# SUMMIT SUMMARY

(4/29/2019, 4/30/2019)

## **Key Items or decisions at project level**

1. Aetna Student Health is out of scope for the integration
2. Cloud “switch” will be available as a configurable item
3. Current plan is for Q4 deployment in November with the code and rules going live on 12/1/2019. This is for ACAS only and timelines are still being worked out to confirm the above
4. There is a critical dependency of this project on CXT 6.1.1 which is being currently tested and planned as below
   1. Aug deployment for ACAS upgrade to CXT 6.1.1
   2. Nov deployment for HMO claims to move from CXT 4.2 to CXT 6.1.1
5. CHC changes for Cloud will be a service pack that will be provided on top of the CXT 6.1.1.
6. All the initial 8 rules that will be turned ON for ACAS will be base rules only with no customizations.
7. CXT cloud will use the history in Cloud ODS to apply the edits and hence keeping Cloud ODS data in sync with ACAS and Premise ODS is highly recommended and below outlined solution is around this need.

## **Workstream updates**

**Workstream: Daily Paid Feed**

1. Aetna and CHC teams walked through their proposed solution – Mandeep, Sergey, Dan
   1. A new process will be introduced to get the pre-CXT amount which is currently not available. This will happen closer to the claim acceptance. This pre-CXT amount is needed for savings calculation only and will not impact the claim adjudication which will stay as is. - ACAS
   2. A preliminary paid feed will be sent to CXT premise ODS. This will help is making sure that the premise ODS always has the current “to be paid” version and eliminate the out of sync scenario between ACAS and CXT premise ODS. Claims in this preliminary paid feed will be in Status “01” – ACAS
   3. CHC will create new tasks to pick the latest version of claims from premise ODS and create flat files that will be moved over to Cloud ODS on a regular basis to keep Cloud ODS closely in sync with the ACAS data. – CHC
   4. The daily paid feed to send the finalized claims to premise ODS will continue to run as it does today between mid-night and 4 AM EST. Claims in this feed will be in Status “02” - ACAS



1. Action items:
   1. Why are “91” status claims not being sent as reversals in the daily paid feed? – Aetna (Dhanendra)
   2. Can the current SFTP setup be used to transfer these files between CXT premise and CXT cloud? Or, should we bring in B2B Gateway? – Aetna (Smitha)
   3. How do we handle the transfer and load glitches? This was discussed at high level and will need detail requirement sessions – CHC and Aetna (Dhanendra)
   4. What will be the amount of files (batch) on a server at any point of time? This is needed to determine the storage capacity on the premise environments – CHC and Aetna (Mandeep)
   5. Can the finalized claims for the opt-out Plan Sponsors also be transferred on a daily basis to CHC? – Aetna (Dhanendra)

**Workstream: 36 month History synchronization**

1. CHC proposed various options and team added a few more to assess
   1. Option 1: Start daily feed and schema transfer to start history sync at the same time. Daily feed files will start accumulating at CHC end. Once history transfer is complete, the files will be uploaded on CHC side
      1. Pros –
         1. Data will be in chronological order
      2. Con –
         1. Might be a scheduling challenge to get it all in before Go-Live
         2. Can work only if the data pumping or transfer activity can be done with minimal time
   2. Option 2: Start daily feed from the release date. Start history synchronization post that and continue history sync post go live.
      1. Pros –
         1. Better for release schedule
         2. Will help if the data transfer needs more time
      2. Cons –
         1. Data in Cloud ODS will not be loaded I a chronological order
         2. Might have to assess the rules and see what can be turned ON on Go-live date with minimal history
   3. Option 3: Send partial history data early ON. Start daily feed on release date. Send any remaining history for delta time between the first history pull and daily feed start date.
      1. Pros –
         1. Will give additional time for daily feed deploy which has changes on Aetna and CHC end
      2. Cons
         1. Need multiple history pull and update activities
2. Risks
   1. Existing gap in terms of missing link between reworked claim and original claim needs to be fixed before the transfer can start
   2. The transfer cannot start till the existing data is archived and are down to 3 years of data.
3. Action items
   1. Internal CHC discussions for the CXT 5.2/ CXT 61.1 gap – CHC (Robert)
   2. Finalize the option for history synchronization – CHC (Sergey, Dan)
   3. Can we transfer all the data or should the data for opt-out Plans sponsors be filtered out? – Aetna (Dhanendra)
   4. Will the Oracle versions on CXT 6.1.1. and CXT Cloud be the same? If not, will hat cause any issues during data transfer? – CHC (Sergey, Dan)

**Workstream: E2E Adjudication**

1. Aetna team walked through the ACAS adjudication process and where the new functionality to calculate the pre-CXT amount will be added



1. Same Claim line will not have both CXT premise rule and a CXT Cloud rule. If the situation occurs, CXT premise rule wins.
2. CXT Cloud rule application will use the CXT Cloud ODS history claims for support
3. Error handling: No hard error that will stop the ACAS processing. If there is no response for a certain decided period from Cloud, CXt premise will generate an error and send back the message to ACAS so that the processing can continue and errors logged and alerted as needed.
4. Action items
   1. Is there a business requirement to do historical adjustment on Cloud? What is the impact of a history adjustment that happens on Cloud? – ACAS (Dhanendra)
   2. What happens if there are new lines that come back to ACAS as support in response and this was not already sent by ACAS in the first place. These support lines could have been added by premise CXT before sending to Cloud. Will ACAS be able to handle this? – ACAS (Dhanendra)
   3. If CXT premise and CXT Cloud generate same Case ID (on different claims in different situations), will ACA have any impact? – ACAS (Dhanendra)
   4. Other than opt-out, are there any other valid situations where Cloud should not be called? – ACAS (Mandeep, Dhanendra)
   5. Will calculating pre-CXT amount be an issue for externally priced claims? – ACAS (Dhanendra, Mandeep)
   6. Do we need to involve IIB to handle additional cloud errors and create separate Cloud related alerting mechanism? – ACAS (Mandeep)
   7. Will there be specific category for all Cloud errors? – CHC will work on the various erroro messages
   8. Will all claims from ACAS be eligible for Cloud as soon as we go Live. Current business need is for everything to start. We need more discussions around the risk associated with this approach – Aetna and CHC

**Workstream: Environments**

1. Aetna team (Mandeep) walked through the current setup and proposal for CXT Cloud environment need

 

1. 4 major releases are rotated across 3 paths (Path1, Path2, Path3). ACAS November release is in Path 1.
2. Dev region, T1/T2 are single server setup. QA, SQA, PBTE, Production are multi-server setup
3. SQA, PBTE will also have production data along with the true production environment
4. Multiple cycles are run in SQA for the same data. Database refresh is done in between these cycles. CXT Cloud ODS refresh should be done to align to this refresh. Else, there could be duplicate data and rules will be applied wrong. These dates will be sent by Aetna to CHC for planning before every release.
5. PBTE is also a high volume environment with 100K claims per day. This is also used as staging environment before code is moved to production. Test claims are used for production members and under production plans in this path. These test claims can be submitted.
6. Dictionary upgrades for CXT premise and CXT cloud will go through T1/T2.
7. Dev and QA upgrades can be coordinated between Aetna and CHC. Typically, any day after 3 PM EST upto 10 PM EST is a good time. Also, Saturdays can be used for this upgrade
8. SQA upgrades can happen after business hours/ after 5 PM EST
9. PBTE upgrades can happen any day after 9:45 PM EST up-to midnight
10. Production upgrades have to be coordinated. ACAS will be down from Saturday night into Sunday 1 PM EST. But, as 24X7 applications like Payment estimate (that uses NoSave) is up all time, any unplanned activities need to be coordinated.

**Workstream: Connectivity**

1. Based on CHC’s analysis, 1 Gigabyte MPLS line is needed for connection. Hence, the suggestion from CHC infrastructure is to use dedicated circuits
2. This will be for Real time, batch and for any user interface access.
3. CHC service is not hosted on AWS
4. Realtime Volume – 1M ACAS claims + 200k to 300k HMO claims + 200k to 300k HRP claims. CXT calls are done multiple times and hence, the volume of calls to CXT will be more than this.
5. Batch volume – possible 2M + claims for batch calls (paid feed, preliminary paid feed)
6. Received input from Aetna network team about the response time an existing circuit connection is taking to consider as a reference to calculate response times between Connecticut and Nashville data centers
   1. 33 ms for round trip on Verizon
   2. 28 ms for round trip on AT&T
7. CHC is targeting a max response time of an additional 800 secs on top of what happens on CXT 6.1.1 on 95% of the claims
8. Protocol used for the service – SOAP
9. X.509 certificates are preferred authentication method for Aetna
10. Risks
    1. Lead time of 60-120 days for circuit connection will impact overall project schedules
11. Action items
    1. Get CXT 6.1.1 performance numbers – Aetna (Mandeep)
    2. Engage infrastructure support people on Aetna and CHC end for discussions to start at the earliest (from week of 5/6) – Aetna and CHC (Smitha, Jill)
    3. Discuss on various scenarios of downtime and how that will impact data integrity – Aetna, CHC (Smitha, Sergey, Dan, Mandeep)

**Workstream: UI and Claim Lab**

1. Need single UI and Claim lab entry point for users
2. Single entry is preferred for C3 also. But, not a critical path for release 1
3. Admin view for Cloud can be a separate Cloud UI with access to only CHC resources
4. Action items
   1. Work with testing team to understand the strategy to test Cloud rules only vs. an integrated test with CXT premise rules – Aetna (Kishore)

**Workstream: Invoice**

1. Aetna team (Lori and Mandeep) walked through the Invoice workflow and started to walk through some examples.
2. Invoice PDF and Invoice Detail Report excel needs to be available to Aetna around 7th of every month. Invoice processing happens on 15th of every month or the next business day if 15th is a holiday.
3. In case of any adjustment needed for a claim line after the invoice process is run, it has to be part of the next invoice cycle.
4. Plan is to get separate invoices for separate applications (ACAS, HMO claims, HRP)
5. Invoicing is done at a claim service line level
6. Only the claim lines for which a CXT cloud rule was sent and applied by Aetna will be invoiced by CHC.



1. Action items:
   1. Continue to walk through the examples with CHC invoice team – Aetna (Lori)

**Workstream: CXT Cloud rules**

1. Quantity expansion is out of scope
2. Historical adjustment will be done if not specifically customized to not do so.
3. Action items:
   1. Detail rule specification walkthroughs will start – Aetna, CHC

## Critical Path Discussion

1. Walked through Aetna November release timelines with the team



1. Integration testing is QA path will start on 8/29 for a Nov release. There can be a possible need to start working together in development region sooner than the official integration test start. Detail planning can be done once both the teams are able to assess the changes needed
2. Business need is for the 8 Cloud rules to go live with an effective date of 12/1/2019.
3. Key risk and dependency: CXT 6.1.1. upgrade is starting from Aug release
   1. ACAS will be upgraded to CXT 6.1.1 as part of 8/9/2019 deployment
   2. HMO claims will continue to test in November release path from 8/29/2019 and go live with CXT 6.1.1 on 11/9/2019. This is a “Must-have” for 2019 and the CXT Cloud inclusion cannot impact these timelines.
      1. Solution for CXT cloud needs to be as isolated as possible.
      2. A checkpoint is needed before 8/29 to see how far the HMO claims testing has progressed and if CXT Cloud can be moved to the test environment on top of it for testing
      3. A Cloud switch needs to be a configurable item as a mitigation.
4. Key risk and dependency: Existing CXT 5.2 gap where a rework claim is not being linked to original claim needs to be fixed. Data that is already in premise ODS has to be corrected before the 36 month history synchronization can start
5. Critical path items
   1. Release 1
      1. Connectivity
      2. Environment availability
      3. Successful installation of CXT 6.1.1
      4. Start Daily Paid feed
      5. Correct the ODS update gap
      6. Transfer 18-36 month history
      7. Setup rules and policies on Cloud
      8. ACAS adjudication that can go to prem, Cloud and get back unified and reconciled data back to ACAS
      9. One single entry point or Claim lab and UI for claim processors and other users
      10. Admin activities for Cloud will still be on a Cloud UI/ secondary UI instance (with no additional Aetna security needs)
      11. Availability of both premise and CXT cloud rule on ASD – Aetna activity
   2. Other items that should follow the Release
      1. IDR availability and Invoicing – Need data from release 1 for testing
      2. NoSave workflow or Payment estimates – Depending on the assessment