


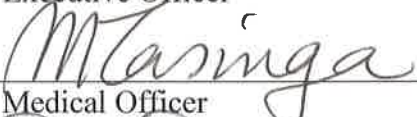


# KERN HEALTH SYSTEMS

<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: Urgent Care Center (UCC)				POLICY #: 4.31-P	
DEPARTMENT: Provider Relations					
Effective Date: 07/2000	Review/Revised Date: 10/25/2018	DMHC		PAC	
		DHCS		QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

  
 \_\_\_\_\_  
 Douglas A. Hayward  
 Chief Executive Officer

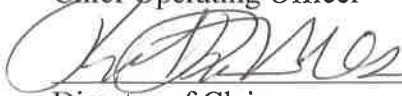
Date 10/25/18

  
 \_\_\_\_\_  
 Chief Medical Officer

Date 10/19/18

  
 \_\_\_\_\_  
 Chief Operating Officer

Date 9/20/18

  
 \_\_\_\_\_  
 Director of Claims

Date 9/18/18

  
 \_\_\_\_\_  
 Director of Provider Relations

Date 9/14/18

## POLICY:

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

## PROCEDURES:

### 1.0 BACKGROUND

Many health care facilities have expanded their capabilities and hours of operation so that they fill a need for the delivery of medical services more demanding than those typically available in a physician's office but not at the level of a full emergency room. Urgent Care Centers

became prevalent about fifteen years ago 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 rooms.

## **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). On-line courses do not satisfy this requirement. 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. Recredentialing occurs every 3 years.

### **REFERENCE:**

**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.