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MA HIX/IES Program Release 7

Employer Sponsored Insurance Plan B

Business Requirements Document

Version:1.3

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**Contract Number: < > by CoM**

**APPROVALS**

The undersigned acknowledge that they have reviewed the Requirements Document and agree with the information presented within this document. Changes to this Requirements Document will be coordinated with, and approved by, the undersigned, or their designated representatives.

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| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
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| Role: | Submitting Organization’s Approving Authority |  |  |
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| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | Client’s Approving Authority |  |  |
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| Title: |  |  |  |
| Role: | Client’s Business Owner |  |  |
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| Signature: |  | Date: |  |
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| Title: |  |  |  |
| Role: | Client’s Records Officer |  |  |

REVISION HISTORY

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| --- | --- | --- | --- |
| **Version** | **Date** | **Organization/Point of Contact** | **Description of Changes** |
| 1.0 | 4/28/15 | Optum | Baseline Requirements |
| 1.1 | 5/08/15 | Optum | Updated BRD with review form comments |
| 1.2 | 5/15/15 | Optum | Updated with additional comments from review form |
| 1.3 | 5/19/15 | Optum | Updated with ALM requirements |
|  |  |  |  |
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# Introduction

This Employer Sponsored Insurance Plan B Business Requirements Document for Release 7 has been developed in partnership with MassHealth, Commonwealth Connector Authority, MassIT and IV&V.

This is a living but controlled document that can be modified by following due process and after obtaining required approval. Any version change will be captured in the document accordingly.

This BRD outlines the requirements specifically related to the implementation of functionality into the hCentive system.

## Purpose

This document provides the high level business requirements that theMA HIX/IES R7 will be responsible for implementing. It is not a technical requirements document and should not be utilized or viewed for that purpose. Business terminology and business language will be used to describe the requirements in this document. This document lists the business requirements, user requirements, and functional requirements for the project.

## Scope

This BRD outlines the requirements specifically related to the implementation of functionality for the hCentive system for Release 7.

## Document Management

Each Business Requirements Document contains a revision history with updated version number and details of the change. This document shall be stored on SharePoint as the document of record.

## Intended Audience

The target audiences for the document include the listed stakeholders and state Executive Leadership responsible for approvals. The intended audience will include any stakeholders and resources involved in gathering business requirements.

# Reference Documents

Table 1: Referenced Documents

| Document Name | Document Attachment |
| --- | --- |
| ALM Detail Requirements (spreadsheet) | Reference section 5.1 |
| hCentive Provided Documentation | None |
| Other Related Documents |  |
| JAD Requirements Document |  |
| Provisional Approval Emails | None |

# Overview

As the market demand and the regulatory landscape evolved, so has the requirements associated with the delivery of Marketplace Exchanges. As part of its 2006 law, Massachusetts created the Massachusetts Health Connector and established the Commonwealth Health Insurance Exchange (HIX).

In order to meet the 2010 Patient Protection and Affordable Care Act (PPACA) vision for a “single, streamlined eligibility and enrollment process”, the Commonwealth of Massachusetts developed a single project approach to coordinate the development, procurement, and implementation of the Health Insurance Exchange (HIX) and Integrated Eligibility System (IES). Massachusetts contracted with an external vendor to build a single web-based portal, the MA HIX/IES, which would make eligibility determination and allow the residents to shop for and enroll in plans offered by the Massachusetts health insurance marketplace, the Massachusetts Health Connector, and MassHealth.

When the marketplace opened on Oct 1, 2013, the HIX/IES website was not fully operational. There were significant gaps in functionality availability, usability, and performance. In fact, by the end of 2013, the website was only able to enroll a limited number of people. In Jan 2014, it was becoming very apparent that the holes in the website were too big to fill quickly and the state needed to reconsider its approach.

## Business Purpose

On Feb 6th 2014, under the guidance of CMS, the state began its work efforts to revamp its systems and have available to the residents of Massachusetts seeking health coverage an online application that not only met PPACA requirements but provided program determination and subsequent health plan shopping in real time.

## Functional Purpose

The system development continues through a series of planned future releases in order to meet the continuing needs of the MA HIX.

This BRD outlines the requirements specifically related to the implementation of functionality into the hCentive system for R7.

## Measures of Success

The functionality captured in ALM will be delivered on time and within scope pursuant to the details as described in the Master Release Management Plan.

## Stakeholders

The people and/or client organizations that have a valid interest in the system are identified below. They may be affected by it either directly or indirectly.

Table 2: Stakeholders

| Name | Responsibility |
| --- | --- |
| Sage Shaw | CCA SME |
| Marissa Woltmann | CCA SME |
| Andrew Egan | CCA [Legal] SME |
| Val Berger | CCA SME |

## Approval Authority

**Table 3: Approval Authority**

| Client Name | Authority |
| --- | --- |
| Bill Oates | Mass IT |
|  |  |

## Project Priorities

There is always an inherent conflict between scope, budget availability, schedule and allowable defects. The project priorities are established by the Executive Leadership Committee to help the project team determine what is most important, should a choice need to be made. .

## Project Diagrams

Not Applicable for the purpose of this submission.

### Work Context Diagram

Not Applicable for the purpose of this submission

### System Diagram

Not Applicable for the purpose of this submission

### Other Diagrams/Artifacts

Not Applicable for the purpose of this submission

# Assumptions/Constraints/Risks

## Assumptions

Listed below are the assumptions that guided the identification and development of the requirements stated in this document. These assumptions are intended to promote mutual understanding, partnership, and quality communication between Massachusetts State stakeholders and the Optum project team.

* Existing Re-PD and Enrollment XML/Eligibility Transaction rules shall be followed once ESI affordability calculation is made

## Constraints

Listed below are the constraints that exist for this work. Constraints occur as a result of an event with severe impact and very high probability known to be true. These constraints may prevent or restrict reaching the desired results (e.g., satisfying requirements, meeting goals and priorities, achieving measures of success, etc.) stated in this document.

* None Identified

## Risks

Risk is an event with a probability of causing a decrease/increase in value to stakeholder and may create issues that have an uncertain or unintended effect on the work, which in turn, may have an impact on achieving the desired results (e.g., satisfying requirements, meeting goals and priorities, achieving the vision in the vision statement). All risks associated with the project are captured and can be viewed in JIRA.

* None Identified

# BUSINESS Requirements

## Employer Sponsored Insurance Plan B Functional Requirements:



## Employer Sponsored Insurance Plan B Non Functional Requirements:

* None Identified

## Deleted or Deferred Requirements:

Listed below are requirements that have been deleted after approval or that may be delayed until future versions of the system.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Req  Id | Requirement | Status | Comments | Priority | Date Rvw’d | Revd/ Apprvd |
|  |  |  |  |  |  |  |

# GLOSSARY

**Business Requirement (BR)**

A BR is a statement of the functions needed in order to accomplish the business objectives. It is the highest level of requirement, developed through the dictation of policy and process by the business owner.

**Business Rule (RU)**

An RU is a statement that defines or constrains some aspect of the business. It is intended to assert business structure, or to control or influence the behavior of the business. The RUs that concern the project are atomic in that they cannot be further decomposed and they are not process-dependent, so that they apply at all times. Business rules typically fall into one of five categories: terms, facts, derivations, assertions or action enablers.

**Functional Requirement (FR)**

An FR is a statement of an action or expectation of what the system will take or do. It is measured by concrete means like data values, decision making logic and algorithms.

**Nonfunctional Requirement (NR)**

An NR is a low-level requirement that focuses on the specific characteristics that must be addressed in order to be acceptable as an end product. NRs have a focus on messaging, security, and system interaction.

**Reporting Requirement (RR)**

Statements that provide guidance for user reporting that is necessary for the business to confirm the functionality was performed successful (daily, weekly, monthly, etc.). Reporting requirement can also be added to identify records that would need intervention from operations.

**Scenario**

A scenario is a sequence of steps taken to complete a user requirement, similar to a use case.

**Use Case**

A use case is a description of a system’s behavior as it responds to a request that originates from outside of that system. The use case is made up of a set of possible sequences of interactions between systems and users in a particular environment and related to a particular goal. The use case should contain all system activities that have significance to the users. Use cases typically avoid technical jargon, preferring instead the language of the subject matter expert.

**User Requirement (UR)**

A UR is a statement of what users need to accomplish. It is a mid-level requirement describing specific operations for a user (e.g., a business user, system administrator, or the system itself). They are usually written in the user’s language and define what the user expects from the end product.

# ACRONYMS/Terms (inclusive of all releases to date)

| **Acronym/**  **Term** | **Definition** | |
| --- | --- | --- |
| Account Holder | Individual who initially creates an account through the UI (individual or agent portal) | |
| AI/AN | American Indian/Alaska Native *Note: An individual who attests to being an American Indian or Alaska Native* | |
| Applicant | Any individual listed on an application | |
| APTC | Advanced Premium Tax Credits *Note: Federal tax credits that can be applied towards a health insurance premium for individuals who qualify based on a defined set of factors* | |
| ARD | Authorized Representative | |
| BO | Back Office (Agent Portal Access) | |
| BRD | Business Requirements Document | |
| CCA | Health Connector state entity (QHP program focused) | |
| CE | Closed Enrollment. *Note: CCA allows enrollment if a qualifying event is submitted and documented. Does not apply to MH programs.* | |
| CMS | Centers for Medicare & Medicaid Services | |
| Complex Household | An application that contains members who are eligible for more than one type of QHP and/or has multiple tax households | |
| Dell | Vendor for QHP Call Center, Notice Generation and Financial System Services | |
| Dependent (s) | Other Individuals attached to the HOH/shopping group based on the application | |
| DOR | Department of Revenue |
| EOHHS | Massachusetts Executive Office of Health and Human Services |
| ESI | Employer Sponsored Insurance |
| FPL | Federal Poverty Level Table |
| hC | hCentive |
| HIX | Health Insurance Exchange |
| HOH | Head of Household: Member of an account *Note: an account can have dependents attached to its profile so that a household has more than one person.* | |
| IES | Integrated Eligibility System | |
| ILP | Immigrant Lawfully Present *Note: Citizenship/Immigration Status* | |
| LEC | Life Event Change *Note: Ability to update existing member information (previously referred to as ‘report a change’)* | |
| Member | Any individual that has successfully been enrolled in a plan | |
| MEC | Minimum Essential Coverage | |
| MH | MassHealth state entity *Note: MassHealth is a program that administers Medicaid, CHIP and other subsidized health insurance programs such as CMSP and the Health Safety Net for eligible Massachusetts residents* | |
| MMIS | Medicaid Management Information Systems | |
| MTH | Multi-Tax Household *Note: An application that contains more than one tax household.* | |
| MVS | Minimum Value Standard | |
| NCP | Non-Custodial Parent | |
| NQP | Citizenship/Immigration Status: Non-Qualified PRUCOLs | |
| NFR | Nonfunctional Requirement | |
| OBO | On-Behalf-Of *Note: An Agent/CSR has the ability to complete or make changes directly to a member's application at their request* | |
| OE | Open Enrollment Period varies each year: *Note: The 2014 Open Enrollment period ended 2/15/2015.* | |
| PBFG | Premium Benefit Family Group | |
| PCP | Primary Care Provider | |
| PD | Program Determination | |
| PMP | Project Management Plan | |
| PPACA | Patient Protection and Affordable Care Act | |
| PSI | Permission to Share Information | |
| QAB | Citizenship/Immigration Status: Qualified Alien Barred | |
| QHP | Qualified Health Plan *Note: defined as a health plan certified by  the marketplace to meet new benefit and cost sharing standards* | |
| QLP | Citizenship/ Immigration Status: Qualified Alien Lawfully Present | |
| RAC | Report a Change (now referred to as Life Event Change-LEC) | |
| RTM | Requirements Traceability Matrix | |
| SEP | Special Enrollment Period varies each year *Note: Time frame after open enrollment and when report a change can be accepted in the system SEP rules in effect, begins 2/15/2015, concludes at next open enrollment period (11/15/2015). SEP* ***does not*** *apply in MH programs* | |
| SHOP | Small Business Health Options Program | |
| Shopping Household | QHP eligible individuals will be divided into shopping groups with one Subscriber per group based on defined criteria. | |
| Subscriber | The subscriber is the individual that is buying the plan for themselves, for a spouse, or for dependents. | |
| TPL | Third Party Liability | |
| UND | Undocumented *Note: Citizenship/ Immigration Status* | |
| USD | United States Dollar | |
| VLP | Verify Lawful Presence | |
| WRAP | The QHP Wrap program provides state-based wrap-around subsidies for individuals with incomes between 139% and 300% FPL who are enrolled in specified QHPs | |

# APPENDICES

Not Applicable for the purpose of this submission