USE

**Colorado Health Benefit Exchange (COHBE)**

**ELG-002**

**Determine Individual Eligibility**

**Detailed Design**

**Summary**

**Version 0.1**

January 21, 2013

REVISION HISTORY

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| Version | Date | Modified By | Description |
| 0.1 | 2012-11-01 | Darren E Bryant | Initial Revision |
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# Determine Individual Eligibility

## Use Case Overview

A Customer will access the Individual Exchange to provide self-attested essential information (which include First Name, Date of Birth, State Residency, Native American status, household composition, and income) needed to determine eligibility for APTC, CSR, or state medical programs.

The Customer will receive a notification of the eligibility determination. The user can be either eligible for state medical programs such as Medicaid or CHP+ or eligible for subsidies such as APTC or CSR, but not both. The user can then choose to either stay in the Exchange and shop for SQPs or proceed to PEAK to view and enroll in Medicaid or CHP+ plans.

If the user decides to stay in the Exchange, the user is presented with plans offered on the Exchange, including any special plans such as Catastrophic or Cost Sharing Reduction (CSR) plans. If the Customer is eligible for the Advance Premium Tax Credit (APTC), the plan will be displayed with the premium cost, less APTC amount, to the user. Additionally, if the user is shopping for a family that has mixed eligibility, the Exchange will present state medical plans for which family members are eligible for in addition to Qualified Health Plans (QHPs).

The individual can appeal the eligibility (ELG-008 Appeal Exchange Subsidy) for APTC, CSR or Catastrophic plans or the amount of APTC or level of CSR and the appeal will be reviewed by COHBE.

As part of the eligibility process, there will be a centralized APTC calculator web service. This web service will contain a set of reusable business rules that will calculate the APTC, FPL, and CSR eligibility.

## Use Case Use Cases

Table 1.1: Use Cases

| Use Case No. | Description |
| --- | --- |
| ELG-002 | Determine Individual Eligibility |

## Solution Component Matrix

Table 1.2: Components

| Name | Description | Design Document |
| --- | --- | --- |
| **User Interface** |  |  |
| hCentive | User interface for individual eligibility assessment | EL-002\_DetermineIndividualEligibity\_hC\_DetailedDesign |
| **SOA Suite** |  |  |
| OSB | Oracle Service Bus Service | EL-002\_DetermineIndividualEligibility\_WS\_DetailedDesign |
| SOA | Oracle SOA Suite Services | EL-002\_DetermineIndividualEligibility\_WS\_DetailedDesign |

# Use Case Considerations

<Note: include as many sub sections under each consideration section below as there are conditions from the components of this Use Case (i.e. roll them all up) – remove this note in your final Use Case document>

## Assumptions

### hCentive

hCentive will provide expected input data in a request when invoking the web services in the OSB.

## Issues

### Network delays during calls to external eligibility service

Any calls to the External Eligibility Service (EES) can be a potential bottleneck for the processing flow if there are any network issues.

## Risks

### Network delays during calls to external eligibility service

Any calls to the External Eligibility Service (EES) can be a potential bottleneck for the processing flow if there are any network issues.

## Critical Dependencies

### APTC Calculator Shared Service

As part of the anonymous and individual eligibility determination process, a centralized APTC calculation web service will be developed. This calculator is an integral part of both Use Cases.

### hCentive

It is critical for hCentive to complete the related tasks in this use case. Also it is critical for hCentive to invoke OSB web service with complete requested data for individual eligibility check.

### EES Service Via OIT Gateway

It is critical have EES service in place, via the OIT gateway, ready to take messages from the Exchange, and will send eligibility determination back to Exchange synchronously.

## Performance Considerations

None.

## User Impacts

None.

# Architecture and Network

## System Architecture

### System Architecture Diagram

### 

### Sequence Diagram



### Communication/Network

<Provide a table or diagram showing this solution’s components communication with components from other systems/solutions – this section for showing communication and/or interfaces which may not appear or display well in the system architecture diagram above – optional when the information does display well in the system diagram above or there is really no important interface functionality in this Use Case>

### Third Party Software

#### hCentive

This software will be used as the user interface. Any user who wishes to have an eligibility determination will input data into this user interface.

#### EES

This software will be used to determine eligibility for state and federal programs.

### Process Flows

* + - 1. Initial Eligibility Determination (Self attested data)



The Initial Eligibility Determination web service is called by the hCentive whenever a user wishes to perform an Eligibility Determination. This web service will return the initial determination using the customer’s self-attested data. Once the External Verification of the data has been completed, the EES will call the web service outlined in 3.1.6.2.

The basic flow of data is the user submits (through one of many screens) a request for eligibility determination. hCentive will call the OSB proxy that will translate the request from the hCentive namespace to the COHBE namespace. Once the XML is transformed, it will be sent to the Determine Individual Eligibility SOA service. Once the data has been received by the SOA layer, we will call the EES to perform the initial eligibility determination. The response from the EES we will be used determine if the customer is eligible for State benefits (Medicaid and/or CHP+). If the customer is not eligible for State benefits, we will use the EES response to see if they are eligible for Subsidies (APTC and/or CSR). In either case, we will determine if the customer is eligible for catastrophic coverage.

* + - 1. ESV Data Received



Part of the call to the EES will result in a delayed ESV response. The ESV response will indicate if the customer is eligible for state medical programs and federal subsidies. If the customer is not eligible for either, they will receive a notification that they are not eligible but may still shop for a QHP.

If the verification response from the ESV passed then the customer and CMS will be informed of the eligibility determination. Once the customer has received the notification then customer portion of this Use Case has completed. If the application had not previously been submitted to the carrier than this Use Case has completed.

If the verification response from ESV did not pass and the ESV does not indicate the entire household is state program eligible, than the user will be notified that they must provide additional documentation to support the application that they submitted. If the entire household is eligible for state medical programs (Medicaid/CHP) then they will be transferred to PEAK for enrollment.

# Appendix

## Appendix X – Acronyms, Terms

| Acronyms | Description |
| --- | --- |
| CHP+ | Child Health Plan Plus |
| QHP | Qualified Health Plan |
| APTC | Advanced Premium Tax Credits |
| CSR | Cost-Sharing Reduction |
| EES | External Eligibility Service |
| ESV | External Source Verification |
| PEAK | Program Eligibility Application Kit |
| CBMS | Colorado Benefits Management System |
| MMIS | Medicaid Management Information System |
| FPL | Federal Poverty Level |
| PII | Personal Identifiable Information |
| OSB | Oracle Service Bus |
| OIT | Office of Information Technology |

## Appendix X – Document References

| Document Number | Title |
| --- | --- |
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|  |  |

## Appendix X – <Appendix Name>

<Provide appendix information here>