# Compliance Clarification Issues – RX Access for Carved-Out Members

This document isolates the compliance-related issues arising from the Architecture Walkthrough and NGX-F215343 updates. Each issue is presented with a clear description, its implications, and the specific compliance clarification requested. The focus is on data handling, HIPAA, privacy, and legal considerations requiring regulatory sign-off.

## Issue 1: Consolidated Claims Filtering

**Description**: *Claims retrieved via the Consolidated Claims Service include fills that may pre-date a member’s Aetna coverage. Without filtering, members can see pharmacy history from prior insurers (e.g., Blue Cross) within Aetna Health.*

**Implications**:

* Data: Risk of displaying data outside Aetna’s coverage responsibility.
* HIPAA/Privacy: Exposure of protected health information (PHI) that Aetna should not present.
* Legal: Potential violation of contractual firewall restrictions with other carriers (e.g., proprietary fee schedules).

**Compliance Clarification Requested**: Confirm that filtering is mandatory for Consolidated Claims to exclude all pre-effective date claims.

## Issue 2: Prescription Management Continuity

**Description**: *Members carved out to CVS can refill prescriptions prior to their Aetna effective date. Compliance has indicated this functionality must remain available to ensure continuity of care.*

**Implications:**

* Data: Prescriptions may display with dates predating Aetna coverage.
* HIPAA/Privacy: Potential overlap with financial/claims information that Aetna should not show.
* Legal: Balances need for continuity of care with restrictions on historical claim data.

**Compliance Clarification Requested:** Confirm boundary – allow prescription management for continuity, but restrict any financial/claim-like information from being shown prior to effective date.

## Issue 3: North Carolina Case – Proprietary Pricing Exposure

**Description**: *State of North Carolina objected to members being able to see pre-Aetna claims that revealed proprietary pricing data. Even though Aetna does not persist CVS data, visibility created a perception of firewall breach.*

**Implications**:

* Data: Proprietary fee schedules are inadvertently exposed.
* HIPAA/Privacy: Members may view claim-level PHI that Aetna should not disclose.
* Legal: Breach of market competition firewall between Aetna and CVS; reputational risk.

Compliance Clarification Requested: Confirm absolute prohibition on displaying pre-effective date claims in Consolidated Claims or any other surfaces.

## Issue 4: Determining Effective Date (Last Fill vs. Original)

**Description**: *Ambiguity exists on whether eligibility should be determined by the original prescription date or the last fill date. Current consensus is to use the last fill date.*

**Implications**:

* Data: Determines whether prescriptions crossing coverage boundaries appear.
* HIPAA/Privacy: Risk of showing PHI tied to prior coverage if wrong date is used.
* Legal: Incorrect handling could create disputes with plan sponsors and regulators.

**Compliance Clarification Requested**: Approve 'last fill date' as the determining factor for prescription visibility and refill eligibility.

## Issue 5: Refills Straddling Coverage Boundaries

**Description**: *Prescriptions may originate prior to Aetna coverage but have remaining refills once coverage begins*.

**Implications**:

* Data: Ambiguity in eligibility for refills.
* HIPAA/Privacy: Displaying pre-effective prescriptions could leak restricted information.
* Legal: Compliance with NC-style objections depends on correct filtering.

**Compliance Clarification Requested**: Confirm that pre-effective refills must be suppressed until the prescription is refilled under active Aetna coverage.

## Issue 6: Termed Coverage

**Description**: *A toggle has been added so that once a member’s coverage is termed, CVSRxCarveOut is set to false, removing all prescription visibility in Aetna Health.*

**Implications**:

* Data: Ensures data access is terminated promptly.
* HIPAA/Privacy: Prevents unauthorized post-coverage access.
* Legal: Aligns with contractual obligations to cease services upon termination.

**Compliance Clarification Requested**: Confirm that this toggle satisfies compliance expectations for termed members.

## Issue 7: CVS Financial Summary API

**Description**: *CVS wants Aetna to integrate with their Financial Summary API, which includes claims-like financial information. If integrated, filtering rules will need to apply.*

**Implications**:

* Data: Would introduce new surfaces where pre-effective claims could leak.
* HIPAA/Privacy: Financial summary data is PHI; requires same protections.
* Legal: Expansion of integration without filtering would create new compliance risks.

**Compliance Clarification Requested**: Confirm whether Financial Summary API must be included under effective date filtering rules.

## Issue 8: Source of Effective Dates

**Description**: *Effective dates may be retrieved from Aetna Eligibility Service or from CVS token responses (/getClaimsHistory includes coverageEffectiveDate*).

**Implications**:

* Data: Two competing sources may introduce inconsistency.
* HIPAA/Privacy: Incorrect source could result in showing restricted data.
* Legal: Establishing authoritative source is critical for defensibility in compliance audits.

**Compliance Clarification Requested**: Identify which system (Aetna Eligibility vs. CVS token) is the authoritative source of effective dates for filtering.