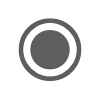
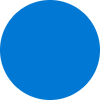
**Transcript**

September 4, 2025, 7:01PM

 **Lopez, Rosse M** started transcription

 **Dworkin, Amram** 0:03  
3 RX enabler, which is to correct the RX access for carved out members. I'm going to give you a brief overview of it, then go into the solutioning. The problem is that CVS in their services both in current and I-90 I believe will.  
2.  
And it's been a little while since I've looked at it. So let me if I if I get any of this wrong, Sean, feel free to correct, but I don't think I will has the ability to send us prescriptions prior to the effective date of the current Aetna.  
Services or even after the effective date in in some Medicare cases. And obviously that's because they carry a longer view of a member than we do. They can have it from prior, you know, prior Aetna memberships or they can have it from actually.  
Prior belonging to other providers, you know Blue Cross, et cetera. And they're since they're when we make a a prescription list or even a prescription request for carved out members we get.  
Information that shouldn't be displayed in the Aetna site since it's not an Aetna membership. So here let me share.  
All right.  
So you should be seeing the.  
Document now.

1:52  
Yep.

 **Dworkin, Amram** 1:54  
All right, well, we spent some time trying to get the language right, so I'm going to give it to you the way it's phrased. The idea is to prevent the display or the use of pharmacy claims and prescriptions that fall outside of a member Aetna's covered period when the member pharmacy history originates from CVS Caremark CVS System's legitimate.  
Ultimately, maintain a longitudinal lifetime that's outside of our scope sometimes, and that prescription history for an individual spanning time periods when the person may have had other insurers or no coverage at Aetna and when Aetna consumes that CBS data by the consolidated claims and related APIs.  
Those lifetime records can include fill fills that predate and in some cases post date the members Aetna plan effective dates. If unfiltered, these records are visible in Aetna Health and could be acted upon by downstream services and also there's privacy concerns.  
And it's also confusing. So what we're trying to do is address that in a consolidated manner, not catch them as they come, but actually come up with something centralized that manages this problem no matter where it pops up inside of the pharmacy space, the the solution that would be.  
Introduced is to introduce a policy effective window filter that gates the visibility and use of any CVS sourced prescription claim order refill Data and that filter constrains the records. Again, I'm just going to read from it From the intersection of a the members pharmacy membership effective window.  
Which is you know our plan dates and that aligns with Aetna's plan effective dates, the - Client requested start date and the attestation controlled integration state. Now the attestation controlled integration state is that the CBS RX carve out feature is.  
Set to true. So all of that is there. We are looked at a number of.  
This makes sense.  
The pause.

 **Hahn, Shawn** 3:54  
Yep, so far so good.

 **Dworkin, Amram** 3:55  
OK, so and during the discovery, the end to end prescription touches, it touches on multiple services and rules as you would expect it to and the synthesis, the the discovery and synthesize, you know, dependencies and implications on.  
Um. There is authorization, consolidated claims. Um.  
OK.  
Sorry, I'm reading my own document here. So the the basically this is what we're interested in the integration service areas. It covers five key integrations, the PLP, the PDP, place order, ship, consent and coming out of I-90 and they depend on all of those can depend on consistent claim visibility. I'm not.  
I'm saying all of those see the overlap. I'm just saying that they all have to have a consistent form. So in the just in case scenarios, we're going to address them as a whole rather than try to take a scattershot approach to them. All right.

 **Hahn, Shawn** 4:56  
So there there has been one development though which happened, I believe it was last week. So which I I this might not be the right time to bring it up, but I'll I'll bring it up now, yeah.

 **Dworkin, Amram** 4:57  
Good.  
No, it is. It is. I'm taking notes. Actually, I'll just let the recording do it and I'll take the note later.

 **Hahn, Shawn** 5:10  
Yeah, so, so we met with compliance because the concern is we definitely need to do the consolidated claim service. That's a no brainer that has to be done. End of story. I think we also need to invest well actually after we.  
Let me do this in a in a in a measured way. So we definitely need to address the consolidated claim service where we do not need to address any longer is any of the prescription management functionality. So compliance has said that they do not want to turn off.  
The prescription management functionality for the members. So which that means is if they're able to refill their prescriptions prior to their effective date because that a continuation of coverage with CVS because it's carved out, they want that to be maintained within Aetna Health.  
So that that will affect right the PLPPDP work, which is where we're moving to. And so I believe at this time the only consideration we need to take is the consolidated claim service, right, because we have a separate approach for displaying claim information in in.  
The the claim section which is done through the consolidated claim service, that's where we need to focus this work. We do not need to change anything because of the the changes that we're making to the prescription management functionality, namely moving from the the get claims response to get our prescription information.  
To using the PLP PDP APIs that negates the need for us to change anything related to prescription management and solely focus on the consolidated claim service.

 **Dworkin, Amram** 6:52  
OK, that's that was a short sentence that actually has some fairly big implications because when we were looking at it as a multi system coordinated issue, it made sense to introduce some new services and even some variants of some services in order to allow us to move forward on that if it's.

 **Hahn, Shawn** 6:56  
Yeah, for sure.

 **Dworkin, Amram** 7:12  
Solely in a single restricted area, then maybe the one you know, just add a couple of functions into the existing system may be a better approach, so.

 **Hahn, Shawn** 7:23  
Yeah, and literally this this happened last week. So yeah, Samini, please though, please poke holes in my logic.

 **Gundamraju, Sowmini** 7:28  
But.  
Actually, can can you repeat that again, Shawn? I'm. I'm trying to, yeah.

 **Hahn, Shawn** 7:36  
So, yeah, so, so, so here's this, here's the problem, right. So specific. Let's just use the case, use case of state of North Carolina, right. They're they're the whole reason this whole thing started, right. State of North Carolina complained because in in in in researching a specific member issue, right, a customer.

 **Dworkin, Amram** 7:36  
Yeah, I I.

 **Gundamraju, Sowmini** 7:46  
Right.  
Right.

 **Hahn, Shawn** 7:55  
Service.  
Representative had to do a calculation of a member's accumulators and had to pull their claims right to calculate how we are processing accumulators to account for a specific number, right? So they pulled the claims and when they pulled the claims, they brought back claims that were prior to 11.

 **Gundamraju, Sowmini** 8:10  
Mhm.

 **Dworkin, Amram** 8:11  
OK.

 **Hahn, Shawn** 8:16  
2025, which was when they were with Blue Cross, Blue Shield. So, so state of North Carolina freaked out and said why are you having, why do you have our claim information? That's a firewall restriction. You should not have our claim information blah blah blah blah blah blah so so.

 **Gundamraju, Sowmini** 8:19  
Bye.

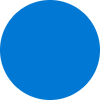
 **Dworkin, Amram** 8:20  
Right.

 **Gundamraju, Sowmini** 8:30  
Yes.

 **Hahn, Shawn** 8:31  
We don't.

 **Dworkin, Amram** 8:31  
Were they making that? I I I actually meant to ask you this prior to this. It doesn't matter to the solution, but were they making that protest on privacy concerns or on accumulator, inaccurate accumulator concerns?

 **Hahn, Shawn** 8:43  
Privacy concerns, right? Because here's their concern, and it's a valid concern, but it's not. It's not. It's not happening, right? Their concern is that we are getting proprietary fee information for prescriptions, right? Because Aetna Health, not Aetna Health, Aetna.  
As a company and CVS as a company basically are still it's frenemies, right? They're still competing with each other in the marketplace. So there is proprietary fee information for prescriptions that is not shared and cannot be shared between Aetna and CVS Health.  
Don't ask me how that works. I don't really understand it myself, but I know that it exists so so but but what they don't understand is that we do not save any of the information we're pulling back from the APIs. It is only available to the member for that session and then once that session is done.  
That information.  
We are not storing the claim information, the claim information that's pulled back from CVS, right? We're not like calculating the fees that are being charged to these members prior to their effective date and we made that very clear. I have a hunch that the account management that manages state of North Carolina did not explain.  
Explain that very well and did not assuage the concerns of state of North Carolina. So they have required prior to us turning them back on for the turning back on the CVS RX carve out toggle for the integrated experience that we have to no longer show their claims prior to their effective date, right?

10:09  
Yes.

 **Hahn, Shawn** 10:19  
So just to continue, just just to continue real quick. So part of that was you sure can, yeah.

 **Dworkin, Amram** 10:19  
Sure.  
Can I interrupt you just for one second? Does that mean that we can't show it or we can't get it? Yeah, they'll.

 **Hahn, Shawn** 10:29  
It well, so it means we cannot show it. It means we cannot show it. But if there is a way for a member or or for any state of North Carolina member to get that information From the back end or whatever From the the the network tab or whatever, then that's probably going to be an issue too.

 **Dworkin, Amram** 10:31  
Because that indicates we can't get it, you know.

 **Hahn, Shawn** 10:49  
I mean it it yeah, yeah. So no that then it's just not we cannot display it and and and for the member to see basically. Yeah. And then so so there were other concerns. I think this was brought up like when we had talked about you know I I think Jen brought up this valid point.

 **Dworkin, Amram** 10:49  
There will not be. This is internal.

 **Hahn, Shawn** 11:09  
This valid point. Well, what about all the other prescription functionality? Because we currently use the CVS get claims response to populate the RX list, right? So the concern there was, are we going to show claims from prior to their effective date? Well, the answer was yes, but now that we're moving to the PLP PDP.

 **Dworkin, Amram** 11:18  
Right.

 **Hahn, Shawn** 11:29  
Which displays like active prescriptions, right? Not necessarily quote UN quote financial information cuz we don't integrate with the the API that they use for financial information, which is what they call claims, whereas we call it claims, right?  
We we they don't want to turn off the functionality to to manage prescriptions. So even though it's the same information, even though you know it's just presented in a different format, they don't want us to turn off the functionality to manage their prescriptions even if it's from before the.

 **Dworkin, Amram** 12:04  
So in in that case we we would have to strip from the the return payload even non displayed value components.

 **Hahn, Shawn** 12:05  
Effective date.

 **Dworkin, Amram** 12:14  
Right. So that pricing.

 **Hahn, Shawn** 12:17  
Yes, I'm not. I'm sorry, I'm not following.

 **Dworkin, Amram** 12:20  
So you're saying that we're gonna show prior prescriptions if the response has?  
Pricing in it, we'll have to scoop it before we return the prior the information outside of the effective date visibility window. OK, so again, I I I see I waited long enough to do this that it actually changed.

 **Hahn, Shawn** 12:28  
It it correct, correct.  
Correct.  
Correct.  
Well, well, so, so there is a.

 **Gundamraju, Sowmini** 12:43  
With.

 **Hahn, Shawn** 12:46  
So actually there there may be a component though that we need to consider where we will need what you've what you've created, right. So CVS has been on us to integrate with their financial summary API, which is is is and somebody this might have been where you were going to go with this.

 **Gundamraju, Sowmini** 12:54  
It.  
OK.  
Right, right. Yep.

 **Hahn, Shawn** 13:03  
Yeah, so we will need to. That is considered in the prescription management functionality piece of this. So we may need to still implement that solution to support hiding information from that specific API, because that specific API is like a claim summary. They call it financial information.  
They're they're hot for us to to integrate with that API and we would need to implement that aspect of the solution into that API specifically.

 **Dworkin, Amram** 13:32  
Right, with the same injunction that we cannot pass even in non UX form pricing outside of our effective date.

 **Hahn, Shawn** 13:44  
Right. So truthfully, the the only items they would be, the only items that they would be is. Zach's always got to bring some levity. The only the only. How would I say this? The only information a member would see prior to their effective date is in the context of an active.

 **Dworkin, Amram** 13:46  
OK.  
Sorry, Zach.

 **Hahn, Shawn** 14:04  
Prescription.  
Right. So, so the PLPPDP, the prescription list page and prescription details page would be where they would see prescriptions prior to their effective date. Yes, it's the same information that they would see on a claim, but the context is different in that it's an it's it's fulfilling a prescription.

 **Dworkin, Amram** 14:07  
Right, of course.  
OK, so the solution proposed is to strip out that data the the the entry completely. So I will have to modify after this it to include the listing and strip the financial information in some cases and.  
Would we need?

 **Gundamraju, Sowmini** 14:42  
So Shawn, in that case, right, I'm going to display the.

 **Hahn, Shawn** 14:50  
Sorry, somebody cut out.  
Uh.

 **Gundamraju, Sowmini** 14:54  
Oh, oh, sorry. I I thought, um, he was mentioning something. Can you hear me?

 **Hahn, Shawn** 14:58  
Yes.

 **Dworkin, Amram** 14:59  
Yeah, we can hear you.

 **Gundamraju, Sowmini** 14:59  
OK, OK. Yeah, no, I was just thinking be in PLP we we would still be showing the prescriptions that the member was using. I mean the member had have taken through their previous plan or through through their previous carrier.

 **Hahn, Shawn** 15:22  
Sorry, yes, that's correct.

 **Dworkin, Amram** 15:23  
Is that correct?  
As long as the prescription was still fillable, right? Or is it?

 **Hahn, Shawn** 15:29  
That's actually a good point. So, so I I think you cut out against how many. Sorry I missed everything you said after a little bit. But I I think what you were saying is it it would include prescriptions that are active, but also in the PLPPDP, we know that would include the prescriptions that are no longer active as well.

 **Gundamraju, Sowmini** 15:31  
Unacceptable.  
Oh.

 **Hahn, Shawn** 15:49  
well, right?

 **Gundamraju, Sowmini** 15:52  
No, no longer. Yeah, no longer active. And but you would, they would be able to see the cost, right?

 **Hahn, Shawn** 15:59  
Yeah, yeah, for sure. Yep.

 **Gundamraju, Sowmini** 15:59  
So the same.  
And and is that OK?

 **Hahn, Shawn** 16:03  
Yes, I made very clear to them that the information that's on a active prescription includes the price and they were fine with it.

 **Dworkin, Amram** 16:13  
Is this North Carolina that was fine with it, or is this CPS that was?

 **Hahn, Shawn** 16:16  
Yes. Well, it was, well, it was the compliance area basically that that that that they said that they don't want North Carolina to not. And and to be very clear, it's not a problem for North Carolina anymore. Well, let me think for a second. It is a problem for them because they can get access to older prescriptions through the PLPPDP.

 **Dworkin, Amram** 16:20  
Like.

 **Hahn, Shawn** 16:35  
So.  
Just thinking. I'm just thinking. I'm just thinking. I'm just thinking.

 **Tang, Jennifer J** 16:40  
I'm kind of missing the point on why the new financial summary API is needed as part of this work.

 **Hahn, Shawn** 16:47  
Oh, no, no, no, no, no, no. To be clear, Jen, it's not needed as part of this work. I'm just saying that this work might might actually support the the usage of that API in the future. Like it won't be wasted. It won't be waste. How do I say this? If we have to integrate with the financial summary API, then it will be.

 **Tang, Jennifer J** 16:51  
OK.

 **Gundamraju, Sowmini** 16:51  
No.

 **Hahn, Shawn** 17:07  
Beneficial. We'll be able to apply this work to it.  
That's all I was trying to say. Does that make sense?

 **Dworkin, Amram** 17:15  
Sure, sort of. I'll clarify it with you in a follow up, OK, but give it to me now because it'll it'll affect what what I'm about to show and say.

 **Hahn, Shawn** 17:20  
So, so, so.  
Mm.  
So actually, I'm thinking. So here's what I'm thinking. Let me let me.  
State of North Carolina, Zach, you're killing me. I'm wondering if I'm talking myself out of what I said at the beginning of the call, right? Because I'm worried about.

 **Gundamraju, Sowmini** 17:37  
OK.

 **Hahn, Shawn** 17:49  
Them seeing, as Sammin mentioned, prescriptions from prior to their effective date because they can go back. I think it's two years, right, Sammin or is it? Yeah, yeah, they can go back two years and see prescriptions prior to two years and there's really no need for them to do that any longer so.

 **Gundamraju, Sowmini** 17:59  
No.

 **Hahn, Shawn** 18:11  
I kind of feel like.  
We need to apply it as you intended in this because first of all, it's not going to affect the state of North Carolina. They've already been with us since 1/1/2025. All of those prescriptions are now active, right? And we need to ensure that we're not returning prescriptions from prior to the effective date.

 **Gundamraju, Sowmini** 18:27  
Right.

 **Hahn, Shawn** 18:35  
And.  
Yeah, I think I'm talking myself out of what I said to the.

 **Dworkin, Amram** 18:40  
What about after effective date like Medicare?

 **Hahn, Shawn** 18:44  
Well, after we're set with after effective because we've turned off the well, let me think for a second.

 **Dworkin, Amram** 18:50  
Yeah, I that isn't the answer we had last time, right?

 **Hahn, Shawn** 18:53  
But we turned off.

 **Gundamraju, Sowmini** 18:57  
Yeah, sorry, after effective date is is something that they are they they it should be fine, right? Because they have enrolled into the plan. We have just turned off the functionality to them because it was all combined. Now we're going to, you know, show the latest.

 **Hahn, Shawn** 18:58  
What was the change? Yeah.  
Ye.

 **Gundamraju, Sowmini** 19:14  
After they have enrolled into the plan.

 **Hahn, Shawn** 19:16  
Yeah, what was the? What was the change we made though? Sami that if a member is termed that we turn off the CVSRX carve out toggle for that member regardless of whether the plan sponsor is still active. Is that what the change was? So if a member is termed, then the CVSRX carve out toggle is false, right?

 **Gundamraju, Sowmini** 19:34  
Yeah, term members have. Yeah, that's right.

 **Dworkin, Amram** 19:40  
OK. Can you, I'm sorry, can you say that again?

 **Hahn, Shawn** 19:40  
So we we so So what? Yeah, yeah, yeah. So so we asked facet right that when A to add a condition to the toggle so that the CVS RX carve out toggle will be moved to false if the member has termed coverage.

 **Gundamraju, Sowmini** 19:43  
Done.

 **Hahn, Shawn** 19:58  
O Once they are termed, they are no longer able to see any RX functionality in Aetna Health.

 **Dworkin, Amram** 19:58  
Got it.  
Got it.  
OK, I'm gonna ask one more question, then I'm gonna go back to this and we do have enough time because it's a relatively straightforward solutioning precisely defined termed coverage.

 **Hahn, Shawn** 20:11  
Yeah, for sure.  
There are no precisely defined term coverage, so the member does not have coverage, RX coverage or medical coverage with Aetna any longer.

 **Dworkin, Amram** 20:30  
Got it. So it's been termed out for all intents and purposes.

 **Hahn, Shawn** 20:35  
Correct.

 **Dworkin, Amram** 20:35  
OK, so essentially the way it works is there are a number of different ways this can work. It can the orders and the refills that straddle coverage boundaries that are prior to.  
And still extend prescriptions with an effective date prior. We have to kill the ones that are prior, but the ones that are current, we have to keep those in the list, correct?

 **Hahn, Shawn** 21:05  
That's right, because so many once they refill that prescription.  
Under so, so if I'm a member and I am, let's say, let's say like state of North Carolina prior to 1/1/2025, if they had a prescription that had three refills, they've only refilled it once, right? With this update, that prescription at enrollment is not going to show in their prescription.  
Management. However, once they fill that prescription under the new coverage, they would then be able to see that prescription.  
In Aetna Health, right, because the fill like like what? So I guess maybe that's maybe that's not a question for you so many. Maybe that's question for you Ami. Like what is the in specific to the prescription, what is the date that we use to determine whether or not we show it?  
Is that does that?

 **Dworkin, Amram** 21:59  
Currently, yeah. Currently we give it an effective date and we take what's comes back essentially, you know?

 **Gundamraju, Sowmini** 22:06  
Yeah.

 **Dworkin, Amram** 22:09  
So it depends on what the CVS returns to us, which is why we're implementing like a one off filtering logic.

 **Hahn, Shawn** 22:13  
Yeah, but I mean like.  
Sure. But like what date would we be using from like like we wouldn't, would we be using the original fill date of the prescription or we would be, would we be using the the Simon and please help me with the dates here like would we be using the refill date for the prescription or last fill date?

 **Gundamraju, Sowmini** 22:26  
Yeah.  
Last fill day, yeah.

 **Dworkin, Amram** 22:34  
Last build date, yeah.

 **Hahn, Shawn** 22:35  
OK, so last fill date would be specific to each individual fill, right?  
Tell me that last field date is updated when they OK, yeah, yeah. So I think that that is the right way to do it. I'm I'm only clarifying because I'm going to have to go back to compliance and tell them what we can do and because because I kind of feel like they're trying to have it both ways too and we want to make sure.

 **Gundamraju, Sowmini** 22:42  
Yeah, yes, that is updated when you refill, right?

 **Hahn, Shawn** 23:01  
That we're going to satisfy the problem that we had with state of North Carolina and I'm based on.  
What we have here, I I'm changing my mind in that I agree.  
That.  
We should only be showing prescriptions that are filled under the current coverage because we're still going to be showing prescriptions that are older past the the effective date. That's I think state of North Carolina would would have still had a problem with, right?

 **Dworkin, Amram** 23:31  
Yes, I mean, I think that directly violates what they were talking about.

 **Hahn, Shawn** 23:32  
So yeah.  
Exactly right. You're exactly right. OK, I'm talking myself out of it now. That's really helpful. Thanks for talking that through with me.

 **Dworkin, Amram** 23:35  
E.  
So.  
So either way, we're gonna have to filter prior to plan effective date.

 **Hahn, Shawn** 23:46  
Right.  
Correct.

 **Dworkin, Amram** 23:49  
And if we get and this is just for refillable current prescriptions. So if they ask for a prescription list, what do we do? These were questions I thought were answered, but now I'm now.

 **Hahn, Shawn** 24:03  
No, no, no. I think I think that that so so prescription list would have to have the same logic that the PLP and PDP would have to have the same logic. So so any prescriptions that are prior to the medical effective date would not show in Aetna Health based on the fill date once that fill date is updated though to after the.  
The coverage date for their medical, then we would be able to show them within Aetna Health. That makes total sense. That is a good compromise.

 **Dworkin, Amram** 24:29  
Yeah, I think that's the logical, that's the logical solution. So that once again.

 **Hahn, Shawn** 24:33  
Yep.

 **Dworkin, Amram** 24:37  
It argues for a centralized service. Hey, we're back to centralized services. Good.

 **Hahn, Shawn** 24:42  
Yeah, so I'll shut up now and let you do what you're gonna do From the beginning.

 **Dworkin, Amram** 24:44  
No, no, it's good. So there were two obvious ways to do it. One was to drop some inline logic into the specific services that were making the requests in order to do this filtering. And the problem with that was we were looking at.  
Potentially 3 or 4 minimum places to look at PLP, PDP and a couple of others.  
Whereas or we could centralize that into a service that was requested at the time that we made the actual list request from CBS and then filter it there with a specific set of rules and move on and then return that and use that as the response.

 **Gundamraju, Sowmini** 25:15  
Yeah.

 **Dworkin, Amram** 25:27  
And it seemed to make sense to go with the centralized response because if it arises in the future or if there are other services that just didn't get caught in the initial discovery, we have a centralized way of doing, you know.

 **Hahn, Shawn** 25:42  
Mhm, mhm.

 **Dworkin, Amram** 25:42  
So that was the solution approach and I'm not gonna do with this little thing. Yep, let me get this.  
So.  
Bigger here.  
This is the entirety of the prescription. Which one is this one?  
Yeah, this is the prescription search request and this was the normal existing system. And what we're essentially doing is we're interjecting a new service and I'll show the API to that in a SEC, a new service in there and.  
I built it out two ways. One is we can either allow the filtered search to do the request against CBS, in other words to be the central orchestration mechanism, or we can keep existing. And this has a lot to do with what the engineers want to do. I wanted to put it in front of them. I I've designed both in so that they.  
They can go either way and we can just scratch one of them or they can go get the list, pass the list to us in this new service and then have it filtered out and use that as their response. So it's really a question of how much work.  
And which they feel is a safer approach. That makes sense.  
I'm gonna go with silence is ascent.

 **Gundamraju, Sowmini** 27:05  
Uh, can can can you repeat that? Uh, uh, I mean, sorry, when we're saying.

 **Dworkin, Amram** 27:07  
Go ahead, Suman.  
Well, there's sort of two ways to do it. We're already doing the client request from CBS, right? We're already doing the list request from CBS. So we can either take that bundle data, pass it internally to a filtering mechanism, and have it filter and give us a filtered response.

 **Gundamraju, Sowmini** 27:14  
Right.  
OK.

 **Dworkin, Amram** 27:29  
You know a constrained response or we can actually or we can we can we can have that request do the the the filter request just extend it so that the filter request becomes the request and it does the filtering as part of it.  
Overall search request and then you know, then filter out and then respond. So we can either do it as a two step or one step.

 **Gundamraju, Sowmini** 27:57  
OK, OK. But basically when we either we use current SDK APIs or I90 APIs, we provide them a date range, right? So we ask for two years of prescriptions info.  
So you're saying that we based on members, you know plan effective date begin, we would we would read that and then we would embed that those dates into our request to Caremark to request a list of prescriptions.

 **Dworkin, Amram** 28:31  
That's correct.

 **Gundamraju, Sowmini** 28:31  
And clicks.

 **Dworkin, Amram** 28:35  
Wait, say again, we would either. Actually, we're not, we're not messing with what care markets gives us. We're using the current request mechanisms. We're just filtering the response we get back from them, which actually turns out to make more sense than I thought it did with the fact that we're going.

 **Gundamraju, Sowmini** 28:37  
Yeah, but so.  
OK.

 **Dworkin, Amram** 28:54  
Going to be showing prior data.  
In other space, right?

 **Gundamraju, Sowmini** 29:03  
Yeah, I mean, can we, based on the plan effective dates, can we just ask for that smaller window rather than pulling everything and then filtering?

 **Dworkin, Amram** 29:17  
Yeah, I think that Shawn, we had that conversation originally and the I thought the discussion was that we don't change the requesting mechanism that we're using right now.

 **Gundamraju, Sowmini** 29:20  
Yes.

 **Dworkin, Amram** 29:32  
Because there were some I-90 issues and I'd have to go look up in my notes. I'm not gonna do it live here, but I'll go look up in my notes as to why we didn't want to use that approach. But yeah, that's absolutely an option.

 **Gundamraju, Sowmini** 29:42  
OK, sure.

 **Dworkin, Amram** 29:45  
If we're gonna, especially if we're gonna use it for different things.

 **Hahn, Shawn** 29:50  
Yeah, to to be honest, that doesn't sound like something I'd be smart enough to answer, but but I'm not quite sure I understand the question there.

 **Dworkin, Amram** 29:56  
So.

 **Hahn, Shawn** 30:06  
OK.

 **Dworkin, Amram** 30:06  
But I I think that you and I and and Sony and and maybe Jen, you too need to get together after this and and clean this up a little bit. OK. And that's the danger of having this long lag having gotten in there that actually things have changed on the ground.  
Um.  
But in essence, what we were proposing was that there's a and now now I'll go to the API. Hold on.  
What we were proposing was the creation of either to replace the search, and this is what you're saying, so many is that we constrain the the dates, right?

 **Gundamraju, Sowmini** 30:59  
Yeah, yeah. And and this is, I'm sorry, I'm just brainstorming here. I think from like maybe what Shawn was thinking was reduce the amount of changes on the client side, but we can keep the client side similar like you know they would still continue to request for one or two years.  
But on the server side, we would check the dates and then we would tweak that start and end dates before we send it over to Caremark.

 **Dworkin, Amram** 31:30  
Sure. Which this mechanism is there and essentially what we would get is we would get a working call with all visible members and.  
A response to the normal, the normal, I'm sorry, the normal response that we would get or.  
If it was a partial results and I I actually I did have enough time to pull in the way the to use the same format that we're using now in in in CBS Health App. Is that the new name CBS Health App? Did I get that right, Jen?

 **Tang, Jennifer J** 32:08  
Yeah, they want us to stop calling it Super App.

 **Dworkin, Amram** 32:08  
Um.  
Yeah, yeah, yeah. It's it's it's killing me. I I had enough hard time going to open platform. But you know as it turns out and I chided about Super App when he first said it, it stuck in my head so that what they would get is we would get the data that you know the good prescriptions and then the one.

 **Tang, Jennifer J** 32:23  
Mhm.

 **Dworkin, Amram** 32:30  
That were out of range would be filtered out and we would get that and we would send them back the only the only the the good ones here.  
Only the ones that were within the effective date window. Now that's assuming that we want the service to do.  
The search for us the the other option is to pass.  
To do an evaluation on it. In other words, to pass the actual claims that we got in already into this service and just have it strip out the ones.  
That we're not interested in.  
OK.  
So I I I've built both of them into the API. Remember, you have to remember this is the first thing I ever did for you guys. So I knew less about how how we function than I do now. All right, where do we go?  
Oh.

 **Tang, Jennifer J** 33:31  
I mean, where where does the claim service get the information about what the proper date ranges are for CVS requests?

 **Dworkin, Amram** 33:42  
I will.  
It actually comes in the pharmacy claims original request.  
So this is the current. We do a prescription search with the membership and start and end date. It comes from the client and then we take it from there. So it's actually it's provided by them to start with.

 **Tang, Jennifer J** 33:57  
Mhm.  
Oh, but the yeah.  
OK. But the client won't know the right dates and the dates from the client might be different for health claims than they are for these pharmacy claims which need to specifically be constrained.

 **Gundamraju, Sowmini** 34:18  
OK.

 **Dworkin, Amram** 34:30  
But aren't they doing, aren't they?

 **Tang, Jennifer J** 34:31  
It it can't come from the client.

 **Gundamraju, Sowmini** 34:32  
OK.

 **Dworkin, Amram** 34:34  
But aren't they doing it now? I mean, I know that it can't be now because they can give us dates outside of the range and then we will actually return them data. So the idea is to restrict that data down no matter what range they give us. But if they give us a constrained range, let's say it's, you know, they only want to see two months out or you know, one month.  
You know, time frame, as long as they're inside of the effective window, we still want to respond with that limited range.

 **Tang, Jennifer J** 34:52  
Sure.  
Yes.  
Right, right. So where does the effective window come from?

 **Dworkin, Amram** 35:01  
Right now, like I said, from the client, from the. So yeah, and and what we're trying to say is it's great as long as they stay, as long as they're playing right, we're good. But even if they go outside of it, we know what their effective dates are. We check the effective dates inside of this new.

 **Tang, Jennifer J** 35:03  
OK, OK.

 **Dworkin, Amram** 35:18  
Filter this window filter and Windows bad name for it actually now that I'm looking at it, but this new effective date window filter and we we restrict it down. Now whether or not we tell them, hey you know that range isn't isn't valid, I I would think that would have to happen before this.  
You know, if we were gonna do that or we just return them data that we have because, you know, I mean, I can do that. Like I can do it on Amazon. I can go to Amazon and say give me things before 1993. It's just gonna give me whatever it's got. You know, it's not gonna, it's not gonna tell me you don't have. There was no such thing. We didn't exist, you know, just.

 **Tang, Jennifer J** 35:43  
Yeah.

 **Dworkin, Amram** 35:54  
Not gonna give it to me so.  
That was at least the thought behind that.  
That make sense?

 **Gundamraju, Sowmini** 36:03  
And.

 **Tang, Jennifer J** 36:03  
It it does, but then where does this filtering process get the I'm I'm interested in how you're figuring out what the right date range is that you're allowed to request for from CBS.

 **Gundamraju, Sowmini** 36:08  
Yeah.

 **Dworkin, Amram** 36:15  
OK, so we retrieved the membership date. So we've received the policy effective date and we restrict the responses we get. We fire the the thought was, I mean the way it works now is you we send off the request to CVS, CVS response to us and we respond back to them.  
Um, what we'll do is we'll then filter it out with no we'll go retrieve that.  
Or if it's carried, we'll we'll we'll read it. I can't wait. It's been a while since I actually did the design of it, so.

 **Tang, Jennifer J** 36:51  
So each service needs to call any anywhere that this has to be applied has to call or this filtering logic whatever has to call what app startup membership detail.

 **Dworkin, Amram** 37:01  
This eligibility, essentially an eligibility service, yeah.  
Which will provide the effective dates.

 **Tang, Jennifer J** 37:09  
Sorry, I missed what you said. Which service?

 **Dworkin, Amram** 37:11  
It would be like an eligibility service. It's, you know, it's the it's the Aetna source of truth, you know, and that gets the eligibility status with the effective start dates. And then we filter the claims here and the the goal was to trim the CBS claims out and build the map claims and then send it back in with the now.

 **Tang, Jennifer J** 37:16  
Hmm.  
OK.

 **Dworkin, Amram** 37:32  
Set.

 **Tang, Jennifer J** 37:33  
OK, so you'll need to know from like, let's say it's application startup is the API you're going to use, right? You'll need to know which plan group, right? And then within that you'll have to know which membership CVS RX Carvo is enabled for.

 **Dworkin, Amram** 37:48  
Correct.

 **Tang, Jennifer J** 37:49  
And then that's the membership you'll have to target to be able to go and look what are what's the effective date begin and end values and make sure whatever the incoming request is, is constrained within those those dates just for the pharmacy claims.

 **Dworkin, Amram** 38:07  
Right.

 **Tang, Jennifer J** 38:08  
And my OK.

 **Dworkin, Amram** 38:10  
I mean, I'm not sure how else we would do it unless we.  
Ensure that in the application startup we're carrying those effective dates.

 **Tang, Jennifer J** 38:21  
So one other place you could think about putting this would be when you're getting the token, right? The CVS off token data, that response could be enhanced to contain the effective dates.

 **Dworkin, Amram** 38:25  
OK.  
Right.

 **Tang, Jennifer J** 38:36  
It already that flow I think is already calling membership detail. So many you can correct me on that, but right. So if you enhanced that response to include the dates, then you wouldn't have to do any of the other orchestration later in individual services, you'd just use the dates.

 **Dworkin, Amram** 38:42  
It is.

 **Gundamraju, Sowmini** 38:43  
Yeah, yeah.

 **Dworkin, Amram** 38:44  
It is.

 **Gundamraju, Sowmini** 38:46  
OK.

 **Dworkin, Amram** 38:55  
Yeah, this is actually an outstanding item I had to take up. It's just it. Like I said, again, it reflects how new I was when we started this. You know that I didn't really understand the token. Hey, hey, I like it. You know, it would have, I would have preferred finding all this out three weeks ago or whatever it was we were supposed to do this.

 **Tang, Jennifer J** 39:00  
Yeah, I know. Threw you into the fire.

 **Dworkin, Amram** 39:14  
But yeah, I I again, I knew that there. The question is whether we're carrying it already anyway, which I think there's an excellent chance we might be in the tokens because we're not the only people who need this information, you know? So, but again, I didn't, I didn't really get the token flow back at the time.  
In fact, I didn't, you know, I barely get it now, but I do. All right. So I guess the idea is that we're going to either centralize it on, have the API do the search, that's one design, or we can have it so that we pull down, we just use the existing systems all the way up until we get the list.

 **Gundamraju, Sowmini** 39:34  
OK.

 **Dworkin, Amram** 39:52  
And then we fire this verification service off with the payload that was responded to from CBS and we cut it back. You know, it's a question that's a question for engineering and it's a question I didn't have the the, the response times.  
To know which it or how embedded that data was in order to be able to make that determination. So I just gave them both and that, you know, decision has to be finalized, which would have been this conversation.

 **Gundamraju, Sowmini** 40:23  
Yeah, I I have AI have a question. Yeah, Jen, you mentioned like this could also go in the CVS token like the dates could be embedded there, but is is and then but we also need to restrict claims, right?

 **Dworkin, Amram** 40:23  
OK.  
Sure.

 **Tang, Jennifer J** 40:34  
Yeah.

 **Gundamraju, Sowmini** 40:41  
We don't want to show RX claims as part of the, you know, claims find response.

 **Tang, Jennifer J** 40:46  
Yep.  
Right. But we're only talking about carved out claims that we get from CVS, so you'd have to have that token. Anything from Aetna is not in scope here.

 **Gundamraju, Sowmini** 40:50  
So.  
Yeah.  
Right, right. So is it a proposal that if it's so clients today invoke the CVS token endpoint, is the proposal that the clients would get those dates and then use those dates to? No, no, right. OK.

 **Tang, Jennifer J** 41:12  
I don't know. No, no, no, no, Nope. They it's it's an like they'd happened to get it there. I think they're just calling that end point today tactically to sort of warm up the token, but it's like a fire and forget thing.

 **Gundamraju, Sowmini** 41:22  
Alright, um.  
Um, yeah. For a credit card too. Like the payment, yeah.

 **Tang, Jennifer J** 41:27  
Unless they're making a payment or something, yeah, yeah.  
No, my I was thinking like every like we we have to get a token in order to make the call to CVS, right? Why not embed the dates in the response? There's a Jason payload response rate when you get that back, why not add the dates there? That way everything that makes a call to CVS has access.

 **Gundamraju, Sowmini** 41:32  
OK.  
Sure, yeah.  
Mhm.  
Ray.

 **Tang, Jennifer J** 41:52  
To those dates.

 **Dworkin, Amram** 41:53  
So Jen, right now they're doing a de minimis token management. In other words, they're they'll grab it and anything else that's not of direct interest to the authentic off off process gets stripped out of the token.

 **Gundamraju, Sowmini** 41:53  
Yeah.

 **Tang, Jennifer J** 42:09  
It's not in the token proper, it's in the Jason payload in the response from the API.

 **Dworkin, Amram** 42:13  
Right. Sure.  
So are we adding it to the to? OK, this again, I'm so glad this is being. Yeah, yeah, yeah, I'm so glad this is being recorded.

 **Tang, Jennifer J** 42:20  
We can take it offline. It's just an idea to centralize where it's happening since we already great. It's it seemed like a good place, but you I'm happy to take it offline or or you know, feel free to say no.

 **Gundamraju, Sowmini** 42:30  
Thank you.

 **Dworkin, Amram** 42:33  
Yeah, no, that makes perfect sense. No, no, it makes a lot more sense. Then it's available. First of all, we don't have to do it multiple times. Second of all, it's available to anyone else that needs similar.

 **Tang, Jennifer J** 42:45  
M.

 **Dworkin, Amram** 42:46  
Similar, you know, capabilities. So of the rest of this becomes just a an exercise in going through the process. You know, we validate the attestation, there's a carve out, we retrieve the CBS token, we fetch the claims and normalize, de duplicate any unique RX IDs that we get. This is all in.  
Current processes we apply the policy. This is where we would now step in. We apply the policy effectively window filtering, then any of the access you again, this is all there now UAF privacy restrictions, then we restrict.  
If provided by, you know, return mapped resources, any other restrictions that we need and then we send it on its way. So we've essentially added.  
One step in a six step process that exists there.  
OK.  
And it looks like we may add 2. This conversation is going to have to be had again. Rose, we're going to need to add some time.

 **Lopez, Rosse M** 43:50  
Yeah, I can set up our follow-up session.

 **Dworkin, Amram** 43:55  
Yeah, yeah. Um.

 **Tang, Jennifer J** 43:57  
As we think about, oh, sorry, go ahead. So many. You were so polite and put your hand up. I didn't.

 **Dworkin, Amram** 44:02  
Yeah, yeah, but I wasn't polite enough to call it.

 **Gundamraju, Sowmini** 44:02  
Oh, no, no, no, actually.  
No, no worries. I have a question back to that going back to the membership in plan effective date. So if if the for a carved out member, if the member does not have, they have a dependent only right and if the dependent has a medical membership.  
Um, how does that work? Are we checking?  
Are we checking for their for the dependents active only? Do we need to check those statuses and then retrieve the effective date begin for that membership resource ID?

 **Dworkin, Amram** 44:46  
Yes, we have to do it for every resource in.

 **Gundamraju, Sowmini** 44:52  
OK, so we we'll need to.

 **Dworkin, Amram** 44:53  
Although will a dependent have a super. So yeah, I guess they could, they could have subset, but we do. That is the intent.

 **Tang, Jennifer J** 45:03  
Wait, wait, wait, wait. So the subscriber will have one active medical membership, right? And that medical membership could have a dependent on it who is no longer active.

 **Gundamraju, Sowmini** 45:05  
Right.

 **Dworkin, Amram** 45:19  
Just became active.

 **Tang, Jennifer J** 45:20  
Who has a subset of active date range from compared to the subscriber, right? So those like they could be have been added later and the membership resource ID stays the same for the sub. I think that can happen.

 **Dworkin, Amram** 45:23  
Bye.

 **Gundamraju, Sowmini** 45:26  
Mhm.

 **Tang, Jennifer J** 45:36  
Um.  
In that case, the the membership was still like, I think it's still OK, right? It's a to say OK, whatever the subscribers effective date.  
That's the that's the super set for that membership. It's OK to ask for claims for the dependent, even if the dependent wasn't yet active. Is that like?

 **Dworkin, Amram** 45:59  
Well.  
I don't think so, actually, because I'll give you an example. We were on when when my wife and I separated, we were on my insurance and then it shifted to hers.  
My effective date was wider than my dependents. Am I allowed to see?  
The dependents.  
Prior to if she were, if she were Aetna, would she be allowed to see those that were prior to? They were both CVS, you know?

 **Tang, Jennifer J** 46:34  
How do we even request that right? We would do we have to constrain it down to the smallest?

 **Dworkin, Amram** 46:38  
We would have to we the idea was to pass in the effective. Yeah, to put in the effective dates of the to restrict. We would need to know. We need to know the effective dates of the dependent and we need to restrict theirs with specific logic in the policy in the in the window filter.

 **Tang, Jennifer J** 46:44  
It.  
So now we're talking about making many requests to CVS for different people.  
Right. Or we're saying let's not show certain claims from the subscriber because they have one dependent of many who has a smaller window.

 **Dworkin, Amram** 47:07  
Yeah, there's.  
Right.

 **Gundamraju, Sowmini** 47:17  
And that is not is.

 **Dworkin, Amram** 47:18  
Yeah, first of all, confirmed we are talking about multiple requests. Not sure how else.  
You have to have that information in order to be able to make this kind of filtering logic. Now that doesn't mean that we have to carry it on every request. We can jam it in, you know, jam it in the in something that carries the token or something that carries and you know when the application start up whatever.

 **Tang, Jennifer J** 47:39  
Yeah.  
Right. Or or filtering.

 **Dworkin, Amram** 47:42  
But but we definitely need that information, and that information needs to be retrieved in multiple requests.

 **Tang, Jennifer J** 47:50  
Hmm.

 **Dworkin, Amram** 47:51  
I mean, that's just the complexity of of, you know, of what we tethered filtering, you know?

 **Tang, Jennifer J** 48:06  
We would have to. We would probably need to filter on our side after the fact.

 **Dworkin, Amram** 48:10  
Yeah, absolutely.

 **Hahn, Shawn** 48:13  
So just so I'm because I I think I have to go back to compliance to ask them if it's OK based on some of the stuff we've been chatting about in the chat, right. So is the idea that we would get back all of the same stuff we're getting back today, but only show stuff within the?

 **Dworkin, Amram** 48:13  
It.

 **Tang, Jennifer J** 48:21  
Mhm.

 **Hahn, Shawn** 48:30  
The effective period. Or is the idea that we're not, we're asking CBS for to only send us claims from within that effective period, so the other stuff doesn't even make it to Aetna?

 **Dworkin, Amram** 48:45  
Both options are supported, so the way the way the API is set up is if you do use the new version to do the actual request, then you can restrict what you're asking CBS for this, therefore limiting the amount of data, therefore limiting the amount of.

 **Tang, Jennifer J** 48:47  
It's.

 **Dworkin, Amram** 49:05  
Filtering, reducing payload on their side and our side. If you're using it for verification with the current system, then it's after the fact, right? And therefore we would get what we get now and we trim it off. So until.

 **Tang, Jennifer J** 49:19  
But.

 **Dworkin, Amram** 49:22  
We had this conversation about listing things that were prior to the effective date at the beginning of this meeting. It seemed logical that we would use the integrated approach, but now I'm glad I put both approaches in because it may not be the case. We may actually have to do ex post facto.

 **Hahn, Shawn** 49:36  
Yeah.

 **Dworkin, Amram** 49:41  
Reduction. Wow, I'm putting that one. I'm putting that on my CV. Um.

 **Tang, Jennifer J** 49:43  
It could be both.  
Right. We could do both. It could be like we can ask for the subscribers effective date range in the request to CVS and in the response we're looking at the dependents effective date ranges and further filtering down.

 **Dworkin, Amram** 49:48  
Right. Yeah, absolutely.  
Right.

 **Tang, Jennifer J** 50:04  
This is like a two-part process.

 **Hahn, Shawn** 50:04  
So.

 **Dworkin, Amram** 50:05  
Right. Absolutely.

 **Bell, Zachary** 50:06  
But.  
I I really think we need a definitive answer from a lawyer here. Like if if they're sending us more dependent data than we should be getting, that seems like a violation too.

 **Tang, Jennifer J** 50:18  
There's no way to request just for certain people, I don't think. So many you tell me I don't or I mean like.

 **Dworkin, Amram** 50:23  
Yeah, no, not under the current.

 **Bell, Zachary** 50:24  
I mean, I I, I get, I get that there's technical and like business complications here, but if like there's a potential that we could get sued over this, like I I don't know, maybe not I this may be totally this. This is a new sort of conversation for me, but.

 **Gundamraju, Sowmini** 50:26  
OK.

 **Bell, Zachary** 50:41  
It feels like North Carolina's like you can't have that data and we don't have a clear definition of you what you can't have that data means.

 **Dworkin, Amram** 50:50  
Yet to be really clear about the original conversations, it wasn't a question of us having it, it was a question of them getting it.

 **Bell, Zachary** 50:58  
Who's them?

 **Dworkin, Amram** 50:59  
North Carolina, the the end user. I'm sorry, that was playing the pronoun game over here. Yeah, it's the question of of of North Carolina getting it. I don't know as there are any specific in.  
Restrictions for us getting data that CBS supplied us. But again, that's really for you, Shawn. That's back to you.

 **Bell, Zachary** 51:20  
Oh.

 **Tang, Jennifer J** 51:22  
I heard it differently.

 **Bell, Zachary** 51:22  
OK, maybe I fundamentally misunderstood the question.

 **Hahn, Shawn** 51:25  
I'm a little lost. I'm so sorry. Can can we say the question again? I'm sorry.

 **Bell, Zachary** 51:31  
I guess we need a clear answer for this. Who are we hiding this data from?

 **Hahn, Shawn** 51:34  
So it's it's this is so it's a little bit of ghosts and shadows right. So so I think the appropriate way to do this where we're covered all across the board is to not ask for anything prior to the effective date. I think that is the the clear cut way to avoid any semblance of improper.

 **Bell, Zachary** 51:48  
What?

 **Hahn, Shawn** 51:54  
I can ask compliance if it's OK for us to get the information and not show it. To me, that feels shady and that doesn't really solve what they.

 **Bell, Zachary** 51:56  
Sure.

 **Hahn, Shawn** 52:09  
We're looking for us to do right, but to to to avoid all semblance of impropriety, I think the best way to do it is to for us to not even request the claims from prior to the effective date. I think that ultimately would be the most appropriate solution.

 **Tang, Jennifer J** 52:24  
But Shawn, there's no the effective date.

 **Bell, Zachary** 52:24  
And but but then CVS is like, they're not gonna do that.

 **Hahn, Shawn** 52:29  
Bye.

 **Tang, Jennifer J** 52:32  
There's no the effective date. You've got a whole family with different effective dates.

 **Hahn, Shawn** 52:34  
Well, it's that that.  
Yeah, yeah, yeah. Well, I mean, so, so that's a good point. So I, but I would say for whoever, for each of the individual members of the family, it's going to be based on the medical effective date, right. So if they have different ones, then it would be based on their specific medical effective date.

 **Dworkin, Amram** 52:50  
But right now, Shawn, there's no way to to make that determination for the dependents, right? It's just an effective thing.

 **Tang, Jennifer J** 52:56  
OK.  
The claims request to CVS. We can send a date range in, but if it's the subscriber making the request, they're going to return information for the whole family based on that set that we've sent in.

 **Dworkin, Amram** 53:03  
Right.  
Right. We'd have to, we'd have to change the if we're going to do that, we have to change the way we do subscriber requests to make a subscriber only request to allow make sure that CVS even has that capability and then make specific requests with effective dates of the various dependents and then aggregate it.  
You know, after after we got the return, the return sent right with all the concomitant parallelization and re reconstitution on downstream issues, right?

 **Hahn, Shawn** 53:43  
So, and to be clear, CVS is not going to change this because they don't a view it as a problem and B, they would only support any kind of solution on their side if we could supply them with an effective date. So that would require us to provide them. It's going to require work on their part, which they're not going to be excited about.

 **Dworkin, Amram** 53:47  
Right, right. Yeah. No, no, I didn't think they would.

 **Hahn, Shawn** 54:02  
It's going to push this back even further and they're going to require us to send the effective date for each member of the family, you know, the medical effective date to limit the claims, right?

 **Dworkin, Amram** 54:13  
Well, the option I guess would be that we give them when we make the request, the the subscriber claims request, we give them an array of effective dates.  
At the dependent level, right, so that they get.

 **Tang, Jennifer J** 54:25  
Or right, we we could give them a constrained set of effective dates. What's the smallest date range considering all the dependent date ranges, right? Combined. And that means we'd be missing claims. Yep. But it it from a compliance perspective, that could work.

 **Dworkin, Amram** 54:35  
But then we're gonna deliberately give the wrong data response, OK?

 **Gundamraju, Sowmini** 54:39  
You'll be missing.

 **Tang, Jennifer J** 54:44  
Even temporarily.

 **Dworkin, Amram** 54:45  
Right. I I love, I love cowboy approaches. We're just going to give you the wrong data. If we're going to do that, Jen, I say we just write a random number generator and send it to them.

 **Tang, Jennifer J** 54:56  
I know, yeah.

 **Dworkin, Amram** 55:03  
Yeah, I I think the answer has to be either they change the way they do it or we get data, potentially get data that is not is outside of our viewable purview, but is and then we strip it out before the user sees it. Those are the one of the two, one of those two things has to happen.

 **Kerz, Leslie** 55:05  
No.

 **Hahn, Shawn** 55:21  
So can I?

 **Kerz, Leslie** 55:21  
Can I ask a question? Why? From a member experience perspective, our goal is to not show claims right from other carriers. That's like pretty like, I know it's very simple.  
Statement. But why wouldn't we start with what Jen said, maybe sending a range if CVS could accept it? And we know we'll be missing claims, right? We know that, but I mean.  
We don't even know who cares. So like, I don't, you know what I'm saying? Like what member? What's the member reaction to this?

 **Gundamraju, Sowmini** 55:57  
And then.

 **Dworkin, Amram** 56:01  
Somebody's note right there is correct.

 **Gundamraju, Sowmini** 56:03  
Yeah.  
Yeah, there is. No, I just sent it, Leslie. Yeah, there is a risk there where if we're asking for lesser number, I mean if we're asking if we're missing claims, right. And if it is, it is possible that some prescriptions may have some actionable items either, you know, a refilling.

 **Kerz, Leslie** 56:07  
OK, I wasn't reading the notes.  
Um.  
OK.

 **Gundamraju, Sowmini** 56:26  
Or or I know this is not Medicare, so SHIP consent doesn't apply, but yeah, so refilling, renewing, yeah, other other activities.

 **Kerz, Leslie** 56:30  
Hmm.

 **Dworkin, Amram** 56:35  
And so many this and all this will happen a lot because people have babies, you know, and those babies come on in the middle of the in the middle of or in the last day of their of their effective rate, you know. So it's that you're you're guaranteeing you're going to you're again there's two ways this.

 **Kerz, Leslie** 56:38  
Thank you, Sam.  
Hey, do you?

 **Gundamraju, Sowmini** 56:41  
Yes.

 **Dworkin, Amram** 56:55  
Work. Either they accept a set of ranges and constrain their response, or we strip them out. So I did not assume that we could go back to CBS again, and maybe I was just working for me in partial knowledge and also from the conversations that I had had saying it was OK for.  
For us to have the data, just not North Carolina, that it's a lot easier for us to just strip the data out and that solves this problem.  
Than it is to start working towards providing them. And it's not just here. Then you know we have this downstream effect because there's knock on effects for everywhere that we get a prescription list where we we have to provide them an array of of effective dates.  
And so if the answer is, hey, it's OK if you guys have it, it's just not OK if we pass it down the thing, then we've got a centralized solution that solves this problem. If not, then we've got a longer term solution. We're going to have to build some more time into our build cycle.

 **Hahn, Shawn** 57:55  
Would it be beneficial for me to include compliance in our next meeting and we can kind of share with them the options that we have and they can pick the less, you know, they can understand the the problem or OK, let let me.

 **Dworkin, Amram** 58:08  
Yes.  
But Shawn, before you do that.  
Rose, can I get the recording of this? I'm going to re listen as soon as we get out of here, write down these options clearly so that we're not talking to compliance, but show them what we're talking about.

 **Hahn, Shawn** 58:26  
Yeah, because what I will do is I will send them a summary of what we talked about. They're looking for an update for me. So I will send them a summary of the two solutions and say we're going to set up another session so that you can ask questions about the solutions that are available and we can poke at them with with. Yeah, I I I think that's the best way to go. That would be really helpful. I mean, if you could do that.

 **Dworkin, Amram** 58:44  
Right. Yeah, yeah. I will absolutely do that as soon as I get off the phone here. I mean, as soon as we get off this meeting. But you just recapitulated ontogeny, recapitulates Pelagin, Pelagin. Yes, you just recapitulated why there were two solutions built into it.

 **Hahn, Shawn** 58:50  
Yep.  
Yeah.

 **Dworkin, Amram** 59:00  
This exact problem. This exact set of problems. So um, all right.

 **Hahn, Shawn** 59:02  
Yeah, Yep.

 **Dworkin, Amram** 59:06  
I think we have some work to do.

 **Hahn, Shawn** 59:13  
Yeah, this is really helpful and I think we're getting down to the specific issues we have here. This is really helpful though and I think having compliance direct us, they may say that CVS needs to limit the solution and we're going to have to figure out a way, but but I I think that this was actually a really good conversation and and it's helped me understand the problem that we have, so.  
I think the the next step is for is is exactly what you said Ami. You're going to write down the two possible solutions. We'll share those with compliance and then they need to help us make a determination.

 **Dworkin, Amram** 59:43  
All right. And Jen and so many I I need can I get with you 2 to talk about the carrying the effective dates because no matter what we're going to we got this issue you know if we're not going to use a service to pick them up each request or to cash them and you know pick them up from a cash.

 **Tang, Jennifer J** 59:50  
Yes.

 **Dworkin, Amram** 1:00:01  
Each request, which was the intent, then we need to figure out where how do I need some help, you know, to get to where I can do that. I'll, I'll, I'll grab Ian as well if I need to. And so we need to have that conversation and and Sean, like I said, we need rules.  
You know, we we need a ruling, but you need information from me to get that ruling.

 **Hahn, Shawn** 1:00:22  
Yep, Yep. Awesome. Thanks.

 **Dworkin, Amram** 1:00:24  
Well, this was not what I expected. This has this is what if we had a review and architecture broke out?

 **Hahn, Shawn** 1:00:27  
Me either.

 **Lopez, Rosse M** 1:00:31  
Me either.

 **Hahn, Shawn** 1:00:31  
But.

 **Dworkin, Amram** 1:00:39  
Yeah.

 **Lopez, Rosse M** 1:00:39  
Really good conversation though. Good discussion.

 **Gundamraju, Sowmini** 1:00:40  
It's it's great conversation, yeah.

 **Dworkin, Amram** 1:00:42  
Yeah, yeah, yeah. It's it's, um, all the all the smart people in the room and me. Um.  
All right, I'll follow up. It'll take me an hour to go through this or 1/2 an hour to go through this. I'll get it out to you tonight. Start a business tomorrow morning. Let's, you know, start to you. You give them a heads up. Jen and Somany, I'm going to schedule some time with you again. I don't think I'll have time to do it today, but tomorrow morning.

 **Hahn, Shawn** 1:00:53  
That, that.  
Yep.

 **Dworkin, Amram** 1:01:07  
So that we can get it, Rose, I will update you after we have those conversations, OK.

 **Lopez, Rosse M** 1:01:11  
Yep, sounds good. And then I'll stop the recording so you can have it available.

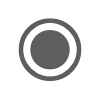
 **Dworkin, Amram** 1:01:13  
All right, guys. Well, you know, we live in interesting times. Thanks, guys.

 **Lopez, Rosse M** 1:01:21  
Thanks everyone. Have a good afternoon.

 **Hahn, Shawn** 1:01:21  
Thanks everyone.

 **Gundamraju, Sowmini** 1:01:23  
No.

 **Hahn, Shawn** 1:01:23  
All right. Talk to you soon. Bye. Thank you. Bye.

 **Lopez, Rosse M** stopped transcription