

# ROUND 1 TEST CASE GUIDANCE

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## FY 2014 – FY 2016 MEDICAID AND CHIP ELIGIBILITY REVIEW PILOTS

The purpose of this document is to provide technical guidance and assistance to states for the test case reporting portion of the FY 2014 – FY 2016 Medicaid and CHIP eligibility review pilots. Guidance on the review of a sample of actual eligibility determinations portion of these pilots was released separately.

States are required to run test cases as part of the Medicaid and CHIP eligibility review pilots and report the results to CMS, by the last day of December 2014, June 2015, December 2015 and June 2016. This guidance is intended for Round 1 test cases with results due December 2014. Additional guidance about subsequent test case review will be forthcoming.

**Please note that this Round 1 Test Case Guidance supersedes previous guidance released to the states.**

### **Test Case Process and Requirements**

1. CMS has made available 100 test cases that can be used as part of the Test Case Review. The test cases have been posted to the CALT and can be found at:  
[https://calt.cms.gov/sf/go/projects.medicaid\\_state\\_collaborative\\_com/docman.root.perm\\_test\\_cases](https://calt.cms.gov/sf/go/projects.medicaid_state_collaborative_com/docman.root.perm_test_cases)
2. States must select a minimum of 3 test cases to illustrate each of the following test case scenarios:
  - a. Mixed Household, individuals eligible for different categories
  - b. Non-citizens eligible for emergency services only
  - c. Nuclear family, eligible
  - d. Ineligible individual, Over-income, Medicaid and CHIP
  - e. Ineligible individual, non-financial factors
  - f. Applicant, reasonable opportunity periodIf an expansion state:
  - g. Adult 19-64
3. States will run test cases and provide results for each applicant in the case.

- a. States should note in the results provided to CMS which environment (EG: UAT or an alternative) was used to conduct the test cases.
  - b. Unless noted otherwise, states may assume that the information in the test scenarios has been verified, consistent with Medicaid/CHIP regulations.
  - c. States may use a single test case to illustrate multiple scenarios (EG: a household in which some individuals are eligible in different categories, and one or more are ineligible due to income or non-financial factors). States should indicate which scenarios are illustrated by each case tested (a-f or g, as appropriate).
  - d. States that have already run test cases will not need to re-run test cases. States that have already run all test cases may report on all test cases or **randomly sample** test cases from those which they previously ran and follow the procedures below for comparison of results and reporting.
4. CMS will provide a state-specific “answer key” of the results for each test case. The “answer key” is found within the Eligibility Outcomes Analysis Tool, which states will use to locate and analyze eligibility results for each test person that states have run through their own test systems.
- a. The Person Eligibility Summary Form provides the expected eligibility results for specific Medicaid and CHIP eligibility groups, as well as reasons for eligibility or ineligibility for each of the groups.
  - b. Each test data application for enrollment contains one or more test data people
    - i. Eligibility is analyzed and reviewed for each test person.
  - c. The tool also contains an automated comparison worksheet, in which states will enter their test results for each test person and get an automated comparison of their state results with the CMS expected results.
  - d. Specific guidance on using the Eligibility Outcomes Analysis Tool will be provided, including a User Guide and video tutorial.
  - e. To develop the answer key, CMS used the data provided by each state served by the Federally Facilitated Marketplace (FFM) in the FFM Data Collection Tool (updated 7/1/2014) to evaluate the cases. For SBM states, CMS used data consistent with each state’s approved state plan (SPAs approved through 7/1/2014) to evaluate the cases. While the FFM does not support ALL state-specific eligibility rules (EG: eligibility for family planning services), it is expected that results for the test cases provided by CMS will be accurate. States will also have the opportunity to explain why their results may differ from the CMS expected results.

5. States must compare the state's results to CMS' expected results using the Eligibility Outcomes Analysis Tool for each applicant in the test case. States will enter the data for their selected test data applications for enrollment into their state systems, then enter their eligibility results into the tool worksheet, which contains the CMS expected eligibility results. States will use the auto-compare feature of the tool to enter their results, view comparisons with the CMS expected results, enter in reasons for any mismatches, and enter in comments about corrective action.

States must, for each factor listed below, report the following information to CMS:

- a. Was the result the same?
  - i. The automated comparison worksheet will display a "match" or "no match" for each eligibility category
- b. If not, explain the reason for the discrepancy (EG: caseworker or system error; state rule; other).
  - i. States will provide a reason for the discrepancy by selecting from a drop-down menu
  - ii. For each discrepancy, the state must also enter a full explanation in the State Comments text box
- c. If the discrepancy was a result of an error, describe the action(s) the state is taking to correct the error.
  - i. States must enter corrective actions in the Corrective Action text box
  - ii. Corrective actions should include detailed descriptions of interim fixes, long term fixes, and scheduled start and completion dates.

Factors to be evaluated:

- a. Eligibility decision: Eligible for Medicaid, Eligible for CHIP, Eligible for Emergency Medicaid, Potentially eligible for non-MAGI based Medicaid, Refer to QHP, or not seeking health insurance coverage
- b. Household (HH) size
- c. HH MAGI and FPL
- d. If eligible, category:
  - a. Pregnant Woman
  - b. Medicaid Child under 19 years old
  - c. CHIP child
  - d. Parent/Caretaker Relative
  - e. New Adult group (in expansion states only)
  - f. Medicaid Optional Targeted Low Income Child Group





provided by the state and compare the state's report and proposed corrective action plan, if applicable, to the state's approved Medicaid/CHIP state plan, mitigation plan, statutory and regulatory requirements and CMS guidance. CMS will provide feedback to the states within 30 days of receipt and, if applicable, request additional information.

If you have any questions or concerns or need further clarification on how to conduct the test cases or questions regarding any of the documents included in this package, please email [FY2014-2016EligibilityPilots@cms.hhs.gov](mailto:FY2014-2016EligibilityPilots@cms.hhs.gov).