# MinuteClinic, E-Clinic, Telehealth and Telemedicine Frequently Asked Questions

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**Description:** Information about our MinuteClinic locations within our CVS Retail pharmacy stores along with E-Clinic and Telemedicine. MinuteClinic provides plan members with increased access to low-cost, convenient health care, as well as a financial incentive from co-pay reductions for many services.

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| E-Clinic |

**What types of health services are available through an E-Clinic?**

MinuteClinic providers are available to evaluate, diagnose and treat common injuries, illnesses and skin conditions. These conditions can include seasonal allergies, colds and coughs, flu, sore throat, earaches, minor injuries such as a sprained ankle, sinus infections, skin conditions, upset stomach, UTIs and bladder infections. Providers can also help manage chronic conditions such as diabetes or high blood pressure for established patients during an E-Clinic visit.

In addition, our Licensed Therapists provide Behavioral Health counseling services via the E-Clinic platform in eight states currently (AZ, CT, FL, IL, NC, NJ, PA, TX).

During an E-Clinic visit, the provider can also assess the patient’s symptoms and risk factors for COVID-19 and provide guidance on how to access testing or treatment if infection with the virus is suspected.

For more details about the specific conditions that can be evaluated during an E-Clinic visit, please visit [www.minuteclinic.com](http://www.minuteclinic.com) for more information.

**Are E-Clinic visits covered by insurance? If yes, do they apply for current telehealth copay/cost share waivers?**

Yes, E-Clinic visits are covered by most insurance plans and may be eligible for existing cost-share and copay waivers currently in place for telehealth services.

**How does the E-Clinic visit process work? How long will a patient typically need to wait for their E-Clinic visit after submitting their information?**

To connect with a provider, patients can visit www.minuteclinic.com and request an E-Clinic visit. The patient will be prompted to enter their information and reason for requesting a visit through the Epic MyChart portal. After verifying the patient’s insurance, a MinuteClinic provider in the patient’s state will be notified of the request and will connect with the patient to set up a convenient appointment time for an E-Clinic visit within 24 hours of the request.

**Will the MinuteClinic provider be able to prescribe medication if needed during an E-Clinic visit?**

Yes, when clinically appropriate.

**If after an E-Clinic visit the patient develops further symptoms or needs additional assessment, can they connect with the same provider?**

Not necessarily, but the information related to the patient’s E-Clinic visit will be included as part of their patient record, which can be accessed by any of our providers to help ensure continuity of care.

**If after a MinuteClinic E-Clinic visit, the patient requires follow-up care at a MinuteClinic, will their insurance be billed a second time?**

If a patient is seen the next calendar day in a MinuteClinic setting their insurance will be billed for both visits. If a patient is seen through an E-Clinic visit and in clinic at MinuteClinic on the same calendar day, only one visit will be billed**.**

**E-Clinic visits are not available in my area. What are my options?**

Patients experiencing symptoms that are not in a state where E-Clinic visits are offered should speak to their PCP or other medical provider about the best way to diagnose and treat their symptoms, including any virtual options. Additionally select CVS Pharmacy locations without an associated MinuteClinic are also able to dispense valid prescriptions.

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| Telemedicine |

**What is telemedicine?** 

Telemedicine is health care delivery, evaluation, diagnosis, consultation, or treatment, conducted through audio, video or data communications by a health care practitioner who is physically separated from their patient.

Telehealth/telemedicine can include:

* Live videoconferencing with providers
* Telephone-only consultations with providers
* Services provided by telemedicine vendors like MDLive and Teladoc® telemedicine services

**Is telehealth and telemedicine the same thing?** 

Yes. These terms are often interchangeable. Telehealth is the term Medicare uses for telemedicine and can include:

* Live videoconferencing with providers
* Telephone-only consultations with providers
* Services provided by telemedicine vendors like Teladoc®

**What is the difference between telehealth/telemedicine and Teladoc®?**

Telehealth/telemedicine refers to a type of care – health care that is delivered remotely, such as over the phone, through video or via other communications platforms.

Teladoc® is a multinational health care company that uses a group of doctors, therapists and specialists to provide telemedicine and virtual health care 24 hours a day, seven days a week.

**What can telemedicine providers do?**

Telemedicine providers help with non-emergency health issues like respiratory infections, flu symptoms, and many other illnesses. They evaluate symptoms and provide medical advice and treatment, which may include a prescription if medically appropriate. Some also provide behavioral health and specialized support such as dermatology, physical therapy, and more.

When seeking virtual care, we encourage members to reach out to their current providers first.

**Are providers (behavioral health and primary care) required to see a member face-to-face before being able to provide telemedicine services?**

No. A prior face-to-face visit is not required for a provider to provide telemedicine services.

**Can members gain immediate access to health care providers through telemedicine?**

In most cases, yes.

**How can members access services without going to a provider’s office?**

Members can use Teladoc® or their provider may be able to offer them services over the phone or through a telemedicine platform where they have a real-time visual connection. Members can check availability by accessing Aetna online DocFind directory or contacting their provider.

MinuteClinic offers two telemedicine options, including E-Clinic visits and MinuteClinic Video Visits. For more details, visit [www.minuteclinic.com](http://www.minuteclinic.com). These visits are covered by most Aetna Commercial and Medicare plans.

**If a client does not currently offer telemedicine, can they add that benefit now?**

Any member/client can seek telemedicine services from providers that offer them.

**Can telemedicine be delivered through telephone or is a synchronous audiovisual connection required?**

For Commercial plans, Aetna will cover limited minor acute care evaluation and care management services, as well as some behavioral health services rendered via telephone until further notice. For general medicine and some behavioral health visits, a synchronous audiovisual connection is still required.

Medicare allows telephone-only telemedicine services for a limited number of codes. For other codes announced by CMS, an audiovisual connection is also still required.

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| MinuteClinic |

* Customer Care supports this program by answering general questions about MinuteClinic and using the CIF to describe the cost benefits according to the member’s plan design.
* Our PBM is working with clients to provide a new solution to implement the MinuteClinic Savings Strategy program. Under this program, the medical services that members receive through MinuteClinic will be adjudicated through our PBM.
* Test claims **cannot** be run for MinuteClinic services, the program information and co-pay structure will be available in the client’s CIF.
* Issues with billing or reimbursement to be directed to the MinuteClinic billing center toll-free at **1-866-389-2727.**

**How much is my copay (coinsurance) at MinuteClinic?**

I would be happy to check on that for you.

**CCR:** Review benefit plan design in CIF to provide specific benefit information.

**Does my reduced copay apply to all MinuteClinic services?**

The reduced copay applies to any service that is covered under your MinuteClinic benefit plan design and subject to a copay. For services not covered under your benefit plan, you are responsible for paying the MinuteClinic usual fee.

**Will my medical carrier receive my claims information?**

Generally, no claims-related information will be shared with athird party unless it has been pre-arranged by your plan sponsor (employer). Please check with your Human Resource department to determine if they have arranged to have claims information shared with your primary medical provider.

**I have a CDHP/HDHP, will you share my out-of-pocket spend so it counts toward my integrated deductible?**

Yes. If you have a high deductible health plan, your out-of-pocket costs for covered MinuteClinic services will count toward your integrated deductible.

**How will my out-of-pocket expenses at Minute Clinic apply to my deductible?**

Your eligible MinuteClinic claims will apply towards pharmacy or integrated deductibles.

**I checked with my medical carrier, and my MinuteClinic claims are not reflected (or I do not see) in their system or through my member portal?**

Similar to your prescription plan, this is a separate benefit plan managed by PBM to access MinuteClinic. Claims processed by PBM will not be seen on your medical carrier’s portal.

**Why am I getting an explanation of benefit (EOB) from you regarding services at MinuteClinic and not through my medical carrier?**

Your employer has contracted with PBM to provide you with access to low-cost, quality, health care through MinuteClinic. You will receive an explanation of benefits statements for your MinuteClinic services, like those you may have received for your prescription history.

You will receive a receipt at the completion of your MinuteClinic visit.

**Note:** If the member lost the receipt, warm transfer and properly introduce the caller to the MinuteClinic billing center at **1-866-389-2727**.

**Who in my family (dependents) is covered?**

The same dependents that are covered for prescription benefits are covered for the MinuteClinic benefit.

**CCR:** Refer to your member information system for eligibility of family members.

**What are my benefits? What are the medical services that are covered at MinuteClinic?**

I would be happy to check on that for you.

**CCR:** Refer to the CIF for details. Examples are provided below.

**Benefit Plan and Copay Examples:**

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| **Type** | **Today** | **With Reduced-Fee Schedule** |
| Member Medical Services Benefit Copay | **$25** | **$5** |
| Plan Cost | **$35** | **$35** |
| MinuteClinic Fee | **$60** | **$40** |
| 1. **HDHP/CDHP Example:** | | |
| **Deductible has not been met** – Member is responsible for 100% | | |
| **$100 MinuteClinic Office Visit Example** | **Today** | **With Reduced Fee Schedule** |
| MinuteClinic fee | **$100** | **$80** |
| CDHP/HDHP Benefit Plan Pays (0%) | **$0** | **$0** |
| Member Pays (100%) | **$100** | **$80** |
| **Deductible has been met** – Member copay kicks in (80/20) | | |
| **$100 MinuteClinic Office Visit Example** | **Today** | **With Reduced Fee Schedule** |
| MinuteClinic Fee | **$100** | **$80** |
| CDHP/HDHP Benefit Plan Pays (100%) | **$80** | **$80** |
| Member Pays (0%) | **$20** | **$0** |

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| Related Documents |

[Customer Care Abbreviations, Definitions and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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