KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Urgent Care Services	**Policy #**	3.12-P
Policy Owner	Health Services – Utilization Management	**Original Effective Date**	11/1999
Revision Effective Date	8/2024	**Approval Date**	1/10/2025
Line of Business	☒ Medi-Cal ☐ Medicare		

I. PURPOSE

To define Kern Health System's (KHS) process for coordinating the provision of urgently needed service requests and/or member access to urgent care services to Kern Health Systems (KHS) members.

II. POLICY

A. Urgent care services will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

1. KHS will comply with California Code, Health and Safety Code - HSC § 1367.03 delineating:
    a. A health care service plan shall provide or arrange for the provision of covered health care services in a timely manner appropriate for the nature of the enrollee's condition consistent with good professional practice.

2. KHS shall comply with the Department of Health Care Services (DHCS) Kern Health Systems 22-20201 Exhibit A, Attachment III Page 333 and 28 CCR section 1300.67.2.2 requirements for Members to obtain appointments for Urgent Care as follows,
    a. Urgent Care appointments for services that *do not* require Prior Authorization within 48 hours of a request,
    b. Urgent Care appointments for services that *do* require Prior Authorization within 96 hours of a request.

III. DEFINITIONS

TERMS	DEFINITIONS
Urgent Care	"Urgent care" means health care for a condition that requires prompt attention, consistent with H&S Code Section 1367.01(2)(h) - When the enrollee's condition is such that the enrollee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function, decisions to approve, modify, or deny requests by providers prior to, or concurrent with, the provision of health care services to enrollees, shall be made in a timely fashion appropriate for the nature of the enrollee's condition, not to exceed 72 hours or shorter depending on the nature of the condition
Urgently Needed Services	Urgently needed services" are those services necessary to prevent serious deterioration of the health of an enrollee, resulting from an unforeseen illness, injury, or complication of an existing condition, including pregnancy, for which treatment cannot be delayed until the enrollee returns to the plan's service area. "Urgently needed services" includes maternity services necessary to prevent serious deterioration of the health of the enrollee or the enrollee's fetus, based on the enrollee's reasonable belief that she has a pregnancy-related condition for which treatment cannot be delayed until the enrollee returns to the plan's service area. Cal. Code Regs. Tit. 28, § 1300.67 (g)

IV. PROCEDURES

ACCESS

A. KHS Contracted:

1. KHS encourages its members to be seen by their Primary Care Physician (PCP) for their medical services.
2. 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.
3. No prior authorization is required for KHS contracted provider urgent care services.
4. KHS members may be seen at any KHS urgent care centers with a scheduled appointment or without an appointment as a "walk-in."

A. Non-Contracted Providers:
    1. Members are not restricted to the KHS urgent care centers under the following provisions:
        a. Urgent care services are only reimbursed to non-contracted providers if the member received the services outside of the service area.
        b. Urgent care center services provided after KHS normal business hours do not require prior authorization but will undergo medical necessity review to determine the care met criteria for payment.
        c. Urgent care center services provided to a member for non-emergent care during normal business hours are subject to the claim being reviewed and declined for payment by KHS.

B. Out-of-Area Services:
    1. Medically necessary urgent care services are covered if they are provided within the United States.
    2. Urgent care services provided in any other country are not covered.

COVERED SERVICES

A. Urgent care services are covered subject to member eligibility requirements.

COORDINATION OF CARE

A. 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.

REIMBURSEMENT

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

V. ATTACHMENTS

Attachment A: N/A	

VI. REFERENCES

Reference Type	Specific Reference
DHCS Contract (Specify Section)	DHCS Kern Health Systems 22-20201 Exhibit A, Attachment III Page 333

Regulatory	28 CCR section 1300.67.2.2
Other KHS Policies	KHS Policy and Procedure #3.15 – 24-Hour Telephone Triage Service
Other KHS Policies	KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement.
Regulatory	California Code, Health and Safety Code - HSC § 1367.03
Regulatory	H&S Code Section 1367.01(2)(h)

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	**08/30/2024**	A purpose added, Definitions updated to reflect regulatory specific language. Claims payment procedure details removed with reference to refer to *KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement*. Updated the reference to the most recent DHCS-KHS Contract for 2024	UM
Revised	**2017-02**	Section 3.0 Documentation removed by Administrative Director of Health Services. Titles updated. Three (3) year review requested by Compliance	Administrative Director of Health Services
Revised	**2014-03**	Revisions to processes updated. References to Healthy Families removed.	-
Revised	**2011-07**	Policy updated to indicate no prior authorization is required for Urgent Care services.	-
Revised	**2008-08**	Revised per DHCS Work Plan Deliverable 9.A (2008-06).	-
Revised	**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.*	-

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: Urgent Care Services

Last approved version: 2017-02

Reason for revision: Policy was due for annual review. A purpose statement was added, Definitions updated to reflect regulatory specific language. Claims payment procedure details removed with reference to refer to *KHS Policy and Procedure #6.01 – Claims Submission/Reimbursement*. Updated references to the most recent DHCS-KHS Contract for 2024.

Director Approval		
Title	**Signature**	**Date Approved**
Christine Pence Senior Director of Health Services		
Dr. Maninder Khalsa Medical Director of Utilization Management		
Amisha Pannu Senior Director of Provider Network		
Nate Scott Senior Director of Member Services		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____