



KERN HEALTH SYSTEMS

Policy and Procedure Review / Revision

KHS Policy & Procedure: 4.31-P Urgent Care Center

Reason for Revision: Policy was updated by the PNM Department during routine policy review.

Reviewer	Date	Signature
Emily Duran Chief Executive Officer	3/17/2023	
Dr. Martha Tasinga Chief Medical Officer	3/1/2023	
Alan Avery Chief Operating Officer	11/14/2022	<i>Alan Avery</i>
Robin Dow-Morales Director of Claims	01/24/23	Robin Dow-Morales
Melissa McGuire Deputy Director of Provider Network	1/11/23	<i>Melissa McGuire</i>

(CEO decision(s))

Board approval required: Yes ___ No ___ QI/UM Committee approval: Yes ___ No ___
 Date approved by the KHS BOD: _____ Date of approved by QI: _____
 PAC approval: Yes X No ___ Date of approval by PAC: 9/13/2022
 Approval for internal implementation: Yes ___ No ___
 Provider distribution date: Immediately _____ Quarterly _____

Effective date: _____
 DHCS submission: N/A
 DMHC submission: N/A
 Provider distribution: _____



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Urgent Care Center (UCC)			POLICY #: 4.31-P		
DEPARTMENT: Provider Network Management					
Effective Date: 07/2000	Review/Revised Date: 3/17/2023	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____ Date _____
Emily Duran
Chief Executive Officer

_____ Date _____
Chief Medical Officer

_____ Date _____
Chief Operating Officer

_____ Date _____
Director of Claims

_____ Date _____
Senior Director of Provider Network

POLICY:

Kern Health Systems will contract with a facility as an Urgent Care Center (UCC) only if the facility meets the requirements set forth in this policy.

PROCEDURES:

1.0 BACKGROUND

Urgent Care Centers became prevalent over the years and offered patients extended hours of operation and expanded services for treating conditions typically referred by primary care physicians to emergency rooms, especially minor trauma. This approach to care brought the

benefit of greater convenience, reduced waiting times for treatment, and lowered costs of care compared with traditional hospital emergency room visits. Per the American College of Emergency Physicians January 2022 policy statement, an Urgent Care Center is a walk-in clinic focused on the delivery of medical care for minor illnesses and injuries in an ambulatory medical facility outside of traditional hospital-based or free-standing Emergency Department (ED).

2.0 FACILITY CAPABILITIES

The minimum services available at an UCC must be:

- A. Location shall be open at a minimum of twelve (12) hours per day, 8:00 am to 8:00 pm
- B. Location shall be open at a minimum of five (5) days per week to include Saturday and/or Sunday
- C. Availability of a physician on site during all days and hours of operation
- D. Ability and equipment on site to perform plain radiographic exams such as chest x-ray, long bone films, hand and foot films, and abdominal series
- E. Ability to cast closed, uncomplicated fractures
- F. Availability of splints and crutches
- G. Ability to suture lacerations not involving major structures or major nerves, arteries or tendons
- H. Ability and equipment to diagnose and treat injuries and illnesses of the eye, such as ER fluorescein staining of the cornea, or a slit lamp which shall be optional
- I. Ability and equipment to treat acute asthma attacks
- J. Ability and equipment on site to perform laboratory services
- K. Equipment and ability to deliver life support services such as intubation, cardiac monitoring, intravenous resuscitation, ACLS interventions, including a physician on staff with ACLS certification on site. Practitioners are required to seek certification and re-certification through programs sponsored by the American Heart Association (AHA).. Board certified emergency room physicians are exempt from the ACLS certification requirement.
- L. Comply with all state and federal handicapped accessible (basic and limited) requirements

3.0 CREDENTIALING OF FACILITIES

UCCs are credentialed and recredentialed based on the criteria listed in sections 2.0 of this policy and in line with policy 4.01-P *Credentialing*. Recredentialing occurs every 36-months.

3.1 ENROLLMENT:

KHS requires the provider group to be enrolled in the Medi-Cal Fee-For-Service Program as a “physician group” including rendering providers (non-physician medical practitioners) as defined by the DHCS All Plan Letter 22-013 and in line with policy 4.43-P *Medi-Cal Enrollment Policy*.

REFERENCE:

Revision: 2022-08: Routine review conducted by Provider Network Management Department. **2018-09:** Policy reviewed by Provider Relations Contracting Manager. Added hours of operation, language regarding UCC required to have radiographic equipment on site. Additional language added to have a physician on site during all days and hours of operation. Added handicapped accessible requirements. **2017-02:** Added days of operation. Added required to provide lab services on site.