medicald/Crif	Medicaid/CHIP	Medicaid/CHIP		
		Wedicaldy Citii		Income	Wedicard/ Criti	Wedicaldy Ci III		
Items 153, 154, 155, 209	Current Month Income		Job: \$4,796.66 per month	No income	No income	No income	Employer name (and phone number, where Item	Check Items 153, 154, and 155; Verify that
10113 133, 131, 133, 203	current monarmonic	Job: \$4,796.67 per month	Sour \$1,750.00 per monen	THE INCOME	nto mesme	No meome	209 is included) fields are required but any value	William (non-applicant) is an answer option and
		, , , , , , , , , , , , , , , , , , , ,					may be entered (ex: ABC corp; 555-555-555)	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 Question:				
Item 191	Current coverage	None	N/A (should not display for	None	None	None		
	_		this household member)					
Items 213, 218, 223	Recent Life Changes (SEPs)	None of these changes	N/A (should not display for	None of these changes	None of these changes	None of these changes		
		_	this household member)		•			
				Attestations				
Items 246, 252, 254, 255, 256,	Application Review & Legal	Answers affirmatively to all app	lication attestations				Auditors should review the application review	
258	Attestations						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:	Eligibility Results Page (ERP)	Eligible to buy a Marketplace	N/A	Eligible to buy a Marketplace	Eligible to buy a Marketplace	Eligible to buy a Marketplace	Auditors should review the Eligibility Results	
Items 1, 3, 4, 5		plan with a premium tax credit		plan with a premium tax credit	plan with a premium tax credit		Page to ensure it accurately reflects the	
		of up to \$605 each month for		of up to \$605 each month for	of up to \$605 each month for	of up to \$605 each month for	eligibility results found in the EDN and complies	
Sample HealthCare.gov		your tax household		your tax household	your tax household	your tax household	with ERP messaging requirements outlined in	
Eligibility Results Messaging				L		L	the documentation listed in Column A	
		Not eligible for a Special Enrollment Period*		Not eligible for a Special Enrollment Period*	Not eligible for a Special	Not eligible for a Special Enrollment Period*	*Ontional to display if approximation of all all la	
		Enrollment Period*		Enrollment Period*	Enrollment Period*	cirolinent Perioa*	*Optional to display if consumer is not eligible for Special Enrollment Period	
				I		I	TOT Special Effoliment Period	

<b>Summary:</b> This scenario includes Medicaid for two (2) members. Th		cial assistance application with multiple income and deduction types, where one member attests to having other non-MEC health coverage ip code 03301.	. The result is QHP with APTC for two (2) members and	
UI Question Companion Guide	Application Data	Application Input	Notes to Testers	
Reference				

UI Question Companion Guide	Application Data	Application Input	Notes to Testers	Auditor Checklist
Reference Tab: UI Questions		Application State & Courage Very		
	State	Application State & Coverage Year NH, zip code 03301		
Item 1 Item 2		Current Year		
Tab: Phase 1 Screening	Coverage Year	Screening Questions		
			1	
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	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, 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	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
	younger not on 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	All applicants are applying with name same as the name on their SSN card		
	name on SSN card			
Item 18	Incarceration	No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has Al/AN status		
Item 27	Offer of individual coverage	No applicants have an ICHRA or QSEHRA offer		
	HRA (ICHRA) or a qualified small employer Health			
	Reimbursement Arrangement			
	(QSEHRA)			
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	Yes		Check Item 22: This question should
	return			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	Yes		
	married), 25 or younger, not			
	step child or grandchild			
Item 26		No		
	not on tax return			
		Screening Pass/Fail		
	Pass screener?	Yes, continue with application		

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

		To				the state of the state of the state of	
Items 4, 28 Name	Household member	Soren M Sharp *	Mia Sharp *	Christian Matthew Sharp *	Monika Leila Sharp *	*Do not use Sharp as the last name. Use a different last	
Item 5 Home address		Age: 31	Age: 31	Age: 9	Age: 6	name that is unique (it can be a random string of	
Items 7, 8 Mailing address		Male	Female	Male	Female	letters). Do not change the first name	
Item 10 Preferred language							
						Provide zip code <b>03301</b>	
						Use any date of birth that results in the correct age for	
						each household member	
						Other household contact and information fields (i.e.	
						email, phone, language preference, race/ethnicity, etc.)	
						may contain any value unless otherwise noted. Find	
						additional information in the UI Question Companion	
						Guide:	
						- Items 4, 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	Application Filer	Spouse	Son/Daughter	Son/Daughter		
	to Application Filer						
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	
				ore About This Household			
Items 131, 132	Non-MAGI Medicaid Eligibility	Do not answer affirmatively to	Do not answer affirmatively to	Do not answer affirmatively to	Do not answer affirmatively to		
	Questions (physical disabilities,	any non-MAGI questions	any non-MAGI questions	any non-MAGI questions	any non-MAGI questions		
	assistance with daily living,						
	nursing home care)						
				Medicaid Block			
Items 133, 138	Medicaid/CHIP Denial	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP		
===, ===		that recently ended or will end	that recently ended or will end	that recently ended or will end	that recently ended or will end		
		soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP		
		,	,		,		
				Incomo			
Home 152 154 155 200	Current Month Income	John \$2,002,20 per month	John ¢2 012 75 per month	Income No income	No incomo	Employer name (and phone number subare Item 200 is	
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$2,982.39 per month	<b>Job:</b> \$3,013.75 per month	Income No income	No income	Employer name (and phone number, where Item 209 is	
Items 153, 154, 155, 209	Current Month Income	<b>Job:</b> \$2,982.39 per month	<b>Job:</b> \$3,013.75 per month		No income	included) fields are required but any value may be	
	Current Month Income				No income		
Items 153, 154, 155, 209	Current Month Income  Deductions	Job: \$2,982.39 per month  Student Loan: \$214.88 per month			No income  No deductions	included) fields are required but any value may be	Check Item 175, column G: Verify all
				No income		included) fields are required but any value may be	Check Item 175, column G: Verify all expenses are listed as answer options
Items 174, 175, 177	Deductions	Student Loan: \$214.88 per month	No deductions	No income  No deductions	No deductions	included) fields are required but any value may be	
				No income  No deductions  \$0		included) fields are required but any value may be	
items 174, 175, 177	Deductions Annual Income	<b>Student Loan:</b> \$214.88 per month \$33,210.12	No deductions \$36,165.00	No income  No deductions  50  Program Questions	No deductions	included) fields are required but any value may be	expenses are listed as answer options
Items 174, 175, 177	Deductions	Student Loan: \$214.88 per month \$33,210.12 Other full benefit coverage;	No deductions	No income  No deductions  \$0	No deductions	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage
Items 174, 175, 177	Deductions Annual Income	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan;	No deductions \$36,165.00	No income  No deductions  50  Program Questions	No deductions	included) fields are required but any value may be	expenses are listed as answer options
Items 174, 175, 177 Item 181 Items 191, 192, 197	Deductions Annual Income Current Coverage	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678	No deductions 536,165.00 None	No income  No deductions  SO  Program Questions  None	No deductions 50 None	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display
Items 174, 175, 177	Deductions Annual Income	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this	No deductions \$36,165.00  None  N/A (should not display for this	No income  No deductions  50  Program Questions	No deductions	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia
Items 174, 175, 177 Item 181 Items 191, 192, 197	Deductions Annual Income Current Coverage	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678	No deductions 536,165.00 None	No income  No deductions  SO  Program Questions  None	No deductions 50 None	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills	Student Loan: \$214.88 per month \$33,210.12 Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)	No deductions \$36,165.00  None  N/A (should not display for this household member)	No income  No deductions  SO  Program Questions  None  Do not answer affirmatively	No deductions  50  None  Do not answer affirmatively	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia
Items 174, 175, 177 Item 181 Items 191, 192, 197	Deductions Annual Income Current Coverage	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this	No deductions \$36,165.00  None  N/A (should not display for this	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills	Student Loan: \$214.88 per month \$33,210.12 Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)	No deductions \$36,165.00  None  N/A (should not display for this household member)	No income  No deductions  SO  Program Questions  None  Do not answer affirmatively	No deductions  50  None  Do not answer affirmatively	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills	Student Loan: \$214.88 per month \$33,210.12 Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)	No deductions \$36,165.00  None  N/A (should not display for this household member)	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Pollicy number: #1234568  N/A (should not display for this household member)  None of these changes	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this household member)	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255,	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)	Student Loan: \$214.88 per month \$33,210.12 Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this household member)	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  Auditors should review the application review page	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239  Items 213, 218, 223	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Pollicy number: #1234568  N/A (should not display for this household member)  None of these changes	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this household member)	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Item 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Pollicy number: #1234568  N/A (should not display for this household member)  None of these changes	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes	No income  No deductions  50  Program Questions  None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  Auditors should review the application review page (Item 246) to ensure all information accurately reflects	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #1234578  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all applica	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-555-5555)  Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab:	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (Should not display for this household member)  None of these changes  Answers affirmatively to all applica	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  stion attestations	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions  \$0  None  Do not answer affirmatively  N/A (should not display for this	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all applications of the service	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes  stion attestations  Eligible to buy a Marketplace plan with a premium tax credit of up to	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month  \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all applications of the service of the servic	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  ation attestations  Eligible to buy a Marketplace plan with a premium tax credit of up to \$355 each month for your tax	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-5555)  Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all applications of the service	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes  stion attestations  Eligible to buy a Marketplace plan with a premium tax credit of up to	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  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	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all application of the service	No deductions \$36,165.00  None  N/A (should not display for this household member)  None of these changes  stion attestations  Eligible to buy a Marketplace plan with a premium tax credit of up to \$355 each month for your tax household	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	included) fields are required but any value may be entered (ex: ABC corp; 555-5555)  Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  Auditors should review the Eligibility Results Page to ensure it accurately reflects the eligibility results found in the EDN and complies with ERP messaging	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month  533,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all applice  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,	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  stion attestations  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,	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  Auditors should review the Eligibility Results Page to ensure it accurately reflects the attestations inputted by the accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)  None of these changes  Answers affirmatively to all application of these changes  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	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  ation attestations  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	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  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	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all application of these changes  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	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  ation attestations  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	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  Auditors should review the Eligibility Results Page to ensure it accurately reflects the attestations inputted by the accurately reflects the eligibility results found in the EDN and complies with ERP messaging requirements outlined in the documentation listed in Column A	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678 N/A (should not display for this household member)  None of these changes  Answers affirmatively to all application of these changes  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	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  ation attestations  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	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  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	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible
Items 174, 175, 177  Item 181  Items 191, 192, 197  Items 239  Items 213, 218, 223  Items 246, 247, 252, 254, 255, 256, 258  Reference Materials  UI Q CG Eligibility Results Tab: Items 1, 3, 4, 5  Sample HealthCare.gov Eligibility	Deductions  Annual Income  Current Coverage  Help Paying For Medical Bills  Recent Life Changes (SEPs)  Application Review & Legal Attestations	Student Loan: \$214.88 per month \$33,210.12  Other full benefit coverage; Name of health plan: ABC plan; Policy number: #12345678  N/A (should not display for this household member)  None of these changes  Answers affirmatively to all application of these changes  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	No deductions  \$36,165.00  None  N/A (should not display for this household member)  None of these changes  ation attestations  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	No income  No deductions  SO Program Questions None  Do not answer affirmatively  N/A (should not display for this household member)  Attestations  Eligibility Results	No deductions \$0  None  Do not answer affirmatively  N/A (should not display for this household member)	Auditors should review the application review page (Item 246) to ensure all information accurately reflects the attestations inputted during the test case  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	expenses are listed as answer options  Check Item 192: Verify all coverage options display  Check Item 239: Verify Soren and Mia are not answer options because they are preliminary QHP eligible

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	Application Data	Application Input	Notes to Testers	Auditor Checklist					
Reference									
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	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	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, 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		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 Al/An status							
ltem 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								
		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 <i>Dickson</i> * Age: 34 Male	Kathyn Elizabeth <i>Dickson</i> * Age: 34 Female	Phoenix <i>Dickson</i> * Age: 2 Female			**Po 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 <b>77001</b> Use any date of birth that results in the correct age for each household member  Other household contact and information fields (i.e. email, phone, language preference, race/ethnicity, etc.) may contain any value unless otherwise noted. Find additional information in the UI Question  Companion Guide: -Items 10-14 Communication Preferences -Items 15-20 Help Applying for Coverage - Items 12-30 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 House	hold			
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 nor 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	Does not have Medicaid/CHIP that	Does not have Medicaid/CHIP that	Does not have Medicaid/CHIP that	Does not have Medicaid/CHIP that		
		recently ended or will end soon; Not	recently ended or will end soon; Not	recently ended or will end soon; Not	recently ended or will end soon; Not	recently ended or will end soon; Not		
		denied Medicaid/CHIP	denied Medicaid/CHIP	denied Medicaid/CHIP	denied Medicaid/CHIP	denied Medicaid/CHIP		
				Income				
Items 153, 154, 155, 159, 209	Current Month Income	Job: \$2,744.38 per month	Job: \$742.04 per month	No income	No income	No income		Check Item 154, Column G: Verify all
		Self-employment: \$859.31, profit, per					is included) fields are required but any value may be	income types are listed as answer
		month					entered (ex: ABC corp; 555-555-555)	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	N/A (should not display for this	Do not answer affirmatively	Do not answer affirmatively	N/A (should not display for this		
		household member)	household member)			household member)		
Items 243, 244	CHIP waiting period questions	N/A (should not display for this	N/A (should not display for this	N/A (should not display for this	N/A (should not display for this	Answer "Yes" to "Did Zaara have		Check Items 243 and 244: Verify only
		household member)	household member)	household member)	household member)	coverage through a job that ended in		Zaara is listed as an answer option for
						the last three months?";		Item 243, and that all reasons for
						Reason for coverage ending: "Other"		coverage ending in Item 244, column
								G are displayed
Items 213, 218, 223, 225, 226	Recent Life Changes (SEPs)	Got Married	Got Married	N/A (should not display for this	N/A (should not display for this	None of these changes		
		Provide a date within the last 60 days;	Provide a date within the last 60 days;	household member)	household member)			
		Answer "Yes" to prior coverage	Answer "Yes" to prior coverage					
		question	question					
				Attestations				
Items 246, 247, 252, 254, 255,	Application Review & Legal	Answers affirmatively to all application		Auditors should review the application review page	Verify all the information on the			
256, 258	Attestations						(Item 246) to ensure all information accurately	application review page accurately
							reflects the attestations inputted during the test	reflects the attestations inputted
							case	during the test case
Reference Materials		•		Eligibility Results				
UI Q CG Eligibility Results Tab:	Eligibility Results Page (ERP)	Eligible to buy a Marketplace plan	Eligible to buy a Marketplace plan	May be eligible for Medicaid	May be eligible for Medicaid	Eligible to buy a Marketplace plan	Auditors should review the Eligibility Results Page to	
Items 1, 3, 4, 5				, ,	, -	with a premium tax credit of up to	ensure it accurately reflects the eligibility results	
		Eligible for a Special Enrollment Period	Eligible for a Special Enrollment Period			\$267 each month for your tax	found in the EDN and complies with ERP messaging	
Sample HealthCare.gov Eligibility						household	requirements outlined in the documentation listed in	
Results Messaging			1			1	Column A	
			1			Eligible for lower copayments,		
			1			coinsurance, and deductibles (cost-		
			1			sharing reductions) on Silver plans		

| Summary: This test care works the ability for the CER Entity Uto handle scorepes recension in which a rine (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 QIP without subside, QIP with APTC and CSR, and CIPI eligibility for the family members. The test case must be run in VA with a price Q2032 (Fairfax Courty).

| Value of the companion Guide | Papelication Data | Papelicatio

	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	
		Filing jointly		
Item 10	Responsible for a child 18 or	No one in household is responsible for a child 18 or younger who they live with but isn't on their tax return		
	younger not on tax return			
		No one in household is a full-time student		
Item 12	Pregnant	No one in household is pregnant		
		All applicants are U.S. citizens, not naturalized or derived		
		All applicants can provide SSN		
		All applicants are applying with name same as the name on their SSN card		
	name on SSN card			
		No applicants are incarcerated		
Item 19	American Indian/Alaska Native	No one in household has Al/AN status		
Item 27	Offer of individual coverage	No applicants have an ICHRA or QSEHRA offer		
	HRA (ICHRA) or a qualified			
	small employer Health			
	Reimbursement Arrangement			
	(QSEHRA)			
		No applicants have access to coverage through a job or COBRA		
	or COBRA			
Item 21	Former foster care	No applicants are former foster care		
Item 22	Claiming all dependents on tax	Yes		
	return			
Items 23, 25	Dependent is child, single (not	Yes		Check Item 23: The question should be written as
	married), 25 or younger, not			or similarly to "Are all of them your children who
	step child or grandchild			are single (not married) and 25 or younger?" since
				there is more than one dependent on the
				application
	Dependents live with parent	No No		
	not on tax return			

UI Question Companion Guide	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
Reference						Househo						
Tab: UI Questions												
Items 4, 28 Name	Household member	Clayton Morgan *	Alba Morgan *	Ayva Morgan *	Safiyah Nina Morgan *	Daphne Morgan *	Hareem Christina Morgan *	Theodore Clarence Morgan *	Michael Morgan *	Hugh Morgan *	*Do not use Morgan as the last name. Use a different last	
Item 5 Home address		Age: 38	Age: 38	Age: 6	Age: 8	Age: 10	Age: 12	Age: 14	Age: 16	Age: 18	name that is unique (it can be a random string of letters).	
Items 7, 8 Mailing address		Male	Female	Female	Female	Female	Female	Male	Male	Male	Do not change the first name.	
Item 10 Preferred language											-	
											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	Application Filer	Spouse of Clayton	Child of Clayton	Child of Clayton	Child of Clayton	Child of Clayton	Child of Clayton	Child of Clayton	Child of Clayton		
	to Application Filer	Spouse of Alba		Child of Alba	Child of Alba	Child of Alba	Child of Alba	Child of Alba	Child of Alba	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	Do not answer affirmatively to	Do not answer affirmatively to	Attests to physical disability or	Do not answer affirmatively to		Do not answer affirmatively to					
nem3 131, 132	Questions (physical disabilities,	any non-MAGI questions	any non-MAGI questions	mental health condition	any non-MAGI questions	activities of daily living	any non-MAGI questions	any non-MAGI questions	any non-MAGI questions	any non-MAGI questions		
	assistance with daily living,	any non-ward questions	any non-ward questions	mental health condition	any non-ward questions	activities of daily living	any non-ward questions	any non-ward questions	any non-wixed questions	any non-ward questions		
	nursing home care)											
	nursing nome care)					Medicaid B						
Items 133, 134, 136, 137, 138,	medicaid/CHIP Denial	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Had Medicaid coverage that	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	Does not have Medicaid/CHIP	The date provided should be within the last 60 days	
139, 140		that recently ended or will end	that recently ended or will end	that recently ended or will end	that recently ended or will end		ended recently due to a change		that recently ended or will end	that recently ended or will end		
		soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIF	soon	soon; Not denied Medicaid/CHIF	soon; Not denied Medicaid/CHIP		soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP	soon; Not denied Medicaid/CHIP	1	
							Income and household size have					
				Denied Medicaid in last 90 days;			not changed since applicant was					
				Provide a date within the last 60			told their coverage was ending;					
				days:			Provide a date in the last 60					
				Attest to applying after a			davs					
				qualifying life event			,-					
				,,,,								
						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	No income	No income	Employer name (and phone number, where Item 209 is	
Reilis 133, 134, 155, 159, 209	current would income	Jou. 31,004 every two weeks	300. 33,733.23 per month	NO IIICOIIIE	NO IIICOIIIE	NO IIICOINE	NO IIICOIIIE	month	NO IIICOIIIE	NO IIICOIIIE		
								month			included) fields are required but any value may be	
											entered (ex: ABC corp; 555-555-5555)	
Items 174, 175, 176, 177	Deductions Annual Income		Student loans: \$300 per month	No deductions	No deductions	No deductions	No deductions	No deductions	No deductions	No deductions		
Items 181, 182, 183, 184		Disagree with calculated annual	341,403	>u	⇒u	þu	ρU	Disagree with calculated annual	⇒u	2n		
	Aimdai income											
	Annual income	income;						income;				
	Aimuai income	income; Income is hard to predict; Attest						Income is not hard to predict;				
	Annual moone	income;										
Items 191, 192	Current Coverage	income; Income is hard to predict; Attest	Peace Corps	None	None	Program Que	stions None	Income is not hard to predict;	None	None		

Items 213, 214, 215, 218, 223, 231, 232, 233, 234		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)	household member)	Provide date within last 60 days (same date as when Hareem's Medicaid ended above)				prepopulated by the UI	Check Item 234: Verify Alba is required to answer question about prior coverage after attesting to a recent move
Attestations  Alegarian Review Description (Association Review Lead   Association Review & Lead   Association Revi												
Items 246, 252, 254, 255, 256, 258	Application Review & Legal Attestations	Answers affirmatively to all appl	ication 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		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 a Special Enrollment Period	Bigible to buy a Marketplace plan with a premium tax credit of up to \$732 each month for your tax household Bigible for lower copayments, coinsurance, and deductibles (cost-sharing reductions) on Silver plans Bigible for a Special Enrollment Period	Eligible for CHIP		Eligible to buy a Marketplace plan with a permium 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		Auditors should review the tiliplibility Results Page to ensure it accusted yearlest the eligibility results found in the EDN and complies with TAP messaging requirements outlined in the documentation listed in Column A	