# Compliance Clarifications & Outstanding Items – RX Access for Carved-Out Members

Following our recent Architecture Walkthrough and subsequent clarifications, this document summarizes all issues requiring compliance guidance or confirmation. It captures:  
  
1. Items Identified by Compliance / Requiring Clarification  
2. Outstanding Items Raised by Architecture & Engineering  
3. Rules that Have Changed Since the Original Document (and potential misses)  
4. Comparison Table (Original vs. Changed vs. Outstanding)

## 1. Compliance-Identified Issues

* Consolidated Claims Must Be Addressed – filtering must be enforced so no pre-effective date claims are displayed.
* Prescription Management Must Remain Available – members must continue to refill even if prescription originated prior to effective date.
* North Carolina Concern – Privacy/Proprietary Fee Data – claims prior to effective date cannot be displayed to avoid proprietary pricing exposure.
* Permitted Visibility in PLP/PDP – members may see prescriptions originated before coverage if actively refillable, including associated pricing.

## 2. Outstanding Items

* Which date to use as eligibility determinant: last fill vs. original prescription.
* Handling of refills straddling coverage boundary.
* Confirmation of termed coverage toggle behavior (CVSRxCarveOut=false once termed).
* Suppression rules for inactive historic prescriptions in PLP/PDP.
* Application of filtering to CVS financial summary API if integrated.
* Authoritative source for effective dates: Aetna Eligibility vs. CVS token.

## 3. Rules Changed Since Original Document

* Original scope (NGX-F215343): centralized Policy Effective Window Filter applied across all services.
* Change: Compliance narrowed scope to Consolidated Claims only.
* Later clarification: likely need to apply PLP/PDP filtering as well to prevent privacy issues.
* New: Termed member toggle enforcement (CVSRxCarveOut=false).
* New: Last fill date adopted as determining factor.
* New: Recognition that CVS token provides per-dependent coverageEffectiveDate, eliminating need for lowest-common-date logic.

## 4. Comparison Table – Original vs. Changed vs. Outstanding

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| Rule Area | Original (NGX-F215343) | Changed / New | Outstanding Clarification Needed |
| Scope of Filtering | Centralized filter applied to all surfaces (PLP, PDP, Place Order, Ship Consent, i90). | Compliance limited scope initially to Consolidated Claims only; later discussions reopened PLP/PDP filtering need. | Confirm final scope: Consolidated Claims only, or also PLP/PDP. |
| Prescription Management | Would have been restricted in-window only. | Compliance requires full continuity of prescription management (refills, renewals) even before effective date. | Confirm display rules for historic but inactive prescriptions. |
| Date Determinant | Not explicitly stated; assumed effective date of plan. | Moved to last fill date as determinant for display/refill. | Confirm use of last fill date vs. original prescription date. |
| Refills Across Boundaries | No explicit handling. | Proposed: exclude pre-coverage refills, include once refilled under active coverage. | Confirm compliance acceptance of this compromise. |
| Termed Members | Not explicitly addressed. | New rule: when termed, CVSRxCarveOut = false → no RX data visible. | Confirm this satisfies compliance. |
| Data Source for Effective Dates | Eligibility service assumed as source of truth. | CVS token already returns coverageEffectiveDate per member. | Decide which source is authoritative for compliance. |
| Financial Summary API | Not in original scope. | CVS pushing for integration; filtering would apply similarly. | Confirm compliance requires filtering on this API as well. |