



# FY 2014 – FY 2016 MEDICAID AND CHIP ELIGIBILITY REVIEW PILOTS: ROUND 2 TEST CASE GUIDANCE

---

**June 2015**

States are required to execute four rounds of testing as part of the FY 2014-2016 Medicaid and CHIP Eligibility Review Pilots. They must submit their certified findings to CMS by the last day of the following months: December 2014, June 2015, December 2015 and June 2016.

*NOTE: Per the SHO letter, pilot findings are due to CMS no later than June 30, 2015. However, due to the timing of the release of this guidance and the number of changes made from Round 2, CMS will allow states to submit pilot findings as late as August 31, 2015.*

The purpose of this document is to provide technical guidance and assistance to states for Round 2 test case execution and reporting. Guidance on the review of a state sample of actual eligibility determinations for the pilots was released separately. Additional guidance about subsequent test case rounds will be forthcoming.

As part of Round 2 testing, all states will submit their results for **a pre-determined, state-specific set of 20 test case** applications. These test cases focus on testing complex household relationships, different household income scenarios, as well as state-specific CHIPRA eligibility outcomes. CMS has also provided states with an additional 80 optional test case applications if states want to pursue additional testing.

The testing process for Round 2 includes these steps:

1. Enter **every person** from the pre-determined 20 test cases into state eligibility system (test environment).
2. Input the state-determined eligibility results for each person into the Eligibility Outcomes Analysis Tool.
3. Provide comments to explain any discrepancies and describe plans for corrective action as needed.
4. Submit the exported results Excel worksheet to CMS.



## A. UPDATES TO ROUND 2 TESTING ARTIFACTS

### Eligibility Pilot Test Cases

**The Round 2 Eligibility Pilot Test Cases use a different format from Round 1 test cases.** In Round 2, each test case is contained in one individual Excel spreadsheet. The attested and verified data elements are laid out in two tabs, with three columns:

1. General data element topic (Contact information, Personal Information, Tax Household Information, etc.)
2. Data element name (i.e., Last name)
3. Data element value (i.e., Smith)

**The Round 2 Eligibility Pilot Test Cases also include additional verified information for states to use in their eligibility processing.** These additional data elements are:

1. SSA Disability Indicator- TRUE/FALSE value which indicates whether the person is receiving any SSA disability income
2. DHS- SAVE Eligibility Statement Text
3. DHS- Class of Admission/Section Code (COA Code)
4. DHS- Grant Date

These verified data elements are included on the second tab of the test case, labeled “Verified Data.” For Round 2 testing, these data elements should be entered into the state eligibility system (test environment) as needed to simulate the SSA and DHS verification.

For all other data elements in the test case, such as citizenship and income, state should assume that attested information has been verified.

The test cases for Round 2 have been pre-selected by CMS and uploaded to CALT. The ZIP folder consists of 100 test cases, including the 20 mandatory test cases for each state and 80 optional test cases. Each state will need to download their state-specific list of 20 applications from CALT.

[https://calt.cms.gov/sf/docman/do/listDocuments/projects.medicaid\\_state\\_collaborative\\_com/docman.root.perm\\_test\\_cases](https://calt.cms.gov/sf/docman/do/listDocuments/projects.medicaid_state_collaborative_com/docman.root.perm_test_cases)

## Eligibility Outcomes Analysis Tool

The following updates have been made to the tool based on Round 1 experience.

1. Medicaid/CHIP MAGI Groups: For the Automated Comparison Worksheet, the Medicaid MAGI groups have been streamlined into one drop-down category.
2. Non-MAGI: The language around Non-MAGI referrals has been updated to accommodate the different state systems for determining Non-MAGI eligibility. For Round 2 testing, states are not expected to complete Non-MAGI Medicaid eligibility determinations. However, if appropriate, the state should demonstrate a referral of a test case applicant for a Non-MAGI determination, consistent with state and federal policy. The new language for this eligibility outcome is, “Requires additional Non-MAGI eligibility processing.”
3. Updated state policies: The Outcomes Analysis Tool used for Round 2 will reflect 2015 FPL Levels and updated state-specific Medicaid MAGI eligibility policies effective 4/1/15. This information is provided by FFM states through the FFM Data Collection Tool. SBM State policies are consistent with Medicaid State Plans and SPAs approved as of 4/1/15.
4. An updated User Guide for the tool is posted to CALT.

## B. DESCRIPTION OF TEST CASE PROCESS AND REQUIREMENTS

1. States will run every person in the 20 test cases through their eligibility system test environment using the attested and verified data found in the test case.
2. After all people in the test cases have been entered in the state eligibility system test environment, the state will input their eligibility results into the Eligibility Outcomes Analysis Tool Automated Comparison Worksheet. The following data elements are required for each person on a test case:
  - i. Medicaid Household size
  - ii. Medicaid Household Income (MAGI)
  - iii. Medicaid Household Federal Poverty Level (FPL)
  - iv. Eligibility decision:
    1. Eligible for Medicaid
    2. Eligible for CHIP
    3. Eligible for Emergency Medicaid
    4. Requires additional Non MAGI eligibility processing
    5. Refer to QHP
    6. Not seeking health insurance coverage

- v. If eligible, specific Medicaid/CHIP MAGI category:
  1. Medicaid Child
  2. Medicaid Parent/Caretaker Relative
  3. Medicaid Pregnant Woman
  4. Medicaid Adult group (in expansion states only)
  5. Medicaid Optional Targeted Low Income Child Group
  6. CHIP Optional Targeted Low Income Child Group
  7. CHIP Pregnant Women Group
  8. CHIP Unborn Child Group
3. After the state fills out these data elements for each person in the automated comparison worksheet, they must provide comments for any “No Match” values. These mismatches can fall under three categories:
  - i. State system made an error. Please describe the error and corrective action.
  - ii. CMS expected results are in error. Please describe how the state calculated their expected result.
  - iii. State has state-specific policies that are not reflected in the tool. Please describe the policy that applies to the person.
4. If necessary, the state will provide an overall state corrective action plan for state errors identified. States may provide additional comments if desired.
5. States must then export the comparison results into an Excel worksheet for submission to CMS.
  - i. The exported Excel file will contain records for all people whose information was entered into the automated comparison worksheet in the tool.
  - ii. Each row in the Excel file represents one person.
  - iii. All of the fields from the automated comparison worksheet are included in the Excel file across the columns (including all state results, CMS results, match or no match, state comments for no match, state corrective action plan, and state comments).

### **C. REPORTING TEST CASE RESULTS**

States must submit the following test case information to FY2014-2016EligibilityPilots@cms.hhs.gov no later than August 31, 2015:

1. Cover letter which includes:
  - Description of the environment (EG: UAT or an alternative) that was used to conduct the test cases.
  - Certification: “I certify that this information is accurate and that the State will maintain the results reported in the reporting template for a minimum of three years from this date. I understand that this information may be subject to Federal review and that our reported results are subject to Federal audit.”



- Signature of state official or designee.
2. The Excel comparison results report that contains the comparison of the state's results and CMS expected results, reasons for the mismatches and corrective actions.
  3. Certification from state's IV & V vendor, or an alternative independent entity, that it observed the testing, that the state successfully ran the test cases through its eligibility system test environment, that the results reported in the reporting template are the results from the state's eligibility system test environment, and that the results have been accurately compared to the results as provided by CMS.

States must retain sufficient documentation of the testing process and outcomes in the event that CMS should choose to review the state's results in greater detail. This should include a clear audit trail of what the state's system produced such as screen shots with relevant dates. CMS will review the test case results 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).

#### D. REFERENCE

- A **Test Case** is defined as an application for enrollment, which can include one or several people within a household or multiple households. Eligibility results are reported at a person-level, as each person may have a different eligibility outcome. Therefore, one test case can result in multiple eligibility results, depending on how many people are contained on the same application.
- The **Eligibility Outcomes Analysis Tool** was developed by CMS to allow states to compare their actual eligibility results against the CMS expected results and to submit their final reports to CMS. The tool is based on Federally Facilitated Marketplace (FFM) Eligibility Logic and does not include any Non-MAGI eligibility determination logic or state-specific eligibility rules, such as eligibility for family planning services.
- To develop this tool, CMS used the state policy data provided by each FFM state in the FFM Data Collection Tool (last updated 4/1/2015) to evaluate the cases. For SBM states, CMS used the same data elements, consistent with each state's approved state plan (SPAs approved through 4/1/2015) to evaluate the cases. While the FFM does not support all state-specific eligibility rules, 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.