**CVS Caremark to Aetna Service Integration: A Detailed Planning Narrative**

This document provides a detailed, phased framework for the lifecycle of feature integration between CVS Caremark (the service provider) and Aetna (the service consumer). It is designed to establish clear expectations, define accountability, and create a predictable, repeatable process for joint initiatives.

|  |
| --- |
| [Part 1: Joint Discovery & Definition (1-3 Day Working Session)](#_Toc205416789)  [Part 2: Internal Assessment & Commitment (Weeks 1-3 Post-Discovery)](#_Toc205416790)  [Part 3: Phase N - Planning & Execution](#_Toc205416791)  [Stakeholder Analysis (RACI)](#_Toc205416792)  [Appendix: Analysis of Process Gap Solutions](#_Toc205416793) |

**<<<<insert image here>>>>**

# Part 1: Joint Discovery & Definition (1-3 Day Working Session)

The first two phases are conducted as a single, intensive set of collaborative working sessions over 1-3 days. The goal is to move rapidly from a high-level concept to a refined, actionable plan with clear ownership.

## Phase 1: Feature Onboarding

* **Goal:** To establish a unified, cross-organizational understanding of the feature's business value, strategic intent, and high-level boundaries.
* **Participants:**
  + **Required:**
    - Aetna Product Owner (A)
    - CVS Product Owner (A)
    - Aetna Lead Architect (C)
    - CVS Lead Architect (C)
    - Aetna Lead Engineer (C)
    - CVS Lead Engineer (C)
  + **Optional:**
    - Aetna Business Stakeholders (I)
    - CVS Business Stakeholders (I)
    - Aetna XD/Content Lead (C)
* **Inputs:**
  + **Required:** Business Case or Feature Proposal (e.g., slide deck, 1-pager).
* **Outputs:**
  + **Required for Phase 2:** A high-level Product Requirements Document (PRD) containing the value proposition, target metrics, and initial scope.
* **Integration Points:** This is a joint, in-person or virtual working session. The primary integration is the direct, real-time collaboration between the Aetna and CVS Product, Architecture, and Engineering leads.
* **Activities:**
  + The Aetna and/or CVS Product Owner presents the feature concept, detailing the member problem it solves, the business opportunity, and the key performance indicators (KPIs) that will measure success.
  + The group collaboratively discusses the high-level scope, defining what is in and out of the initial release.
  + Lead Architects and Engineers from both organizations provide an initial "technical conscience" review, identifying potential system impacts, major architectural hurdles, or significant risks based on the initial pitch. This is not a solutioning session but a feasibility check.
* **Identified Gaps & Selected Solution:**
  + **Gap:** Key CVS technical stakeholders (Architecture, Engineering) are often missing from the initial onboarding, leading to a disconnect and unrealistic assumptions from the start.
  + **Proposed Solution:** Mandate the attendance of designated lead architects and engineering managers from both CVS and Aetna in this kickoff. Their role is to act as a "technical conscience," validating high-level assumptions and identifying potential architectural blockers or major dependencies before the feature gains momentum.

## Phase 2: Feature Refinement (External)

* **Goal:** To dissect the high-level requirements, identify specific provider-side (CVS) system impacts, and produce a formal, feature-specific RACI matrix to ensure clear ownership.
* **Participants:**
  + **Required:**
    - Aetna Product Owner (A)
    - CVS Product Owner (A/R)
    - CVS Lead Architect (R)
    - CVS Lead Engineer (R)
    - CVS Subject Matter Experts (as needed) (R)
  + **Optional:**
    - Aetna Lead Architect (C)
    - Aetna Lead Engineer (C)
    - PMO/Program Management (C)
* **Inputs:**
  + **Required:** High-level PRD (from Phase 1).
* **Outputs:**
  + **Required for Phase 3:** A refined PRD with detailed requirements and initial CVS technical component mapping.
  + **Required for Phase 3:** A preliminary Dependency Matrix identifying other CVS teams or services that will be impacted.
  + **Required for Phase 3:** A feature-specific **RACI Matrix**, co-authored and agreed upon in the session.
* **Integration Points:** This is a direct working session between Aetna Product and the CVS technical delivery teams. Aetna communicates the detailed "what," and CVS defines the initial technical "how."
* **Activities:**
  + The group performs a deep-dive review of the high-level PRD.
  + CVS technical teams identify the specific APIs, services, and applications within their domain that will be impacted.
  + A preliminary migration plan is discussed if the feature involves replacing an existing service.
  + The Aetna and CVS Product Owners collaboratively build and agree upon a feature-specific RACI matrix, documenting ownership for all subsequent phases.
* **Identified Gaps & Selected Solution:**
  + **Gap:** The right CVS decision-makers (Product, Architecture) are often absent, and a formal RACI matrix is not being produced, leading to ambiguity about ownership.
  + **Proposed Solution:** This phase will now produce a formal, feature-specific **RACI Matrix** as a mandatory exit criterion. This artifact will be co-authored by the Aetna and CVS Product Owners during the session to explicitly define roles and responsibilities for the subsequent phases, ensuring no ambiguity in ownership.

# Part 2: Internal Assessment & Commitment (Weeks 1-3 Post-Discovery)

Following the joint discovery session, both organizations take the outputs for internal analysis, solutioning, and estimation. This period of focused, internal work culminates in a formal commitment.

## Phase 3: Feature Refinement (Internal - Aetna)

* **Goal:** For the Aetna technical teams to analyze the refined requirements, develop high-level solution options for the Aetna-side implementation, and generate a formal, detailed Intake Request for CVS.
* **Participants:**
  + **Required:**
    - Aetna Lead Architect (A/R)
    - Aetna Lead Engineer (A/R)
    - Aetna XD/Content Lead (R)
    - Aetna Product Owner (C)
  + **Optional:**
    - PMO/Program Management (C)
* **Inputs:**
  + **Required:** Refined PRD (from Phase 2).
  + **Required:** Dependency Matrix (from Phase 2).
  + **Required:** RACI Matrix (from Phase 2).
* **Outputs:**
  + **Required for Phase 4:** High-level solution options for the Aetna implementation.
  + **Required for Phase 4:** A formal **Intake Request** for CVS, detailing the required technical deliverables, support levels, and the agreed-upon RACI.
* **Integration Points:** This is primarily an internal Aetna phase. The integration point is the formal delivery of the Intake Request artifact from the Aetna Product Owner to the CVS Product Owner.
* **Activities:**
  + Aetna's Architecture and Engineering teams conduct a deep-dive assessment of the refined PRD.
  + They identify all impacted Aetna applications, components, and teams.
  + They develop 1-3 high-level solution options for how Aetna's systems will consume the requested CVS services.
  + The Aetna Product Owner formalizes the request to CVS by creating the Intake Request artifact.
* **Identified Gaps & Selected Solution:**
  + **Gap:** The intake request to CVS often focuses solely on the initial service delivery, neglecting to define the necessary ongoing technical support. Furthermore, there is no formal agreement on the RACI from CVS.
  + **Proposed Solution:** The **Intake Request** template will be updated to include a mandatory **"Support & Operations"** section. This section will require the Aetna team to explicitly define expectations for logging, monitoring, incident response, and on-call support, referencing the standards in the master Integration Framework. The completed RACI from Phase 2 must be attached to the Intake Request, and CVS Product must formally acknowledge it upon acceptance.

## Phase 4: Aetna Feature Sizing & Assignment

* **Goal:** To secure a formal commitment from CVS, provide a reliable size estimate for the Aetna-side work, and formally assign the feature to a Program Increment (PI).
* **Participants:**
  + **Required:**
    - Aetna Product Owner (A/R)
    - Aetna Scrum Teams (represented by leads) (R)
  + **Optional:**
    - Aetna Architecture (C)
    - Aetna XD/Content (C)
    - Aetna QA/Data (C)
    - PMO/Program Management (C)
* **Inputs:**
  + **Required:** High-level solution options (from Phase 3).
  + **Required:** A formally **"Accepted"** Intake Request from the CVS Product Owner.
* **Outputs:**
  + **Required for Phase N:** High-level T-shirt Sizing (S, M, L, XL) for the Aetna portion of the feature.
  + **Required for Phase N:** Formal assignment of the feature to a target Program Increment.
* **Integration Points:** The critical integration point is the formal acceptance of the Intake Request by CVS, which acts as a go/no-go signal for Aetna's PI planning.
* **Activities:**
  + The CVS Product Owner reviews and formally accepts the Intake Request, committing to the deliverables and support model.
  + The Aetna scrum teams review the accepted request and the internal solution options.
  + The teams provide a high-level T-shirt size for the effort required to complete the Aetna-side work.
  + Based on the sizing and the confirmed commitment from CVS, the Aetna Product Owner slots the feature into the appropriate PI.
* **Identified Gaps & Selected Solution:**
  + **Gap:** Aetna often proceeds with PI planning without a firm, documented commitment from CVS on the required support and dependencies, creating significant downstream risk.
  + **Proposed Solution:** A feature cannot be formally slotted into an Aetna PI until the corresponding Intake Request from Phase 3 has been formally **"Accepted"** by the CVS Product Owner. This acceptance serves as a documented commitment from CVS to deliver the specified dependencies and provide the requested support, creating a clear and accountable checkpoint before Aetna commits its own resources.

# Part 3: Phase N - Planning & Execution

This section details the iterative process of building, testing, and releasing the integrated feature.

## Sub-Phase: Joint PI Planning & Commitment

* **Goal:** To decompose the feature into stories, identify and align on cross-organizational dependencies for the upcoming PI, and establish a shared commitment to the PI goals.
* **Activities:** Both Aetna and CVS teams conduct their respective PI Planning ceremonies. A key input is the accepted Intake Request. A critical output is a set of jointly agreed-upon PI Objectives that explicitly state the dependencies each organization has on the other. The PMO facilitates a "scrum of scrums" to manage these dependencies throughout the PI.

## Sub-Phase: Iterative Development & Integration

* **Goal:** To develop and deliver the required components in an iterative fashion, with continuous integration between Aetna and CVS systems.
* **Activities:**
  + **Development:** Aetna and CVS teams work through their backlogs in sprints.
  + **Continuous Integration:** CVS deploys new service versions to a shared development/integration environment. Aetna teams continuously integrate with and test against these services.
  + **API Contract Adherence:** Both teams adhere strictly to the API contracts defined in the Intake Request. Any necessary changes follow a formal change control process managed by the PMO.
  + **Regular Syncs:** Aetna and CVS technical leads hold regular (e.g., twice-weekly) syncs to resolve technical blockers and ensure alignment.

## Sub-Phase: End-to-End Testing & Validation

* **Goal:** To ensure the integrated feature is functionally correct, performant, secure, and ready for a production release.
* **Activities:**
  + **Joint Test Planning:** Aetna and CVS QA leads create a shared end-to-end test plan.
  + **Performance Testing:** A joint performance test is conducted in a production-like environment to validate the service against the SLAs defined in the master Integration Framework.
  + **User Acceptance Testing (UAT):** Aetna Product Owners conduct UAT, with support from CVS teams to troubleshoot any issues that arise.
  + **Security Review:** A joint security review is conducted to ensure all data exchanges are secure and compliant.

## Sub-Phase: Coordinated Release & Hypercare

* **Goal:** To safely deploy the integrated feature to production with minimal member impact and provide elevated support immediately following the release.
* **Activities:**
  + **Joint Release Plan:** The PMO, along with Aetna and CVS technical leads, creates a detailed, sequenced release plan.
  + **Feature Flagging:** The feature is typically deployed to production behind a feature flag, allowing for a phased rollout (e.g., to internal employees, then a small percentage of members).
  + **Hypercare:** For a predefined period (e.g., 1-2 weeks) post-launch, a virtual "Hypercare" team consisting of key engineers and support staff from both Aetna and CVS is on standby to rapidly address any production issues.
  + **Monitoring & Reporting:** Shared dashboards are used to monitor the health and business KPIs of the new feature. The team reports on these metrics daily during the hypercare period.

# Stakeholder Analysis (RACI)

This matrix represents Aetna's proposed draft for the joint initiative. It is assumed CVS Caremark will assign roles and responsibilities to its personnel in accordance with its own internal policies and procedures. The following *draft* serves as a starting point for discussion to ensure alignment and clarity.

*NOTE: Two versions of the RACI table are provided—standard RACI codes (R, A, C, I) and expanded to full description (Responsible, Accountable, Consulted, Informed). Reviewers should select the preferred version*

|  |  |
| --- | --- |
| Code | Description |
| R | Responsible: The person or people who perform the task. |
| A | Accountable: The individual who owns the work and is answerable for its completion. |
| C | Consulted: Subject matter experts whose opinions are sought (two-way communication). |
| I | Informed: People who are kept up-to-date on progress (one-way communication). |
| X | Out of Scope: Indicates a stakeholder group has no involvement in a particular phase. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role/Stakeholder** | **Phase 1: Onboarding** | **Phase 2: External Refinement** | **Phase 3: Internal Refinement** | **Phase 4: Sizing & Assignment** | **Phase N: Execution** |
| **Aetna Product & Business** | **A/R** | **A** | **C** | **A/R** | **C** |
| **CVS Product & Business** | **A/R** | **A/R** | **I** | **I** | **C** |
| **Aetna Architecture** | **C** | **C** | **A/R** | **C** | **R** |
| **CVS Architecture** | **C** | **R** | **I** | **I** | **R** |
| **Aetna XD/Content** | **C** | **C** | **R** | **C** | **R** |
| **Aetna Engineering** | **C** | **C** | **A/R** | **R** | **A/R** |
| **CVS Engineering** | **C** | **R** | **I** | **I** | **A/R** |
| **Aetna QA/Data** | **X** | **X** | **X** | **C** | **R** |
| **PMO/Program Management** | **I** | **C** | **C** | **C** | **A** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Role/Stakeholder** | **Phase 1: Onboarding** | **Phase 2: External Refinement** | **Phase 3: Internal Refinement** | **Phase 4: Sizing & Assignment** | **Phase N: Execution** |
| **Aetna Product & Business** | **Accountable Responsible** | **Accountable** | **Consulted** | **Accountable Responsible** | **Consulted** |
| **CVS Product & Business** | **Accountable Responsible** | **Accountable Responsible** | **Informed** | **Informed** | **Consulted** |
| **Aetna Architecture** | **Consulted** | **Consulted** | **Accountable Responsible** | **Consulted** | **Responsible** |
| **CVS Architecture** | **Consulted** | **Responsible** | **Informed** | **Informed** | **Responsible** |
| **Aetna XD/Content** | **Consulted** | **Consulted** | **Responsible** | **Consulted** | **Responsible** |
| **Aetna Engineering** | **Consulted** | **Consulted** | **Accountable Responsible** | **Responsible** | **Accountable Responsible** |
| **CVS Engineering** | **Consulted** | **Responsible** | **Informed** | **Informed** | **Accountable Responsible** |
| **Aetna QA/Data** | **NA** | **NA** | **NA** | **Consulted** | **Responsible** |
| **PMO/Program Management** | **Informed** | **Consulted** | **Consulted** | **Consulted** | **Accountable** |

# Appendix: Analysis of Process Gap Solutions

This appendix provides a comprehensive analysis of the solutions chosen to address the identified gaps in the feature integration process. It details the alternatives considered and provides a clear justification for why the selected options provide the most value.

## Gap 1: Phase 1 - Feature Onboarding

* **Original Gap Phrasing:** "Missing AH & CVS / Missing CVS Partners/Engineering teams. CVS Architecture in PI Start not for PCW."
* **Rephrased Gap:** Key CVS technical stakeholders (Architecture, Engineering) are frequently absent from the initial onboarding meetings. This leads to the formulation of plans based on incomplete or inaccurate assumptions about the provider's technical capabilities and constraints, creating significant risk that must be mitigated later in the process.
* **Selected Solution:** Mandate the attendance of designated lead architects and engineering managers from both CVS and Aetna in the Feature Onboarding meeting. Their defined role is to act as a "technical conscience" for the group, not to design the solution, but to listen, ask clarifying questions, and immediately flag any high-level assumptions that seem technically unfeasible or architecturally problematic.
* **Justification for Selection:** This solution is the most direct and preventative. By embedding senior technical oversight at the earliest possible moment, it prevents unrealistic plans from gaining momentum. It is a low-cost, high-impact change that shifts critical technical feedback from a late-stage discovery to an upfront input, saving significant time and rework.
* **Alternative Options Considered:**
  + **Option A: Technical Review Board:** Create a formal review board that must approve the high-level PRD before it can move to Phase 2. *Reason for rejection:* This adds a bureaucratic step and positions the technical team as a gatekeeper rather than a collaborator, which can slow down the process and create an adversarial dynamic.
  + **Option B: Detailed Technical Questionnaire:** Require the product team to fill out a detailed technical questionnaire for the engineering teams to review asynchronously. *Reason for rejection:* This is an inefficient use of the product team's time and relies on them knowing which technical questions to ask. A real-time conversation with senior engineers is far more effective at uncovering unknown unknowns.

## Gap 2: Phase 2 - Feature Refinement (External)

* **Original Gap Phrasing:** "Missing CVS partners - Product, Arch. Missing RACI Matrix."
* **Rephrased Gap:** The external refinement session with the provider (CVS) often proceeds without the necessary decision-making authority from CVS Product and Architecture. Compounding this, the session concludes without a formal, documented agreement on roles and responsibilities, leading to ambiguity of ownership in subsequent phases.
* **Selected Solution:** This phase will now produce a formal, feature-specific **RACI Matrix** as a mandatory exit criterion. This artifact will be co-authored by the Aetna and CVS Product Owners during the session. The act of creating the RACI forces a conversation about ownership and ensures the right people are in the room to agree to their roles.
* **Justification for Selection:** Making the RACI a required output transforms it from a "nice-to-have" into a core part of the process. It directly addresses the ambiguity of ownership and implicitly solves the attendance problem, as the matrix cannot be completed without the commitment of the individuals being assigned roles. It is a self-enforcing mechanism for accountability.
* **Alternative Options Considered:**
  + **Option A: Stricter Meeting Invites:** Simply enforce a stricter policy on who must attend the meeting. *Reason for rejection:* This lacks teeth. Without a required output that depends on their presence, key personnel can still decline the meeting or send delegates who lack the authority to make commitments.
  + **Option B: Post-Meeting Sign-off:** Circulate meeting minutes after the session and require sign-off from all parties. *Reason for rejection:* This delays commitment. It is easier for stakeholders to ignore or delay an email sign-off than it is to refuse to participate in creating a required artifact during a live working session.

## Gap 3: Phase 3 - Feature Refinement (Internal)

* **Original Gap Phrasing:** "Intake request only includes Service delivery. Identify & Define Technical support. Formal Agreement from CVS on RACI."
* **Rephrased Gap:** The formal Intake Request sent from Aetna to CVS is often too narrowly focused on the initial project delivery. It fails to specify the requirements for ongoing operational support (monitoring, incident response, etc.), which are critical for a production service. Furthermore, it lacks a mechanism to confirm that CVS agrees to the proposed roles and responsibilities.
* **Selected Solution:** The **Intake Request** template will be updated to include a mandatory **"Support & Operations"** section, referencing the standards in the master Integration Framework. Additionally, the completed RACI from Phase 2 must be attached to the Intake, and the CVS Product Owner must formally acknowledge it upon acceptance of the request.
* **Justification for Selection:** This solution formalizes and integrates two critical but overlooked components into an existing process artifact. It forces the Aetna team to think about Day 2 operations from the beginning and creates a clear, documented checkpoint where CVS formally agrees to the proposed accountability structure.
* **Alternative Options Considered:**
  + **Option A: Separate Support Agreement:** Create a separate operational support agreement for every feature. *Reason for rejection:* This is too heavyweight and creates unnecessary administrative overhead. Integrating these requirements into the existing intake flow is far more efficient.
  + **Option B: Verbal Agreement:** Rely on a verbal agreement for support during the refinement sessions. *Reason for rejection:* Verbal agreements are unenforceable and easily forgotten. A production service integration requires documented, unambiguous commitments.

## Gap 4: Phase 4 - Aetna Feature Sizing & Assignment

* **Original Gap Phrasing:** "CVS's Commitment on Support."
* **Rephrased Gap:** Aetna's teams proceed with detailed effort sizing and PI planning based on the assumption that CVS will deliver on their dependencies and provide the necessary support, but without a formal, documented commitment from CVS to do so. This exposes Aetna's delivery plan to significant external risk.
* **Selected Solution:** A feature cannot be formally slotted into an Aetna PI until the corresponding Intake Request from Phase 3 has been formally **"Accepted"** by the CVS Product Owner. This acceptance, which includes the dependencies, support requirements, and RACI, serves as a binding commitment from the provider team.
* **Justification for Selection:** This solution creates a hard dependency gate that directly mitigates the identified risk. It establishes a clear, cause-and-effect relationship: Aetna cannot commit its development resources until its partner organization has formally committed theirs. This enforces mutual accountability and makes the entire planning process more reliable and predictable.
* **Alternative Options Considered:**
  + **Option A: Risk Register:** Document the lack of commitment as a risk in a project risk register. *Reason for rejection:* While documenting risk is good practice, it is a passive measure. This solution is an active control that prevents the risk from being accepted in the first place.
  + **Option B: Leadership Escalation:** Rely on escalating to leadership to secure commitment when needed. *Reason for rejection:* Escalation should be a tool for exceptions, not a standard part of the process. A well-designed process should secure commitment without requiring routine leadership intervention.