EXHIBIT B-1

Task Order No. 1

New HIX/IES

TABLE OF CONTENTS

LIST OF TABLES

Task Order No. 1

New HIX/IES

This Task Order No. 1 (this "Task Order") is entered into as of September 30, 2014 (the "Effective Date") under that certain Master Services Agreement between Client and Contractor dated as of September 30, 2014 (the "MSA"), and describes certain Services to be performed under the MSA. Capitalized terms used herein but not defined shall have the meanings set forth in the MSA. For purposes of this Task Order, "hCentive Software" means the hCentive COTS products identified in Exhibit A as being provided by hCentive.

I.   Summary

This Task Order describes the Services to be performed by Contractor to design, develop (MA specific), configure and implement a health insurance exchange System for the Commonwealth to provide eligibility and program determination, shopping, plan selection and enrollment services for QHP, including State Wrap, QDP and Medicaid (Medicaid program determination based on MAGI and for limited set of twenty four program aid categories) (as further described in this Task Order, "New HIX/IES"). The ACA simplifies eligibility rules for those eligible based on their income, requiring use of a common income standard, modified adjusted gross income (MAGI). States are required to set eligibility system specifications to accommodate these new eligibility rules while maintaining systems for those Medicaid eligibility categories (such as for the disabled) that are not eliminated under the ACA. New HIX/IES will result in Massachusetts residents being able to apply for and obtain non-Employer Sponsored Insurance ("ESI") and Medicaid health insurance in accordance with the Affordable Care Act by the Mandatory Go Live Date. New HIX/IES does address integrated eligibility for these healthcare coverage programs based on MAGI rules. New HIX/IES does not address eligibility for broader human and social service programs, other healthcare coverage programs, non-MAGI (though it does accept and redirect application), a full set of Medicaid program categories, or SHOP (small group).

A.   Overall Contractor Responsibilities:

- Provide the Software set forth in Table 1, including configuration of Third Party Software and designing, developing (customizing and configuring to support Client specific unique requirements) and implementing Client Owned Deliverables and hCentive Software (in each case, as applicable) and integration of the Software identified in Table 1 to include the following:
  - Front end functionality, e.g., account creation, application intake, eligibility verification, program determination, plan shopping and plan selection, overall plan management for Qualified Health Plans ("QHP"), QHPs with Advanced Premium Tax Credit ("APTC"), Qualified Dental Plans ("QDP"), Massachusetts Connector Care State Wrap ("Massachusetts State Wrap") and program assessment for Medicaid Modified Adjusted Gross Income ("MAGI") exchange for the 2014-2015 enrollment season;
  - System support (without the exercise of judgment by the Contractor) for upload of plan benefits and rates using National Association of Insurance Commissioners

("NAIC") System for Electronic Rate Form Filing ("SERFF") compliant templates, provided that such support shall not include access by Contractor to any proprietary or non-public information (including, but not limited to, non-public pricing or information regarding plan customizations) of Insurers;

- A Massachusetts State Wrap solution within New HIX/IES to support the eligible ConnectorCare population; and
- Upload SERFF templates (without the exercise of judgment by the Contractor) that are formatted and populated according to Massachusetts guidelines and submitted by the health and dental insurance issuers ("Issuers") that are approved by the Commonwealth of Massachusetts Department of Insurance ("Department of Insurance"), provided that such template does not include access by Contractor to any proprietary or non-public information (including, but not limited to, non-public pricing or information regarding plan customizations) of an Issuer and Contractor's activities are limited to those intended solely to support loading plan information to the System for purposes of operating the New HIX/IES.

Due to the emergency nature of the procurement of Services under the MSA and this Task Order, the parties agree that provisions of the MSA that require Contractor to implement or adhere to the following do not apply to the Services and Deliverables provided under this Task Order: (i) CommonWay Methodology; and (ii) the quality control standards set forth in the MSA, including those set forth in Exhibit T to the MSA, entitled "Quality Control Standards." In addition, as agreed to by the Parties, certain Deliverables were developed prior to the Effective Date without adherence to certain aspects of the CMS (as that term is defined in the MSA) artifacts and life cycle development processes, or Application Development Processes set forth in Exhibit L of the MSA.

B.   Software and Other Property

Exhibit A of this Task Order sets forth a listing of all Contractor Property, Client Provided Third Party Software, Client Provided Third Party Services, and Client provided data sources as well as Third Party Software provided by Contractor that will be used in the performance of this Task Order.

C.   In-Scope New HIX/IES Core Business Functions

The chart below identifies each New HIX/IES core business function within the scope of this Task Order. The Requirements for each New HIX/IES core business function set forth below are attached to this Task Order as Attachment B-1 to Exhibit B.

Table 1 In Scope New HIX/IES Core Business Functions

In Scope New HIX/IES Core Business Functions	Source/ Publisher	Category (Third Party Software, Contractor Property or Client Owned Deliverable)

	In Scope New HIX/IES Core Business Functions	Source/ Publisher	Category (Third Party Software, Contractor Property or Client Owned Deliverable)
1.	Application intake, "User Interface/User Experience" (UI/UX) • WebInsure State – Individual • WebInsure State – Agent	hCentive	Third Party Software
2.	Program determination according to MAGI rules • QHP • QHP + APTC • Medicaid	hCentive	Third Party Software
3.	Assignment of 24 Medicaid MAGI Aid Categories	hCentive	Client Owned Deliverable
4.	Notices • Trigger and generation of QHP Notice payload XML and transmission via SFTP to Dell's Notice Engine called Correspondence Lite.	hCentive	Third Party Software
5.	Notices • Trigger and generation of State specific Medicaid Notices and transmission to MassIT print services operations	hCentive	Client Owned Deliverable
6.	Shopping (subsidized and unsubsidized) • Provider search via URL link to Issuer website showing participating providers (QHP and QDP) • QHP and QDP + APTC	hCentive	Third Party Software
7.	Plan management • Plan loading for 13 Issuers (11 QHP and 2 QDP) and • 100+ Plans	hCentive	Third Party Software
8.	Massachusetts State Wrap • Program determination • Plan shopping and Plan selection	hCentive	Client Owned Deliverable

	In Scope New HIX/IES Core Business Functions	Source/ Publisher	Category (Third Party Software, Contractor Property or Client Owned Deliverable)
9.	New HIX/IES Interfaces as set out in Exhibit F, including ▪ Exchange enrollment information sent to Dell ▪ Medicaid enrollment information sent to MMIS	See Exhibit F	See Exhibit F
10	Other features and functions: • State Specific Medicaid Program Determination features • State Specific eligibility determination notifications • State Specific verification rules for BCC and HIV • Modifications to collect missing info for Undocumented and PRUCOL • Modifications to Display Dell URL for Payment • State-specific static user interface branding and look and feel including but not limited to Client logos, layout, and similar UI/UX features, as the foregoing are implemented through cascading style sheets and other similar UI/UX presentation controls	hCentive	Client Owned Deliverable

D.   Out-of-Scope New HIX/IES Business Functions and Customer Service and Business Operations

The chart below identifies the New HIX/IES business functions and customer service and business operations that are not within the scope of this Task Order.

Table 2 Out of Scope New HIX/IES Business Functions and Customer Service and Business Operations

Optum Out-of-Scope Components

ID	Work Track	Out-of-Scope Components
A	*UI/UX/PD/IDM*	- Front Page (i.e. MAHealthConnector.org Home Page) - Advanced Decision Support (e.g. Integrated/Advanced Provider Search, Out-of-Pocket Cost Calculator) - non-MAGI Medicaid determinations (i.e. beyond 24 Aid Categories)
B	*Eligibility Interfaces*	- State-based Eligibility Interfaces, except MMIS non-ESI MEC Check - All FDSH Interfaces not included in CMS State Profile
C	*Plan Management*	- SERFF Templates and the accuracy of Plan Benefits, including rates, are responsibility of Issuers - Multi-Tax Household Shopping - Dental-only Shopping and Plan Selection
D	*Enrollment & Billing*	- Maintenance of "source of truth" for all financial information including accounts receivable, delinquencies terminations for non-payment, member and subscriber financial information - Source of truth for all CMS financial reporting (e.g. REGTAP Report) - All Billing related end-to-end lifecycle functionality (including premium billing, accounts receivable, collections, delinquencies for termination for non-payment and re-instatements, etc.) - All payment-related functionality - All EDI Processing and Transmission (e.g. 834/820) - Billing Invoices, and Delinquencies Noticing
E	*Eligibility Notices*	- Print fulfillment of Medicaid/CHIP determination and enrollment related Notices - Notice letter generation, and print fulfillment of all Health Connector Enrollment-related Notices
F	*MassHealth Integration*	- Interface or integration with MassHealth systems, except MMIS enrollment, MMIS non-ESI MEC Check and MA-21 Referral
G	*Back Office*	- Customer Relationship Management system - Document Management system

Optum Out-of-Scope Components		
ID	*Work Track*	*Out-of-Scope Components*
H	*ConnectorCare (State Wrap)*	- Back-end Cost Sharing and Premium Subsidy financial reconciliation
-	*Infrastructure*	- Hosting for Front Page
-	*Testing*	- Component system on any system wholly owned and operated by an external vendor (e.g. Dell, MAXIMUS) - note, Integration Testing, End-to-End Testing, etc. are in-scope
-	*Operations*	- Call Center and Operations Center staffing and processing (e.g. answering phones, processing paper applications, eligibility verifications, appeals, etc.) - handling of member inquiries, member application and enrollment support, member billing support, and member escalations, and member ID card printing - All member front line communications including off-cycle correspondence
-	*Member Transition*	- Out-of-scope
-	*Navigators, Enrollment Assisters, Certified Application Counselors and Producers*	- Targeted system functions, including dedicated portals, or support for Navigators, Enrollment Assisters, Certified Application Counselors and Producers - Training, demos, or operational support
-	*Communication*	- Member communication functions and materials, except notice functions and content as otherwise specified - Member outreach activities and materials
-	*SHOP(Small Business Health Options)*	- Out-of-scope
-	*Program related*	- Policies, processes, and procedures related to the business operating model of running a State Based Marketplace or the Medicaid program -Except where a requirement is not met by the System at Go Live, in which case Optum's assistance in designing a business or technical workaround will be in scope
	Reporting	- Out-of-scope

E.   Assumptions

The following Assumptions apply to this Task Order and are not the responsibility of Contractor:

- Issuers submit SERFF 2015 compliant Plan Benefits Templates and Rates Templates for both QHPs and QDPs.
- Rate filing has been approved by the Division of Insurance.
- Uptime, results originating from all Federal Data Services Hub ("FDSH") Services and verification of the results provided by FDSH, and the availability, accuracy and the verification of those results is the responsibility of CMS and not Contractor.
- MassHealth will ensure availability and accuracy of results from State Medicaid Management Information System ("MMIS") for non-ESI Minimum Essential Coverage ("MEC").
- Experian, LexisNexis and Dell are Third Party Vendors of Client and Contractor is not responsible for ensuring that their Third Party Services are accurate and available as needed for Contractor to provide the Services.
- Services will be performed at the Client site or remotely at the Contractor locations listed in the Agreement, including identified offshore locations. Contractor Personnel also routinely work at their home offices, however, Contractor Personnel working remotely shall not have the ability to access Protected Data (as such term is defined in the Data Management and Confidentiality Agreement attached to the MSA as Exhibit O) or the systems in which Protected Data is stored.
- The Software Deliverables to be provided under this Task Order will be based upon Requirements attached to this Task Order as Exhibit B.
- All functionalities will be implemented in English.

F.   Training

Contractor will develop a training plan that describes the train-the-trainer approach (the "Training Plan"). In order to facilitate Client's training, Contractor will partner with Client to "train-the-trainer." Contractor will provide the training sessions identified in the Training Plan at the Client locations identified in the Training Plan. These sessions will be limited to sessions for the WebInsure State – Individual, WebInsure State – Agent and WebInsure State – Plan Management portions of the hCentive Software (for CSR and back office roles only).

Client and Contractor will mutually agree upon the schedule for the train-the-trainer sessions. Client is responsible for identifying Client trainers, who will attend the train-the-trainer sessions provided by Contractor, as well as Client Personnel that will be trained by the Client trainers following the train-the-trainer sessions provided by Contractor. Client shall be responsible for all end-user training, including the creation of any material and the delivery of that end-user training.

Prior to each training sessions offered by Contractor, as outlined above, Contractor will provide to Client (a) a train-the-trainer facilitator guide, and (b) user guide applicable to New HIX/IES that includes (i) the standard hCentive Software user guide (as provided by hCentive) and (ii)

user guide information for the in-scope core business functions identified in Table 1 New HIX/IES.

II.   Services

A.   General Application Development Approach

Contractor will deliver New HIX/IES through three phases (referred to hereafter as "Release 1," "Release 2" and "Release 3" (each, a "Release")).

For each Release, Contractor will provide the following Services:

- **Document Project Requirements**: Gather and validate Functional Requirements and Non-Functional Requirements (each as defined in Exhibit B).
- **Design**: Where appropriate for the particular customization, for requirements requiring customization, perform a high-level and detailed-level design. For the avoidance of doubt, such design will not require Contractor to disclose design for any intellectual property of a Third Party Vendor.
- **Configure and Implement Third Party Software**: Configure, implement and unit-test all code (with the exception of any out of scope applications and/or systems, e.g. Dell).
- **Integrate:** Integrate Software and components, as specified in Table 1 and Exhibit F to this Task Order, into New HIX/IES.
- **Testing**: Perform functional and non-functional testing in accordance with the Master Test Plan.
- **Deployment**: Prepare for and successfully deploy a final release of New HIX/IES to production, in accordance with the Implementation Plan agreed to by Client, including coordinating deployment and cutover with other technology components.

B.   Releases

hCentive Functionality Release Schedule R1.0 / R2.0 / R3.0				
Work-Track	**Key Functionalities**	**R1.0**	**R2.0**	**R3.0**
		Delivered (Y, N or Updated)		
A	**UI/UX/PD/IDM**			
A	Stylesheet, Home Page, Static Content, Terms & Conditions	Y	U	U
A	IDM (OptumID)	N	Y	U
A	**Workflows**			
A	*CMS Streamline Application (Financial Assistance)*	Y	U	U
A	*Anonymous Browsing*	Y	N	N
A	*Non-FA Assistance*	N	N	Y
A	*Quick Start Eligibility Check*	N	N	Y

hCentive Functionality Release Schedule R1.0 / R2.0 / R3.0

Work-Track	Key Functionalities	R1.0	R2.0	R3.0
		Delivered (Y, N or Updated)		
A	MAGI (Medicaid) - FFM "Assessment" Parity	Y	N	N
A	MAGI (Medicaid) - Build Medicaid Household	N	Y	N
A	MAGI (Medicaid) -Determination for Limited 24 Aid Cats	N	N	Y
A	QHP only	Y	N	N
A	QHP + APTC	Y	N	N
A	QHP + APTC + CSR	Y	N	N
A	QHP Shopping & Plan Selection	Y	N	N
A	QDP Shopping & Plan Selection	Y	N	N
B	**Eligibility Interfaces**			
B	FDSH - RIDP (remote identify proofing)	Y	N	N
B	FDSH - SSA (social security administration)	Y	N	N
B	FSDH - IRS (Income)	Y	N	N
B	FDSH - non-ESI MEC (non-Employee Sponsored Insurance)	Y	N	N
B	FDSH - IRS (APTC)	Y	N	N
B	FDSH - VLP-1	Y	N	N
B	FDSH - VLP-2 and VLP-3	N	N	N*
B	MMIS - non-ESI MEC check	N	Y	N
B	Experian, LexisNexis (MA Residency Verification)	N	N	Y
C	**Plan Management**			
C	SERFF 2014 Plan Management Capability	Y	n/a*	n/a*
C	SERFF 2015 Plan Management Capability	N	Y	N
D	**Enrollment & Billing**			
D	New Enrollment Outbound XML	Y	U	N
D	Change Enrollment Outbound XML	N	N	Y
D	Effectuation Inbound XML	N	N	Y
E	**Eligibility Notices**			
E	QHP Final Approval Notice	Y	N	U
E	QHP Provisional Approval Notice	Y	N	U
E	QHP Request for Information (RFI)	Y	N	U
E	QHP Denial	N	Y	U
E	MassHealth Assessment	N	Y	n/a*
E	QHP Other Notices (RIDP Notice)	N	N	Y
E	MassHealth Approval (6)	N	N	Y
E	MassHealth Denial (1)	N	N	Y
E	MassHealth RFI (1)	N	N	Y
E	ITD Notice Print Vendor Integration	N	N	Y

hCentive Functionality Release Schedule R1.0 / R2.0 / R3.0

Work-Track	Key Functionalities	R1.0	R2.0	R3.0
		Delivered (Y, N or Updated)		
F	**Medicaid Integration (MassHealth)**			
F	Outbound Account Transfer Limited CSV File	Y	n/a*	n/a*
F	Outbound Account Transfer Full Payload File	N	Y	n/a*
F	Outbound Response Account Transfer Full Payload File	N	N	n/a*
F	MMIS Eligibility Service Integration	N	N	Y
F	MA-21 Interface (CSV File for non-MAGI Determination)	N	N	Y
G	**Back Office**			
G	Manual Document Verification	N	N	Y
G	Manual ID Proofing	N	N	Y
G	Application Unlock Functionality (during OE)	N	N	Y
G	**On Behalf Of (Agent Portal)**			
A	*Report a change (RAC) on behalf of members*	N	N	Y
A	*Complete new application on behalf members*	N	N	Y
H	**ConnectorCare (State Wrap)**			
H	Program Determination for State Wrap	N	Y	N
H	Plan Shopping and Plan Selection for State Wrap	N	Y	N

Legend

N	Functionality not implemented or not available, or with respect to already existing functionality, there is no change or updates to functionality
Y	Initial implementation of functionality
U	Update to currently functionality in place
n/a*	Functionality obsolete, no longer available or applicable
N*	Not critical for go-live, will be implemented post go-live

C. Client Responsibilities

- As needed for Contractor to provide the Services, provide access to (i) Client Personnel, (ii) Client's Third Party Vendors, (iii) Client's Advisers and (iv) other necessary third parties under Client's control;
- Work with Contractor to schedule meetings and use reasonable efforts to ensure that the following parties attend as necessary: (i) Client Personnel, (ii) Client's Third Party Vendors, (iii) Client's Advisers and (iv) other necessary third parties under Client's control;

- Provide access to information and material under Client's control necessary for Contractor to provide the Services;
- Perform all organizational change management activities and business process redesign applicable to the Client's other systems and business processes, if required, as agreed to by the Client, unless a Requirement is not met by the System at Go Live, in which case Optum shall assist Client in designing a business or technical workaround.
- In connection with initial design or change management activities, coordinate the implementation of technical changes in Client's other systems, applications and databases outside of Contractor's scope of work under this Task Order as agreed to by the Client;
- Consider in good faith Contractor's recommendation regarding deployment of New HIX/IES in production on the Mandatory Go Live Date;
- Prepare (DOI approved and Issuer submitted) rate tables; and
- Provide all Client Provided Third Party Software, Client Provided Third Party Services, and Client provided data sources listed on Exhibit A of this Task Order.

D.   Deliverables

Contractor will deliver the Deliverables set forth in Exhibit C. The Acceptance Process and Acceptance Criteria for the Deliverables are also set forth in Exhibit C.

E.   Liquidated Damages

Client will have the right to assess liquidated damages in the amounts set forth below for Late Deliverables and Unsatisfactory Deliverables. A "Late Deliverable" is any Deliverable identified in Exhibit D that is not submitted prior to 11:59 p.m. Eastern Time on Submission Date (as identified in Exhibit D). An "Unsatisfactory Deliverable" for liquidated damages purposes only is a Deliverable identified in Exhibit D that has not been found to be satisfactory (as agreed in Exhibit B, a Deliverable will be deemed to be satisfactory for purposes of liquidated damages only provided that CMS review of the Deliverable indicates that it is satisfactory) through CMS review prior to 11:59 p.m. Eastern Time on December 1, 2014 (except to the extent that CMS provides additional time in order for a satisfactory Deliverable to be provided, in which case such new date will govern).

Liquidated damages amounts shall be as follows: (a) for Late Deliverables: $10,000 per Late Deliverable per day until the Deliverable is submitted to Client (but excluding from such calculation the day that the Deliverable is submitted to Client), and (b) for Unsatisfactory Deliverables: $50,000 per Unsatisfactory Deliverable, up to a maximum of $250,000 per Deliverable for both (a) and (b). Liquidated damages shall have an aggregated cap of $3,400,000. For the avoidance of doubt, (i) Client shall have the right to assess liquidated damages against the same Deliverable both for Contractor's failure to deliver it on the Submission Date and if the Deliverable is an Unsatisfactory Deliverable (subject to the caps set forth above) and (ii) Deliverables not listed in Exhibit D will not be subject to the liquidated damages provisions of this section.

F.   Final Acceptance for New HIX/IES

Set forth on Exhibit E hereto is the Acceptance Criteria for Final Acceptance of New HIX/IES.

In accordance with the Mitigation Letter, Final Acceptance of New HIX/IES is not conditioned upon compliance with the Enterprise Accessibility Standards and interoperability with the AT/IT List.

III.   Payment Schedule and Repayment of Holdback Amount

A.   Payment Schedule

The Fixed Price for this Task Order is $29,660,000. Client shall pay the Fixed Price in accordance with the payment schedule set forth in Exhibit G.

B.   Holdback

The payments under this Task Order are subject to Holdback as set forth in Exhibit G.

IV.   Warranty Support Obligations

The Warranty Period for New HIX/IES is the period commencing on the date of Final Acceptance and expiring on the later to occur of (a) six (6) months after Final Acceptance and (b) the date upon which all of the following have been met (i) 100% of Test Cases (as identified in the Master Test Plan) have passed with the exception of test cases that are found to not accurately test the expected functions, (ii) Severity Leve1 1 Nonconformities, Severity Leve1 2 Nonconformities and Severity Leve1 3 Nonconformities identified during the six (6) month period following Final Acceptance have been Resolved (with the exception of Severity Level 3 Nonconformities that do not need to be Resolved pursuant to the decision of the Joint Committee) and (iii) Severity Level 4 Nonconformities identified during the six (6) month period following Final Acceptance and mutually agreed between the Parties have been Resolved.

V.   Post Warranty Support Obligations

The Post Warranty Support Obligations of Contractor, including the maintenance and support of New HIX/IES, to be provided during the hosting of New HIX/IES by Contractor following the Warranty Period shall be set forth in the Managed Applications Services Schedule in Task Order No. 3.

VI.   Project Management

Contractor shall be responsible to complete the sections of the Project Management Plan regarding Sub Contractor Management Plan, Configuration Management, Software Process Management, Development Management, Release Plan. Contractor shall comply with the entire Project Management Plan, however, in light of the emergency nature of the procurement of Services under the MSA and this Task Order, certain aspects of the Project Management Plan were not followed prior to the Effective Date, but will be thereafter. Contractor acknowledges receipt of the Integrated Master Schedule from Client and Contractor must deliver all work under

this Task Order in accordance with the mutually agreed to Integrated Master Schedule, and will be responsible for updating the Integrated Master Schedule daily.

Contractor's Program Management Office will provide project management services as part of the Services described in this Task Order, including the following:

- Inform management on program status through accurate performance metrics as documented in the Project Dashboard;
- Effectively align and deploy resources;
- Manage against a Project schedule that has been approved by Client;
- Reduce risk through planning and mitigation strategies;
- Synchronize activities and obtain stakeholder buy-in through effective communication; and
- Cooperate with the IV&V vendor throughout the life of this Task Order and participate as required in reviews resulting from the work of the IV&V vendor.

A.   Key Personnel

The following individuals are Key Personnel for this Task Order until the End Date specified:

Name	End Date
███████████	3/31/2015
███████████	3/31/2015
███████████	3/31/2015
███████████	3/31/2015
███████████	3/31/2015
███████████	3/31/2015
███████████	3/31/2015

With respect to the foregoing Key Personnel, Contractor may, after 12/31/2014, make adjustments to work location for the named Key Personnel.

B.   Key Subcontractors

- hCentive, Inc.

C.   Project Managers

The Project Managers for Contractor and Client for this Task Order are set forth below:

Contractor: ███████
Client: ████████

VII. Facility Resources and Technology Resources

A. Client Provided Facility Resources

Client will provide the Facility Resources as set forth in the MSA (but excluding computers and peripheral devices, printers, copy and fax machines) to Contractor for the performance of the Services under this Task Order at Client's One Congress Street, Boston, MA office ("One Congress") and other Client owned facilities where the Services may be provided. Client shall also provide:

- Standard and customary access to its Client facilities where the Services are required to be provided during business hours, as outlined in the MSA and this Task Order.
- Badge access, if required to provide the Services, for required Personnel to One Congress and Client's Quincy, MA location and CCA offices, outside of normal business hours.

B. Client Provided Technology Resources

Client will provide the following Technology Resources to Contractor for the performance of the Services under this Task Order:

- Network and internet access as required to support the Services.

VIII. Source Materials; Escrow

Contractor shall deposit the Software listed on Exhibit A to this Task Order in the Escrow Account in accordance with the provisions of Section 13.8 of the MSA.

IX. Exhibits

Exhibit A   Software

Exhibit B   Requirements

Exhibit C   Deliverables, Acceptance Process and Acceptance Criteria

Exhibit D   Deliverables Submission Dates

Exhibit E   Final Acceptance

Exhibit F   New HIX/IES Interfaces

Exhibit G   Payment Schedule

Exhibit A- Software

Software Provided by Contractor:

Source/ Publisher	Product Description (include Base Software version no.)	Escrow (Y/N)	Category (Contractor Property, Client Owned Deliverable or Third Party Software)

hCentive	• WebInsure State - Individual, Base Software version 1.3.5, including;
	    ○ WebInsure State – Broker Portal;
	    ○ WebInsure State – Plan Management
		Y	Third Party Software

Optum	OptumID	N	Contractor Property

Client Provided Third Party Software:

Source/ Publisher	Product Description
Dell	Dell has one or more systems for a variety of activities such as processing enrollment transactions, processing premium payments, and producing notices.
Correspondence Lite Notices	Correspondence Lite is a software program used by Dell to generate enrollment and billing notices.
Experian	Experian validates that an address is a valid address per the United States Postal Service (USPS) and standardizes addresses per USPS address.
LexisNexis	LexisNexis validates that an individual is a resident of the address he/she provided.
FDSH	The Federal Data Services Hub is a web service through which information from the Internal Revenue Service (IRS), the Department of Homeland Security (DHS), and the Social Security Administration (SSA) can provide information to individuals and families applying for health insurance through state-based or federal marketplaces.
XSLFast	XSL Fast is a software program used by hCentive to generate enrollment and billing notices.
"MassIT Noticing Solution"	MassIT Noticing Solution represents the solution by which the hCentive software will generate a notice and transmit that notice to MassIT for printing and mailing.
MMIS	MMIS is the Medicaid Management Information System for Medicaid enrollment and claim information.

Source/ Publisher	Product Description
MA21	MA21 is the system currently used in Massachusetts to determine eligibility for Medicaid.
eHealth	eHealth is a service which allows individuals to search for which medical providers
Checkbook	Checkbook is a service which allows individuals to estimate the total out-of-pocket cost of an insurance plan.

Exhibit B – Functional and Non-Functional Requirements

New HIX/IES Requirements: The Requirements for New HIX/IES, as mutually agreed upon by the parties on August 25, 2014 and as modified by addition of Plan B requirements on September 30, are attached to this Exhibit as Attachment B-1. Parties agree to amend these Requirements for New HIX/IES to reflect any final revisions based on Plan B pursuant to a mutually agreed upon Change Order no later than October 15, 2014.

Attachment B-1 Functional Requirements

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.10.1	The hCentive system will deny an applicant for incarceration who is not pending disposition. (i.e., confined but not convicted)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.10.2	The hCentive system will not deny an applicant for incarceration who is pending disposition.(ie confined but not convicted)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.10.3	The hCentive system will not deny an applicant for incarceration if there is an incarceration inconsistency. (e.g. user does not attest to being incarated but FDSH confirms the individual is incarcerated). In this case, the application would receive provisional eligibility and would be required to submit verification documentation.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.10.4	The hCentive system will accurately deny an applicant who is deceased	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.10.5	The hCentive system will accurately deny a single applicant who is not a MA resident	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.10.6	The hCentive system will not deny an applicant who is not residing in state and who is a joint tax filer or a tax dependent of a MA resident.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.1	The hCentive system will accurately require additional information for an applicant when the hub indicated income is more than10% greater than the attested income	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.10	The hCentive system shall have the ability to not require additional information for an applicant who is Denied or assessed eligible for Medicaid	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.2	The hCentive system will accurately require additional information for an applicant with pending disposition.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.3	The hCentive system will accurately require additional information if the user does not attest to being incarcerated but FDSH indicates incarceration	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.4	'The hCentive system will accurately require additional information for an applicant when the service call made to the hub could not verify the immigration status	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.5	The hCentive system will accurately require additional information for an applicant whose residency information could not be verified by the service call made to Experian and Lexis Nexis	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.6	'The hCentive system will accurately require additional information for an applicant who attested to being AI / AN	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.7	The hCentive system will accurately require additional information for an applicant whose citizenship status could not be verified by the service call made to the SSA and DHS	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.8	The hCentive system shall have the ability to require additional information for an applicant who needs to verify multiple verification types	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.11.9	The hCentive system shall have the ability to not require additional information for a QHP eligible applicant who does not need to verify information	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.12.1	The hCentive system will accuately identifies the appropriate SLCSP to retrieve the max. APTC amount from the FDSH for applicants who are eligible for QHPs and APTCs	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.12.10	If an applicant eligible for State Wrap (Connector Care) adjusts APTC, the hCentive system will accurately change the APTC and state wrap amounts for PT2b	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.11	If an applicant eligible for State Wrap (Connector Care) adjusts APTC, the hCentive system will accurately change the APTC and state wrap amounts for PT3a	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.12	If an applicant eligible for State Wrap (Connector Care) adjusts APTC, the hCentive system will accurately change the APTC and state wrap amounts for PT3b	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.2	The hCentive system will accurately change the APTC amounts if an applicant eligible for QHP with APTC adjusts their APTC amount	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.12.3	The hCentive system will accurately identify the appropriate SLCSP to retrieve the max APTC amount from the FDSH and accurately calculate the state wrap amount for applicants eligible for state wrap (Connector Care - PT1)	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.4	If an applicant eligible for State Wrap (Connector Care) adjusts APTC, the hCentive system will accurately change the APTC and state wrap amounts - PT1 plans	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.5	The hCentive system will accurately identify the appropriate SLCSP to retrieve the max APTC amount from the FDSH and accurately calculate the state wrap amount for applicants eligible for state wrap (Connector Care - PT2a)	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.12.6	The hCentive system will accurately identify the appropriate SLCSP to retrieve the max APTC amount from the FDSH and accurately calculate the state wrap amount for applicants eligible for state wrap (Connector Care - PT2b)	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.7	The hCentive system will accurately identify the appropriate SLCSP to retrieve the max APTC amount from the FDSH and accurately calculate the state wrap amount for applicants eligible for state wrap (Connector Care - PT3a)	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.8	The hCentive system will accurately identify the appropriate SLCSP to retrieve the max APTC amount from the FDSH and accurately calculate the state wrap amount for applicants eligible for state wrap (Connector Care - PT3b)	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.12.9	If an applicant eligible for State Wrap (Connector Care) adjusts APTC, the hCentive system will accurately change the APTC and state wrap amounts for PT2a	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.1	The hCentive system will allow an applicant determined to be eligible for State Wrap (Connector Care) to adjust their APTC amount and make the appropriate calculations based on the state wrap methodology	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.10	The hCentive system will allow the applicant to sort and filter plans	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.11	The hCentive system will allow an applicant determined to be eligible for QHPs with APTCs to adjust their APTC amount	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.12	The hCentive system will display provider links	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.16	The hCentive system will allow the applicant to select and add a plan to the cart	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.17	The hCentive system requires the applicant to attest to Terms and Conditions at the end of plan selection and to confirm their enrollment	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.18	The hCentive system captures and stores the information required by issuers to effectuate enrollment	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.19	The hCentive system shall allow the user to apply any remaining APTC amount from QHP to dental coverage.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.2	The hCentive system will display a monthly premium of zero dollars if the maximum APTC of the applicant is greater than the original plan premium	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.3	The hCentive system shall display the ConnectorCare plans only if the user is determined for ConnectorCare plans	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.4	The hCentive system shall allow a user to shop for a plan after they have authenticated and received eligibility determination	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.5	The hCentive system shall allow the user to view the plans that they can shop and enroll in a plan based on their program determination (QHP)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.13.6	The hCentive system shall allow the user to view the QDP plans that they can enroll in based on their program determination	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.13.9	The hCentive system will allow the applicant to compare a maximum of three plans	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.14.1	The hCentive system shall display a message informing the user to call the customer service if they wish to purchase a QDP only by calling the customer service.	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.14.10	The hCentive system shall exhibit Connector logo and branding on all applicable pages of the website.	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.11	The hCentive system shall display a color scheme that is consistent with the style guide approved by CCA.	Important	R2	hCentive
(A) UI / UX / PD / IDM	A.14.12	The hCentive system shall display navigation elements such as breadcrumbs and other navigation elements that are consistent with the style guide approved by the CCA.	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.13	The hCentive system shall provide seamless integration between the CCA home page and the hCentive Individual portal	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.14.14	The hCentive system shall provide users a consistent user experience ('look and feel')	Useful	R1	hCentive
(A) UI / UX / PD / IDM	A.14.15	The hCentive system shall provide users a consistent user experience ("look and feel") - including Wrap	Useful	R2	hCentive
(A) UI / UX / PD / IDM	A.14.17	The hCentive system shall display MA specific help and contextual text to the user throughout the online eligibility application and shopping process	Important	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.14.19	Layout and Design - Any hCentive web pages must use HTML markup tags according to industry standards	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.2	The hCentive system will ask for the net income while calculating the self-employment income of the applicant	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.14.20	hCentive web pages shall control presentation with style sheets, but the web pages must be organized so they are readable without requiring an associated style sheet	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.21	hCentive web pages shall avoid using frames	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.22	hCentive web pages must be usable when scripts, applets, or other programmed objects are turned off or are not supported	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.23	hCentive web pages must use clear and consistent navigation mechanisms	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.25	The hCentive system will include format validation checks (i.e. field verifications) for all user data input fields in all screens	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.26	The hCentive system will display appropriate error messages if format validation checks (i.e. field verifications) are not met	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.29	The hCentive system will be compatible with multiple browsers, e.g. Internet Explorer, Mozilla Firefox, Safari, Chrome; versions released between 2011-2014 and later versions	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.14.3	The hCentive system will ask for the pregnancy information of all female users aged between 8 - 65 years	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.14.5	The hCentive system shall collect the immigration/citizenship information of all applicants applying for unsubsidized health and dental coverage	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.14.6	The hCentive system shall allow the user to print "My Enrollments" and " Application Summary Page"	Useful	R3	hCentive
(A) UI / UX / PD / IDM	A.14.7	The hCentive system shall display a message on the "Results" screen to inform the user on how to go forward with the application if he/she is assessed for MassHealth. Text to be displayed : If you or some of your household members are eligible for MassHealth, your application requires additional processing. <Click here> to learn more about what to do next	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.14.8	hCentive system shall capture the average monthly income if the user attests to not having a steady month to month income	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.14.9	The hCentive system shall exhibit a design that is consistent with visual style approved by CCA	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.15.1	The hCentive system user interface shall conform to industry standards for web accessibility (508 Compliance)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.15.3	hCentive web pages must provide a text equivalent for every non-text element	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.15.7	hCentive web pages must ensure that the use and selection of color do not affect the information conveyed on a page	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.15.8	Information published on any hCentive web pages must be published in HTML, whenever possible, to eliminate the need for additional software	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.1	The IDM system shall have the ability to allow users to create accounts to use the hCentive system	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.10	The hCentive system shall support an Individual User Role for authenticated users that allows a applicant to start an eligibility application, complete shopping, etc.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.12	The hCentive system shall support a Customer Service Representative (CSR - Basic) User Role "On Behalf Of" for authenticated users that can assist applicants complete and eligibility application and select a plan, etc. and make changes to an application	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.13	The hCentive system shall support a Customer Service Representative (CSR - Supervisor) User Role for authenticated users that can assist applicants complete and eligibility application and select a plan, etc., make changes to an application, perform ID management functions to support user self-service functions (i.e. Reset Password, Forgot Password, Forgot Username and Unlock Account)	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.16.18	The hCentive System must be integrated with identity matching solution (Optum ID)	Critical	R2	IDM

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.16.19	The Massachusetts Health Connector logo will appear in the upper left corner of the IDM screens	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.2	The IDM system requires users to provide the following information to create an account: First Name, Last Name, Email Address, Username, Password	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.20	Email correspondence from the IDM system will include the phone # and email address for the CSR (Dell).	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.21	CSR representatives will not be allowed to reset user passwords, change the security questions/answers or/ and change the users email address within the IDM system.	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.22	IDM Privacy Policy, Terms and Conditions, Help, error messages, Email language and copyrights are based on Optum ID language.	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.23	Email from the IDM system comes from "OptumIDInbox".	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.24	The hCentive user navigates to the Optum ID pages for the following: Sign In, Forgot Password, Create an account, unlock their account and Forgot Username.	Critical	R2	IDM
(A) UI / UX / PD / IDM	A.16.3	The IDM system requires users to choose three specific questions from a list of security questions and answer these questions to support additional credentialling	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.4	The IDM system will generate and send a verification URL and confirmation code to the applicant's email	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.5	The IDM system requires the user to click on the link or enter the confirmation code into the account verification screen to activate their account	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.6	The IDM system shall have the ability to authenticate users using the hCentive system using username and password	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.7	For Self Service processes (i.e., Reset Password, Forgot Username, Forgot Password, Unlock Account), the IDM system requires First Name, Last Name, Email Address, security question authentication if a different IP address is used by the user	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.8	The IDM system shall lock a user's account after 3 failed attempts to login to the hCentive system	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.16.9	The hCentive system shall support unauthenticated users that are limited to anonymous browsing and basic website navigation (i.e. cannot start an eligibility application)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.2.1	The hCentive system will allow users to view their profiles: Overview, My Profile, My Eligibility, My Appeals, My Enrollments	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.2.2	The hCentive system will allow users to access an application previously started	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.2.4	The hCentive system will provide information to applicants seeking to appeal their determination and provide a link to an external website to download an appeals form	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.2.5	The hCentive system will allow users to view a submitted application	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.2.6	The hCentive system will allow users to view enrollment information such as the plans selected (QHP, QDP), enrollment ID, primary contact name, submission date and effective date	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.2.7	The hCentive system will allow users to view enrollment information (ConnectorCare) such as the ConnectorCare plan selected, enrollment ID, primary contact name, submission date and effective date.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.3.1	The hCentive system shall allow a user to anonymously enter basic information (month and year of birth, zip code, start coverage date, coverage type) to browse unsubsidized QHPs and QDPs and the associated rates	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.3.2	The hCentive system shall allow an anonymous user to go thorugh the shopping experience (i.e. view plan benefits, use sort and filter capabilities, provider links, etc.)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.3.3	The hCentive application accurately displays rates for unsubsidized QHPs and QDPs as provided by the issuers	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.3.4	The hCentive system will prevent an anonymous user from buying a QHP or QDP without registering for an account or going through eligibility verification	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.3.5	The hCentive system shall allow a user to start an application after going through the anonymous browsing shopping experience	Critical	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.4.1	The hCentive system shall allow a user to create an account by clicking on the "Individual and Families" link on the Connector website	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.12	The hCentive system shall allow an Authorized Representative to fill out the application on the applicant's behalf.	Important	R1	hCentive
(A) UI / UX / PD / IDM	A.4.13	The hCentive system shall allow a Navigator, Certified Application Counselor to fill out the application on the applicant's behalf.	Important	R3	hCentive
(A) UI / UX / PD / IDM	A.4.2	The hCentive system shall allow a user to log into their account after they have been authenticated with their username and password	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.3	The hCentive system shall require a user to attest to Terms and Conditions ("Notice of Consent and Authorization") prior to sending the applicant's information to the Federal Data Services Hub	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.4	The hCentive system shall allow a user to complete an unsubsidized eligiblity application (based on the CMS Single Streamlined Application)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.5	The hCentive system shall allow a user to complete an unsubsidized eligiblity application without needing to provide income information	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.6	The hCentive system shall allow a user to complete a subsidized eligiblity application (based on the CMS Single Streamlined Application)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.7	The hCentive system shall allow a user to complete a subsidized eligibility application including the ability to make a MassHealth eligibility assessment.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.4.8	The hCentive system shall require a user to provide income information to complete a subsidized eligiblity appliation	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.4.9	The hCentive system shall require a user to attest to Terms and Conditions ("Rights and Responsibilities") prior to submitting an eligibility application	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.5.1	The hCentive system shall accurately perform unsubsidized QHP program determination for a single tax household - single person with FPL over 400%.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.5.12	'The hCentive system will accurately perform QHP, APTC and State Wrap program determination for a multi tax households.	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.5.13	The hCentive system will accurately perform QHP, APTC and State Wrap program determination for applicants and households across various age bands, i.e. <19, 19-20, 21-64, 65+	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.5.15	The hCentive system shall have the ability to accurately assess applicants in various mixed household scenarios (e.g. QHP and dependent child eligible for CHIP; QHP and over 65 spouse eligible for Medicaid)	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.5.2	The hCentive system shall accurately perform unsubsidized QHP and QDP program determination for a single tax household - two persons with FPL over 400%.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.5.3	The hCentive system shall accurately perform unsubsidized QHP and QDP program determination for a single tax household - 3+ households with FPL over 400%.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.5.4	If the applicant(s) attest to having MEC Medicaid or CHIP, and/or if MMIS confirms the applicant(s) has MEC Medicaid or CHIP, the hCentive system shall program determine the applicant for unsubsidized QHP (i.e. they will not be eligible for APTC or State Wrap)	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.5.7	The hCentive system shall accurately perform program determination for a single tax household - single person with FPL 300-400% FPL as eligible for QHP with APTC.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.5.8	The hCentive system shall accurately perform program determination for a single tax household - two persons with FPL 300-400% FPL as eligible for QHP with APTC.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.5.9	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with FPL 300-400% FPL as eligible for QHP with APTC.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.1	The hCentive system shall accurately perform program determination for a single tax household - single person with 0-100% FPL who are not eligible for Medicaid due to immigration (ILP/QAB) as eligible for Connector Care PT1.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.10	The hCentive system shall accurately perform program determination for a single tax household - single person with 200.01-250% FPL who are ineligible for Medicaid as eligible for Connector Care PT3a.	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.6.11	The hCentive system shall accurately perform program determination for a single tax household - two persons with 200.01-250% FPL who are ineligible for Medicaid as eligible for Connector Care PT3a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.12	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with 200.01-250% FPL who are ineligible for Medicaid as eligible for Connector Care PT3a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.13	The hCentive system shall accurately perform program determination for a single tax household - single person with 250.01-300% FPL who are ineligible for Medicaid as eligible for Connector Care PT3b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.14	The hCentive system shall accurately perform program determination for a single tax household - two persons with 250.01-300% FPL who are ineligible for Medicaid as eligible for Connector Care PT3b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.15	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with 250.01-300% FPL who are ineligible for Medicaid as eligible for Connector Care PT3b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.16	The hCentive system will handle program determination for multi-tax households	Critical	R3	hCentive
(A) UI / UX / PD / IDM	A.6.17	The hCentive system should be able to capture current income and projected income and use current income for Medicaid program determination, and projected income for Exchange program determination	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.2	The hCentive system shall accurately perform program determination for a single tax household - single two person with 0-100% FPL who are not eligible for Medicaid due to immigration (ILP/QAB) as eligible for Connector Care PT1.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.3	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with 0-100% FPL who are not eligible for Medicaid due to immigration (ILP/QAB) as eligible for Connector Care PT1.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.4	The hCentive system shall accurately perform program determination for a single tax household - single person with 100.01-150% FPL who are ineligible for Medicaid as eligible for Connector Care PT2a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.5	The hCentive system shall accurately perform program determination for a single tax household - two persons with 100.01-150% FPL who are ineligible for Medicaid as eligible for Connector Care PT2a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.6	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with 100.01-150% FPL who are ineligible for Medicaid as eligible for Connector Care PT2a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.7	The hCentive system shall accurately perform program determination for a single tax household - single person with 150.01-200% FPL who are ineligible for Medicaid as eligible for Connector Care PT2b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.8	The hCentive system shall accurately perform program determination for a single tax household - two persons with 150.01-200% FPL who are ineligible for Medicaid as eligible for Connector Care PT2b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.6.9	The hCentive system shall accurately perform program determination for a single tax household - 3+ households with 150.01-200% FPL who are ineligible for Medicaid as eligible for Connector Care PT2b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.7.1	'The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (QHP) - unsubsidized	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.7.2	The hCentive system shall have the ability to accurately generate and display on the screen a Provisional Eligiblity Approval (QHP) - unsubsidized and also display the required verification doumentation.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.7.3	The hCentive system shall have the ability to accurately generate and display on the screen a Final QHP + APTC Eligiblity Approval	Critical	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI / UX / PD / IDM	A.7.4	The hCentive system shall have the to ability accurately generate and display on the screen a Provisional QHP + APTC Eligiblity Approval and also display the required verification doumentation.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.8.1	The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (Wrap) for the PT1.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.10	The hCentive system shall have the ability to accurately generate and display on the screen a Provisional QHP + APTC Eligiblity Approval for the PT3b and also display the required verification doumentation.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.2	The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (Wrap) for the PT2a.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.3	The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (Wrap) for the PT2b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.4	The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (Wrap) for the PT3a	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.5	The hCentive system shall have the ability to accurately generate and display on the screen a Final Eligiblity Approval (Wrap) for the PT3b.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.6	The hCentive system will have the ability to accurately generate a Provisional QHP + APTC Eligiblity Approval for the PT1 and also display the required verification documentation	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.7	The hCentive system shall have the ability to accurately generate and display on the screen a Provisional QHP + APTC Eligiblity Approval for the PT2a and also display the required verification doumentation.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.8	The hCentive system shall have the ability to accurately generate and display on the screen a Provisional QHP + APTC Eligiblity Approval for the PT2b and also display the required verification doumentation.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.8.9	The hCentive system shall have the ability to accurately generate and display on the screen a Provisional QHP + APTC Eligiblity Approval for the PT3a and also display the required verification doumentation.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.9.1	The hCentive system shall have the ability to accurately assess an applicant eligible for Medicaid based on the Medicaid Assessment (MAGI) rules that have been provided.	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.9.2	The hCentive system shall have the ability to accurately assess an applicant eligible for Medicaid, including Medicaid household composition	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.9.3	The hCentive system shall have the ability to accurately assess an applicant eligible for Medicaid based on the Medicaid Assessment (Non-MAGI,ie Foster Care and Disability) rules that have been provided.	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.9.4	The hCentive system will accurately assess the applicant with BCC as medicaid eligible with FPL upto 250%	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.9.5	The hCentive system will accurately assess the applicant with HIV as medicaid eligible with FPL upto 200%	Critical	R2	hCentive
(A) UI / UX / PD / IDM	A.9.6	The hCentive system will accurately assess the applicant who is a pregnant as medicaid eligible with FPL utpo 200% with immigration statuses of CIT, QLP, QAB, ILP	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.9.7	The hCentive system will accurately assess the children under 19 as MassHealth eligible with FPL upto 300%	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.9.8	The hCentive system will accurately assess Non- LPR immigrants for MassHealth with FPL upto 300%	Critical	R1	hCentive
(A) UI / UX / PD / IDM	A.9.9	The hCentive system will accurately assess the foster care children upto an age of 26 for MassHealth	Critical	R2	hCentive
(A) UI/UX/PD MH	AA.1.1	The MassHealth process shall utilize the hCentive program determination functionality to determine eligibility and, if eligible, assign the applicant to only one of the 24 prioritized aid categories.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1011	The individual's denial reason is "age 65" if the individual's age >= 65	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.1022	"The individual's denial reason is "Self-declared health insurance" if the individual has self-declared health insurance and the individual is applying for financial assistance and the individual meets MassHealth denial reason requirements for self-declared insurance BCCTP	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1023	"The individual's denial reason is "Self-declared health insurance" if the individual has self-declared health insurance and the individual is applying for financial assistance and the individual's age > 21 and the individual's citizenship/immigration status (for MassHealth) = "NQP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1024	"The individual's denial reason is "Self-declared health insurance" if the individual has self-declared health insurance and the individual is applying for financial assistance and the individual's age >= 19 and the individual's age < 21 and the individual's citizenship/immigration status (for MassHealth) = "NQP" and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth < the individual's applicable monthly 300% FPL limit for MassHealth and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1026	"The individual's denial reason is "voluntary withdrawal" if it is currently known whether or not the individual has withdrawn voluntarily and the individual has withdrawn voluntarily	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1028	"The individual's denial reason is " "moved out of the household (MassHealth)" if the individual has moved out of the applying household (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1032	"If it is designated that the indivdual is no longer pregrant, hCentive will re-run eligibiltiy and determine eligibility. If no longer eligible, will send closing reason to MMIS system.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1038	"The individual's denial reason is "enrolled in another MassHealth Program (MA21, MMIS)" if the individual's evaluated eligibility result's program type = "MMIS"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1052	the individual meets MassHealth denial reason requirements for self-declared insurance BCCTP if the individual is not ineligible for premium coverage types due to unpaid MassHealth premiums and the individual's citizenship/immigration status (for MassHealth) = "CIT" and the individual's age < 65 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth < the individual's applicable monthly 250% FPL limit for MassHealth and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 133% FPL limit for MassHealth and the individual is eligible for BCCTP	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.1053	the individual meets MassHealth denial reason requirements for self-declared insurance BCCTP if the individual is not ineligible for premium coverage types due to unpaid MassHealth premiums and the individual's citizenship/immigration status (for MassHealth) = "QLP" and the individual's age < 65 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth < the individual's applicable monthly 250% FPL limit for MassHealth and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 133% FPL limit for MassHealth and the individual is eligible for BCCTP	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.162	the individual's preliminary results indicate a need to provide citizenship/immigration status documentation if the individual's citizenship/immigration status inconsistency period has not elapsed the individual's citizenship/immigration status is not verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.163	the individual is lawfully present if the individual's citizenship/immigration status = "CIT"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.164	the individual is lawfully present if the individual's citizenship/immigration status = "QLP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.165	the individual is lawfully present if the individual's citizenship/immigration status = "QAB"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.166	the individual is lawfully present if the individual's citizenship/immigration status = "ILP"	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.17	Applicants that claim disability and applicants that do not attest to a disability on the application yet are regarded as disabled by the Federal Data Services Hub are identified in a hCentive-generated report for processing via manual workaround in MA21.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.170	the individual is 5-year barred IF the individual's attested citizenship/immigration status = "QAB" and the individual's attested immigration status awarded date is currently known and the application request date is earlier than the date 5 years after the individual's attested immigration status awarded date and the individual's attested U.S. entry date is currently known and the individual's attested U.S. entry date is later than 1996-08-22	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.171	the individual is 5-year barred if it is currently known whether or not the individual's FDSH response indicates that the individual is 5-year barred and the individual's FDSH response indicates that the individual is 5-year barred and it is currently known whether or not the individual's FDSH response indicates that the 5-year bar period has not been met and the individual's FDSH response indicates that the 5-year bar period has not been met	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.172	the individual's citizenship/immigration status inconsistency period has not elapsed IF the application request date <= the individual's citizenship/immigration status default inconsistency period end date	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.174	The individual's MassHealth citizenship/immigrations status default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.18	Potentially disabled applicants are allowed to process through the hCentive solution and be assigned to applicable MAGI MH coverage.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.186	the individual's FDSH incarceration response is "Not Incarcerated" if the individual's FDSH incarceration status is no data found OR	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.192	the individual's FDSH response incarceration response is "Incarcerated" if the individual's FDSH incarceration status code is data found and the individual's FDSH incarceration indicator is yes	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.194	the individual is not incarcerated (for MassHealth) if the individual's attestations for incarceration status indicate that the individual is not incarcerated and the individual's FDSH incarceration response = "Not Incarcerated" or Null/Unknown	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.196	The individual is not incarcerated for MH if the individual attests they are not incarcerated and the provides manual verification that they are not incarcerated.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.197	the individual is not incarcerated (for MassHealth) if the individual's attestations for incarceration status indicate that the individual is not incarcerated and the individual's preliminary results indicate a need to provide incarceration documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.203	the individual's preliminary results indicate a need to provide incarceration documentation (for MassHealth) IF the individual's attestations for incarceration status indicate that the individual is not incarcerated and the individual's FDSH incarceration response = "Incarcerated" AND the individual's incarceration status inconsistency period (for MassHealth) has not elapsed	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.21	hCentive must be able to accept and update from the back office functionality that a verification request has been met and trigger program determination.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.217	the individual's incarceration status inconsistency period (for MassHealth) has not elapsed IF the application request date <= the individual's MassHealth incarceration status default inconsistency period end date	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.219	The individual's MassHealth incarceration status default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.22	The MassHealth PD process shall trigger a program determination by one of the prioritized life event changes through the update and change functionality	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.24	The MassHealth PD process shall trigger a time clock when necessary based on the results of a program determination.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.247	The individual is claimed as a dependent if the individual's tax filing status = "Dependent"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.248	The individual is a tax filer if the individual's tax filing status = "Tax filer"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.249	The individual (the other individual) is a member of the individual's tax filers if the individual is the other individual and the individual is a tax filer	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.250	The individual (the other individual) is a member of the individual's tax filers if the individual is not the other individual and for at least one of the other individual's relationships and the relationship tax type is currently known and the relationship tax type = "Tax filer" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.251	The individual (the other individual) is a member of the individual's spouse if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Husband or Wife" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.252	The individual (the other individual) is a member of the individual's parents if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and any the relationship type = "Parent (Custodial)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.253	The individual (the other individual) is a member of the individual's parents if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Step-parent" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.254	The individual (the other individual) is a member of the individual's siblings if the other individual is not the individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Sibling" the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.255	The individual (the other individual) is a member of the individual's siblings if the other individual is not the individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Half-Sibling" the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.256	The individual (the other individual) is a member of the individual's siblings if the other individual is not the individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Step-Sibling" the individual is a member of the relationship's target individual	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.257	The individual (the other individual) is a member of the individual's joint tax filer if ,the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Husband or Wife" and the relationship tax type is currently known and the relationship tax type = "Joint filers" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.258	The individual (the other individual) is a member of the individual's cohabitants if the individual is not the other individual and for at least one of the other individual's relationships the relationship's target lives with the individual and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.259	The individual (the other individual) is a member of the individual's non-custodial parents if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Parent (Non-custodial)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.26	The hCentive PD process will assign provisional or final aid categories as required by the MassHealth PD rules.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.260	The individual (the other individual) is a member of the individual's caretaker relatives if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship's target is under the individual's custodian care and the individual is a member of the relationship's target individual the individual's age < 19 and the individual does not live with a parent	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.261	The individual lives with a parent if the number of the individual's parents >=1[silent][invisible] and for each of the individual's parents (the parent)[silent][invisible] the parent is a member of the individual's cohabitants	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.262	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Parent-in-Law"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.263	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "First Cousin"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.264	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Grandparent"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.265	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Niece or Nephew"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.266	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Brother or Sister"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.267	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Step-Brother or Step - Sister"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.27	The hCentive PD process shall accept required data for program determination from the application in-take process including eVerification Data through the Federal Data Services Hub.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.271	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Aunt or Uncle"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.276	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Grandchild"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.278	The individual (the other individual) is a member of the individual's other familial relationship if the individual is not the other individual and for at least one of the other individual's relationships the relationship type is currently known and the relationship type = "Other Familial Relationship" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.279	The individual (the other individual) is a member of the individual's other familial relationship if 'the individual is not the other individual and for at least one of the individual's relationships the relationship type is currently known and the relationship type = "Unrelated" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.280	The individual (the other individual) is a member of the individual's other familial relationship if the individual is not the other individual and for at least one of the individual's relationships the relationship type is currently known the relationship type = "Foster Brother or Foster Sister" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.281	The individual (the other individual) is a member of the individual's other familial relationship if 'the individual is not the other individual and for at least one of the individual's relationships the relationship type is currently known the relationship type = "Foster Child" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.282	The individual (the other individual) is a member of the individual's other familial relationship if the individual is not the other individual and for at least one of the individual's relationships the relationship type is currently known the relationship type = "Foster Parent"and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.285	The individual (the other individual) is a member of the individual's other familial relationship if 'the individual is not the other individual and for at least one of the individual's relationships the relationship type is currently known the relationship type = "Domestic Partner (non-spousal)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.286	the individual (the other individual) is a member of the individual's children if the other individual is not the individual and the other individual's age < 19 and for at least one of the other individual's relationships the relationship type is currently known and he relationship type = "Child (Custodial)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.287	the individual (the other individual) is a member of the individual's children if the other individual is not the individual and the other individual's age < 19 and for at least one of the other individual's relationships the relationship type is currently known and he relationship type = "Step-child" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.288	the individual (the other individual) is a member of the individual's children if the other individual is not the individual and the other individual's age < 19 and for at least one of the other individual's relationships the relationship type is currently known and he relationship type = "Child (Non-Custodial)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.289	the individual (the other individual) is a member of the individual's custodial parents if the individual is not the other individual and for at least one of the other individual's relationships and the relationship type is currently known and the relationship type = "Parent (Custodial)" and the individual is a member of the relationship's target individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.290	the individual (the other individual) is a member of the individual's primary tax filer if the other individual is a member of the individual's tax household members and the other individual is a member of the individual's tax filers and the other individual is the head of household	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.291	the individual (the other individual) is a member of the individual's primary tax filer if the other individual is a member of the individual's tax household members and the other individual is a member of the individual's joint tax filer and the other individual is the head of household	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.297	the individual's age in days = DayDifference(the individual's date of birth, the current date	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.299	The individual is below the age requirement if the individual's age < 19	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.3	The MassHealth PD process will accurately deny an applicant when necessary per the PD Denial rules/Codes that are present in the Eligibility Rules Catelogue.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.300	The individual satisfies a MAGI MassHealth household exception if the individual is claimed as a dependent and the individual's tax filer is not the individual's parent and the individual's tax filer is not the individual's spouse	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.301	The individual satisfies a MAGI MassHealth household exception if the individual is claimed as a dependent and the individual is below the age requirement and the individual's tax filer is the individual's parent and the individual lives with both parents and the individual's parents are not filing jointly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.302	The individual satisfies a MAGI MassHealth household exception if the individual is claimed as a dependent and the individual is below the age requirement and the individual's tax filer is the individual's parent and the individual's tax filer is the individual's non-custodial parent	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.303	The individual's MAGI MassHealth household is not built with tax rules if the individual is not a tax filer and the individual is not claimed as a dependent	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.304	The individual's MAGI MassHealth household is not built with tax rules if the individual satisfies a MAGI MassHealth household exception	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.306	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is built with tax rules and the other individual is a member of the individual's tax household members	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.307	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is built with tax rules and the other individual is a member of the individual's spouse	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.308	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the other individual is the individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.309	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is not built with tax rules and the other individual is a member of the individual's cohabitants and the other individual is a member of the individual's spouse	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.310	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is not built with tax rules and the other individual is a member of the individual's cohabitants and the other individual is a member of the individual's children and the other individual is below the age requirement	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.311	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is not built with tax rules and the other individual is a member of the individual's cohabitants and the individual is below the age requirement and the other individual is a member of the individual's parents	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.312	The individual (the other individual) is a member of the individual's MAGI MassHealth household members if the individual's MAGI MassHealth household is not built with tax rules and the other individual is a member of the individual's cohabitants and the individual is below the age requirement and the other individual is a member of the individual's siblings and the other individual is below the age requirement	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.313	The individual's MAGI MassHealth household size = the number of individuals in the individual's MAGI MassHealth household + the individual's number of expected children totaled for all of the individual's MAGI MassHealth household members for which it is the case that the individual is pregnant	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.314	The number of individuals in the individual's MAGI MassHealth household = the number of the individual's MAGI MassHealth household members	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.316	The individual lives with both parents if the number of the individual's parents > 1[silent][invisible] for each of the individual's parents (the parent)[silent][invisible] the parent is a member of the individual's cohabitants	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.317	The individual's parents are filing jointly if for each of the individual's parents (the parent)[silent][invisible] the parent is a tax filer and the number of the parent's joint tax filer > 0 and for each of the parent's joint tax filer (the joint filer) the joint filer is a member of the individual's parents	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.318	the individual does not meet the NCP household criteria for MassHealth if the individual's age >= 19 and the individual is claimed as a dependent and the individual's tax filer is the individual's non-custodial parent	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.319	the individual (the other individual) is a member of the individual's tax household members if the individual is a tax filer and the individual is not claimed as a dependent and the other individual is the individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.321	the individual (the other individual) is a member of the individual's tax household members if the individual is claimed as a dependent and the other individual is a member of the individual's tax filers	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.322	the individual (the other individual) is a member of the individual's tax household members if the individual is claimed as a dependent and the other individual is a member of the individual's tax filers and for at least one of the individual's tax filers (the tax filer)[silent][invisible] the other individual is a member of the tax filer's dependents	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.323	the individual (the other individual) is a member of the individual's tax household members if the other individual is a member of the individual's spouse and the other individual is a member of the individual's joint tax filer	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.324	the individual's tax household size = the number of the individual's tax household members	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.325	the individual's tax household size matches the FDSH response if the individual's FDSH tax filing unit size is currently known and the individual's tax household size = the individual's FDSH tax filing unit size	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.326	The individual (the other individual) is a member of the individual's MAGI MassHealth household income contributors if the other individual is a member of the individual's MAGI MassHealth household members and the other individual is required to file taxes	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.327	The individual (the other individual) is a member of the individual's MAGI MassHealth household income contributors if the other individual is a member of the individual's MAGI MassHealth household members and the other individual's household does not include the other individual's natural, adopted, or step parent and the other individual is not claimed as a dependent.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.328	The individual (the other individual) is a member of the individual's MAGI MassHealth household income contributors if the other individual is a member of the individual's MAGI MassHealth household members and the other individual's household does not include the other individual's natural, adopted, or step parent and the other individual's tax filer is the individual's parent	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.329	The individual (the other individual) is a member of the individual's MAGI MassHealth household income contributors if the other individual is a member of the individual's MAGI MassHealth household members and the other individual's household does not include the other individual's natural, adopted, or step parent and the other individual's tax filer is the individual's spouse	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.330	The individual's household includes the individual's natural, adopted, or step parent if for at least one of the individual's MAGI MassHealth household members (the other individual) the other individual is a member of the individual's parents	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.331	The individual (the other individual) is a member of the individual's tax household income contributors if the other individual is a member of the individual's tax household members and the individual is a member of the other individual's joint tax filer and the individual is a member of the other individual's spouse	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.332	The individual (the other individual) is a member of the individual's tax household income contributors if the other individual is a member of the individual's tax household members and the other individual is required to file taxes and the other individual's tax filer is the individual's parent.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.333	The individual (the other individual) is a member of the individual's tax household income contributors if the other individual is a member of the individual's tax household members and the other individual is required to file taxes and the other individual's tax filer is the individual's spouse.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.334	The individual (the other individual) is a member of the individual's tax household income contributors if the other individual is a member of the individual's tax household members and the other individual is required to file taxes and the other individual is not claimed as a dependent.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.335	The individual (the other individual) is a member of the individual's tax household income contributors if the other individual is a member of the individual's tax household members and the number of the other individual's joint tax filer > 0 and the other individual is the individual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.336	The individual is required to file taxes if the individual's total IRS income > the IRS income threshold	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.342	The individual's calculated MAGI MassHealth household income = the individual's total calculated MassHealth income totalled for all of the individual's MAGI MassHealth household income contributors	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.343	the individual's total calculated MassHealth income = the individual's total MassHealth earned income + the individual's total MassHealth unearned income - the individual's total MassHealth deductions	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.344	The individual's total MassHealth earned income = the individual's MassHealth job income + the individual's MassHealth self-employment/s-corporation/partnership income +the individual's MassHealth seasonal job income + sheltered workshop job income	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.345	The individual's MassHealth job income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is job	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.346	The individual's MassHealth self-employment/s-corporation/partnership income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is self-employment/s-corporation/partnership income	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.347	The individual's MassHealth seasonal job income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is seasonal job	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.348	The individual's MassHealth sheltered workshop job income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is sheltered workshop job	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.349	The individual's total MassHealth unearned income the individual's MassHealth rental income + the individual's MassHealth unemployment income + the individual's MassHealth retirement income the individual's MassHealth alimony income the individual's MassHealth investment income + the + the individual's MassHealth capital gains income + the individual's MassHealth social security income + the individual's MassHealth other income.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.351	The individual's MassHealth rental income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is rental	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.352	The individual's MassHealth unemployment income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is unemployment	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.353	The individual's MassHealth retirement income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is retirement.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.356	The individual's MassHealth alimony income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is alimony	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.357	The individual's MassHealth interest income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is investment income.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.360	The individual's MassHealth capital gains income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is capital gains	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.361	The individual's MassHealth social security income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is social security	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.363	The individual's MassHealth other income = the income's current monthly amount totalled for all of the individual's incomes for which it is the case that the income type is other	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.372	The individual's MassHealth alimony paid to former spouse deduction = the deduction's current monthly amount totalled for all of the individual's deductions for which it is the case that the deduction type is alimony paid to former spouse	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.374	The individual's MassHealth student loan interest deduction = the deduction's current monthly amount totalled for all of the individual's deductions for which it is the case that the deduction type is student loan interest	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.376	The deduction's current monthly amount = the deduction's amount / 12	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.378	The income's current monthly amount is the income's pro-rated seasonal amount (month) if the income type is seasonal job and the income frequency is monthly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.382	The income's current monthly amount is the income's amount if the income frequency is monthly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.383	The income's current monthly amount is the income's amount if the income frequency is lump sum and the income lump sum month = ExtractMonth(the application request date)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.384	The income's current monthly amount is the income's amount / 12 if the income frequency is annual	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.385	The income's current monthly amount is the income's amount / 3 if the income frequency is quarterly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.386	The income's current monthly amount is the income's amount * 2 if the income frequency is twice a month	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.387	The income's current monthly amount is the income's amount * 2.167 if the income frequency is bi-weekly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.388	The income's current monthly amount is the income's amount * 4.333 if the income frequency is weekly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.39	The hCentive PD process shall transfer complete and accurate data via the post-eligibility web service to MMIS for both an initial program determination and subsequent changes to a program determination.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.390	The income's current monthly amount is 0 the income frequency is lump sum and the income lump sum month <> ExtractMonth(the application request date)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.392	the income's pro-rated seasonal amount (month) = the income's amount * the income's fraction of the year worked	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.393	the income's fraction of the year worked = the income's number of months worked / 12	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.394	the income's pro-rated seasonal amount (twice a month) = the income's pro-rated seasonal amount (month) * 2	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.395	the income's pro-rated seasonal amount (bi-weekly) = the income's pro-rated seasonal amount (month) * 2.167	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.396	the income's pro-rated seasonal amount (weekly) = the income's pro-rated seasonal amount (month) * 4.333	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.399	the individual's preliminary MAGI tax household income is the individual's attested annual MAGI income if it is currently known whether or not the individual's attested annual Tax Household income is reasonably compatible with the FDSH annual amount and the individual's attested annual Tax Household income is reasonably compatible with the FDSH annual amount	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.4	As per AA.1.22, eligibility will be re-run and person will be given the Aid Category s/he is eligible for (as per AA.1.1)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.40	The hCentive PD process shall transfer accurate data into the PD rules engine to ensure accurate program determination.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.400	the individual's preliminary MAGI tax household income is the individual's calculated MAGI tax household income if the individual's MAGI tax household income is verified and the individual is applying for financial assistance	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.404	the individual's calculated MAGI tax household income = the individual's total calculated QHP income totalled for all of the individual's tax household income contributors	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.41	The hCentive PD process shall have the ability to trigger a request for manual verification per the eligibility rules.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.42	The hCentive PD process shall have the ability to trigger a notice when required per the Notice TSD Final.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.43	The hCentive PD process shall have the ability to trigger a denial/termination notice when required per the eligibility rules.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.44	The hCentive PD process shall have the ability to trigger an approval notice when required per the Notice TSD Final.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.450	The individual meets MassHealth participation factors if the individual is not incarcerated (for MassHealth) and the individual meets residency requirements (for MassHealth) and the individual has satisfied SSN requirements and the individual's MAGI MassHealth household income is verified and the individual has satisfied application signature requirements and the individual is applying for financial assistance and the individual resides at the same address as the head of household	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.47	The hCentive PD process shall have the ability to trigger a VC-1 notice and any other prioritized notices as determined by trigger conditions in the Notice TSD Final	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.48	The hCentive PD process shall have the ability to calculate the inconsistency period begin and end date per the notice TSD final.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.480	The individual is in the child expansion group if the individual's age < 1 AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 185% FPL limit for MassHealth AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.481	The individual is in the child expansion group if the individual's age >= 1 AND the individual's age < =5 AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 133% FPL limit for MassHealth AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.482	The individual is in the child expansion group if the individual's age >= 6 AND the individual's age <= 17 AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > (the individual's applicable monthly 100% FPL limit for MassHealth + 14% * the individual's applicable monthly 100% FPL limit for MassHealth) AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.483	The individual is in the child expansion group if the individual's age = 18 AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.484	The individual has satisfied SSN requirements if the individual's SSN is verified OR	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.485	The individual has satisfied SSN requirements if the individual has verified that the individual has applied for an SSN OR	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.486	The individual has satisfied SSN requirements if the individual has provided an acceptable discrepancy reason for not having an SSN OR	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.488	The individual has satisfied SSN requirements if the individual's preliminary results indicate a need to provide SSN documentation OR	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.490	The individual's SSN is verified if BOTH it is currently known whether or not the individual's SSN has been electronically verified AND the individual's SSN has been electronically verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.491	Documentation for SSN is only asked when somebody does not have an SSN and has applied for one. In case of No SSN and any other reason, self attestation is taken as final. For people having SSN, their SSN should be verified by TDS in order for them to move forward. So, Back Office will be able to update the SSN for just applied cases and manually verify it.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.492	Documentation for SSN is only asked when somebody does not have an SSN and has applied for one. In case of No SSN and any other reason, self attestation is taken as final. For people having SSN, their SSN should be verified by TDS in order for them to move forward. So, Back Office will be able to update the SSN for just applied cases and manually verify it.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.494	1. SSN requirements are not dependent upon citizenship/immigration status 2. Documentation for SSN is only asked when somebody does not have an SSN and has applied for one. In case of No SSN and any other reason, self attestation is taken as final. For people having SSN, their SSN should be verified by TDS in order for them to move forward. So, Back Office will be able to update the SSN for just applied cases and manually verify it.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.495	The individual has provided an acceptable discrepancy reason for not having an SSN if it is currently known whether or not the individual refuses to obtain an SSN because of well-established religious objections and the individual refuses to obtain an SSN because of well-established religious objections	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.499	The individual's MassHealth SSN status default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.5	As per AA.1.22, eligibility will be re-run and person will be given the Aid Category s/he is eligible for (as per AA.1.1)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.50	The hCentive system shall report the results of an eligibility determination via the CSR portal.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.501	The individual's MassHealth SSN status default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.507	The individual's head of household has signed the application if for at least one of the application request's individuals - the individual is a member of the individual's head of household AND the individual has signed the application.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.508	The individual has satisfied application signature requirements if the individual's head of household has signed the application.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.51	The individual's applicable monthly 5% FPL limit for MassHealth = the individual's MassHealth reference amount for 5% of the FPL + the individual's additional contribution amount for 5% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.515	The individual is HIV positive if the individual attests to being HIV positive	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.516	The individual satisfies eligibility criteria for being determined HIV positive if it is currently known whether or not the individual attests that the individual is HIV positive and the individual attests that the individual is HIV positive	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.517	The individual is eligible for BCCTP if attests to being eligible for BCCTP.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.518	The individual satisfies eligibility criteria for being determined eligible for BCCTP if the individual attests that the individual has breast or cervical cancer	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.519	the individual is disabled if it is currently known whether or not the individual's disability has been verified electronically by SSA and the individual's disability has been verified electronically by SSA	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.52	the individual's applicable monthly 100% FPL limit for MassHealth = the individual's MassHealth reference amount for 100% of the FPL + the individual's additional contribution amount for 100% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.53	The individual's applicable monthly 133% FPL limit for MassHealth = the individual's MassHealth reference amount for 133% of the FPL + the individual's additional contribution amount for 133% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.530	the individual is eligible for Standard (under 1) if the individual's age < 1 and it is currently known whether or not the individual was born to a mother who was enrolled in MassHealth benefits on the date of birth and the individual was born to a mother who was enrolled in MassHealth benefits on the date of birth At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of members identified by this requirement.	Critical	R3	Optum
(A) UI/UX/PD MH	AA.1.531	the individual is eligible for Standard (under 1) if the individual meets MassHealth categorical requirements for Standard (under 1) if the individual's age < 1 and the individual's citizenship/immigration status = "CIT" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.532	the individual is eligible for Standard (under 1) if the individual meets MassHealth categorical requirements for Standard (under 1) ifthe individual is eligible for Standard (under 1) if the individual's age < 1 and the individual's citizenship/immigration status = "QLP" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.533	the individual is eligible for Standard (under 1) if the individual meets MassHealth categorical requirements for Standard (under 1) if the individual is eligible for Standard (under 1) if the individual's age < 1 and the individual's citizenship/immigration status = "QAB" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.534	the individual is eligible for Standard (under 1) if the individual meets MassHealth categorical requirements for Standard (under 1) if the individual is eligible for Standard (under 1) if the individual's age < 1 and the individual's citizenship/immigration status = "ILP" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.536	the individual meets MassHealth categorical requirements for Standard (1-18) if the individual's citizenship/immigration status = "CIT" and the individual's age >= 1 and the individual's age < 19 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.537	the individual meets MassHealth categorical requirements for Standard (1-18) if the individual's citizenship/immigration status = "QLP" and the individual's age >= 1 and the individual's age < 19 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth<= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.538	the individual meets MassHealth categorical requirements for Standard (1-18) if the individual's citizenship/immigration status = "QAB" and the individual's age >= 1 and the individual's age < 19 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.539	the individual meets MassHealth categorical requirements for Standard (1-18) if the individual's citizenship/immigration status = "ILP" and the individual's age >= 1 and the individual's age < 19 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.54	the individual's applicable monthly 150% FPL limit for MassHealth = the individual's MassHealth reference amount for 150% of the FPL + the individual's additional contribution amount for 150% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.541	the individual meets MassHealth categorical requirements for Standard (19-20) if the individual's citizenship/immigration status = "CIT" and the individual's age >= 19 and the individual's age < 21 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.542	the individual meets MassHealth categorical requirements for Standard (19-20) if the individual's citizenship/immigration status = "QLP" and the individual's age >= 19 and the individual's age < 21 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.543	the individual meets MassHealth categorical requirements for Standard (19-20) if the individual's citizenship/immigration status = "QAB" and the individual's age >= 19 and the individual's age < 21 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.544	the individual meets MassHealth categorical requirements for Standard (19-20) if the individual's citizenship/immigration status = "ILP" and the individual's age >= 19 and the individual's age < 21 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.546	the individual meets MassHealth categorical requirements for Standard (parent) if the individual's citizenship/immigration status = "CIT" and the individual is a parent and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.547	the individual meets MassHealth categorical requirements for Standard (parent) if the individual's citizenship/immigration status = "CIT" and the individual is a caretaker relative the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.548	the individual meets MassHealth categorical requirements for Standard (parent) if the individual's citizenship/immigration status = "QLP" and the individual is a caretaker relative and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.549	the individual meets MassHealth categorical requirements for Standard (parent) if the individual's citizenship/immigration status = "QLP" and the individual is a parent and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.55	the individual's applicable monthly 175% FPL limit for MassHealth = the individual's MassHealth reference amount for 175% of the FPL + the individual's additional contribution amount for 175% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.554	the individual meets MassHealth categorical requirements for Standard (pregnant) if the individual's citizenship/immigration status = "CIT" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.555	the individual meets MassHealth categorical requirements for Standard (pregnant) if the individual's citizenship/immigration status = "QLP" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.556	the individual meets MassHealth categorical requirements for Standard (pregnant) if the individual's citizenship/immigration status = "QAB" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.557	the individual meets MassHealth categorical requirements for Standard (pregnant) if the individual's citizenship/immigration status = "ILP" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.559	the individual is in the post-partum period if the individual is not pregnant and the individual's pregnancy end date is currently known and the application request date <= the date 1 day before the individual's post-partum period end date At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of members identified by this requirement.	Critical	R3	Optum

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.56	the individual's applicable monthly 185% FPL limit for MassHealth = the individual's MassHealth reference amount for 185% of the FPL + the individual's additional contribution amount for 185% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.563	the individual is eligible for Standard (Former Foster Care Children) if the individual's citizenship/immigration status = "CIT" and the individual's age >= 18 and the individual's age < 26 and it is currently known whether or not the individual attests that the individual is a former foster care child and the individual attests that the individual is a former foster care child and the individual meets MassHealth participation factors for former foster care children	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.564	the individual is eligible for Standard (Former Foster Care Children) if the individual's citizenship/immigration status = "QLP" and the individual's age >= 18 and the individual's age < 26 and it is currently known whether or not the individual attests that the individual is a former foster care child and the individual attests that the individual is a former foster care child and the individual meets MassHealth participation factors for former foster care children	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.57	the individual's applicable monthly 200% FPL limit for MassHealth = the individual's MassHealth reference amount for 200% of the FPL + the individual's additional contribution amount for 200% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.573	the individual is eligible for Standard (BCCTP) if the individual meets MassHealth participation factors and the individual meets MassHealth categorical requirements for Standard (BCCTP)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.574	the individual meets MassHealth categorical requirements for Standard (BCCTP) if the individual's citizenship/immigration status = "CIT" or "QLP"and the individual's age < 65 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth < the individual's applicable monthly 250% FPL limit for MassHealth and the individual is eligible for BCCTP	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.58	the individual's applicable monthly 250% FPL limit for MassHealth = the individual's MassHealth reference amount for 250% of the FPL + the individual's additional contribution amount for 250% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.582	the individual meets MassHealth categorical requirements for Standard (Healthy Start) if the individual is pregnant and the individual's citizenship/immigration status = "NQP" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.583	the individual meets MassHealth categorical requirements for Standard (Healthy Start) if the individual is pregnant and the individual's citizenship/immigration status = "UND" and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.586	the individual is eligible for Family Assistance (children) if the individual meets MassHealth participation factors and the individual meets MassHealth categorical requirements for Family Assistance (children)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.587	the individual meets MassHealth categorical requirements for Family Assistance (children) if the individual's citizenship/immigration status = "CIT" or "QLP" or "QAB" or "ILP" and the individual's age < 19 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 300% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.59	the individual's applicable monthly 300% FPL limit for MassHealth = the individual's MassHealth reference amount for 300% of the FPL + the individual's additional contribution amount for 300% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.595	The individual is eligible for Family Assistance (HIV) if Individual meets MassHealth Participation factors and the individual meets MassHealth categorical requirements for Family Assistance (HIV)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.596	individual's citizenship/immigration status = "CIT" or "QLP" and the individual is HIV positive and the individual's age < 65 and the individual does not meet MassHealth categorical requirements for Standard (under 1) and the individual does not meet MassHealth categorical requirements for Standard (1-18) and the individual does not meet MassHealth categorical requirements for Standard (19-20) and the individual does not meet MassHealth categorical requirements for Standard (parent)) and the individual does not meet MassHealth categorical requirements for Standard (pregnant) and the individual is not pregnant and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 133% FPL limit for MassHealth and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth The individual meets MassHealth categorical requirements for Family Assistance (HIV) if the individual's citizenship/immigration status = "CIT" or "QLP" and the individual is HIV positive and the individual's age < 65 and the individual does not meet MassHealth categorical requirements for Standard (under 1) and the individual does not meet MassHealth categorical requirements for Standard (1-18) and the individual does not meet MassHealth categorical requirements for Standard (19-20) and the individual does not meet MassHealth categorical requirements for Standard (parent)) and the individual does not meet MassHealth categorical requirements for Standard (pregnant) and the individual is not pregnant and the individual's MAGI MassHealth household income – the individual's applicable monthly	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.6	The MassHealth PD process will accurately deny an applicant when necessary per the PD Termination rules/Codes that are present in the Eligibility Rules Catelogue. .	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.60	the individual's applicable monthly 400% FPL limit for MassHealth = the individual's MassHealth reference amount for 400% of the FPL + the individual's additional contribution amount for 400% FPL limits for household sizes in excess of 8* (the individual's MAGI MassHealth household size – 8)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.600	the individual is eligible for state-funded Family Assistance (NQP children) if the individual meets MassHealth Participation factors and the individual meets MassHealth categorical requirements for state-funded Family Assistance (NQP children)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.601	the individual meets MassHealth categorical requirements for state-funded Family Assistance (NQP children) if the individual's citizenship/immigration status = "NQP" and the individual's age < 21 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.603	The individual meets MassHealth categorical requirements for state-funded Family Assistance (NQP children) if the individual's citizenship/immigration status = "NQP" and the individual's age < 1 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.604	The individual meets MassHealth categorical requirements for state-funded Family Assistance (NQP children) if the individual's citizenship/immigration status = "NQP" and the individual's age < 19 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 300% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.606	the individual is eligible for state-funded Family Assistance (NQP Adults) if the individual meets MassHealth Participation factors and the individual meets MassHealth categorical requirements for state-funded Family Assistance (NQP Adults)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.607	The individual is eligible for state-funded Family Assistance (NQP Adults) if the individual meets MassHealth Participation factors and the individual's citizenship/immigration status = "NQP" and the individual's age >= 21 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 300% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.608	The individual is eligible for state-funded Family Assistance (NQP Adults) if the individual meets MassHealth Participation factors and the individual's citizenship/immigration status = "NQP" and the individual's age >= 19 and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 150% FPL limit for MassHealth and the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 300% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.609	The individual is eligible for state-funded Family Assistance (Elderly) if the individual is eligible for state-funded Family Assistance (NQP Adults) and the individual's age > 64	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.610	The individual is eligible for Benchmark 1 (BCCTP) if the individual meets MassHealth categorical requirements for Benchmark 1 (BCCTP) and the individual meets MassHealth participation factors	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.611	The individual meets MassHealth categorical requirements for Benchmark 1 (BCCTP) if the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth and the individual's citizenship/immigration status = "CIT" or "QLP"and the individual's age < 65 and the individual is eligible for BCCTP	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.613	The individual is eligible for Benchmark 1 (19-20) if the individual is eligible for Standard (19-20) and the individual meets MassHealth categorical requirements for Benchmark 1 (19-20)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.614	The individual meets MassHealth categorical requirements for Benchmark 1 (19-20) if the individual's MAGI MassHealth household income – 5% * the individual's applicable monthly 100% FPL limit for MassHealth<= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.616	the individual is eligible for Benchmark 1 (HIV) if the individual meets MassHealth participation factors and the individual meets MassHealth categorical requirements for Benchmark 1 (HIV)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.617	the individual meets MassHealth categorical requirements for Benchmark 1 (HIV) if the individual's citizenship/immigration status = "CIT" or "QLP" the individual's age >= 21 and the individual's age < 65 and the individual is HIV positive and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.622	the individual is eligible for Limited if the individual is eligible for Limited (parent)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.623	the individual is eligible for Limited if the individual is eligible for Limited (under 1)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.624	the individual is eligible for Limited if the individual is eligible for Limited (1-20)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.625	the individual is eligible for Limited if the individual is eligible for Limited (childless adult)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.626	the individual is eligible for Limited (parent) if the individual meets Limited/CMSP participation factors and the individual meets MassHealth categorical requirements for Limited (parent)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.627	the individual meets MassHealth categorical requirements for Limited (parent) if the individual's citizenship/immigration status <> "CIT" and the individual is a parent and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.628	the individual meets MassHealth categorical requirements for Limited (parent) if the individual's citizenship/immigration status <> "CIT" and the individual is a caretaker relative and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.629	the individual is eligible for Limited (under 1) if the individual meets Limited/CMSP participation factors and the individual meets MassHealth categorical requirements for Limited (under 1)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.630	the individual meets MassHealth categorical requirements for Limited (under 1) if the individual's citizenship/immigration status <> "CIT" and the individual's age < 1 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.632	the individual meets MassHealth categorical requirements for Limited (1-20) if the individual's citizenship/immigration status <> "CIT" and the individual's age >= 1 and the individual's age < 21 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 150% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.633	the individual is eligible for Limited (childless adult) if the individual meets Limited/CMSP participation factors and the individual meets MassHealth categorical requirements for Limited (childless adult)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.634	the individual meets MassHealth categorical requirements for Limited (childless adult) if the individual's citizenship/immigration status <> "CIT" and the individual's age >= 21 and the individual's age < 65 and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 133% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.635	the individual is eligible for CMSP if the individual meets Limited/CMSP participation factors and the individual's age < 19 and the individual does not have self-declared health insurance	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.636	the individual is eligible for Health Safety Net (Full) if the individual meets MassHealth participation factors and the individual meets MassHealth categorical requirements for Health Safety Net (Full)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.637	the individual meets MassHealth categorical requirements for Health Safety Net (Full) if the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 200% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.639	the individual is eligible for Health Safety Net (Partial) if the individual meets MassHealth participation factors and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 200% FPL limit for MassHealth and the individual's MAGI MassHealth household income - the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 400% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.648	The individual's MAGI MassHealth household size matches the FDSH response if the individual's FDSH tax filing unit size is currently known AND the individual's MAGI MassHealth household size = the individual's FDSH tax filing unit size	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.67	The individual's residency status has been electronically verified if the individual's address is valid and it is currently known whether or not the individual's address is valid.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.68	The individual's residency status has been electronically verified if both Experian and Lexis-Nexis both say it is verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.680	The individual's FDSH household income as a percentage of the applicable MassHealth FPL = (the individual's FDSH annual MAGI income/12) /the individual's applicable monthly 100% FPL limit for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.681	The individual's MAGI MassHealth household members' incomes are verified if for all of the individual's MAGI MassHealth household members (the other individual), the other individual attests that the other individual has no income AND it is currently known whether or not the other individual attests that the other individual has no income	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.682	The individual's MAGI MassHealth household members' incomes are verified if for all of the individual's MAGI MassHealth household members (the other individual), BOTH,it is currently known whether or not the income has been manually verified and the income has been manually verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.684	The individual's preliminary results indicate a need to provide income documentation (for MassHealth) if the individual's MAGI MassHealth household income is not verified and the individual's income verification inconsistency period (for MassHealth) has not elapsed	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.685	The individual's income verification inconsistency period (for MassHealth) has not elapsed if the application request date <= the individual's MassHealth income verification default inconsistency period end date	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.687	The individual's MassHealthincome verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.69	the individual's residency status code (for MassHealth) is "Resident" if the individual attests that the individual is a Massachusetts resident and the individual's residency status is verified (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.7	As per AA.1.22, eligibility will be re-run and person will be given the Aid Category s/he is eligible for (as per AA.1.1)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.70	the individual's residency status code (for MassHealth) is "Resident" if the individual attests that the individual is a Massachusetts resident and the individual's preliminary results indicate a need to provide residency documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.73	The individual's residency status code (for MassHealth) is "Nonresident" if otherwise	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.748	Former Foster Care Children The individual's MassHealth eligibility result's aid category is "B1" if the individual is eligible for Standard (Former Foster Care Children)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.76	The individual's preliminary results indicate a need to provide residency documentation (for MassHealth) if the individual's information indicates additional information is required for residency requirements (MassHealth) and the individual's residency status inconsistency period (for MassHealth) has not elapsed.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.77	The individual's information indicates additional information is required for residency requirements (MassHealth) if the individual's residency status is not verified (for MassHealth) and the individual's residential address state = "MA".	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.779	Benchmark 1 Enhanced FMAP (19-20 <=133% FPL) The individual's MassHealth eligibility result's aid category is "A1" if the individual is eligible for Benchmark 1 (19-20)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.78	The individual's information indicates additional information is required for residency requirements (MassHealth) if the individual's residency status electronic verification result indicates manual verification of residency is required and the individual's residential address state = "MA".	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.780	Standard (19-20) Direct Coverage <=150% FPL The individual's MassHealth eligibility result's aid category is "T1" if the individual is eligible for Standard (19-20)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.781	Standard Expansion Children The individual's MassHealth eligibility result's aid category is "48" if the individual is eligible for Standard (under 1) and the individual is in the child expansion group	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.782	Standard Expansion Children The individual's MassHealth eligibility result's aid category is "48" if the individual is eligible for Standard (1-18) and the individual is in the child expansion group	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.783	Standard Family The individual's MassHealth eligibility result's aid category is "40" if the individual is eligible for Standard	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.784	BCCTP Benchmark 1 <= 133% FPL - Enhanced FMAP The individual's MassHealth eligibility result's aid category is "L1" if the individual is eligible for Benchmark 1 (BCCTP)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.785	Standard BCCTP <= 250% FPL The individual's MassHealth eligibility result's aid category is "AD" if the individual is eligible for Standard (BCCTP)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.786	Benchmark 1 HIV – Enhanced FMAP The individual's MassHealth eligibility result's aid category is "M1" if the individual is eligible for Benchmark 1 (HIV)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.787	Benchmark 2 – Childless Adult – Enhanced FMAP The individual's MassHealth eligibility result's aid category is "D1" if the individual is eligible for Benchmark 2	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.788	Healthy Start Standard NQP The individual's MassHealth eligibility result's aid category is "H1" if the individual is eligible for Standard (Healthy Start) and the individual's citizenship/immigration status = "NQP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.789	Healthy Start Standard UND The individual's MassHealth eligibility result's aid category is "J1" if the individual is eligible for Standard (Healthy Start) and the individual's citizenship/immigration status = "UND"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.79	The individual needs to provide manual verification of residency if their address is not verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.792	HIV Family Assistance The individual's MassHealth eligibility result's aid category is "84" the individual is eligible for Family Assistance (HIV)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.793	Family Assistance Children The Individual's MassHealth eligibility result's aid category "93" if the individual is eligible for Family Assistance (children)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.796	SF Family Assistance + Limited NQP Children The Individual's MassHealth eligibility result's aid category is "95" if the individual is eligible for state-funded Family Assistance (NQP children) AND the individual is eligible for Limited.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.797	SF Family Assistance NQP Children The Individual's MassHealth eligibility result's aid category is "90" if the individual is eligible for state-funded Family Assistance (NQP children) AND the individual does not have self-declared health insurance.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.798	SF Family Assistance Elders The Individual's MassHealth eligibility result's aid category is "U3" if the the individual is eligible for state-funded Family Assistance (Elderly)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.799	SF Family Assistance + Limited NQP Adults The Individual's MassHealth eligibility result's aid category is "N1" if the individual is eligible for state-funded Family Assistance (NQP Adults) and the individual is eligible for Limited	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.80	The individual's residency status electronic verification result indicates manual verification of residency is required if it is currently known whether or not the individual is associated with the address and the individual is not associated with the address.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.800	SF Family Assistance NQP Adults The Individual's MassHealth eligibility result's aid category is "Q1" if the the individual is eligible for state-funded Family Assistance (NQP Adults)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.801	Limited + CMSP- With HSN The Individual's MassHealth eligibility result's aid category is "AX" if the individual is eligible for Limited and the individual is eligible for CMSP and the individual is eligible for Health Safety Net (Full)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.802	Limited + CMSP- With HSN The Individual's MassHealth eligibility result's aid category is "AX" if the individual is eligible for Limited and the individual is eligible for CMSP and the individual is eligible for Health Safety Net (Partial)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.803	Limited-With HSN The Individual's MassHealth eligibility result's aid category is "37" if the individual is eligible for Limited and the individual is eligible for Health Safety Net (Full)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.809	CMSP <= 400% - With HSN The Individual's MassHealth eligibility result's aid category is "AY" if the individual is eligible for CMSP AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 400% FPL limit for MassHealth AND the individual is eligible for Health Safety Net (Full).	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.81	The individual's residency status inconsistency period (for MassHealth) has not elapsed if the application request date <= the individual's MassHealth residency status default inconsistency period end date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.810	CMSP <= 400% - With HSN The Individual's MassHealth eligibility result's aid category is "AY" if the individual is eligible for CMSP AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth <= the individual's applicable monthly 400% FPL limit for MassHealth AND the individual is eligible for Health Safety Net (Partial).	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.811	CMSP > 400% The Individual's MassHealth eligibility result's aid category is "BA" if the individual is eligible for CMSP AND the individual's MAGI MassHealth household income – the individual's applicable monthly 5% FPL limit for MassHealth > the individual's applicable monthly 400% FPL limit for MassHealth.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.83	The individual's MassHealth residency status default inconsistency period end date equals 90 days plus 5 days from the notice trigger date. .	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.840	HSN Full The Individual's MassHealth eligibility result's aid category is "AQ" if the individual is eligible for Health Safety Net (Full).	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.841	HSN Partial The Individual's MassHealth eligibility result's aid category is "AP" if the individual is eligible for Health Safety Net (Partial).	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.842	The Individual's MassHealth eligibility result's aid category is "None" otherwise.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.844	The individual is eligible for a provisional period if the individual has not received a MassHealth provisional period in the last 12 months.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.845	The individual is eligible for a provisional period if the individual is pregnant.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.85	The individual meets residency requirements (for MassHealth) if the individual's residency status code (for MassHealth) = "Resident"	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.852	Standard the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "Standard" if the individual's evaluated eligibility result's coverage type = "Standard"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.855	"Family Assistance" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "Family Assistance" if the individual's evaluated eligibility result's coverage type = "Family Assistance"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.856	"Family Assistance + Limited" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "Family Assistance" the individual's evaluated eligibility result's coverage type = "Family Assistance + Limited"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.857	"state-funded Family Assistance (NQP Adults)" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "state-funded Family Assistance (NQP Adults)" the individual's evaluated eligibility result's coverage type = "SF Family Assistance NQP Adult"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.858	"Benchmark" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "Benchmark" if the individual's evaluated eligibility result's coverage type = "Benchmark 2"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.859	"Limited" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "Limited" ifthe individual's evaluated eligibility result's coverage type = "Limited"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.86	The individual's residency status is verified (for MassHealth) if it is currently known whether or not the individual's residency status has been manually verified and the individual's residency status has been manually verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.860	"HSN" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "HSN" if the individual's evaluated eligibility result's coverage type = "HSN"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.861	"CMSP" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "CMSP" the individual's evaluated eligibility result's coverage type = "CMSP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.862	"None" the individual's evaluated eligibility result's coverage type (for Denial Reasons) is "None" if Otherwise	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.869	the individual's evaluated eligibility result's begin date is the individual's evaluated eligibility result's program type = "MassHealth" and the individual's eligibility result's MassHealth begin date < the individual's date of birth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.87	The individual's residency status is verified (for MassHealth) if it is currently known whether or not the individual's residency status has been electronically verified the individual's residency status has been electronically verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.871	the individual's evaluated eligibility result's begin date is the individual's evaluated eligibility result's program type = "MassHealth"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.872	the individual's previous eligibility result's MassHealth end date is the individual's previous eligibility result's end date if the individual's previous eligibility result's program type = "MassHealth"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.874	the individual's evaluated program type is not none if the individual's evaluated eligibility result's program type <> "None"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.875	the individual's previous benefit type is not none if the individual's previous eligibility result's benefit type <>"None"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.879	The individual's MassHealth citizenship/immigration verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.88	The individual's residency status is verified (for MassHealth) if the individual's head of household's residency status is verified (for MassHealth) and the individual resides at the same address as the head of household and it is currently known whether or not the individual resides at the same address as the head of household	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.888	The individual's MassHealth incarceration verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.89	The individual's residency status is verified (for MassHealth) if the individual attests that the individual is homeless	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.890	The individual's MassHealth income verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.891	The individual's MassHealthincome verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.893	The individual's MassHealth SSN verification default inconsistency period end date equals 90 days plus 5 days from the notice trigger date.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.9	The hCentive Eligibility Rules Document will be the source of truth to ensure that the MassHealth PD rules are meeting the detailed business requirements needed to determine eligibility and assign one of the 24 aid categories, if applicable.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.90	The individual's residency status is verified (for MassHealth) if the individual's residential address state <> "MA"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.924	the individual's provisional benefit end date if the individual's evaluated inconsistency period end date if the individual's evaluated eligibility result's status = "Provisional Approval"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.929	Terminate - Death The individual's previous eligibility result's MassHealth end date is the individual's date of death if the individual's evaluated eligibility result's status = "Terminate" and the individual's date of death is currently known	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.94	the individual's citizenship/immigration status is "CIT" (Citizen/National) if the individual's attested citizenship/immigration status="CIT" and the individual's citizenship/immigration status is verified	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.95	the individual's citizenship/immigration status is "CIT" (Citizen/National) if the individual's attested citizenship/immigration status="CIT" and the individual's preliminary results indicate a need to provide citizenship/immigration status documentation	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.954	The individual's eligibility result's MassHealth renewal date is the date 1 year after the individual's application received date if the application request type is a new application	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.960	The individual is seasonally employed if; for at least one of the individual's incomes, the income type="seasonal job"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.962	the individual is eligible for a safe harbor determination if the individual's MassHealth eligibility result's coverage type = "None" and the individual's MAGI tax household income is currently known and the individual's MAGI tax household income < 100% * the individual's applicable annual FPL for QHP and the individual's citizenship/immigration status (for MassHealth) <> "UND" and the individual's citizenship/immigration status (for MassHealth) <> "NQP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.963	the individual is eligible for a safe harbor determination if the individual's MassHealth eligibility result's coverage type = "CMSP" and the individual's MAGI tax household income is currently known and the individual's MAGI tax household income < 100% * the individual's applicable annual FPL for QHP and the individual's citizenship/immigration status (for MassHealth) <> "UND" and the individual's citizenship/immigration status (for MassHealth) <> "NQP"	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.964	the individual is eligible for a safe harbor determination if the individual's MassHealth eligibility result's coverage type = "HSN" and the individual's MAGI tax household income is currently known and the individual's MAGI tax household income < 100% * the individual's applicable annual FPL for QHP and the individual's citizenship/immigration status (for MassHealth) <> "UND" and the individual's citizenship/immigration status (for MassHealth) <> "NQP"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.969	The individual's income for safe harbor determination = the individual's MAGI tax household income / 12	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.973	the individual's evaluated eligibility result status indicates notification requirements should be sent if the individual's evaluated eligibility result's status = "No Change"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.974	the individual's evaluated eligibility result status indicates notification requirements should be sent if the individual's evaluated eligibility result's status = "Provisional Approval"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.975	the individual's evaluated eligibility result status indicates notification requirements should be sent if the individual's evaluated eligibility result's status = "Approval"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.977	the individual needs to provide documentation for a MassHealth determination if the individual's preliminary results indicate a need to provide citizenship/immigration status documentation	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.978	the individual needs to provide documentation for a MassHealth determination if the individual's preliminary results indicate a need to provide residency documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.979	the individual needs to provide documentation for a MassHealth determination if the individual's preliminary results indicate a need to provide income documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.980	the individual needs to provide documentation for a MassHealth determination if the individual's preliminary results indicate a need to provide incarceration documentation (for MassHealth	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.981	the individual needs to provide documentation for a MassHealth determination if the individual's preliminary results indicate a need to provide SSN documentation	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.982	The individual needs to provide citizenship/immigration status documentation if the individual's preliminary results indicate a need to provide citizenship/immigration status documentation and the individual's evaluated eligibility result status indicates notification requirements should be sent.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.984	the individual needs to provide residency documentation if the individual's evaluated eligibility result status indicates notification requirements should be sent and the individual's evaluated eligibility result's program type = "MassHealth" and the individual's preliminary results indicate a need to provide residency documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.985	the individual needs to provide incarceration documentation if the individual's evaluated eligibility result status indicates notification requirements should be sent and the individual's evaluated eligibility result's program type = "MassHealth" and the individual's preliminary results indicate a need to provide incarceration documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.986	the individual needs to provide income documentation if the individual's evaluated eligibility result status indicates notification requirements should be sent and the individual's evaluated eligibility result's program type = "MassHealth" and the individual's preliminary results indicate a need to provide income documentation (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.987	the individual needs to provide SSN documentation if the individual's preliminary results indicate a need to provide SSN documentation and the individual's evaluated eligibility result status indicates notification requirements should be sent and the individual's evaluated eligibility result's program type = "MassHealth" and the individual is applying for financial assistance	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.1.992	"The individual's denial reason is "residency (MassHealth)" if the individual's residency status code (for MassHealth) <> "Resident" and the individual is applying for financial assistance	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.994	"The individual's denial reason is " "incarceration (MassHealth)" the individual is incarcerated (for MassHealth)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.996	"The individual's termination/denial reason is " "over income for MassHealth" if the individual is applying for financial assistance and the individual meets MassHealth denial reason requirements for over income Former Foster Care	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.997	"The individual's termination/denial reason is " "over income for MassHealth" if the individual is applying for financial assistance and the individual meets the denial reason requirements for over income 250%	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.998	"The individual's termination/denial reason is " "over income for MassHealth" if the individual is applying for financial assistance and the individual meets the denial reason requirements for over income 200%	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.999	"The individual's termination/denial reason is " "over income for MassHealth" if the individual is applying for financial assistance and the individual meets the denial reason requirements for over income 150%	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.9996	The individual's residency status is verified (for MassHealth) if the individual's residential address state <> "MA" and the individual attests that they are temporarily residing out of state.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.9997	The individual is an American Indian/Alaska Native (for MassHealth) if the individual attests that they are an American Indian/Alaska Native and will require manual or electronic verification	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.9998	The relationship's target is under the individual's custodian care if the relationship's target is under the care of the individual and the relationship type = "Step-Son or Step-Daughter "	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.99993	The individual's MassHealth other deduction = the deduction's current monthly amount totalled for all of the individual's deductions for which it is the case that the deduction type is other	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.99994	The individual's income is reasonably compatible if the individual's attested income amount is <= 10% of the FDSH income amount	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.99995	The individual's income is verified if the individual's attested income amount is >= the FDSH income amount	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.1.99996	The individual has self-declared health insurance if the individual attests to having insurance through an employer.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.11	The system shall allow Social Security Numbers to be updated via Level 3 Application Support (e.g. Back-end queries)	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.12	The system shall only allow authorized users to view Federal Tax Information (FTI)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.17.15	Requirement is to update the "Start your application - Begin Process" screen on the hCentive UI/UX This application is designed to gather information that will be used to process your enrollment in a health coverage and determine if you are eligible for any programs that help you pay for health insurance premiums and lower your out-of-pocket health care costs. You will be asked if you are interested in seeing if you are eligible for help paying for coverage or not. If you are not interested, you will be asked only those questions needed to determine if you are able to purchase plans from the Massachusetts Health Connector and to determine what plans are available to you and how much they will cost. You may be surprised to find that you are eligible for a new form of financial assistance that can reduce your monthly insurance costs. If you are interested in seeing if you are eligible for financial assistance, we will ask you a number of questions about your household, your income, and other things that will help us find the best financial assistance programs for you	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.16	Requirement is to add help text to Section 1.15-How many are applying for Health insurance screen of the hCentive UI/UX	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.17	Update question currently displayed on hCentive UI/UX within Section 2.2 - Personal Information (SSN questions): We need the Social Security Number (SSN) if FirstName LastName is applying and has one. Even if First Name Last Name is not applying for health coverage, providing the SSN can be helpful since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. For help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778. Requirement is to modify above question to the language listed below on the hCentive UI/UX within Section 2.2 - Personal Information (SSN questions):We need a social security number for every person applying for health coverage who has one. An SSN is optional for persons not applying for health coverage, but giving us an SSN can speed up the application process. We use SSNs to check income and other information to see who is eligible for help with health coverage costs. If someone needs help getting an SSN, call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778 for people who are deaf, hard of hearing, or speech disabled), or go to socialsecurity.gov. Please see the Social Security Administration application instructions or the MassHealth Member Booklet for more information.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.19	Requirement is to update the question "Has MEMBER NAME lived in the U.S. since 1996?" within the current hCentive UI/UX within Section 2.3 Immigration Status The question should state: "Has MEMBER NAME lived in the U.S. since August 22, 1996?"	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.17.2	The system shall display the following questions on hCentive UI/UX within 1.4 Contact Home Address: Are you a Massachusetts resident? Y/N Do you intend to reside in Massachusetts even if you don't have a fixed address? Y/N Are you temporarily living outside Massachusetts? Y/N When the user checks the "No Home Address" checkbox, "I intend to reside in Massachusetts, even if I do not have a fixed address" checkbox will be displayed	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.20	The requirement is to add a tool tip/help text to the following question "Are any of the people below American Indian/ Alaskan Native?" within the current hCentive UI/UX within Section 2.7 Special Circumstances. The help text should state:American Indians and Alaska Natives who enroll in health coverage can also get services from the Indian Health Services, tribal health programs, or urban Indian health programs. If you or any household members are American Indian or Alaska Native, you may not have to pay premiums or co-payments, and may get special monthly enrollment periods.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.22	The requirement is to add tool tip/help text to the following question: "Does MEMBER NAME have any income?" currently on the hCentive UI/UX. The tool tip should state: You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.23	The requirement is to update the checkbox displayed in Section 3.4 - Current Income that displays after the "Does MEMBER have any income" and yes is selected. Current check box options is "Invest Income" and should be "Investment Income" on the current hCentive UI/UX	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.26	For all occurrances, the system shall display 'MassHealth' and not "Mass Health"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.27	The system shall display all Medicaid related questions as 'MassHealth' and not "Medicaid & CHIP+"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.28	The requirement is to remove the following questions from Section 4.8/4.9/4.12 Medicaid & CHIP Specific Question on the current hCentive UI/UX - Does MEMBER NAME want help paying for medical bills from the last 3 months? - If you want help paying medical bills from the last three months, please check each month in which you have unpaid medical expenses.	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.29	The requirement is to remove the following questions from Section 4.8/4.9/4.12 Medicaid & CHIP Specific Question on the current hCentive UI/UX - Did MEMBER NAME have health insurance from a job that ended in the last 6 months? - Why did that insurance end?	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.3	Question currently displayed on hCentive UI/UX within 2.7 Special Circumstances 'Does anyone in the home who is applying have a medical or developmental condition that has lasted or is expected to last more than 12 months?' Requirement is to modify to say 'Does anyone in the household who is applying have an injury, illness, or disability (including a disabling mental health condition) that has lasted or is expected to last for at least 12 months? If legally blind, answer yes.'	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.17.4	The system shall display the following question on hCentive UI/UX within 3.4 Current Income Source: Is this job a sheltered workshop? Y/N	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.5	When entering a paper application, the system shall allow the user to enter the following data element on hCentive UI/UX: Application Received Date MM/DD/YYYY	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.6	The system shall allow the customer service representative the ability to capture the following reason codes and descriptions in the attached file: Reason Code Description 10 Receiving benefits in another state 12 No longer in household 17 Failure to pay CMSP premium 33 Already receiving MassHealth 38 Voluntary Withdrawal 40 Did not provide required verification 41 Failure to complete/ return annual review 46 Entered penal institution 48 Not a resident of Massachusetts 49 Deceased 50 Whereabouts Unknown 58 Failed to cooperate with Quality Assurance 86 Failure to pay MH premium	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.8	The system shall display the following questions on the hCentive UI/UX within 2.7 Special Circumstances (These questions is optional for the user to complete): Do any of the people below have breast or cervical cancer? MassHealth has special coverage rules for people who need treatment for breast or cervical cancer. Are any of the people below HIV positive? MassHealth has special coverage rules for people who are HIV positive. ** hCentive will default the option to "none of these people"	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.17.9	The system shall allow the use of hyphens (-) and apostrophes (') in all fields that capture first names, middle names, or last names	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.1	The PD process shall have the ability to calculate the start date of coverage to be 10 days prior to the application received date for paper applications with the exception of individuals born within those 10 days	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.10	the System must be able to calculate a HSN deductible amount for members who are awarded partial HSN At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	
(A) UI/UX/PD MH	AA.3.11	the system must be able to provide Premium Assistance functionality which supports a referral of reported health insurance for investigation, a determination of eligibility for PA, a calculation of PA payment amount, member notice requirements and connection to EHS system that generates payments After Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	

Worktrack	Name	Description	Priority	Release	System
(A) UI/UX/PD MH	AA.3.12	the system must be able to automatically update the status of a QAB to QLP when the 5 year barred period has ended. At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	
(A) UI/UX/PD MH	AA.3.13	the system should be able to send all notices for a member to all PSIs or ARDs listed on the member's file At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	Optum
(A) UI/UX/PD MH	AA.3.15	the individual is eligible for Standard (TMA) if the individual meets MassHealth categorical requirements for Standand and the individual meets MassHealth participation factors and individual's previous income was verified at or below 133% and the individual is either a "CIT" or "QLP" and a parent or "CIT""QLP""ILP" or "QAB" and the individual is less than age 19 and their earned income increased to put the total income FPL greater than 133% At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	Optum
(A) UI/UX/PD MH	AA.3.16	the system must be able to calculate the premium bill amount for MassHealth Premium Billing family groups and report these amount to the MassHealth customer service vendor for billing. After Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of individuals identified by this requirement.	Critical	R3	
(A) UI/UX/PD MH	AA.3.2	The PD process shall have the ability to calculate the start date of coverage to be 10 days prior to the submission date for electronic applications with the exception of individuals born within those 10 days	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.3	The PD process shall have the ability to calculate the start date of coverage to be the date of birth for all members born 10 days prior to the application received date for paper applications	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.4	The PD process shall have the ability to calculate the start date of coverage to be the date of birth for all members born 10 days prior to the submission date for electronic applications	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.5	The PD process shall have the ability to calculate the end date of coverage to be 14 days after the determination date for any member whohas a change in coverage including denials/terminations, upgrades and downgrades with the exception of those members terminating b/c they are now deceased	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.6	The PD process shall have the ability to calculate the end date of coverage to be the date of death e for any member who terminate coverage because they are now deceased	Critical	R3	hCentive
(A) UI/UX/PD MH	AA.3.7	the system must have the ability to run a batch job to end a pregnancy that has lasted more than 12 months from the expected due date and run a determination At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of members identified by this requirement.	Critical	R3	Optum
(A) UI/UX/PD MH	AA.3.8	the system must have the ability to generate NCP-1 form to the parent or caretaker relative of any MassHealth eligible child under age 19 who has less than 2 custodial parents on the application At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of members identified by this requirement.	Critical	R3	
(A) UI/UX/PD MH	AA.3.9	the system must have the ability to run a batch job to send a MER (Senior transition form) to members who turn age 65 At Go-Live, this requirement must be supported by a report provided by hCentive. Report must provide details of members identified by this requirement.	Critical	R3	Optum
(B) Eligibility Verification	B.1.1	The hCentive system shall establish connectivity with the Federal Data Service Hub	Critical	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(B) Eligibility Verification	B.1.2	The hCentive system shall display the appropriate message to the applicant if the connectivity to the FDSH is unavailable	Critical	R1	hCentive
(B) Eligibility Verification	B.10.1	The hCentive system shall have the ability to call the – Non-ESI MEC (MMIS) Service	Critical	R2	hCentive
(B) Eligibility Verification	B.10.2	The hCentive system shall have the ability to receive the Non-ESI MEC (MMIS) Service response from MMIS	Critical	R2	hCentive
(B) Eligibility Verification	B.10.3	The hCentive system shall have the ability to store the Non-ESI MEC (MMIS) Service response	Critical	R2	hCentive
(B) Eligibility Verification	B.10.4	The hCentive system shall have the ability to process the Non-ESI MEC (MMIS) Service response for Medicaid aid category, notices and program determination	Critical	R2	hCentive
(B) Eligibility Verification	B.10.5	If the Non-ESI MEC (MMIS) Service is unavailable, the hCentive system will allow not allow an applicant to continue their application, and a message will be displayed to that effect	Critical	R2	hCentive
(B) Eligibility Verification	B.11.1	The hCentive system shall have the ability to call the LexisNexis – Residency Verification Service	Important	R3	hCentive
(B) Eligibility Verification	B.11.3	The hCentive system shall have the ability to receive the response from LexisNexis	Important	R3	hCentive
(B) Eligibility Verification	B.11.4	The hCentive system shall have the ability to store the response from LexisNexis	Important	R3	hCentive
(B) Eligibility Verification	B.11.5	The hCentive system shall have the ability to process the LexisNexis RV response response to determine if an applicant is associated with an address for MA residency verification, denials, RFI, time clocks, notices and program determination	Important	R3	hCentive
(B) Eligibility Verification	B.11.6	If the LexisNexis RV Service is unavailable, the hCentive system will allow the user to continue through the eligibility application	Important	R3	hCentive
(B) Eligibility Verification	B.12.1	The hCentive system shall have the ability to call the Experian – Address Validation Service	Important	R3	hCentive
(B) Eligibility Verification	B.12.3	The hCentive system shall have the ability to receive the response from Experian	Important	R3	hCentive
(B) Eligibility Verification	B.12.4	The hCentive system shall have the ability to store the response from Experian	Important	R3	hCentive
(B) Eligibility Verification	B.12.5	The hCentive system shall have the ability to process the Experian Address Validation response to determine if an address is residential or commercial for MA residency verification, denials, RFI, time clocks, notices and program determination	Important	R3	hCentive
(B) Eligibility Verification	B.12.6	If the Experian Address Validation Service is unavailable, the hCentive system will allow the user to continue through the eligibility application	Important	R3	hCentive
(B) Eligibility Verification	B.2.1	The hCentive system shall have the ability to call the Federal Data Service Hub – SSA Composite Service	Critical	R1	hCentive
(B) Eligibility Verification	B.2.2	The hCentive system shall have the ability to receive the SSA Composite Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.2.3	The hCentive system shall have the ability to store the SSA Composite Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.2.4	The hCentive system shall have the ability to process the SSA Composite Service response from the FDSH for eligibility verification, denials, RFI, time clocks, notices and program determination	Critical	R1	hCentive
(B) Eligibility Verification	B.2.5	If the SSA Composite Service is unavailable, the hCentive system will allow the user to continue but request the appropriate information on the eligibility determination screen	Critical	R1	hCentive
(B) Eligibility Verification	B.3.1	The hCentive system shall have the ability to call the Federal Data Service Hub – IRS Income Service	Critical	R1	hCentive
(B) Eligibility Verification	B.3.2	The hCentive system shall have the ability to receive the IRS Income Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.3.3	The hCentive system shall have the ability to store the IRS Income Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.3.4	The hCentive system shall have the ability to process the IRS Income Service response from the FDSH and apply minimum compatibility rules for RFI, time clocks, notices and program determination	Critical	R1	hCentive
(B) Eligibility Verification	B.3.5	If the IRS Income Service is unavailable, the hCentive system will allow the user to continue but request the appropriate information on the eligibility determination screen	Critical	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(B) Eligibility Verification	B.4.1	The hCentive system shall have the ability to call the Federal Data Service Hub – IRS APTC Calculation Service	Critical	R1	hCentive
(B) Eligibility Verification	B.4.2	The hCentive system shall have the ability to receive the IRS APTC Calculation Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.4.3	The hCentive system shall have the ability to store the IRS APTC Calculation Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.4.4	The hCentive system shall have the ability to process the IRS APTC Calculation Service response from the FDSH for notices and program determination	Critical	R1	hCentive
(B) Eligibility Verification	B.4.5	If the IRS APTC Calculation Service is unavailable, the hCentive system will allow the user to continue but request the appropriate information on the eligibility determination screen	Critical	R1	hCentive
(B) Eligibility Verification	B.5.1	The hCentive system shall have the ability to call the Federal Data Service Hub – Non-ESI MEC (non Medicaid) Service	Critical	R1	hCentive
(B) Eligibility Verification	B.5.2	The hCentive system shall have the ability to receive the Non-ESI MEC (non Medicaid) Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.5.3	The hCentive system shall have the ability to store the Non-ESI MEC (non Medicaid) Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.5.4	The hCentive system shall have the ability to process the Non-ESI MEC (non Medicaid) Service response from the FDSH for notices and program determination	Critical	R1	hCentive
(B) Eligibility Verification	B.5.5	If the Non-ESI MEC (non Medicaid) Service is unavailable, the hCentive system will allow the user to continue but request the appropriate information on the eligibility determination screen	Critical	R1	hCentive
(B) Eligibility Verification	B.6.1	The hCentive system shall have the ability to call the Federal Data Service Hub – RIDP Service to receive the challenge questions for the applicant	Critical	R1	hCentive
(B) Eligibility Verification	B.6.10	If the RIDP Service is unavailable, the hCentive system will not allow any applicants to continue with their eligibility application and will display a message to the applicant to return at a later time	Critical	R1	hCentive
(B) Eligibility Verification	B.6.2	The hCentive system shall have the ability to receive the RIDP Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.6.3	The hCentive system shall have the ability to accept user input/responses to the RIDP service challenge questions from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.6.4	The hCentive system shall have the ability to call the RIDP service to transmit user input/responses to the RIDP service challenge questions	Critical	R1	hCentive
(B) Eligibility Verification	B.6.7	The hCentive system shall have the ability to store the RIDP Service response (RIDP pass / fail) from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.6.8	The hCentive system shall have the ability to process the RIDP Service response (RIDP pass / fail) and determine whether the applicant should continue through the application or be blocked due to failed ID proofing	Critical	R1	hCentive
(B) Eligibility Verification	B.6.9	If an applicant fails RIDP, the hCentive system will display a message to the applicant and inform them on steps they can take to resolve their issue	Critical	R1	hCentive
(B) Eligibility Verification	B.7.1	The hCentive system shall have the ability to call the Federal Data Service Hub – VLP-1 Service	Critical	R1	hCentive
(B) Eligibility Verification	B.7.2	The hCentive system shall have the ability to receive the VLP-1 response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.7.3	The hCentive system shall have the ability to store the VLP-1 Service response from the FDSH	Critical	R1	hCentive
(B) Eligibility Verification	B.7.4	The hCentive system shall have the ability to process the VLP-1 Service response from the FDSH for eligibility verification, denials, RFI, time clocks, notices and program determination, and also to determine if the application needs to be flagged for VLP-2	Critical	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(B) Eligibility Verification	B.7.5	When an applicant is found to be lawfully present, the hCentive system will allow a user to complete an application. When an applicant is determined to not be lawfully present based on their eligibility, the hCentive system will deny the applicant(s)' eligibility. In the case of an inconsistency (e.g. anything that would require further verification, like being flagged for VLP Step 2), the hCentive system will allow a user to continue through the application but will be required to provide documentation	Critical	R1	hCentive
(B) Eligibility Verification	B.7.6	The hCentive system will not allow an applicant to continue when the VLP Service is unavailable, and a message will be displayed to tell the applicant to return at a later time	Critical	R1	hCentive
(B) Eligibility Verification	B.8.1	The hCentive system shall have the ability to call the Federal Data Service Hub – VLP-2 Service	Important	R3	hCentive
(B) Eligibility Verification	B.8.2	The hCentive system shall have the ability to, on an asynchronous basis, accept a transaction from the FDSH VLP (Step 2) Service (all associated services as defined in DSH_RP_BSD_VLP_v33)	Important	R3	hCentive
(B) Eligibility Verification	B.8.3	The hCentive system shall have the ability to receive the VLP (Step 2) response from the FDSH	Important	R3	hCentive
(B) Eligibility Verification	B.8.4	The hCentive system shall have the ability to store the VLP (Step 2) response from the FDSH	Important	R3	hCentive
(B) Eligibility Verification	B.8.5	The hCentive system shall have the ability to process the VLP-2 Service response from the FDSH for eligibility verification, denials, RFI, time clocks, notices and program determination, and also to determine if the application needs to be flagged for VLP-3	Important	R3	hCentive
(B) Eligibility Verification	B.9.1	The hCentive system shall have the ability to call the Federal Data Service Hub – VLP-3 Service	Important	R3	hCentive
(B) Eligibility Verification	B.9.2	The hCentive system shall have the ability to, on an asynchronous basis, accept a transaction from the FDSH VLP (Step 3) Service (all associated services as defined in DSH_RP_BSD_VLP_v33)	Important	R3	hCentive
(B) Eligibility Verification	B.9.3	The hCentive system shall have the ability to receive the VLP (Step 3) response from the FDSH	Important	R3	hCentive
(B) Eligibility Verification	B.9.4	The hCentive system shall have the ability to store the VLP (Step 3) response from the FDSH	Important	R3	hCentive
(B) Eligibility Verification	B.9.5	The hCentive system shall have the ability to process the VLP-3 Service response from the FDSH for eligibility verification, denials, RFI, time clocks, notices and program determination	Important	R3	hCentive
(C) Plan Management	C.1.10	The hCentive system will be able to load plans within acceptable timeframes	Useful	R2	hCentive
(C) Plan Management	C.1.11	The hCentive system shall be able to load a unique enrollee premium schedule and service area mapping documents for State Wrap / Connector Care plans.	Critical	R2	hCentive
(C) Plan Management	C.1.2	The hCentive system shall have capability to consume 2015 medical SERFF templates (QHP) and 2015 SERFF stand-alone dental templates (QDP),display those plans in the UI.	Critical	R2	hCentive
(C) Plan Management	C.1.3	The hCentive system shall have the ability to consume SERFF template modified XML file containing state WRAP benefit plans and display benefits as specified by CCA and agreed by Optum, including the modified benefits values, as well as the modified plan name as appropriate in the plan compare and shopping UI.	Critical	R2	hCentive
(C) Plan Management	C.1.4	The hCentive system shall have capability to consume a plan which has the same HIOS ID as an existing plan, but has a different effective date. The net effect will be concurrent existence of 2 plans with the same HIOS ID.	Critical	R1	hCentive
(C) Plan Management	C.1.5	The hCentive system shall have capability to refresh/delete plans from the environment in which plans have been previously loaded on an ad-hoc basis. The net effect will be an empty environment.	Critical	R1	hCentive
(C) Plan Management	C.1.6	The hCentive system shall have capability to consume SERFF templates for plans that have been previously loaded in an environment on an ad-hoc basis, and overwrite the existing data fields. The net effect will be modifications to a particular plan.	Important	R1	hCentive

Worktrack	Name	Description	Priority	Release	System
(C) Plan Management	C.1.7	The hCentive system shall have capability to consume SERFF templates for plans that have not been previously loaded in an environment on an ad-hoc basis. The net effect will be the addition of a new plan.	Important	R1	hCentive
(C) Plan Management	C.2.1	The hCentive system shall display the contents of the SERFF templates in the COTS format with specified changes agreed upon by both Optum and CCA (per the Plan Management Benefits Display Requirements Document)	Critical	R1	hCentive
(C) Plan Management	C.2.1.11	The hCentive will always supress a 00 plan variant(off-exchange plans) even though it is loaded into the system	Critical	R1	hCentive
(C) Plan Management	C.2.1.12	If there is a benefit explanation (column K of the SERFF Plans and Benefits template, benefits package tab), add a new row beneath the "Limit Quantity" for than benefit in the UI named "Benefit Explaination" and map the value shown for that benefit, for that tier, (4,000 character limitation on this field)	Critical	R3	hCentive
(C) Plan Management	C.2.1.13	For all benefits on the SERFF Plans and Benefits template cost sharing tab, If the In Network Copay = $0 and the In Network Coinsurance = 100% or If the In Network Copay is null and the In Network Coinsurance is null then display "Not Covered"	Critical	R3	hCentive
(C) Plan Management	C.2.1.25	Requirement description: Hcentive should be able to display deductibles and out of pocket maximums in the QDP SERFF template properly reflecting that the benefit category is in reference to a dental plan, not a medical plan.	Critical	R3	hCentive
(C) Plan Management	C.2.1.9	The hCentive system will allow a applicant to purchase a QDP only after enrolling in a QHP.	Critical	R2	hCentive
(C) Plan Management	C.2.10	Fields and Functionalities present in the Shopping UI page are accurately displayed and function correctly. These include the filter functionalities, APTC slider and fields like Carrier Name, Plan Name etc.	Useful	R2	hCentive
(C) Plan Management	C.2.11	The hCentive system will display the appropriate plan variants (-04 through -06) if the member is eligible for State Wrap / Connector Care.	Critical	R2	hCentive
(C) Plan Management	C.2.12	The hCentive system will display the appropriate plan according to the information given in the application.	Critical	R2	hCentive
(C) Plan Management	C.2.13	The hCentive system will have the functionality to compare plans and the maximum should be three.	Critical	R2	hCentive
(C) Plan Management	C.2.14	The hCentive system will not display the State Wrap / Connector Care plans when the member is not eligible for State Wrap / Connector Care.	Critical	R2	hCentive
(C) Plan Management	C.2.15	The hCentive system will display the plan variant (-02) if the member is AI/AN and eligible for State Wrap / Connector Care.	Critical	R2	hCentive
(C) Plan Management	C.2.16	The hCentive system will display the plan variant (-03) if the member is AI/AN and not eligible for State Wrap / Connector Care.	Critical	R2	hCentive
(C) Plan Management	C.2.17	The hCentive system will not display the catastrophic plans when the member is not eligible for catastrophic plans.	Critical	R2	hCentive
(C) Plan Management	C.2.18	The hCentive system will display only the catastrophic plans only when the member is eligible for catastrophic plans.	Critical	R2	hCentive
(C) Plan Management	C.2.2	The hCentive system shall have capability to suppress a plan from display, while maintaining the plan's active status for purposes of the back end interface	Critical	R1	hCentive
(C) Plan Management	C.2.3	The hCentive system will only display the QHP/QDPs available for the applicant's zip code for an applicant determined to be eligible for QHP/QDPs without subsidies	Critical	R1	hCentive
(C) Plan Management	C.2.4	The hCentive system will only display the QHP/QDPs available for the applicant's zipcode for an applicant determined to be eligible for QHP/QDPs with APTCs	Critical	R1	hCentive
(C) Plan Management	C.2.5	The hCentive system will only display the wrap plans available for a particular zip code for an applicant determined to be eligible for State Wrap / Connector Care	Critical	R2	hCentive
(C) Plan Management	C.2.6	The hCentive system will not display the plan variants (-01 through -03) if the member is eligible for State Wrap / Connector Care	Critical	R2	hCentive
(C) Plan Management	C.2.7	If a particular benefit cost sharing Out-of-Network co-pay is $0, and the corresponding Out-of-Network co-insurance is 100%, the system shall display "Not Covered Out-of-Network".	Useful	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(C) Plan Management	C.2.8	If a particular benefit cost sharing In-Network co-pay is blank, and the corresponding In-Network co-insurance is blank the system shall display "Please see SBC".	Useful	R2	hCentive
(C) Plan Management	C.2.9	Field Level and various Pop-Up Validations in Anonymous Shopping are accurately displayed. This includes all the Pop-up's which appear during the Plan Shopping Anonymously.	Critical	R2	hCentive
(C) Plan Management	C.3.1	The hCentive system will accurately display rates for unsubsidized QHPs/QDPs, as provided by issuers.	Critical	R1	hCentive
(C) Plan Management	C.3.2	The hCentive system will display the total premium, APTC amount and member share for an applicant determined to tbe eligible for QHPs with APTCs	Critical	R1	hCentive
(C) Plan Management	C.3.3	The hCentive system will accurately display member share rates for an applicant determined to be eligible for State Wrap (Connector Care), as provided by issuers and CCA.	Critical	R2	hCentive
(C) Plan Management	C.3.4	The hCentive system will accurately calculate all rate components (i.e. total premium, wrap amount, APTC amount and member share) if an applicant changes their APTC amount	Critical	R2	hCentive
(C) Plan Management	C.3.5	The hCentive system will accurately calculate premiums for all rateable members and apply the accurate subsidy amounts (APTC and/or wrap)	Critical	R2	hCentive
(C) Plan Management	C.3.6	The hCentive system will display the premium accurately when the application has ratable and non-ratable members.	Critical	R2	hCentive
(C) Plan Management	C.3.7	The hCentive system will default to non-tobacco rates if there are no tobacco rates are provided in the SERFF template; in the event that tobacco rates are provided in the SERFF template, the hCentive system will have the capability to support both tobacco and non-tobacco rates	Critical	R2	hCentive
(C) Plan Management	C.4.1	The hCentive system will accurately display plan benefit details - cost sharing (e.g. deductibles, co-pays, co-insurance, tiered benefits, in-network, out-of-network, etc.) - for all QHPs/APTCs, as indicated on SERFF templates	Critical	R1	hCentive
(C) Plan Management	C.4.2	The hCentive system will accurately display plan benefit details - cost sharing (e.g. deductibles, co-pays, co-insurance, tiered benefits, in-network, out-of-network, etc.) - for all QDPs, as indicated on SERFF templates	Critical	R2	hCentive
(C) Plan Management	C.4.3	The hCentive system will accurately display plan benefit details - cost sharing (e.g. deductibles, co-pays, co-insurance, tiered benefits, in-network, out-of-network, etc.) - for all wrap plans	Critical	R2	hCentive
(C) Plan Management	C.4.4	The hCentive system will accurately display non plan benefit information (e.g. carrier logos, provider links, HSA information, etc.) - for all QHPs	Important	R1	hCentive
(C) Plan Management	C.4.5	The hCentive system will accurately display non plan benefit information (e.g. carrier logos, provider links, HSA information, etc.) - for all QDPs	Important	R1	hCentive
(C) Plan Management	C.4.6	The hCentive system will accurately display cost sharing values for wrap plans based on member's eligibility for specific Connector Care programs (PT1, PT2a, PT2b, PT3a, PT3b)	Critical	R2	hCentive
(C) Plan Management	C.5.1	The hCentive system shall have the ability to allow CCA, Issuers and DOI the necessary access and functionality for plan preview testing and benefit validation via the Individual User Portal.	Critical	R1	hCentive
(C) Plan Management	C.5.4	The hCentive system shall have the ability to allow the applicant to select a plan and proceed to complete their application and checkout.	Critical	R2	hCentive
(D) Enrollment and Billling	D.1.1	The hCentive system will have the ability to send ADD transactions to Dell via the Enrollment XML (QHP, APTC)	Critical	R1	hCentive
(D) Enrollment and Billling	D.1.10	The hCentive system will have the ability to send the initial enrollments to the Dell system via a mutually agreed-to web service as defined by the Financial Management ICD	Critical	R1	hCentive
(D) Enrollment and Billling	D.1.15	The hCentive system will send initial set system generated member change scenarios using the relevant transaction codes in the Enrollment XML (e.g. demographic, income, eligibilty, etc. changes) as in the Financial Management ICD	Critical	R3	hCentive
(D) Enrollment and Billling	D.1.2	The hCentive system will have the ability to send ADD transactions to Dell via the Enrollment XML (Wrap)	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(D) Enrollment and Billling	D.1.3	'The hCentive system will send ADD transactions to Dell via the Enrollment XML (QDP) when the user has enrolled in the QHP as well.	Critical	R2	hCentive
(D) Enrollment and Billling	D.1.7	The hCentive system will send system generated CHANGE, TERM and CANCEL transactions to Dell via the Enrollment XML (QHP, APTC)	Critical	R3	hCentive
(D) Enrollment and Billling	D.1.8	The hCentive system will send system generated CHANGE, TERM and CANCEL transactions to Dell via the Enrollment XML (Wrap)	Critical	R3	hCentive
(D) Enrollment and Billing	D.1.9	The hCentive system will send system generated CHANGE, TERM and CANCEL transactions to Dell via the Enrollment XML (QDP) when the applicant is enrolled in the QHP as well.	Critical	R3	hCentive
(D) Enrollment and Billling	D.2.11	The hCentive system will have the ability to accept from the Dell system EFFECTUATION STATUS (including policy numbers) and NON PAYMENT TERM information via a mutually agreed-to web service "Enrollment Response XML" as defined by the Financial Management ICD	Critical	R2	hCentive
(E) Notices	E. 10.1	The hCentive system shall generate a Denials (Deceased) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 10.2	The hCentive system shall not generate a Denials (Deceased) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 10.4	The hCentive system generates Denials (Deceased) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 10.7	The hCentive system generates and sends dynamic content triggers via the Denials (Deceased) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 11.1	The hCentive system shall generate a Denials (Not Lawfully Present) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 11.2	The hCentive system shall not generate a Denials (Not Lawfully Present) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 11.4	The hCentive system generates Denials (Not Lawfully Present) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 11.7	The hCentive system generates and sends dynamic content triggers via the Denials (Not Lawfully Present) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 12.1	The hCentive system shall generate a Denials (Non-MA Resident) Notice when appropriate business conditions are met	Critical	R1	hCentive
(E) Notices	E. 12.2	The hCentive system shall not generate a Denials (Non-MA Resident) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R1	hCentive
(E) Notices	E. 12.4	The hCentive system generates Denials (Non-MA Resident) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R1	hCentive
(E) Notices	E. 12.7	The hCentive system generates and sends dynamic content triggers via the Denials (Non-MA Resident) Notice(s) XML to Dell	Critical	R1	hCentive
(E) Notices	E. 13.1	The hCentive system shall generate a Request for Information (Income) when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 13.2	The hCentive system shall not generate a RFI (Income) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 13.4	The hCentive system generates RFI (Income) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 13.7	The hCentive system generates and sends dynamic content triggers via the RFI (Income) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 14.1	The hCentive system shall generate a RFI (Incarceration) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 14.2	The hCentive system shall not generate a RFI (Incarceration) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 14.4	The hCentive system generates RFI (Incarceration) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices	E. 14.7	The hCentive system generates and sends dynamic content triggers via the RFI (Incarceration) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 15.1	The hCentive system shall generate a RFI (Immigration Status) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 15.2	The hCentive system shall not generate a RFI (Immigration Status) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 15.4	The hCentive system generates RFI (Immigration Status) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 15.7	The hCentive system generates and sends dynamic content triggers via the RFI (Immigration Status) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 16.1	The hCentive system shall generate a RFI (MA Residency) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 16.2	The hCentive system shall not generate a RFI (MA Residency) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 16.4	The hCentive system generates RFI (MA Residency) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 16.7	The hCentive system generates and sends dynamic content triggers via the RFI (MA Residency) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 17.1	The hCentive system shall generate a RFI (AI/AN Status) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 17.2	The hCentive system shall not generate a RFI (AI/AN Status) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 17.4	The hCentive system generates RFI (AI/AN Status) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 17.7	The hCentive system generates and sends dynamic content triggers via the RFI (AI/AN Status) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 18.1	The hCentive system shall generate a RFI (U.S. Citizenship) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 18.2	The hCentive system shall not generate a RFI (U.S. Citizenship) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 18.4	The hCentive system generates RFI (U.S. Citizenship) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 18.7	The hCentive system generates and sends dynamic content triggers via the RFI (U.S. Citizenship) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 19.1	The hCentive system shall generate a MH Assessment Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 19.2	The hCentive system shall not generate a MH Assessment Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 19.4	The hCentive system generates MH Assessment Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 19.7	The hCentive system generates and sends dynamic content triggers via the MH Assessment Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 20.1	The hCentive system shall generate a Employer Tax Liability Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 20.2	The hCentive system shall not generate a Employer Tax Liability Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 20.4	The hCentive system generates Employer Tax Liability Notice(s) XML to Dell for the appropriate recipients	Critical	R2	hCentive
(E) Notices	E. 20.7	The hCentive system generates and sends dynamic content triggers via the Employer Tax Liability Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 21.1	The hCentive system shall generate a RIDP Failure Notice when appropriate business conditions are met	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices	E. 21.2	The hCentive system shall not generate a RIDP Failure Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R3	hCentive
(E) Notices	E. 21.4	The hCentive system generates RIDP Failure Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R3	hCentive
(E) Notices	E. 21.7	The hCentive system generates and sends dynamic content triggers via the RIDP Failure Notice(s) XML to Dell	Critical	R3	hCentive
(E) Notices	E. 27.1	The hCentive system shall be able to generate Combinations of Notices (e.g. RFI, Provisional Approval) when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 27.2	The hCentive system shall not generate Combinations of Notices XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 4.1	The hCentive system shall generate a Provisional Eligibility Approval (QHP) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 4.2	The hCentive system shall not generate a Provisional Eligibility Approval (QHP) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 4.4	The hCentive system generates Provisional Eligibility Approval (QHP) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 4.7	The hCentive system generates and sends dynamic content triggers via the Provisional Eligibility Approval (QHP) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 5.1	The hCentive system shall generate a Final Eligibility Approval (QHP + APTC) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 5.2	The hCentive system shall not generate a Final Eligibility Approval (QHP + APTC) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 5.4	The hCentive system generates Final Eligibility Approval (QHP + APTC) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 5.7	The hCentive system generates and sends dynamic content triggers via the Final Eligibility Approval (QHP + APTC) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 6.1	The hCentive system shall generate a Provisional Eligibility Approval (QHP + APTC) Notice when appropriate business conditions are met	Critical	R1	hCentive
(E) Notices	E. 6.2	The hCentive system shall not generate a Provisional Final Eligibility Approval (QHP + APTC) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R1	hCentive
(E) Notices	E. 6.4	The hCentive system generates Provisional Eligibility Approval (QHP + APTC) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R1	hCentive
(E) Notices	E. 6.7	The hCentive system generates and sends dynamic content triggers via the Provisional Eligibility Approval (QHP + APTC) Notice(s) XML to Dell	Critical	R1	hCentive
(E) Notices	E. 7.1	The hCentive system shall generate a Final Eligibility Approval (Wrap)* Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 7.2	The hCentive system shall not generate a Final Eligibility Approval (Wrap)* Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 7.4	The hCentive system generates Final Eligibility Approval (Wrap)* Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 7.7	The hCentive system generates and sends dynamic content triggers via the Final Eligibility Approval (Wrap)* Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 8.1	The hCentive system shall generate a Provisional Eligibility Approval (Wrap)* Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E. 8.2	The hCentive system shall not generate a Provisional Eligibility Approval (Wrap)* Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 8.4	The hCentive system generates Provisional Eligibility Approval (Wrap)* Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 8.7	The hCentive system generates and sends dynamic content triggers via the Provisional Eligibility Approval (Wrap)* Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E. 9.1	The hCentive system shall generate a Denials (Incarcerated) Notice when appropriate business conditions are met	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices	E. 9.2	The hCentive system shall not generate a Denials (Incarcerated) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E. 9.4	The hCentive system generates Denials (Incarcerated) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E. 9.7	The hCentive system generates and sends dynamic content triggers via the Denials (Incarcerated) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E.1.1	The hCentive system will send the required date to generate the eligibility notice to dell correspondence lite in a batch process and transfer via SFTP communication	Critical	R1	hCentive
(E) Notices	E.27.10	The hCentive system generates and sends dynamic content triggers via the RFI (Proof of SSN) Notice(s) XML to Dell	Critical	R2	hCentive
(E) Notices	E.27.4	The hCentive system shall generate a Request for Information (Proof of SSN) when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E.27.5	The hCentive system shall not generate a RFI (Proof of SSN) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E.27.7	The hCentive system generates RFI (Proof of SSN) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E.3.1	The hCentive system shall generate a Final Eligibility Approval (QHP Approval) Notice when appropriate business conditions are met	Critical	R2	hCentive
(E) Notices	E.3.2	The hCentive system shall not generate a Final Eligibility Approval (QHP Approval) Notice XML to Dell when appropriate business conditions / "triggers" are not met	Critical	R2	hCentive
(E) Notices	E.3.4	The hCentive system generates Final Eligibility Approval (QHP Approval) Notice(s) XML to Dell for the appropriate recipients (e.g. ARD)	Critical	R2	hCentive
(E) Notices	E.3.7	The hCentive system generates and sends notice fragment indicators via the Final Eligibility Approval (QHP Approval) Notice(s) XML to Dell	Critical	R2	hCentive

Worktrack	Name	Description	Priority	Release	System

(E) Notices MH	EE.1.1	1.3.MH Style Sheet : Ensure that the below Notice Style Sheet is followed for the notices (MassHealth,CMSP,HSN) :
		
		Type Standard
		Electronic File Format : PDF (compatible with screen readers)
		
		Body Font (Notices/Letters) : Normal Print: Calibri 12 pt.
		                              Large Print: Calibri 18 pt.
		
		Bold Body Font (Notices/Letters) : Normal Print: Calibri Bold 12 pt.
		
		                         Large Print: Calibri Bold 18 pt.
		
		Headings (Notices/Letters) : Normal Print: Calibri Bold 12 pt.
		
		                         Large Print: Calibri Bold 18 pt.
		
		Sub Headings (Notices/Letters) : Normal Print: Calibri Bold 12 pt.
		                         Large Print: Calibri Bold 18 pt.
		
		Citation Font (Notices/Letters) : Normal Print: Calibri 12 pt.
		                         Large Print: Calibri 18 pt.
		
		Paper Size/Type : 8.5 x 11 (White)
		
		Paper Orientation : Portrait
		
		Page Margins (Notices) : Top: 1"
			Critical	R3	hCentive

(E) Notices MH	EE.1.10	10.Key Message Master List : 2.)-KM ID : KM006 -Templates Used : ALL -Category : Header/Accessibility -Description(Text) : You can get this information in large print and Braille. Call 1-800-841-2900 from Monday to Friday, 8:00 A.M. to 5:00 P.M. TTY: 1-800-497-4648. -Business Rules : 1) This message is static. 2) It must be centered aligned 3) Bolded words / numbers must be displayed as such.	Critical	R3	hCentive
(E) Notices MH	EE.1.11	10.Key Message Master List : 3.) -KM ID : KM007 -Templates Used : ALL -Category : Header/Sequence Number -Description : This number will be generated by the mailing software use for generating the USPS mail record number. -Business Rules : 1) This message is static 2) Must be directly above the recipient's or C/o name(s) 3) It will be created at printing by ITD	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.1.12	10.Key Message Master List : 4.) -KM ID : KM008 -Templates Used : ALL -Category : Header/Barcode -Description : This will equally be created by system and criteria will be determined -Business Rules : 1) This message is static 2) It will be auto generated during printing. 3) Must be left aligned in a vertical style. 4) Must correspond to the sequence number. 5) It will be created at printing by ITD	Critical	R3	hCentive
(E) Notices MH	EE.1.13	10.Key Message Master List : 5.) KM ID : KM009 -Templates Used : ALL -Category : Header/Optical Mark -Description : This will equally be auto created during printing for page counting and envelope stuffing. -Business Rules : 1) This message is static. 2) Must be right aligned & printed outside margin. 3) Must be display parallel to returned address below the Logo 4) It will be created at printing by ITD	Critical	R3	hCentive
(E) Notices MH	EE.1.14	10.Key Message Master List : 6.) KM ID : KM011 -Templates Used : ALL -Category : Header / Beneficiary Names -Description : [FirstName MiddleName LastName Suffix] -Business Rules : 1) This message is static. 2) Must display the name(s) of eligible individual / beneficiary against whom the notice is generated OR 3) If notice type is VC1, then display the account holder's name.	Critical	R3	hCentive
(E) Notices MH	EE.1.15	10.Key Message Master List : 7.) KM ID : KM012 -Templates Used : ALL -Category : Header / Recipient Address -Description : [Address Line 1] [Address Line 2] [City, State, Zipcode] -Business Rules : 1) The beneficiary's mailing address should be displayed if age is above 18 years OR 2) If the beneficiary is a minor (under age 18), then display the account holder's mailing address. OR 3) If notice type is VC1, then must display the account holder's mailing address.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.1.16	10.Key Message Master List : 8.) KM ID : KM013 -Templates Used : ALL -Category : Header / Notice ID (approval) -Description : Date: [Month DD,YYYY of Notice creation] Notice ID: [Member Eligibility ID]/ [Member MEC Number]/[Template ID]-[Timestamp of eligibility date in DDMMYY format] Member ID: [MMIS ID] SSN: [xxx-xx- last four digit] -Business Rules : 1) This message is static. 2) Dynamic data elements are indicated in red 3) Beneficiary's information must be displayed. 4) Must be left aligned & justified 5) For Member ID & SSN fields, display "Not Available" if element(s) are missing.	Critical	R3	hCentive
(E) Notices MH	EE.1.17	10.Key Message Master List : 9.) KM ID : KM015 -Templates Used : ALL -Category : Footer / contact Us -Description : Question? Visit MAhealthconnector.org or call 1-800-841-2900 TTY: 1-800-497-4648 -Business Rules : 1) This message is static. 2) Must be centered aligned in the footer. 3) Must be navy blue colored. 4) Bolded words / numbers must be displayed as such	Critical	R3	hCentive
(E) Notices MH	EE.1.18	10.Key Message Master List : 10.) KM ID : KM016 -Templates Used : ALL -Category : Footer / Page No -Description : [x of y] -Business Rules : 1) This message is static. 2) Must be aligned in the footer to the left of the right margin never crossing it. 3) Must be displayed on all Notice pages in sequential order	Critical	R3	hCentive
(E) Notices MH	EE.1.19	10.Key Message Master List : 11.) KM ID : KM017 -Templates Used : ALL -Category : Salutation -Description : Dear [FirstName MiddleName LastName Suffix] -Business Rules : 1) This message is Static. AND 2) Must display the name of the beneficiary or eligible individual If 18 years or older. OR 3) If the beneficiary is a minor (under age 18), then display the account holder's name.	Critical	R3	hCentive
(E) Notices MH	EE.1.2	MassHealth Overall Notice Template: 2.1.Envelope : Ensure using samples from the ITD that the ITD printing and packing process will use a standardized envelope for all notices. The dimensions for this envelope are 9 ½" wide by 6" tall. The envelope has two panes for displaying the return address block and the recipient name and address block as show in the below example:	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.1.3	MassHealth Overall Notice Template: 2.2 : A Sample Notice structure could be as below (Note : This should be used only for dimension purposes) Page 1 :	Critical	R3	hCentive
(E) Notices MH	EE.1.4	MassHealth Overall Notice Template: 2.2 : A Sample Notice structure could be as below (Note : This should be used only for dimension purposes.) Page 2 :	Critical	R3	hCentive
(E) Notices MH	EE.1.5	MassHealth Overall Notice Template: 3. Header & Footer : Header : Ensure that the footer dimensions and structure should be as below for all notices(Note: This should be used only for dimension purposes.)	Critical	R3	hCentive
(E) Notices MH	EE.1.6	MassHealth Overall Notice Template: 3. Header & Footer : Footer : Ensure that the footer dimensions and structure should be as below for all notices(Note: This should be used only for dimension purposes.)	Critical	R3	hCentive
(E) Notices MH	EE.1.7	MassHealth Overall Notice Template: 4.1 Page One Sample Data Element Dimensions : A sample of Page One Data Elements Dimensions for all notices is provided as below. Ensure that all notices adhere to the below requirements.	Critical	R3	hCentive
(E) Notices MH	EE.1.8	5 Body Content for Notices : Ensure that the body content will begin on the first page and continue uninterrupted until the end of the notice. On the first page of every notice this section begins 6 ¾" from the top of the page and spans across the page in between the 1" margins and terminates before the footer, 1" from the bottom of the page. On subsequent pages the body content section fills the entire page, spanning between the header, footer, and margins.	Critical	R3	hCentive
(E) Notices MH	EE.1.9	Common Fragments across all notices : The below Key messages are common to all notices and it should be ensured that these are present on each notice at time of testing : 10.Key Message : 1.)- KM ID : KM002 -Templates Used : ALL -Category : Header/Logo -Description (Text) : Health Insurance Processing Center P.O. Box 4405 Taunton, MA 02780-0419 -Business Rules : This message is static.	Critical	R3	hCentive
(E) Notices MH	EE.10.1	10.Key Message Master List : 1.) KM ID : KM001 -Templates Used : ALL -Category :Header/Logo -Description : This is a pictorial design message that depicts the MassHealth Logo (To be Provided) -Business Rules : 1) This message is a static 2) Must be navy blue colored displayed with wordings bolded 3) Must be Right aligned at the top of each page. 4) Should be included on any forms / inserts	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.10	10.) KM ID : KM024 -Templates Used :APPR -STD -Category : Basis of Determination / Mass Health Standard -Description : MassHealth Standard pays for doctor and clinic visits, hospital stays, prescription medicines, some dental services, personal care attendant services, and transportation to medical appointments, even if it is not an emergency. Adults may have a copay for prescriptions and doctor or hospital visits. Qualifying American Indians do not have copays or premiums. More information can be found in the MassHealth regulations at 130 CMR 506.015. If you told us or we got information that the person approved on this letter is disabled, we will send you another letter about these additional benefits. Do you have to pay for this benefit? MassHealth may charge a monthly premium to members who are above the income limit for receiving Standard without a premium. If you have to pay a monthly premium, MassHealth will send you a bill. The bill is the total amount your family owes and it will tell you the different ways in which you can pay. Make sure to pay your bills on time so these benefits do not end. What happens next? ☐ Step 1: Pick a Health Plan and a Doctor If you do not already have health insurance or a health plan through MassHealth, you must call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to pick a health plan. If you already have private health insurance, you do not need to pick a health plan through MassHealth. ☐ Step 2: Show Insurance Cards New members will get their MassHealth cards in the mail. The health plan may also send ID cards if a plan is selected. When getting medical services, be sure to show your MassHealth card along with either your health plan cards or your private health insurance card.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		11.) KM ID : KM025 -Templates Used :APPR - LIM -Category : Basis of Determination / Mass Health Limited -Description : MassHealth Limited covers emergency services such as ambulance transportation, pharmacy services, visits to emergency rooms, emergency treatment of cancer, outpatient and inpatient hospital services, and labor and delivery. Organ transplants are not covered. There is no monthly premium (fee). If you told us or we got information that the person approved on this letter is disabled, we will send you another letter about these additional benefits. What other medical services can you get? The Health Safety Net (HSN) may be able to help the person approved on this letter pay for some services at Massachusetts acute hospitals or community health centers. If they have other health insurance, they must use that insurance first, before the Health Safety Net can pay for their services. There may be copays and deductibles. Pay these charges directly to the health-care provider. Keep a copy of all medical bills and payments. How does the Health Safety Net work? The Health Safety Net is not insurance. Ask your health-care provider what the Health Safety Net can pay for. IMPORTANT: In many hospitals, the doctors work for private groups. They are not hospital employees. The Health Safety Net does not pay for private doctor services or private lab or radiology tests even when you get these services in a hospital. Check to see if your provider accepts Health Safety Net before you get services. What happens next?			
(E) Notices MH	EE.10.11	New members will get their MassHealth cards in the mail. Show this card to the doctor or	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		12.) KM ID : KM026 -Templates Used : APPR - HSN -Category : Basis of Determination / Mass Health HSN -Description : Why doesn't the person on this letter qualify for MassHealth benefits? They do not qualify for MassHealth according to the MassHealth regulations at 130 CMR 505.000. The person approved on this letter can get the Health Safety Net according to the Health Safety Net regulations at 101 CMR 613.00. You can find these regulations at www.mass.gov/eohhs/gov/laws-regs/hhs/health-safety-net-regulations.html. If you told us or we got information that the person approved on this letter is disabled, we will send you another letter about these additional benefits. If you are pregnant, you may be able to get more benefits. To find out if you qualify, call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). How does the Health Safety Net work? The Health Safety Net is not insurance. . It pays for certain care at Massachusetts community health centers and acute hospitals. Ask your health-care provider what the Health Safety Net can pay for. IMPORTANT: In many hospitals, the doctors work for private groups. They are not hospital employees. The Health Safety Net does not pay for private doctor services or private lab or radiology tests even when you get these services in a hospital. Check to see if your provider accepts Health Safety Net before you get services. If the person approved on this letter has other health insurance, they must use that health insurance first, before the Health Safety Net can pay for their services. There may be copays			
(E) Notices MH	EE.10.12	and deductibles. Pay these charges directly to the health care provider. Keep a copy of all	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		13.) KM ID : KM027 -Templates Used : APPR - CP -Category : Basis of Determination / Mass Health CarePlus -Description : MassHealth CarePlus pays for doctor and clinic visits, hospital stays, prescription medicines, some dental services, and transportation to medical appointments, even if it is not an emergency. Adults may have a copay for prescriptions and doctor or hospital visits. There is no monthly premium (fee). Qualifying American Indians do not have copays or premiums. More information can be found in the MassHealth regulations at 130 CMR 506.015. If you told us or we got information that the person approved on this letter is disabled, we will send you another letter about these additional benefits. What happens next? ☐ Step 1: Pick a Health Plan and a Doctor If you do not already have health insurance or a health plan through MassHealth, you must call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to pick a health plan. If you already have private health insurance, you do not need to pick a health plan through MassHealth. ☐ Step 2: Show Insurance Cards New members will get their MassHealth cards in the mail. The health plan may also send ID cards if a plan is selected. When getting medical services, be sure to show your MassHealth card along with either your health plan cards or your private health insurance card. How did we make our decision? MassHealth uses the rules for family size and income to make a decision. We also consider pregnancy, disability, immigration status, and breast or cervical cancer or HIV.			
(E) Notices MH	EE.10.13	Family size is based on how you and your dependents are claimed on your tax return and who	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		14.) KM ID : KM028 -Templates Used : APPR - CMSP -Category : Basis of Determination / Mass Health CMSP -Description : CMSP pays for outpatient services including preventive and sick visits, eye exams and hearing tests, dental services and prescription medicines. There may be some co-payments and yearly ($) limits on certain types of covered services. Qualifying American Indians do not have copays or premiums. More information can be found in the MassHealth regulations at 130 CMR 506.015. Do you have to pay? MassHealth may charge a monthly premium to members who are above the income limit for receiving CMSP without a premium. If you have to pay a monthly premium, MassHealth will send you a bill. The bill is the total amount your family owes and it will tell you the different ways in which you can pay. Make sure to pay your bills on time so these benefits do not end. What happens next? ☐ Step 1: Pick a Doctor For a list of all CMSP doctors, go to www.cmspkids.com or call CMSP Customer Service at 1-800-909-2677. When you make an appointment, make sure the doctor accepts CMSP. ☐ Step 2: Insurance Cards New members will get their CMSP card in the mail. Show this card to the doctor or pharmacy when getting medical services. How did we make this decision? The person approved on this letter qualifies for CMSP because they are uninsured, less than 19 years of age, and their immigration status or income does not allow them to get MassHealth benefits.			
(E) Notices MH	EE.10.14	The person approved on this letter can get CMSP according to MassHealth regulations at 130	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		15.) KM ID : KM029 -Templates Used : APPR - FA -Category : Basis of Determination / Mass Health Family Assistance -Description : MassHealth Family Assistance pays for doctor and clinic visits, hospital stays, prescription medicines, and some dental services. Adults may have a copay for prescriptions and doctor or hospital visits. Qualifying American Indians do not have copays or premiums. More information can be found in the MassHealth regulations at 130 CMR 506.015. Do you have to pay for this benefit? MassHealth may charge a monthly premium to members who are above the income limit for receiving Family Assistance without a premium. If you have to pay a monthly premium, MassHealth will send you a bill. The bill is the total amount your family owes and it will tell you the different ways in which you can pay. Make sure to pay your bills on time so these benefits do not end. What happens next? ☐ Step 1: Pick a Health Plan and a Doctor If you do not already have health insurance or a health plan through MassHealth, you must call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) to pick a health plan. If you already have private health insurance, you do not need to pick a health plan through MassHealth. ☐ Step 2: Show Insurance Cards New members will get their MassHealth cards in the mail. The health plan may also send ID cards if a plan is selected. When getting medical services, be sure to show your MassHealth card along with either your health plan cards or your private health insurance card. How did we make our decision?			
(E) Notices MH	EE.10.15	MassHealth uses the rules for family size and income to make a decision. We also consider	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System

		16.) KM ID : KM030
		-Templates Used : All - APPROVALS
		-Category : Need to Know / All MassHealth approval Programs
		-Description :
		What else do you need to know?
		☐ The Member Booklet explains income rules, premiums, and covered services for MassHealth. To get a copy, go to mass.gov/masshealth and click Applications and Member Forms or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).
		
		You must report changes. How can you send us information?
		You must report any change in your information to MassHealth as soon as possible, but no later than 10 days, from the date of the change. This includes any changes to your income, address, phone number, family size, job, or health insurance.
		
		You can submit information in the following ways.
		1. Fax: 1-617-887-8770
		2. Mail: Commonwealth of Massachusetts
		            Health Insurance Processing Center
		            P.O. Box 4405
		            Taunton
		            MA
		             02780-0419
		3. Call: 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled).
		
		What if you do not agree with our decision?
		You can ask for a fair hearing if you do not agree with our decision.
		☐ Read How to Ask for a Fair Hearing that came with this letter.
		
		What if you think the immigration status is wrong?			

(E) Notices MH	EE.10.16	Our decision is based on information we got from the Department of Homeland Security (DHS)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.17	10.Key Message Master List : 17.) KM ID : KM031 -Templates Used : All - CP -Category : Eligibility Determination / MassHealth CarePlus -Description : MassHealth has approved the person listed below for MassHealth CarePlus. Members of your family who applied for benefits but are not listed below may get another letter about their eligibility. ☐ Name:[FirstName MiddleName LastName], Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth CarePlus eligible. 2) Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated. 3) For Member ID & SSN fields, display "Not Available" if element(s) are missing. 4) Start date must display eligibility effective start date. 5) Only one MassHealth CarePlus eligible individual should be listed. 6) Dates must be formatted as Month, Day, Year.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.18	18.) KM ID : KM032 -Templates Used : All - CP -Category : Additional info / Special Needs – CarePlus -Description : Individuals with Special Health Care Needs Individuals who have special health care needs may be able to get more benefits. Special health care needs include if you: ☐ have a physical, mental health, intellectual, developmental or chronic substance abuse condition that requires additional care; ☐ need help with daily activities, like bathing or dressing; ☐ regularly get medical care, personal care, or health services at home or in another community setting, like adult day care; or ☐ are terminally ill. If you have special health care needs, please call MassHealth at 1-888-665-9993 (TTY: 1-888-665-9997 for people who are deaf, hard of hearing, or speech disabled). You can tell us at any time if you have special health care needs, including if your health changes in the future. If you tell us about your special health care needs, you may choose to enroll in MassHealth Standard. MassHealth Standard covers all the same benefits as MassHealth CarePlus, as well as additional health benefits like community long-term services and supports such as, personal care attendants, adult day health programs, and more. Your health plan options in MassHealth Standard may be different than those offered in MassHealth CarePlus. There are no monthly premiums for either MassHealth CarePlus or MassHealth Standard. And with MassHealth Standard, your copays will be the same as what you pay in MassHealth CarePlus. If you move to MassHealth Standard, there may be some additional steps needed to get some of the added benefits that MassHealth Standard provides. For example, MassHealth may need additional information or may need to check to make sure the benefits are necessary and appropriate for you. Your doctor and MassHealth Customer Service can help explain these additional steps to you. Even if you have special health care needs, you can choose to stay	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.19	10.Key Message Master List : 19.) KM ID : KM033 -Templates Used : DENY - ALL -Category : Ineligible for Masshealth -Description : We have determined that the person listed below does not qualify for MassHealth, Health Safety Net, or the Children's Medical Security Plan. Why doesn't the person on this letter qualify for MassHealth, Health Safety Net, and the Children's Medical Security Plan? The person listed below does not qualify because: ☐ Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID] Date of Birth: [DOB] ☐ [Denial Reason X]. If the person on this letter is disabled, MassHealth may send you additional information. -Business Rules : Display this message if: 1) An individual is determined MassHealth Ineligible. 2)Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated. 3) Only one MassHealth Ineligible individual should be listed. 4) Display notices verbiage for ineligibility reason code. 5) Every ineligibility reason code should be display separately as a new point form. 6) DO NOT display if "Already Receiving MassHealth" is the reason code. 7) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive
(E) Notices MH	EE.10.2	10.Key Message Master List : 2.) KM ID : KM003 -Templates Used :RFI/VC1 -Category :Header/Logo -Description : This is a pictorial design message that depicts the shared Massachustts Health Connector & MassHealth Logos (To be Provided) -Business Rules : 1) This message is a static 2) Must be navy blue colored displayed with wordings bolded 3) Must be Right aligned at the top of each page. 4) Should be included on any forms / inserts	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		20.) KM ID : KM034 -Templates Used : DENY - ALL -Category : Need to Know – MassHealth Denial. -Description : What else do you need to know? The Member Booklet explains income rules, premiums, and covered services for MassHealth. To get a copy, go to mass.gov/masshealth and click Applications and Member Forms or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled). How can you report changes? You can report any changes in your information to MassHealth at any time. This includes any change to your income, address, phone number, family size, job, or health insurance. You can submit information in the following ways. 1. Fax: 1-617-887-8770 2. Mail: Commonwealth of Massachusetts Health Insurance Processing Center P.O. Box 4405 Taunton, MA 02780-0419 3. Call: 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing, or speech disabled). What if you do not agree with our decision? You can ask for a fair hearing if you do not agree with our decision. ☐ Read How to Ask for a Fair Hearing that came with this letter. What if you have questions? If you have questions or need more information, go to MAhealthconnector.org or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing or speech disabled).			
(E) Notices MH	EE.10.20		Critical	R3	hCentive
		10.Key Message Master List : 21.) KM ID : KM035 -Templates Used : VC1 -Category : Important - RFI -Description : IMPORTANT! PLEASE RETURN THIS PAGE WITH ALL REQUESTED DOCUMENTS! We need more information for the people listed below to see if they qualify for health coverage and/or dental coverage. You must send us all the information we need by [Deadline]. If you do not send us this information by this date, your health benefits may be denied, change, or end. Please send proof of the following items for the household member(s) listed below. When you send your documents, make sure to include a copy of this letter. Also, write your name and member ID number on all papers. -Business Rules : 1. This message is static 2. All bolded words must be display as such			
(E) Notices MH	EE.10.21	3. Dynamic data field "Deadline" must display documentation due date	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.22	10.Key Message Master List : 22.) KM ID : KM036 -Templates Used : VC1 -Category : Who need to & Type – RFI -Description : ☐ Name: [Firstname Middlename Lastname Suffix], Member ID: [Member ID] ☐ [Verification Item(s)] ☐ Please fill out and return any forms enclosed with this letter. -Business Rules : 1. Message must display information for one individual only. 2. In the event of multiple indivduals, repeat this message for each individual. 3. Message can repeat N number of times.	Critical	R3	hCentive

(E) Notices MH	EE.10.23	10.Key Message Master List :
		23.) KM ID : KM037
		-Templates Used : VC1
		-Category : How to submit – RFI
		-Description :
		☐ To find out what documents you can send us as proof, please see the List of Acceptable Documents at the end of this letter.
		
		How can you send us information?
		You can send information in one of the following ways.
		1. Fax: 1-617-887-8770
		
		2. Mail: Commonwealth of Massachusetts,
		       Health Insurance Processing Center
		       P.O. Box 4405
		       Taunton, MA 02780-0419
		3. Call: 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing, or speech disabled).
		
		What if you have questions?
		If you have questions or need more information, go to MAHealthconnector.org or call us at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing or speech disabled).
		
		-Business Rules :
		1. This message is static.
		2. All bolded words must be display as such.
			Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.24	10.Key Message Master List : 24.) KM ID : KM038 -Templates Used : APPR – STD, FA & CP -Category : What if you have questions -Description : What if you have questions? If you have questions or need more information, go to mass.gov/masshealth or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing or speech disabled). -Business Rules : 1. This message is static. 2. All bolded words must be display as such.	Critical	R3	hCentive
(E) Notices MH	EE.10.25	10.Key Message Master List : 25.) KM ID : KM039 -Templates Used : APPR- LIM, and HSN -Category : What if you have questions -Description : What if you have questions? ☐ If you have questions about CMSP, call CMSP at 1-800-909-2677. ☐ If you have questions about the Health Safety Net, call 1-877-910-2100. ☐ If you have questions about MassHealth, go to mass.gov/masshealth or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing, or speech disabled). -Business Rules : 1. This message is static. 2. All bolded words must be display as such.	Critical	R3	hCentive
(E) Notices MH	EE.10.26	10.Key Message Master List : 26.) KM ID : KM040 -Templates Used : All except RFI -Category : Closing -Description : Thank you, MassHealth -Business Rules : 1. This message is static. 2. All bolded words must be display as such.	Critical	R3	hCentive
(E) Notices MH	EE.10.27	10.Key Message Master List : 27.) KM ID : KM041 -Templates Used : APPR- CMSP -Category : What if you have questions -Description : What if you have questions? ☐ If you have questions about CMSP, call CMSP at 1-800-909-2677. ☐ If you have questions about MassHealth, go to mass.gov/masshealth or call MassHealth Customer Service at 1-800-841-2900 (TTY: 1-800-497-4648) for people who are deaf, hard of hearing, or speech disabled). -Business Rules : 1. This message is static. 2. All bolded words must be display as such.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.28	10.Key Message Master List : 28.) KM ID : KM042 -Templates Used : RFI -Category : Closing -Description : Thank you, MassHealth and Massachusetts Health Connector -Business Rules : 1. This message is static. 2. All bolded words must be display as such.	Critical	R3	hCentive
(E) Notices MH	EE.10.3	10.Key Message Master List : 3.) KM ID : KM010 -Templates Used : ALL except RFI / VC1 -Category : Header / Designated Recipient -Description : c/o [FirstName MiddleName LastName Suffix] -Business Rules : Display this message if: 1) The eligible individual / beneficiary is under age 18. 2) Always display the name(s) of the account holder. 3) There should be no space between KM010 and KM011 .This means KM011 always follows KM010.	Critical	R3	hCentive
(E) Notices MH	EE.10.4	10.Key Message Master List : 4.) KM ID : KM018 -Templates Used : APPR - STD -Category : Eligibility Determination / MassHealth Standard -Description : MassHealth has approved the person listed below for MassHealth Standard. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility. ☐ Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth Standard eligible. 2) Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated 3) For Member ID & SSN fields, display "Not Available" if element(s) are missing. 4) Start date must display eligibility effective start date. 5) Only one MassHealth Standard eligible individual should be listed. 6) Dates must be formatted as : Month, Day, Year	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.5	10.Key Message Master List : 5.) KM ID : KM019 -Templates Used : APPR - LIM -Category : Eligibility Determination / MassHealth Limited -Description : MassHealth has approved the person listed below for MassHealth Limited. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility. ☐ Name: [FirstName MiddleName LastName Suffix] ,Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth Limited eligible. 2) Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated 3) For Member ID & SSN fields, display "Not Available" if element(s) are missing. 4) Start date must display eligibility effective start date. 5) Only one MassHealth Limited eligible individual should be listed. 6) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive
(E) Notices MH	EE.10.6	10.Key Message Master List : 6.) KM ID : KM020 -Templates Used : APPR - HSN -Category : Eligibility Determination / MassHealth HSN -Description : MassHealth has approved the person listed below for Health Safety Net. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility. ☐ Name: [FirstName MiddleName LastName Suffix], Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth HSN eligible. 2) Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated 3) Start date must display eligibility effective date. 4) Only one MassHealth HSN eligible individual should be listed. 5) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.7	10.Key Message Master List : 7.) KM ID : KM021 -Templates Used :APPR - CMSP -Category : Eligibility Determination / MassHealth CMSP -Description : MassHealth has approved the person listed below for the Children's Medical Security Plan (CMSP). Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility. □ Name: [FirstName MiddleName LastName], Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth CMSP eligible. 2) Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated. 3) For Member ID & SSN fields, display "Not Available" if element(s) are missing. 4) Start date must display eligibility effective start date. 5) Only one MassHealth CMSP eligible individual should be listed. 6) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive
(E) Notices MH	EE.10.8	10.Key Message Master List : 8.) KM ID : KM022 -Templates Used :APPR - FA -Category : Eligibility Determination / MassHealth Family Assistance -Description : MassHealth has approved the person listed below for the MassHealth Family Assistance. Members of your family who applied for health benefits but are not listed below may get another letter about their eligibility. □ Name: [FirstName MiddleName LastName], Member ID: [Member ID] Date of Birth: [DOB] starting on [Start Date] -Business Rules : Display this message if: 1) An individual is determined MassHealth CMSP eligible. 2)Names, Member ID, DOB displayed must match the name of eligible individual against whom the notice is generated 3) For Member ID & SSN fields, display "Not Available" if element(s) are missing. 4) Start date must display eligibility effective start date. 5) Only one MassHealth CMSP eligible individual should be listed. 6) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.10.9	10.Key Message Master List : 9.) KM ID : KM023 -Templates Used :ALL - APPROVALS -Category : Eligibility Determination / Provisional -Description : We have approved the person listed above for up to 90 days only! We need more information by [Provisional Period End Date] to decide if they can keep these benefits. You may request additional time before the end of the 90 day period if this is needed only to prove immigration, citizenship or identity status. You will also get a Request for More Information letter and the List of Acceptable Documents for you and your family. Read this to find out what information you need and how you can send it to us. This will help you keep the benefits that you have now. If you do not send us this proof, your MassHealth benefits will decrease or end on [Provisional Period End Date] -Business Rules : Display this message if: 1) Individual is determined eligible for a MassHealth program AND 2) Individual is required to provide documentation(s. 3) Dates must be formatted as Month, Day, Year	Critical	R3	hCentive

(E) Notices MH	EE.11.1	FORMS:
		KM ID : F001
		-Templates Used : All except VC1
		-Category : Notice of filing an appeal
		-Description : Refer How to Ask for Fair Hearing document from the TSD
		-Business Rules :
		1) Display This as a PDF.
		2) Form must be duplex printed.
		3) Form must be printed on a single sheet
		4) Dynamic Data elements in the header should be captured as follows:
		    a) [Notice ID] = 2nd element in KM013
		    b) [Primary Recipient] = Addressee of the notice i.e KM017
		    c) [Member ID] = MMIS ID of (b) above. Leave blank if no MMIS for this person
			Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.11.2	FORMS: KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 1)Proof of Residency Acceptable proof of Massachusetts residency includes the following: -Copy of deed and record of most recent mortgage payment (if mortgage is paid in full, provide a copy of property tax bill from the most recent year) -Copy of lease and record of most recent rent payment - Mortgage deed showing primary residence -Nursery school or daycare records (if school is private, additional documentation may be requested) -Current utility bill or work order dated within the past 60 days -Statement from a homeless shelter -School records (if school is private, additional documentation may be requested) -Section 8 agreement -Homeowner's insurance agreement -Proof of enrollment of custodial dependent in public school -Notarized affidavit supporting residency	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 2.)Proof of U.S. Citizenship Status Acceptable proof of U.S. Citizenship includes the following: ☐ U.S. passport, including a U.S. Passport Card issued by the Department of State, without regarding to any expiration date as long as such passport or Card was issued without limitation ☐ a Certificate of Naturalization (DHS Form N-550 or N-570); ☐ a Certificate of U.S. Citizenship (DHS Form N-560 or N-561); ☐ a document issued by a federally recognized American Indian tribe showing membership or enrollment in, or affiliation with, such tribe. ☐ A U.S. public record of birth (including the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam (on or after April 10, 1899), the U.S. Virgin Islands (on or after January 17,1917), American Samoa, Swain's Island, or the Northern Mariana Islands (after November 4, 1986). The individual may also be collectively naturalized under federal regulations. The birth record must have been recorded within 5 years of birth. ☐ A Report of Birth Abroad of a U.S. Citizen (Form FS-545, Form FS-240, or Form DS-1350) ☐ A U.S. Citizen ID card (INS Form I-197 or I-179) ☐ An American Indian Card (I-872 with the classification code KIC) issued by the Department of Homeland Security (DHS) to identify U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border ☐ Final adoption decree showing the child's name and U.S. place of birth (if adoption is not finalized, a statement from a state-approved adoption agency) ☐ Evidence of U.S. civil service employment before June 1, 1976			
(E) Notices MH	EE.11.3	☐ An official military record showing a U.S. place of birth	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 3.) Proof of Immigration Status If you are not a U.S. citizen and we asked you to prove your immigration status you must send in proof. Proof may include, but is not limited to, the following items. Please make sure to include a copy of both sides of all immigration cards or other documents that show your status. ☐ Permanent Resident Card, "Green Card" (I-551) ☐ Reentry Permit (I-327) ☐ Refugee Travel Document (I-571) ☐ Machine Readable Immigrant Visa (with temporary I-551 language) ☐ Temporary I-551 Stamp (on Passport or I-94/I-94A) ☐ Foreign passport ☐ Arrival/Departure Record (I-94/I-94A) ☐ Arrival/Departure Record in foreign passport (I-94) ☐ Certificate of Eligibility for Nonimmigrant Student Status (I-20) ☐ Certificate of Eligibility for Exchange Visitor Status (DS-2019) ☐ Employment Authorization Card (I-766) ☐ Notice of Action (I-797) ☐ Certification from U.S. Department of Health and Human Services (HHS) Office of Refugee Resettlement (ORR) ☐ Document indicating withholding of removal (or withholding of deportation) ☐ Administrative order staying removal issued by the Department of Homeland Security ☐ Document indicating a member of a federally-recognized Indian tribe or American Indian born			
(E) Notices MH	EE.11.4	in Canada	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.11.5	FORMS: KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 4.) Proof of American Indian/Alaska Native Status Acceptable proof of American Indian/Alaska Native status includes the following: ☐ Tribal Card ☐ Document issued by BIA recognizing an individual as American Indian/Alaska Native ☐ Authentic document from a tribe declaring membership for an individual ☐ Certificate of Degree of Indian Blood ☐ Certificate of Indian Status card ☐ I-872 American Indian Card ☐ Document issued by IHS indicating individual is/was eligible for IHS services as an American Indian/Alaska Native ☐ U.S. American Indian/Alaska Native tribal enrollment documentation ☐ Document that shows a relationship to an individual listed on an Indian Census Roll	Critical	R3	hCentive
(E) Notices MH	EE.11.6	FORMS: KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 5.)Proof of Social Security Number (SSN) Acceptable proof of Social Security Number includes the following: ☐ SSN Card ☐ Benefit or income statement from Social Security containing your SSN ☐ Pending application for an SSN ☐ Tax form(s)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 6.) Proof Income : a.) Proof of Job Income Please send us one of the following showing gross pay and deductions and the number of hours worked per pay period: ☐ Recent pay stubs ☐ Your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments including W2s ☐ A signed earnings statement from your employer ☐ If you are seasonally employed, any of the proofs above including information about the duration of your employment ☐ Military Leave and Earnings statement ☐ Agricultural income certificate b.)Proof of Self-Employment Income ☐ 1040 SE with Schedule C, F, or SE (for self-employment income) ☐ 1099-MISC and your most recent Form 1040 (U.S. Individual Income Tax Return) with all attachments ☐ Self-employment ledger ☐ Bookkeeping records ☐ Signed and dated most recent quarterly or year-to-date profit and loss statement			
(E) Notices MH	EE.11.7		Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		FORMS: KM ID : F003 -Templates Used : VC1 -Category : List of Acceptable Documents. Please refer the document attached in the TSD for F003. -Business Rules : 1) Display This as a PDF. 2) Form must be duplex printed. 3) Only list a documentation cluster type(s) if required from the HH. 4) For income, display all income types if income documentation is required. 7.) Proof of Incarceration Status Acceptable proof of incarceration status is a signed affidavit from the applicant or member indicating he/she lives in the community. For people listed on this letter who need to provide proof of incarceration status, please circle the correct option below, sign and date. Then mail or fax this letter back. You can also call to provide this information. If more than one person on this letter needs to provide proof of incarceration status, use another piece of paper and give the requested information below including the person's signature and date. ☐ Person is not incarcerated. ☐ Person was recently released from prison. ☐ Person is incarcerated. _____ _____ Signature of Applicant, Member, or Authorized Representative Date (Parent or guardian signature, if person is under 18) _____			
(E) Notices MH	EE.11.8	Print name	Critical	R3	hCentive
(E) Notices MH	EE.12.1	Detail ITD Print Requirements : 1.) Print files sent to ITD, should be named using the following naming conventions. <variable info>_<datetime>_itd.pdf Examples: HIX-English-INSGR-1-1_20130314101008_itd.pdf HIX-Spanish-INSGR-2-1_20130314101008_itd.pdf a.)We need to have a file that contains a notice including an insert, and which would be greater >10 duplex sheets long. b.) The notice that gets created should follow the naming convention as per requirement EE.12.1. c.) Notice Batch File that contains all notice types and two or more of each notice type. d.) A Batch that has more than 10,000 sheets doesn't split a notice into two different print files.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System

		Detail ITD Print Requirements :
		2.) Insert Group, Babel Sheet : Every single notice printed will have a babel inserted into the envelope at ITD.
		
		 <variable info> = HIX-<language>-INSGR-<insert group>-<sheets split counter>
		HIX = always present, describes the source system
		<language> = "English" or "Spanish"
		INSGR = always present, indicates that the following information in the filename is the insert group
		<insert group> = number indicating which insert(s) need to be placed into each envelope for this file. Here is a suggestion that I think works, but please confirm with Judy and Diane if there are any documents that do not need an insert:
		            1 = All Notices that require the BABEL SHEET only
		 2 = VC1s (only those with one individual < 16)
		                          will require BABEL + Affadavit of Child's identity
		 3 = (potentially) Notices that will require BABEL + ID Verification
		<sheets split counter> = sequential number (1, 2, 3, …) because of file splitting per xxxxx sheets maximum for print job management purpose (please note that a notice will never be broken into 2 print files)
		Example: HIX-English-INSGR-1-1 (English language, insert group 1 (Babel Form only), for sheets 1 to approximately 10000 if print file splitting is done by 10000 sheets maximum)
		                      HIX-English-INSGR-1-2 (English language, insert group 1 (Babel Form only), for sheets approximately 10001 to approximately 20000 if print file splitting is done by 10000 sheets maximum)
		
		<datetime> = Date & time stamps that uniquely identify every batch job (acts as a unique batch ID). All print files for ITD, for a given print batch run, will have the same value. Format yyyymmddHHMMSS. Matches the value in the source XML filename that xPression composition engine processes.			

(E) Notices MH	EE.12.2	Example: 20130314101008:	Critical	R3	hCentive
(E) Notices MH	EE.12.3	Detail ITD Print Requirements : 3.)All print files will be in PDF format.	Critical	R3	hCentive

(E) Notices MH	EE.12.4	Detail ITD Print Requirements :
		4.)A single print file (i.e. a physical PDF file sent to ITD) may be printed "randomly" in a single PDF print file (however the sequence number must be in the proper order).
		
		A single print file contains all notices having the same insert(s) that go in the envelope. For example:
		
		Print File A (all with same inserts)
		  Notices of type AAA all together
		  Notices of type BBB all together
		  Notices of type CCC all together
		
		Print File B (all with same inserts, different than for print file A)
		  Notices of type DDD all together
		  Notices of type EEE all together
		  Notices of type FFF all together
			Critical	R3	hCentive

(E) Notices MH	EE.12.5	Detail ITD Print Requirements : 5.)Each print file will contain a Start separator page and an End separator page as shown below:	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System

(E) Notices MH	EE.12.6	Detail ITD Print Requirements :
		6.)There will also be a print control report (see example below) - a simple text file, with the .txt extension - that will be sent for each print batch run in a separate file called HIX-ControReport_<datetime>_itd.txt.
		
		-- 	
		   HIX NOTICES PRINT BATCH CONTROL REPORT
		       PRINT SITE: ITD
		-- 	
		
		************************* Environment: Production
		
		Production date: 10/01/2013
		Batch ID: 1
		
		List of files for this production:
		
		# Filename Number of notices Number of pages
		-- ------------------ ----------------- --------------
		01 File01.ps 2150 10540
		02 File02.ps 1325 6130
		03 File03.ps 345 152
		==
		Total number of files : 3
		Total number of notices : 3820
		Total number of pages : 16822
			Critical	R3	hCentive

(E) Notices MH	EE.12.7	Detail ITD Print Requirements : 7.)The top OMR mark is 13/16 inches from the top of the page and the second mark is 1 and 10/16 inches from the top of the page.	Critical	R3	hCentive
(E) Notices MH	EE.12.8	Detail ITD Print Requirements : 8.)Horizontal Offset should be = 594 points	Critical	R3	hCentive
(E) Notices MH	EE.12.9	Detail ITD Print Requirements : 9.)For Image and Barcode stamps, it is the horizontal distance between the left edge of the page and the top-left corner of the image or barcode. Distances are measured in points. There are 72 points in 1 inch.	Critical	R3	hCentive
(E) Notices MH	EE.2.1	9.1.MassHealth Careplus Approval Notice : Ensure when a CarePlus Approval Notice is generated the Template ID = APPR-CP	Critical	R3	hCentive
(E) Notices MH	EE.2.2	9.1.MassHealth Careplus Approval Notice : If there is an Program determination and the applicant/member is eligible for CarePlus ,then generate a Careplus Approval Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.2.3	9.1.MassHealth Careplus Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions -
		1) There is an eligibility determination for an account,
		      AND
		2) At least one individual is determined Careplus eligible,
		      AND
		3) Individual is not required to submit documentation.
			Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System

(E) Notices MH	EE.2.4	9.1.MassHealth Careplus Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions -
		1) There is an eligibility determination for an account,
		     AND
		2) At least one individual is determined Careplus eligible,
		     AND
		3) Individual is required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.2.5	9.1.MassHealth CarePlus Approval Notice : Ensure each individual gets a separate CarePlus notice and has an included form of F001	Critical	R3	hCentive
(E) Notices MH	EE.2.6	9.1.MassHealth CarePlus Approval Notice: Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM031 Y Y KM023 N Y KM027 Y N KM030 Y N KM038 Y N KM040 Y N PAGE BREAK KM032 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive
(E) Notices MH	EE.2.7	9.1.MassHealth CarePlus Approval Notice: The Key Messages specific to the notice are mentioned below . -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM031 : Refer requirement EE.10.16 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM027 : Refer requirement EE.10.12 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM038 : Refer requirement EE.10.23 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK -F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.3.1	9.2.MassHealth Limited Approval Notice- Ensure when a MH Limited Approval Notice is generated the Template ID = APPR-LIM.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.3.2	9.2.MassHealth Limited Approval Notice- If there is an Program determination and the applicant/member is eligible for MH Limited ,then generate a MH Limited Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.3.3	9.2.MassHealth Limited Approval Notice -
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		          AND
		2) At least one individual is determined Limited Coverage eligible,
		          AND
		3) Individual is not required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.3.4	9.2.MassHealth Limited Approval Notice -
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		          AND
		2) At least one individual is determined Limited Coverage eligible,
		          AND
		3) Individual is required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.3.5	9.2.MassHealth Limited Approval Notice : Ensure each individual gets a separate MH Limited notice and has an included form of F001	Critical	R3	hCentive
(E) Notices MH	EE.3.6	9.2.MassHealth Limited Approval Notice : Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM019 Y Y KM023 N Y KM025 Y N KM030 Y N KM039 Y N KM040 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		9.2.MassHealth Limited Approval Notice : The Key Messages specific to the notice are mentioned below . -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM019 : Refer requirement EE.10.4 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM025 : Refer requirement EE.10.10 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM039 : Refer requirement EE.10.24 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK			
(E) Notices MH	EE.3.7	-F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.4.1	9.3.MassHealth Childrens Medical Security Plan Approval Notice: -Ensure when a MH CMSP Notice is generated the Template ID = APPR-CMSP.	Critical	R3	hCentive
(E) Notices MH	EE.4.2	9.3.MassHealth Childrens Medical Security Plan Approval Notice: If there is an Program determination and the applicant/member is eligible for MH Childrens Medical Security Plan ,then generate a MH CMSP Approval Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.4.3	9.3.MassHealth Childrens Medical Security Plan Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Trigerring Conditions :
		1) There is an eligibility determination for an account,
		     AND
		2) At least one individual is determined CMSP eligible,
		     AND
		3) Individual is not be required to submit documentation,
			Critical	R3	hCentive

(E) Notices MH	EE.4.4	9.3.MassHealth Childrens Medical Security Plan Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Trigerring Conditions :
		1) There is an eligibility determination for an account,
		     AND
		2) At least one individual is determined CMSP eligible,
		     AND
		3) Individual is required to submit documentation,
			Critical	R3	hCentive

(E) Notices MH	EE.4.5	9.3.MassHealth Childrens Medical Security Plan Approval Notice : Ensure each individual gets a separate MH CMSP notice and has an included form of F001	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.4.6	9.3.MassHealth Childrens Medical Security Approval Notice : Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID	Static Y/N	Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM021 Y Y KM023 N Y KM028 Y N KM030 Y N KM039 Y N KM040 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive
(E) Notices MH	EE.4.7	9.3.MassHealth Childrens Medical Security Approval Notice : The Key Messages specific to the notice are mentioned below : -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM021 : Refer requirement EE.10.6 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM028 : Refer requirement EE.10.13 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM041 : Refer requirement EE.10.26 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK -F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.5.1	9.4.MassHealth Family Assistance Approval Notice : -Ensure when a MH Family Assistance Notice is generated the Template ID = APPR-FA	Critical	R3	hCentive
(E) Notices MH	EE.5.2	9.4.MassHealth Family Assistance Approval Notice : If there is an Program determination and the applicant/member is eligible for MH Family Assistance ,then generate a MH Family Assitance Approval Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.5.3	9.4.MassHealth Family Assistance Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		        AND
		2) At least one individual is determined Family Assistance eligible,
		        AND
		3) Individual is not required to submit documentation.
			Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System

(E) Notices MH	EE.5.4	9.4.MassHealth Family Assistance Approval Notice :
		Ensure notice triggering conditions are met as per below :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		    AND
		2) At least one individual is determined Family Assistance eligible,
		    AND
		3) Individual is be required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.5.5	9.4.MassHealth Family Assistance Approval Notice : Ensure each individual gets a separate MH Family Assistance notice and has an included form of F001	Critical	R3	hCentive
(E) Notices MH	EE.5.6	9.4.MassHealth Family Assistance Approval Notice : Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM022 Y Y KM023 N Y KM029 Y N KM030 Y N KM038 Y N KM040 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive
(E) Notices MH	EE.5.7	9.4.MassHealth Family Assistance Approval Notice : The Key Messages specific to the notice are mentioned below : -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM022 : Refer requirement EE.10.7 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM029 : Refer requirement EE.10.14 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM038 : Refer requirement EE.10.23 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK -F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.6.1	9.5.MassHealth Health Safety Net (HSN) Approval Notice : Ensure when a Health Safety Net (HSN) Approval Notice is generated the template ID= APPR-HSN	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.6.2	9.5.MassHealth Health Safety Net (HSN) Approval Notice : If there is an Program determination and the applicant/member is eligible for Health Safety Net,then generate a Health Safety Approval Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.6.3	9.5.MassHealth Health Safety Net (HSN) Approval Notice :
		Triggering Conditions -
		1) There is an eligibility determination for an account,
		      AND
		2) At least one individual is determined HSN eligible,
		      AND
		3) Individual is not required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.6.4	9.5.MassHealth Health Safety Net (HSN) Approval Notice :
		Triggering Conditions -
		1) There is an eligibility determination for an account,
		      AND
		2) At least one individual is determined HSN eligible,
		      AND
		3) Individual is required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.6.5	9.5.MassHealth Health Safety Net (HSN) Approval Notice : Ensure each individual gets a separate MH HSN notice and has an included form of F001	Critical	R3	hCentive
(E) Notices MH	EE.6.6	9.5.MassHealth Health Safety Net Approval Notice: Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM020 Y Y KM023 N Y KM026 Y N KM030 Y N KM039 Y N KM040 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		9.5.MassHealth Health Safety Net (HSN) Approval Notice: The Key Messages specific to the notice are mentioned below . -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM020: Refer requirement EE.10.5 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM026 : Refer requirement EE.10.11 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM039 : Refer requirement EE.10.24 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK			
(E) Notices MH	EE.6.7	-F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.7.1	9.6.MassHealth Standard Approval Notice : Ensure when a Standard Approval Notice is generated the template ID= APPR-STD	Critical	R3	hCentive
(E) Notices MH	EE.7.2	9.6.MassHealth Standard Approval Notice : If there is an Program determination and the applicant/member is eligible for MH Standard,then generate a MH Standard Approval Notice whether or not the determination is provisional.	Critical	R3	hCentive

(E) Notices MH	EE.7.3	9.6.MassHealth Standard Approval Notice :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		        AND
		2) At least one individual is determined Standard eligible,
		        AND
		3) Individual is not required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.7.4	9.6.MassHealth Standard Approval Notice :
		Triggering Conditions :
		1) There is an eligibility determination for an account,
		        AND
		2) At least one individual is determined Standard eligible,
		        AND
		3) Individual is required to submit documentation.
			Critical	R3	hCentive

(E) Notices MH	EE.7.5	9.6.MassHealth Standard Approval Notice : Ensure each individual gets a separate MassHealth Standard Approval notice and has an included form of F001	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		9.6.MassHealth Standard Approval Notice: Below is the order of the Key Messages that should be displayed on the notice Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM018 Y Y KM023 N Y KM024 Y N KM030 Y N KM038 Y N KM040 Y N INSERT(S) :			
(E) Notices MH	EE.7.6	F001 Y Y	Critical	R3	hCentive
		9.6.MassHealth Standard Approval Notice: The Key Messages specific to the notice are mentioned below . -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM018: Refer requirement EE.10.3 for complete details about this Key Message -KM023 : Refer requirement EE.10.8 for complete details about this Key Message -KM024 : Refer requirement EE.10.9 for complete details about this Key Message -KM030 : Refer requirement EE.10.15 for complete details about this Key Message -KM038 : Refer requirement EE.10.23 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK			
(E) Notices MH	EE.7.7	-F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.8.1	9.7.MassHealth Denial Notice : -Ensure when a Denial Notice is generated the Template ID = DENY-ALL	Critical	R3	hCentive
(E) Notices MH	EE.8.2	9.7.MassHealth Denial Notice : If there is an Program determination and the applicant/member is ineligible for any MassHealth, CMSP, HSN, then generate a Deny-ALL Notice .	Critical	R3	hCentive

(E) Notices MH	EE.8.3	9.7.MassHealth Denial Notice :
		Triggering Conditions -
		1) There is an program determination for an account,
		            AND
		2) At least one individual is determined Ineligible for any MassHealth, CMSP & HSN
		            AND
		3) The individual's previous eligibility is "NULL".
		            AND
		4) Denial Reason is anything except "Already recieving MassHealth".
			Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.8.4	9.7.MassHealth Denial Notice : Do not trigger this template if : If the only ineligibility reason is "Already Receiving MassHealth".	Critical	R3	hCentive

(E) Notices MH	EE.8.5	9.7.MassHealth Denial Notice :
		Triggering Conditions -
		1) There is an program determination for an account,
		        AND
		2) At least one individual is determined Ineligible for any MassHealth,CMSP & HSN
		        AND
		3) The individual's previous eligibility is "INELIGIBLE".
		        AND
		4) Denial Reason is anything except "Already recieving MassHealth".
			Critical	R3	hCentive

(E) Notices MH	EE.8.6	9.7.MassHealth Denial Notice : Do not trigger this template if : If the only ineligibility reason is "Already Receiving MassHealth".	Critical	R3	hCentive
(E) Notices MH	EE.8.7	9.7.MassHealth Denial Notice : -Business Rule : Each eligible individual will get a separate notice and has an included form : F001	Critical	R3	hCentive
(E) Notices MH	EE.8.8	9.7.MassHealth Denial Notice: Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID | Static Y/N | Dynamic Data Fields Y/N KM001 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM033 Y Y KM034 Y N KM040 Y N INSERT(S) : F001 Y Y	Critical	R3	hCentive
(E) Notices MH	EE.8.9	9.7.MassHealth Denial Notice : The Key Messages specific to the notice are mentioned below : -KM001 : Refer requirement EE.10.1 for complete details about the Key Message. -KM010 : Refer requirement EE.10.3 for complete details about this Key Message -KM033 : Refer requirement EE.10.18 for complete details about this Key Message -KM034 : Refer requirement EE.10.19 for complete details about this Key Message -KM040 : Refer requirement EE.10.25 for complete details about this Key Message PAGE BREAK -F001 : Refer requirement EE.11.1 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.9.1	9.8.MassHealth Request for Additional Information : -Ensure when a VC1 Notice is generated the Template ID: VC1-RFI	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.9.10	9.8.MassHealth Request for Additional Information : Only one template will be triggered for a HH per determination and has a included form : F003	Critical	R3	hCentive
(E) Notices MH	EE.9.11	9.8.MassHealth Request for Additional Information : Below is the order of the Key Messages that should be displayed on the notice. Key Message Sequence KM ID	Static Y/N	Dynamic Data Fields Y/N KM003 Y N KM002 Y N KM006 Y N KM007 Y Y KM008 Y Y KM009 Y Y KM011 Y Y KM010 N Y KM012 Y Y KM013 Y Y KM015 Y N KM016 Y Y KM017 Y Y KM035 Y Y KM036 Y Y KM037 Y N KM040 Y N INSERT(S) : F003 Y TBD	Critical	R3	hCentive
(E) Notices MH	EE.9.12	9.8.MassHealth Request for Additional Information : The Key Messages specific to the notice are mentioned below : -KM003 : Refer requirement EE.10.2 for complete details about the Key Message. -KM035 : Refer requirement EE.10.20 for complete details about this Key Message -KM036 : Refer requirement EE.10.21 for complete details about this Key Message -KM037 : Refer requirement EE.10.22 for complete details about this Key Message -KM042 : Refer requirement EE.10.27 for complete details about this Key Message PAGE BREAK -F003 : Refer requirement EE.11.2 for complete details about this Form	Critical	R3	hCentive
(E) Notices MH	EE.9.2	9.8.MassHealth Request for Additional Information : The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of SSN, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive
(E) Notices MH	EE.9.3	9.8.MassHealth Request for Additional Information : The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of Citizenship, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(E) Notices MH	EE.9.4	9.8.MassHealth Request for Additional Information :The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of Immigration, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive
(E) Notices MH	EE.9.5	9.8.MassHealth Request for Additional Information :The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of Residency, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive
(E) Notices MH	EE.9.6	9.8.MassHealth Request for Additional Information :The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of Income, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive
(E) Notices MH	EE.9.7	9.8.MassHealth Request for Additional Information : The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of Incarceration Status, and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive
(E) Notices MH	EE.9.8	9.8.MassHealth Request for Additional Information :The Request for Information letter is sent to the Account Holder when there is unverified data on file for an eligibility factor on the submitted application. It may include requests for proof of American Indian/Alaska Native , and other eligibility factors affecting an individual's eligibility determination. The Request for Information notice is sent to a Household applying for benefits and at least one member have been determined provisionally eligible and asks that they submit documentation to verify eligibility information.	Critical	R3	hCentive

(E) Notices MH	EE.9.9	9.8.MassHealth Request for Additional Information :
		Trigger this template for MassHealth Notices/ITD processing if:
		-Triggering Conditions :
		1. There is an eligibility determination,
		    AND
		2. There is a required documentation to confirm eligibility,
		    AND
		3. At least one individual is MassHealth ONLY eligible.(includes MH, HSN, CMSP).
			Critical	R3	hCentive

(F) Disability/MMIS MH	FF.1.10	hCentive shall have the ability to send a notice to the disabled member informing them that another letter about additional disability benefits will be sent to them.	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.11	hCentive shall have the ability to create a Disability report that includes : 1. All the applicants in the household of the individuals that self attest disability (both MH or QHP eligible) 2. All the applicants in the household of the individuals that is deemed disabled by SSA (receiving Title II income from SSA)	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(F) Disability/MMIS MH	FF.1.12	hCentive shall have the ability to create the Disability report when there are changes : 1. Known member to hCentive was previously disabled and no longer is; 2. Known member to hCentive was not previously disabled and became disabled at a later stage 3. Known member to hCentive that undergoes changes that impacts eligibility such as income or immigration changes	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.13	hCentive shall have the ability to create the Disability report in a .CSV format with the fields as given in the attached Disability Report mapping document	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.14	hCentive shall have the ability to create the Disability report as a non cumulative report of all applications per day that satisy the disability report selection criteria	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.15	hCentive shall have the ability to create the Disability report on a daily basis (as part of end of day processing)	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.16	hCentive shall have the ability to deliver the Disability report to the MA21 system via the Interchange file delivery method	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.17	hCentive shall have the ability to evaluate the household of the disabled individual for both MassHealth and QHP eligibility	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.18	hCentive shall have the ability to allow a disabled individual that is assessed eligible for both MassHealth and QHP to be determined under MassHealth MAGI rules and be assigned the appropriate hCentive MassHealth aid cat and to be determined eligible under QHP rules and be allowed to shop for a QHP plan	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.4	hCentive shall have the ability to identify that an applicant has self declared disability	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.5	hCentive shall have the ability to identify that an applicant has been deemed disabled by SSA (receiving Title II income from SSA)	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.6	hCentive shall have the ability to evaluate the household of the disabled individual for MassHealth eligibility	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.7	hCentive shall have the ability to evaluate the household of the disabled individual for QHP eligibility	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.8	hCentive shall have the ability to allow a disabled individual that is assessed QHP to shop for a QHP plan	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.1.9	hCentive shall have the ability to allow a disabled individual that is assessed eligible for MassHealth to be determined under MassHealth MAGI rules and be assigned the appropriate hCentive MassHealth aid cat	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.10	hCentive Transactions must populate fields with values specified by mapping requirements	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.11	hCentive .xml Transactions must be mapped appropriately from data entered into a member application	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.12	hCentive fields will populate correctly into MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.13	All Aid Categories that will be determined by hCentive will be tested in MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.14	hCentive will make PD based upon richest aid category in MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.15	hCentive will provide appropriate Start and End Dates based upon Business Rules	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.16	hCentive will provide only Validated Social Security numbers to MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.17	hCentive Transactions will process correctly in MMIS with and without MMIS id (new and existing members)	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.18	hCentive Transactions will not create level 1 errors that will cause transaction not to post	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.19	Ensure that transactions that create lower level error are acceptable	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.2	hCentive will need to provide a post eligbility file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted post eligibility from hCentive to the MMIS data base for Transaction Source-R	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.20	Ensure Demographic changes will appropriately modify MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.21	Ensure LEC and redeterminations will appropriately open/close/update eligibility in MMIS (verify - AC/Case/Dep requirement) LEC Test Cases can be used for this purpose	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(F) Disability/MMIS MH	FF.2.22	Members should not be able to do a PD when MMIS Member Inquiry Services aren't available	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.23	Post Eligibility Transactions should resend when MMIS Post Eligibility Services aren't available	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.24	Ensure hCentive won't create unnecessary eligibility segments in MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.25	The appropriate member eligibility should be found when SS# is not unique within the MMIS Database	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.26	The appropriate member eligibility should be found No SS# is available but the member is in MMIS	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.27	The appropriate member eligibility should be found Multiple MMIS IDs are returned	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.28	The appropriate member eligibility should be found when SS# is unique for a member	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.29	Member eligibility should not be found when the member does not exist in MMIS - even with similar demographics	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.3	hCentive will need to provide a post eligbility file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted post eligibility from hCentive to the MMIS data base for Eligibility Demographic - R	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.30	Member eligibility should not be found when the member does not exist in MMIS - even with similar demographics	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.31	"hCentive will need to provide a member detail response file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted from hCentive to the MMIS data base'	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.32	"hCentive will need to provide a post eligibility response file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted post eligibility from hCentive to the MMIS data base'	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.33	"hCentive will need to provide a member detail file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted from hCentive to the MMIS data base'	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.34	"hCentive will need to provide a member search response file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted from hCentive to the MMIS data base'	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.35	'hCentive will need to provide a member search file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted from hCentive to the MMIS data base'	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.4	hCentive will need to provide a post eligbility file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted post eligibility from hCentive to the MMIS data base for Member Case - R	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.5	hCentive will need to provide a post eligbility file of data element/data fields to the MMIS system. These data elements and/or data fields will be transmitted post eligibility from hCentive to the MMIS data base for Member Eligibility - R	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.6	MMIS Response: MMIS will provide a response transaction to hCentive that include the fields in the "Response – R" attachment	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.7	MMIS Response: In the case the post-eligibility request from hCentive to MMIS fails, additional failure details will be provided in the response to hCentive as captured in the "Fault Details" attachment.	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.8	hCentive Transactions must Pass Schema Validation & be identified when they do not	Critical	R3	hCentive
(F) Disability/MMIS MH	FF.2.9	hCentive Transactions must process per basic MMIS functionality	Critical	R3	hCentive
(G) Back Office	G.1.1	The system will allow the CSR on behalf of the member the ability to report a change to the household via the report a change functionality that is considered a qualifying event, such as: New Pregnancy, Birth or Adoption, Marriage, Divorce, Death, Citizenship status, Move(inside or outside an existing QHP service area, in addition to changes that are not considered qualifying events(trigger events) - defined as an individual who is enrolled, a sub or dependent	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(G) Back Office	G.1.12	The system will allow the member or applicant to change application and/or trigger event information before the coverage effective date	Critical	R3	hCentive
(G) Back Office	G.1.13	The System will have the ability to allow the CSR to retroactively or prospectively enroll or disenroll members/applicants based on life event reported (e.g., Birth, Adoption, Foster Care placement, Death of subscriber)	Critical	R3	hCentive
(G) Back Office	G.1.14	The system will have the ability to allow CSR on behalf of the member to choose a new plan or keep existing plan if available	Critical	R3	hCentive
(G) Back Office	G.1.15	The system will have the ability to allow the member to choose a new plan or keep existing plan if available	Critical	R3	hCentive
(G) Back Office	G.1.16	The system will have the ability to allow the CSR on behalf of the member, to shop or re-shop based on life event change and/or eligibility impacting change being reported	Critical	R3	hCentive
(G) Back Office	G.1.17	The System will have the ability to allow the member to add a new dependent to the current plan and/or allow shopping for dependent.	Critical	R3	hCentive
(G) Back Office	G.1.2	The system will allow the member the ability to report a change to the household via the report a change functionality that is considered a qualifying event, such as: New Pregnancy, Birth or Adoption, Marriage, Divorce, Death, Citizenship status, Move(inside or outside an existing QHP service area, in addition to changes that are not considered qualifying events(trigger events) - defined as an individual who is enrolled, a sub or dependent	Critical	R3	hCentive
(G) Back Office	G.1.20	The system will have the ability to populate new premiums based on adding or removing a dependent, change in subsidy, or a change in plan type (for example, keeping the same plan but going from a single to a family plan)	Important	R3	hCentive
(G) Back Office	G.1.21	The System will have the ability to obtain and display rerate information based on updated family composition.	Important	R3	hCentive
(G) Back Office	G.1.22	The system will allow the CSR the ability to make a change up to 60 days after reporting the change of one of the following events -Erroneous enrollment in a QHP/QDP -Death of subscriber HoH -Enrollee ages out of a catastrophic plan -Enrollee ages out of a family plan -Enrollee ages out of a pediatric dental plan -Gain/loss of eligibility for the tax credit (APTC) due to employer-sponsored coverage becoming unaffordable -Becomes citizen, national, or lawfully present -Loss of minimum essential coverage (MEC) -Gained access to new QHP/QDP as a result of a move outside of existing service area or a permanent move into MA from another state -OPP Waiver	Useful	R3	hCentive
(G) Back Office	G.1.23	The system will allow the CSR the ability to make the change at any time after one of the following events -Demonstration of exceptional circumstances -QHP/QDP in which member is enrolled violated a material provision of its contract in relation to enrollee -Death of spouse or dependent -Gain/loss of eligibility for the tax credit (APTC) or cost sharing reduction -Report of Native American status	Important	R3	hCentive
(G) Back Office	G.1.24	The System will have the ability to ascertain which family members/applicants are allowed to shop for a new plan, must remain on an existing plan, or may remain on an existing plan based upon a move by at least one family member to a location which is outside of the current QHP service area.	Important	R3	hCentive
(G) Back Office	G.1.25	The System will have the ability to stop a user from enrolling in a plan if that user is already enrolled in another plan.	Useful	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(G) Back Office	G.1.26	The System will have the ability to differentiate how subscribers/applicants, spouses, and dependents are handled for the change being reported.	Useful	R3	hCentive
(G) Back Office	G.1.27	The System will have the ability to undo enrollment updates as a result of changes reported and communicate cause and effect to those entities requiring this information (user, FMS, etc.).	Important	R3	hCentive
(G) Back Office	G.1.28	The System will retain information related to inactive member/applicants with the ability to reactivate, as needed.	Important	R3	hcentive
(G) Back Office	G.1.29	The system will allow the CSR the ability to pend changes prior to submission	Important	R3	hCentive
(G) Back Office	G.1.3	The system will allow through report a change functionality the ability to have the member report non life event changes that have no impact on eligibility (i.e. mailing address, street address, email address, preferred written language and preferred spoken language, currently enrolled member in QHP medical plan requests to add dental, enrolled member in QDP dental plan requests to add spouse/dependent)	Critical	R3	hCentive
(G) Back Office	G.1.30	The system will allow the change to be updated in real time	Important	R3	hCentive
(G) Back Office	G.1.31	The system will be able to display changes made in the system	Critical	R3	hCentive
(G) Back Office	G.1.32	The system will be able to log time when changes made in the system	Critical	R3	hCentive
(G) Back Office	G.1.33	The system will be able to log agent who made changes into the system	Critical	R3	hCentive
(G) Back Office	G.1.34	The system will allow the CSR the ability to process terminations of coverage	Critical	R3	hCentive
(G) Back Office	G.1.36	The system will have the ability to populate daily 834 report for transmission to Carriers	Critical	R3	hCentive
(G) Back Office	G.1.38	The system will have the ability once termination has been processed to populate 834 report to be transmitted to Carrier	Critical	R3	hCentive
(G) Back Office	G.1.4	The system will allow the CSR on behalf of the member the ability to make changes to the individual's application before enrollment is effectuated and/or submitted	Critical	R3	hCentive
(G) Back Office	G.1.5	The system will allow the CSR on behalf of the member the ability to make changes to the individual's application data fields after enrollment is effectuated and/or submitted	Critical	R3	hCentive
(G) Back Office	G.1.6	The system will have the ability to allow the CSR to make changes to the effective dates	Critical	R3	hCentive
(G) Back Office	G.1.7	The system will allow the CSR the ability to change any of the following both pre and post of submission of application and enrollment: -Change in plan -Change effective date of plan(retroactively and prospectively) -Add/remove dependents -Terminations -Reinstating coverage(non payment of premium) -Change from sub v unsubsidized or vice versa	Critical	R3	hCentive
(G) Back Office	G.2.1	The system will have the ability to electronically verify member information using trusted electronic data sources inclusive of FDSH and non-FDSH sources (i.e. Lexus Nexus)	Critical	R3	hCentive
(G) Back Office	G.2.11	The system will have the ability to trigger the start of of the 90 + 5 time clock from the date of the program determination until expiration / end date by stopping the timeclock	Useful	R3	hCentive
(G) Back Office	G.2.18	The system will allow an agent to ensure all documentation has been processed for the household before a re-determination is triggered	Critical	R3	hCentive
(G) Back Office	G.2.19	The system will display household relationships and the verification items outstanding for each member of the household	Critical	R3	hCentive
(G) Back Office	G.2.2	The system will have the ability to receive and store hub data responses for verification information	Critical	R3	hCentive
(G) Back Office	G.2.3	The system will use trusted data source response information to update the member record and trigger a re-determination if no verification document is received within the 90 + 5 time frame	Critical	R3	hcentive
(G) Back Office	G.2.4	The system will have the ability to recognize if there is an inconsistency in the attestation and the data match and a manual verification is required	Critical	R3	hCentive
(G) Back Office	G.2.5	The system will have the ability to trigger a specific notice requesting verification information for outstanding verification types	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
		The system will allow the agent to mark whether or not the member information is verified or invalid based on documentation received			
(G) Back Office	G.2.6	see comments	Critical	R3	hCentive
(G) Back Office	G.2.7	The system will allow the agent to override identity proofing failure within the system and allow a member to continue their application.	Critical	R3	hCentive
(G) Back Office	G.2.8	The agent will have the ability to view outstanding member verification documentation	Important	R3	hCentive
(G) Back Office	G.2.9	The system/agent will have the ability to trigger request for information notices	Important	R3	hCentive
(G) Back Office	G.4.1	The system will have the ability to display the member or household record when searched using: a. External ID b. Email ID c. First name d. Last name e. DOB f. SSN f. User name	Critical	R3	hCentive
(G) Back Office	G.4.10	The system will allow the member to select PCP and submit as part of the application process	Useful	R3	hCentive
(G) Back Office	G.4.11	The system will allow CSR to view how system apportioned APTC based on MAX APTC; FPL; Age; Tax household composition; Shopping composition	Critical	R3	hCentive
(G) Back Office	G.4.15	The system will allow the CSR the ability to update an exisitng draft application (In Progress) and ensure required fields are captured before proceeding through the application	Critical	R3	hCentive
(G) Back Office	G.4.16	The system will allow the CSR to adjust APTC per member request within allowable APTC total for subscriber/family	Important	R3	hCentive
(G) Back Office	G.4.17	The system will allow the CSR to designate an individual as a PSI/ARD and note on account (PSI/ARD/Navigator/CAC)	Important	R3	hCentive
(G) Back Office	G.4.18	The system will allow the CSR to view delegation of authority information	Critical	R3	hCentive
(G) Back Office	G.4.19	The system will allow an applicant to process and reset their own passwords and security questions	Critical	R3	Optum ID
(G) Back Office	G.4.20	The agent will have the ability to trigger a re-determination through the report a change process	Critical	R3	hCentive
(G) Back Office	G.4.21	The system should have the ability to apply user roles allowing varying access to member information. The identified user roles: 1. Customer Service Representative "On behalf of" 2. Back Office	Critical	R3	hCentive
(G) Back Office	G.4.7	The system will allow the agent to mark the source of the application (i.e. paper, telephonic)	Critical	R3	hCentive
(G) Back Office	G.5.22	The system will allow the agent to mark the source of the application (i.e. paper, telephonic, etc.)	Critical	R3	hCentive
(G) Back Office	G.5.23	The system will allow the agent to enter and submit all member application data from paper application on behalf of the member	Critical	R3	hCentive
(G) Back Office	G.5.24	The system will not allow submission of the application without all required fields	Critical	R3	hCentive
(G) Back Office	G.6.10	The system will allow the Appeal Agent to make required changes to the member record	Critical	R3	hCentive
(G) Back Office	G.6.21	The system will be able to direct applicants to MassHealth for Medicaid related appeals.	Critical	R3	hCentive
(G) Back Office	G.6.24	The system will have an encrypted URL to AVV to access the online appeal form	Critical	R3	hCentive
(G) Back Office	G.6.25	The system will make the appeals form accessible from the hCentive website	Critical	R3	hCentive
(G) Back Office	G.6.26	The system will navigate the appellant from hCentive to the appeals form in the AVV when the appellant clicks the URL	Critical	R3	hCentive
(G) Back Office	G.6.27	The system will open the online Appeals Form in a new window when the appellant clicks the URL	Critical	R3	hCentive

Worktrack	Name	Description	Priority	Release	System
(G) Back Office	G.6.28	The system will make the appeals form accessible from the Appeals tab in hCentive	Critical	R3	hCentive
(G) Back Office	G.6.3	The system will allow appeal agent to view/ print program(eligibility) determinations	Useful	R3	hCentive
(G) Back Office	G.6.35	The system will be able to provide directions to refer appellants to Customer Service for non-appeal related issues	Critical	R3	hCentive

Attachment B-2 Non-Functional Requirements

#	Category	Sub-Category	Description
1	Auditability	None	The MA/HIX Program shall maintain all records (including all versions) regarding program requirements, scope, change orders, issues, risks, decisions, and deliverables on MassForge in order to ensure auditability by Federal and State entities.
2	Documentation	Architecture	An integrated, flexible and adaptable end-to-end solution using Service-Oriented Architecture wherever possible.
3	Documentation	Architecture	The HIX/IES solution will operate consistently and fully across the following web browsers: Internet Explorer versions 10 and later; Chrome versions 30 and later; Firefox versions 30 and later. Other browser may be supported but are not required to be tested.
4	Documentation	Architecture	The architecture will support a thin client, browser-based solution. The presentation tier must not be dependent upon application, applet, or plug-in delivered to the user.
5	Documentation	Architecture	A solution that will leverage Web Services and adhere to key standards such as SOAP, XML, UDDI, WSDL, BPEL, SAML, and other standards as detailed in the Commonwealth's Enterprise Technical Reference Model (ETRM).
6	Documentation	Architecture	The solution will avoid multiple service implementations that substantially overlap in providing the same functionality.
7	Documentation	Architecture	The solution will employ a full-featured Enterprise Service Bus (ESB) for all internal and external service integration and interaction. The ESB solution must be able to stand alone as well as to federate with other ESBs in a wider enterprise context.
8	Documentation	Architecture	The solution will employ XML-based standards for communication and integration with other environments.
9	Documentation	Architecture	The solution will provide cross-cutting framework and architectural support for HIX/IES's monitoring and logging requirements.
10	Documentation	Architecture	The solution will support business continuity and disaster recovery. In particular, the solution must be architected to support timely restoration of service following catastrophic loss of a single site of operation.
11	Extensibility	None	MassIT requires such a HIX platform that can be easily enhanced, modified, and expanded in the future in response to new requirements.
12	Interoperability	None	The solution will employ a richly-featured Enterprise Service Bus for internal and external messaging and service interaction unless other protocols are required and/or agreed to.
13	Interoperability	None	Use of formats, including but not limited to, XML and X12 as standard formats for internal processing.
14	Maintainability	None	The MA/HIX Program shall receive all software, scripts, documentation, architectural drawings, etc. to ensure that the MassIT has the ability to maintain the MA/HIX solution after the target November 15, 2014 go live date. The above should be provided to the MassIT Chief Technical Officer.

15	Other	Infrastructure	A robust Content Delivery Network ("CDN") service to maximize resources, protect the integrity and availability of the origin servers, and accelerate static content delivery.
16	Other	Infrastructure	Managed services provided by the Commonwealth MassIT or an external provider shall be used. System infrastructure shall include, but will not be limited to: • Managed server services • Managed network services • Managed storage services • Managed monitoring and reporting services • Managed security services Contractor shall make no assumptions about the specifics of the managed service platform.
17	Other	Managed Services	Solution components will not degrade existing security levels for any of the HIX/IES Entities' secure managed services environments.
18	Other	None	The solution will provide field-level edit checks for transactions during data entry and provide immediate user feedback, including error messages and possible corrective actions (e.g., warnings when entering existing Social Security Number/Federal Tax Identification Number, address).
19	Other	None	The solution will establish backup and recovery processes for all system components and data.
20	Other	None	The solution will establish monitoring and alert processes for all system components.
21	Other	Technical Platform	The solution is delivered using Continuous Delivery Framework
22	Other	Technical Platform	The solution utilizes appropriate cloud data integration solutions to transfer and exchange data among cloud applications, and among SaaS platforms with on-premise applications, databases, and files.
23	Performance	Scaleability	Infrastructure will be designed to scale to meet anticipated peak demands during open enrollment periods.
24	Performance	Scaleability	System components will be designed and implemented so that they are scalable in their respective environments.
25	Performance Testing Requirement	Automated Testing	The solution will undergo performance testing using tools such as HP LoadRunner.
26	Performance Testing Requirement	None	The MA/HIX Program shall conduct rigorous End-To-End Performance Testing across all vendors and solution components in order to identify any potential performance issues PRIOR to the go live date. Identifying such performance issues in advance enable the MA/HIX program team to mitigate these issues to ensure a successful re-launch of the MA/HIX solution.

27	Performance Testing Requirement	Scenarios	End-To-End User Scenarios for the major paths through the solution set are to be used to ensure rigorous Performance Testing across all vendors and solution components.
28	Records Management	None	MassForge is to be used as the project documentation repository
29	Release Management Process Requirement	Release Management	The solution will meet Code and Release Management requirements, and this section provides an overview of these requirements. Continuous Delivery Framework to automate all facets of building, integrating, testing, and deploying software.
30	Release Management Process Requirement	Release Management	The solution will meet Code and Release Management requirements, and this section provides an overview of these requirements. A source code version control process that: • Maintains versions of all changes made; • Records what the changes were; • Traces changes to requirements; • Records date and time stamps of when the changes were recorded; • Records who made the changes; and • Provides the capability to restore previous versions.
31	Release Management Process Requirement	Release Management	The solution will meet Code and Release Management requirements, and this section provides an overview of these requirements. A source code version control system to support this process and follow the source code version control process as approved by MassIT.
32	Reporting	Hosting Operational Reporting	The solution will have an appropriate level of transaction logging for all relevant components.
33	Reporting	Hosting Operational Reporting	The transactional logging must minimize the impact on performance to allow efficient processing of anticipated peak loads
34	Reporting	Operational	The HIX/IES solution will be monitored by performance monitor tool such as CA Wily.
35	Reporting	Operational	The solution will incorporate robust and rigorously tested backup and restore capabilities.
36	Reporting	Operational	The application solution will be capable of restart and recovery after system failure with no loss of data or software components.
37	Reporting	Testing	The MA/HIX solution shall provide daily reports of # of tests executed
38	Reporting	Testing	The MA/HIX solution shall provide daily reports of # of tests that passed and number that failed
39	Security	None	Compliance with any security and privacy requirements established by the Commonwealth of

			Massachusetts to ensure proper and confidential handling of data and information systems including MGL c. 66A, MGL c. 93H, MGL c. 93I, 201 CMR 17.00, Executive Order 504 and including the Massachusetts Information Technology Division's ("MassIT") security policies. The Contractor shall refer to the Commonwealth of Massachusetts General Laws and Policies that pertain to security and the handling of sensitive data, Policy for Information Systems Security and Privacy. See RFR Part Four – Laws, Rules, and Guidelines – for pertinent listings and links.
40	Security	None	Security Testing for the MA/HIX Program must be conducted by an independent third party organization that is NOT involved in the development or operation of the MA/HIX solution.
41	Security	None	Security Testing for the MA/HIX Program must be run in an environment with no simultaneous testing occurring.
42	Security	None	Security Testing shall encompass the following activities: Discovery, Vulnerability Scan, Vulnerability Assessment, Security Assessment, Penetration Test, Security Audit, and Security Review.
43	Security	None	Sufficient data security for all categories of sensitive data ensured through proper architecture, design, implementation and testing of each component. PIAs to assess risks and PHI/PII data protection.
44	Security	None	The solution has security-warning banners, adhering to HIX/IES and IRS standards, be prominently displayed on all screens and be readily customizable by HIX/IES support staff.
45	Security	None	The solution has support for auditing user access to restricted ("VIP") data, including logging of events and user dialogs explaining access.
46	Security	None	The solution incorporate security services provided by CMS, including but not limited to identity proofing. Federated identity shall be used.
47	Security	None	The solution incorporate security services provided including but not limited to authentication for users and web services.
48	Security	None	The solution will operate properly in hardened environments as per relevant IRS Safeguard Computer Security Evaluation Matrix (SCSEM) documents.
49	Security	None	The solution will provide security controls of a technical character that meet or exceed (in capability and in usage) those specified by National Institute of Standards and Technology (NIST) SP 800-53 Moderate Impact Baseline. The specific families of controls identified by this requirement are: • Access Control (AC) • Audit and Accountability (AU) • Identification and Authentication (IA) • System and Communications Protection (SC)
50	Security	None	The solution will provide sufficient capabilities to enable HIX/IES to implement security controls of an operational and/or management character as specified by NIST SP 800-53 Moderate Impact Baseline.

The specific families of controls identified by this requirement are:
• Awareness and Training (AT)
• Certification, Accreditation, and Security (CA)
• Configuration Management (CM)
• Contingency Planning (CP)
• Incident Response (IR)
• Maintenance (MA)
• Media Protection (MP)
• Physical and Environmental Protection (PE)
• Planning (PL)
• Personnel Security (PS)
• Risk Assessment (RA)
• System and Services Acquisition (SA)
• System and Information Integrity (SI)

51	SLAs	Availability	For the period of November 1, 2014 through and including June 30, 2015, the percentage of time that the Managed Applications are Available in production during Total Base Minutes of Service for any given month shall be 99.0%. This shall be based on the Contractor's service management system, which maintains records of each Incident and ADTM resulting from each Incident and calculated as follows: (Number of Total Base Minutes of Service minus ADTM during the applicable Measurement Period) divided by number of Total Base Minutes of Service during such Measurement Period, with the result expressed as a percentage.
52	SLAs	Availability	For the period of November 1, 2014 through and including June 30, 2015, the percentage of time that the Managed Applications are Available in production during Total Base Minutes of Service for any given month shall be 99.9%. This shall be based on the Contractor's service management system, which maintains records of each Incident and ADTM resulting from each Incident and calculated as follows: (Number of Total Base Minutes of Service minus ADTM during the applicable Measurement Period) divided by number of Total Base Minutes of Service during such Measurement Period, with the result expressed as a percentage.
53	SLAs	Performance	As of system go-live 90% of certain production Transactions executed solely within the Contractor hCentive Software Application Services Domain must have an Elapsed Duration of three (3) seconds or less and 99.0% of certain production Transactions executed solely within the Contractor hCentive Software Application Services Domain must have an Elapsed Duration of seven (7) seconds or less during any given calendar month based on the Contractor's external facing web server and calculated by the number of Transactions executed during the applicable Measurement Period for which the Elapsed

			Duration is within the required timeframe, divided by number of Transactions during such Measurement Period, with the result expressed as a percentage.
54	SLAs	Restoration	The Restoration Time for any individual Priority Level 1 and 2 Incidents may not exceed four hours or eight hours, respectively, exclusive of Priority Level 1 and 2 Security Incidents, unless the Security Incident resulted from Contractor's failure to maintain appropriate security measures in accordance with industry best practices based on the contractors service management system.
55	Testability	None	The MA/HIX Program shall ensure that the complete software associated with a Release is provided correctly each time to the testing environments identified in this document. This is necessary to ensure prompt and complete testing is performed prior to the target go live date of November 15, 2014.
56	Testability	Quality Assurance	The Contractor shall present interim in-process reviews and support technical quality audits.
57	Testability	Quality Assurance	The Contractor shall provide all testing and quality control processes necessary to ensure products and services meet the requirements of the QMP, including but not limited to: • Defining, creating, managing, updating/reloading, and administering test data sufficient to ensure successful results for all test activities. • Develop a comprehensive Test Plan and Test Cases, and providing reports which reflect the state of testing, test results, identified defects.
58	Testing		The following verification and tests shall be conducted as appropriate for the system components produced within the Work Orders and dropped according to the four Code Drop milestones: • Unit Testing • Automated Code Review • Integration Testing • Regression Testing • Functional Testing • Performance/Stress Testing • Security/Vulnerability Testing • Accessibility & Usability Testing • Release Dry Run • Post Release Validation

Exhibit C – Deliverables, Acceptance Process and Acceptance Criteria

Deliverables and Acceptance Criteria

Software Deliverables*:

Deliverable Name	Acceptance Criteria*
Release 1	Deployment to the Massachusetts environment.
Release 2	Deployment to the Massachusetts environment.
Release 3	Deployment to the Massachusetts environment.
Go Live Deployment	Deployment to the Massachusetts production environment and system is up and available
Final Acceptance	Refer to Exhibit E
End of Warranty Period	Refer to Section IV. Warranty Support Obligations

* The Acceptance Process set forth in Section 8.4 of the MSA shall not apply to the Releases delivered under this Task Order 1. Acceptance shall occur upon deployment of each Release to the Massachusetts environment.

Documentation Deliverables:

Deliverable Name	Acceptance Criteria	Needed for CMS Operational Readiness Review?
Project Management Plan (the following sections only): • Subcontractor Management Plan • Configuration Management • Software Process Management • Development Management • Release Plan	Compliance with CMS Template*	 YES

Deliverable Name	Acceptance Criteria	Needed for CMS Operational Readiness Review?
Business Requirements Document (BRD)	Compliance with CMS Template*	YES
Business Rules Document: Program determination rules	Compliance with CMS Template*	YES
hCentive System Architecture Design Document (SADD)	Compliance with CMS Template*	YES
hCentive ICD Financial Management / Enrollment interface	Compliance with CMS Template*	YES
hCentive ICD Medicaid	Compliance with CMS Template*	YES
hCentive ICD FDSH	Compliance with CMS Template*	YES
ICD Notices (QHP & Medicaid)	Compliance with CMS Template*	YES
Data Management Plan	Compliance with CMS Template*	YES
Database Design	Compliance with CMS Template*	YES
Preliminary RTM, inclusive of all functional and non-functional test cases (1)	Template agreed upon by the Parties as of the Effective Date is filled out for Requirements known as of 10/3/14	YES
Final RTM, inclusive of all tests cases from Preliminary RTM and additional test cases (1)	Template agreed upon by the Parties as of the Effective Date is filled out for requirements known as of 10/15/14.	NO
Master Test Plan (inclusive of all test types set out below, and all sub-plans): • Smoke • Regression • Function	Compliance with CMS Template*	YES

Deliverable Name	Acceptance Criteria	Needed for CMS Operational Readiness Review?
- Component - System Integration - End to End - User Acceptance - Performance - Security - Production Validation - Automation - Blueprint Testing - Wave Testing		
Master Test Report (report of all testing through code freeze; will serve as the summary of all daily test reports)	Current template used by the parties is properly filled out	NO
Master Defect Report (report of all defects through code freeze, will serve as the summary of all daily defect reports)	Current template used by the parties is properly filled out	NO
Training Plan	Compliance with CMS Template*	YES
User Guide	Compliance with CMS Template*	YES
Implementation Plan	Compliance with CMS Template*	YES
Operations and Maintenance Manual	Compliance with CMS Template*	YES
Disaster Recovery Plan	Compliance with CMS Template*	YES

(1) Each RTM provided will be substantially complete and consist of all documented test cases expected to be executed before Go-Live that are available as of the date of each RTM. Thus the Preliminary RTM will include test cases available as of the date of its publication, and the Final RTM will contain the complete set of test cases. Test cases may be added after submission and some of the test cases may not be executed.

Exhibit D – Deliverable Submission Dates

Deliverable Name	Submission Date
Project Management Plan (Sections identified in Exhibit C only)	9/30/2014
Business Requirements Document (BRD) (1)	10/3/2014
Business Rules Document: Program determination rules	10/8/2014
hCentive System Architecture Document (SAD)	9/30/2014
hCentive ICD Financial Management / Enrollment interface	9/30/2014
hCentive ICD Medicaid	9/30/2014
hCentive ICD FDSH	9/30/2014
ICD Notices (QHP & Medicaid)	9/30/2014
Data Management Plan	9/30/2014
Database Design	9/30/2014
Preliminary RTM, inclusive of functional and non-functional test cases (1)	10/3/2014
Final RTM, inclusive of all tests cases from Preliminary RTM and additional test cases	10/15/2014
Master Test Plan (inclusive of all test types set out in Exhibit C, and all sub-plans)	10/3/2014
Master Test Report (report of all testing through code freeze; will serve as the summary of all daily test reports)	10/15/2014
Master Defect Report (report of all defects through code freeze, will serve as the summary of all daily defect reports)	10/15/2014
Training Plan	10/8/2014
User Guide	10/10/2014
Implementation Plan	10/8/2014
Operations and Maintenance Manual	10/8/2014
Disaster Recovery Plan	9/30/2014

 (1) Business requirements and RTM will be completed by October 3, 2014 subject to Client completing its review in time to provide Contractor with 5 business days to incorporate any changes. Contractor's time to submit extends a day for every day that Client is delayed.

Exhibit E - Final Acceptance

Final Acceptance of New HIX/IES will be deemed to occur on the first date upon which all of the following are satisfied:

1. All of the Deliverables set forth in Exhibit D are Accepted.
2. Software code for Releases 1, 2 and 3 are released into the production environment for New HIX/IES.
3. Seventy-five percent (75%) of all of all test cases for New HIX/IES included in the Requirements Traceability Matrix have passed.
4. The earlier of (a) the end of the 2014-2015 enrollment season; or (b) the earliest date upon which, for a period of fifteen (15) contiguous days, New HIX/IES meets the Performance Service Levels set forth in Task Order 3.
5. The earlier of (a) the end of the 2014-2015 enrollment season or (b) the earliest date upon which, for a period of fifteen (15) contiguous days, and there have been no Security Incidents (for these purposes defined as unauthorized access to (i) PHI, PII, FTI or DOR Wage Match Data or other Third Party Data (as defined in the Data Management and Confidentiality Agreement) or to (ii) the systems in which such data is stored).
6. All Severity Level 1 Nonconformities and Severity Level 2 Nonconformities (as measured against the Requirements in Exhibit B) identified, logged and reported as part of the testing process prior to Go-Live for New HIX/IES are Resolved and implemented into the production environment for New HIX/IES; all Severity Level 3 Nonconformities (as measured against the Requirements in Exhibit B) are identified, logged and reported as part of the testing process prior to Go-Live.
7. All Severity Level 1 Severity Level 2, and Severity Level 3 Nonconformities (as measured against the Requirements in Exhibit B) are identified, logged and reported during the Stability Period; Severity Level 1 and Severity Level 2 Nonconformities are Resolved and implemented into the production environment for New HIX/IES. "Stability Period" means the period commencing on Go Live and continuing until a period of seven (7) contiguous days occurs in which no Severity Level 1 Nonconformities or Severity Level 2 Nonconformities are identified, logged and reported.

Exhibit F – New HIX/IES Interfaces

#	Interface	Interface Mode	From	To	Directionality	Source	Category
1	OptumID verification	Realtime	hCentive	IDM	Bi-directional	Optum	Contractor Property
2	Eligibility Verification SSA	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
3	Eligibility Verification IRS (Income)	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
4	Eligibility Verification IRS (APTC)	Real-time	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
5	Eligibility Verification VLP-1	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
6	Eligibility Verification Non-ESI MEC	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
7	Eligibility Verification Experian	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
8	Eligibility Verification ESI MEC	Realtime	hCentive	MMIS	Unidirectional	hCentive	Client Owned Deliverable
9	Eligibility Verification VLP-2	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
10	Eligibility Verification VLP-3	Realtime	hCentive	FDSH	Unidirectional	hCentive	Third Party Software
12	Residency Verification	Realtime	hCentive	Lexis/Nexis	Unidirectional	hCentive	Client Owned Deliverable
13	Address Standardization	Realtime	hCentive	Experian	Unidirectional	hCentive	Client Owned Deliverable
14	Enrollment XML	Batch	hCentive	Dell	Bi-directional	hCentive	Third Party Software
15	Plan Data XML	Batch	Issuers (SERFF converted to XML)	hCentive (upload XML)	Unidirectional	hCentive	Third Party Software
18	QHP Notices	Batch	hCentive	Correspondence Lite	Unidirectional	Optum	Third Party Software
19	MassHealth Notices	Batch	hCentive	MassIT	Unidirectional	Optum	Client Owned Deliverable
20	Medicaid Enrollment	Realtime	hCentive	MMIS	Unidirectional	Optum	Client Owned Deliverable
21	Medicaid Disability	Batch	hCentive	MA21	Unidirectional	Optum	Client Owned Deliverable

Exhibit G - Payment Schedule

Item	Critical Milestone	Milestone Amount	% of TO Cost	Amount Held Back	Holdback Returned	Milestone Payment
1	Release 1 Acceptance	$4,152,400.00	14%	$1,038,100.00	$0.00	$3,114,300.00
2	Release 2 Acceptance	$4,745,600.00	16%	$1,186,400.00	$0.00	$3,559,200.00
3	Release 3 Acceptance	$4,745,600.00	16%	$1,186,400.00	$0.00	$3,559,200.00
4	System Deployment on Mandatory Go Live Date	$6,525,200.00	22%	$1,631,300.00	$1,853,750.00	$6,747,650.00
5	New HIX System Final Acceptance	$5,635,400.00	19%	$1,408,850.00	$1,853,750.00	$6,080,300.00
6	End of Successful Warranty Period	$3,855,800.00	13%	$963,950.00	$3,707,500.00	$6,599,350.00
		$29,660,000.00		**$7,415,000.00**	**$7,415,000.00**	**$29,660,000.00**