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Healthcare Benefits for the State of Massachusetts

INTRODUCTION

Client Notice

Benefits And
Criteria

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Criteria

Purpose

- This application provides comprehensive and uniform medical services that enable persons previously limited by their circumstances to receive medical care in the form of Health Care Coverage.
- Funding is shared by federal and state governments, with eligibility determined on the basis of eligibility criteria of the citizens.
- Medicaid pays for health services for qualifying families with children, and people who are pregnant, elderly, or disabled.

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The Mass Health application majorly focuses on granting health benefits like ACA (Affordable Care Act) , ABD Blind (Able Bodied Disabled who are blind), ABD (Able Bodied Disabled without Blindness), ACAP (Pregnant Woman), CWD(Child With Disability), WWD (Worker with Disability), Medicare to the citizens of Massachusetts.

The Eligibility Criteria includes:

- a) Age
- b) Pregnancy
- c) Relationship
- d) Disability

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Affordable Care Act (ACA): A person with age above 18 and with no kind of disability, pregnancy or Income receives a specific amount for under the ACA based on the family dependency.

Abled Bodied Disabled Blind (ABDB): A person with age above 18 having disability along with blindness and with no income, pregnancy will receive ABDB based on the relationship existence.

Abled Bodied Disabled (ABD): A person with age above 18 having disability with no blindness and with no income or pregnancy will receive ABD based on the relationship existence.

ACA Pregnant (ACAPR): A woman with age above 18 who is pregnant and has no disability or income will receive a specific amount under ACAPR.

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Child with Disability (CWD): A disabled child (age below 18) who is having no income will receive CWD benefit.

Worker with Disability (WWD): An adult (above 18) who is disabled and receiving income but needs a small amount of coverage for his medical expenses will receive WWD benefits from the government.

Medicare –

- a) Medicare (Part A) : This would cover only the hospital insurance. This will help pay for one's stay at the hospital, for example: room fee, tests, doctor visit, food at the hospital, medicines, etc.
- b) Medicare (Part B): This would cover the entire medical expenses of the client including doctor visits, patient care at home, ambulance, medical equipment.
- c) Both : This would cover both Hospital, as well as Medical expenses.

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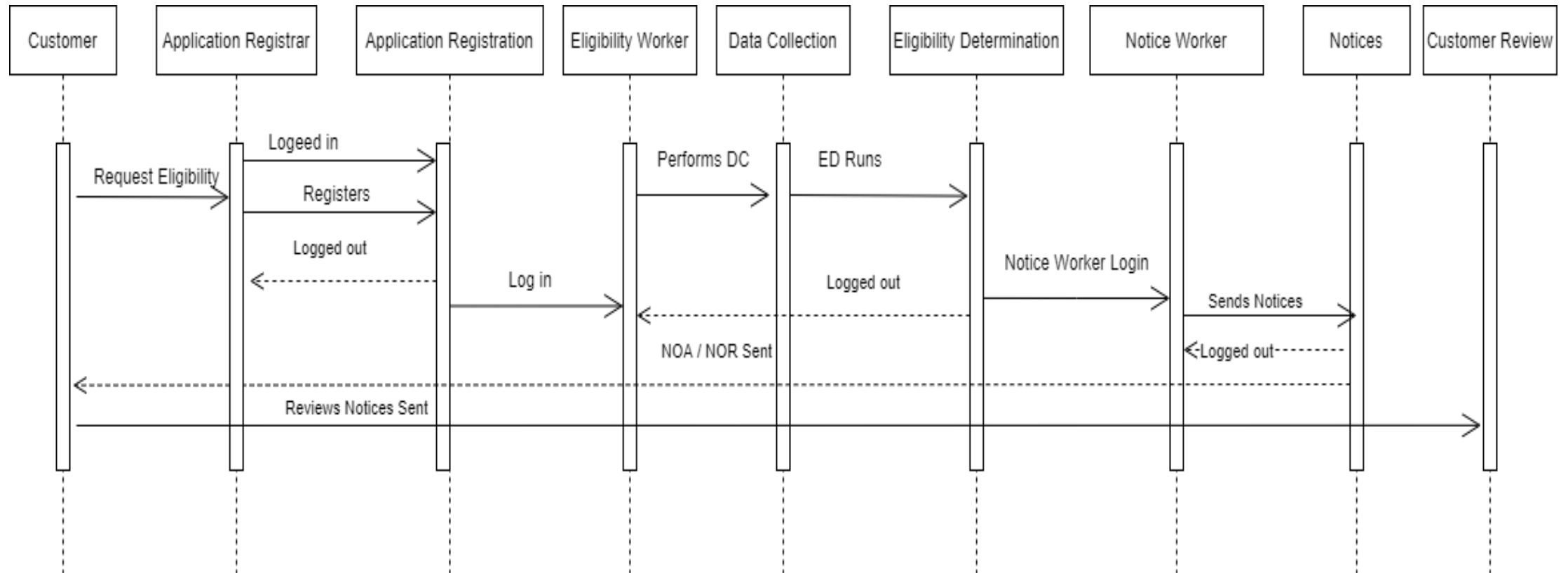
Introduction

Post the Eligibility is determined for the client, a mail is sent to the client informing him that he will be getting the authorized benefit for a span of three months.

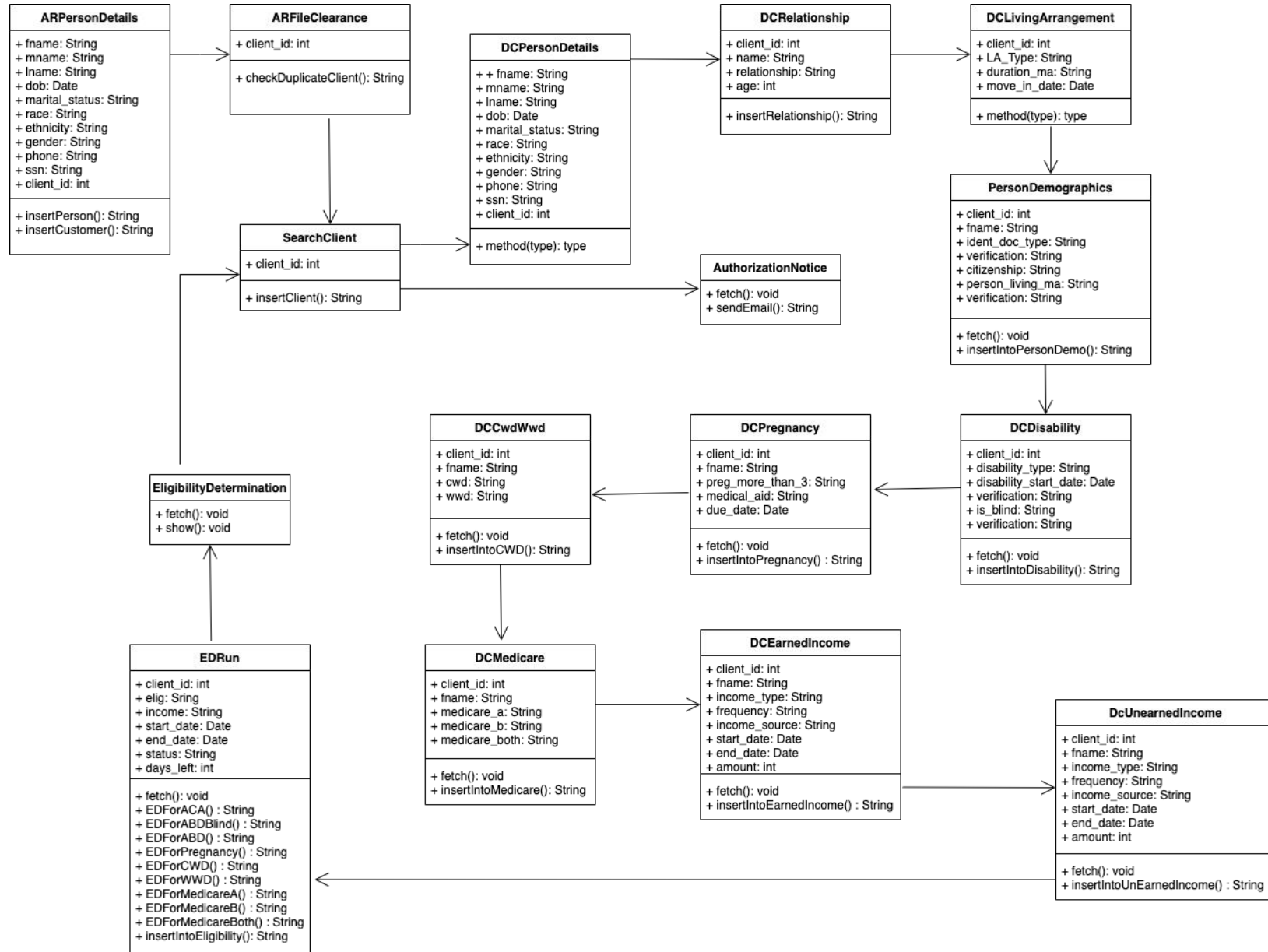
Five days before the 3rd month ends, the client will receive a review notice mail reminding him that he needs to review his form to continue the benefits for the next three months else his benefits would be terminated.



Sequence Diagram



Class Diagram



THANK YOU!!!