KERN HEALTH SYSTEMS POLICY AND PROCEDURES					
SUBJECT: Urgent Care Services			POLICY #: 3.12-P		
DEPARTMENT: Health Services – Utilization Management					
Effective Date: 11/1999	Review/Revised Date: 2/24/2017	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Douglas A. Hayward
Chief Executive Officer
Date 2/24/17

Chief Medical Officer
Date

Chief Operating Officer
Date 2/24/17

Director of Claims
Date 2/23/17

Administrative Director of Health Services
Date 2/23/17

POLICY[1]:
Urgent care services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

- California Health and Safety Code §1345(b)(6)
- California Code of Regulations Title 28 §1300.67(g)(2)
- DHCS Contract Exhibit A, Attachment 9; and Exhibit E, Attachment 1

DEFINITIONS:

Urgent Care[2]	Services required to prevent serious deterioration of health resulting from an unforeseen condition, injury, or complication of an existing condition,

	including pregnancy, for which treatment cannot be delayed (i.e. sore throats, fever, minor lacerations, and some broken bones). This includes maternity services necessary to prevent serious deterioration of the health of the member or the member's fetus, based on the member's reasonable belief that she has a pregnancy related condition for which treatment cannot be delayed.

PROCEDURES:

1.0 ACCESS

Primary Care Practitioners (PCPs) are responsible for delivering appropriate urgent care to KHS members during regular office hours.

Members in need of urgent care are seen within 48 hours upon request.[3]

1.1 Contracted Providers

No prior authorization is required for Urgent Care services. Members seeking advice or triage for medical conditions may contact the KHS Triage Line at 1-800-391-2000. See *KHS Policy and Procedure #3.15 – 24-Hour Telephone Triage Service* for details.

1.2 Non Contracted Providers

Urgent care services are only reimbursed to non-contracted providers if the member received the services outside of the service area. In such cases, the member may opt to receive and pay for care and then file a claim for reimbursement following the receipt of services. Upon submission, the claim is retrospectively reviewed by UM for medical necessity and a payment determination is made.

1.3 Out-of-Area Services[4]

Medically necessary urgent care services are covered if they are provided within the United States. Urgent care services provided in any other country are not covered.

2.0 COVERED SERVICES

Urgent care services are covered subject to member eligibility requirements.

3.0 COORDINATION OF CARE

KHS uses *Referral/Prior Authorization Forms* received from providers to conduct tracking and case management activities based on Urgent Care triage and ongoing treatment plans if indicated. It is the responsibility of the PCP to follow-up with the member to ascertain the results of care and fulfill the responsibilities of PCP.

4.0 REIMBURSEMENT

Claims must be submitted and are processed in accordance with *KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement.*

4.1 Contracted Providers

Claims are reimbursed at the appropriate contract rates. Contracted providers are paid as outlined in the following table.

Claim Type	Reimbursement Guidelines
Hospital Based Urgent Care	If denied, a medical screening exam is paid. See *KHS Policy and Procedure #3.23 – Emergency Services* for details on medical screening exams.
Pathology	Pathology services are included in the composite rate for urgent care. No separate reimbursement is made.
Radiology	Radiology services are included in the composite rate for urgent care. No separate reimbursement is made.

4.2 Non-Contracted Providers.

KHS reimburses out of area providers for medically necessary urgent care. All non-participating urgent care claims are referred to the UM Department for review. Claims may be approved for payment if the services meet the following conditions:

A. Urgent care was medically necessary and member was out of the service area.

B. Services qualify as emergency services. In such cases, the services are reimbursed as outlined in *KHS Policy and Procedure #3.23 – Emergency Services*.

C. Although the services do not satisfy the conditions of (A) and (B) above, they were provided by a hospital based urgent care facility. In such cases, reimbursement is made for a medical screening exam.

REFERENCE:

[1] **Revision 2017-02:** Section 3.0 Documentation removed by Administrative Director of Health Services. Titles updated. Three (3) year review requested by Compliance. **Revision 2014-03:** Revisions to processes updated. References to Healthy Families removed. **Revision 2011-07:** Policy updated to indicate no prior authorization is required for Urgent Care services. **Revision 2008-08:** Revised per DHCS Work Plan Deliverable 9.A (2008-06). **Revision 2004-05:** Routine revision. Contains elements of the following policies that will be deleted upon the release of this version of 3.12: #6.24 – Emergency/Urgent Care Reimbursement Guidelines (2002-02). Approved text that has been moved into or out of (into #3.23) this policy is not highlighted in redline. **Formerly***: #3.12 – Prior Authorization for Urgent Care and Non-Emergent ER Services.*

[2] CCR Title 28 §1300.67(g)(2); DHS Contract Exhibit E, Attachment 1, 106

[3] DHS Contract Exhibit A ,Attachment 9, 3(F)

[4] CCR Title 22§51006