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Urgent Care Background

Providers that operate under an urgent care model are marketed as a cost-effective way of serving a patient's acute care needs outside of a more expensive emergency room while providing convenient hours and minimal wait times. Urgent care providers are not intended to provide emergency intervention for critical, major trauma, life-threatening or potentially disabling conditions. The scope of operations, hours of operation, scope of services, and the nature of the physician-patient relationship are all important elements that define the urgent care model.

Urgent care providers operate on an unscheduled walk-in basis, serving patients as needed. They are typically open during normal business hours (9AM to 5PM weekdays) but typically include early and late weekday hours and weekend hours, and are often open on holidays. Some urgent care facilities operate 24 hours a day, seven days a week.

Urgent care providers are a source for outpatient diagnosis and treatment for ambulatory patients with acute illness or minor traumas that are not life threatening or permanently disabling. Services can include a medical history, physical examination and treatment services, such as those provided by a physician's practice. Additional services may include intravenous hydration, suturing of minor lacerations and providing occupational medicine therapies. Urgent care facilities can also include advanced imaging services, in-house lab services for immediate point-of-care testing, and even point-of-care dispensing of pre-packaged pharmaceuticals. When unable to appropriately serve a patient requiring more emergency care, urgent care providers generally have transfer and referral protocols in place.

There is no expectation of an ongoing physician-patient relationship with an urgent care provider. Once the acute illness or trauma has been treated, the patient's ongoing care should be provided by with their primary care physician or by referral to a specialist.

Urgent care facilities are not intended for well care, chronic disease management, or inpatient care or hospitalization. They are also not intended to be used as emergency rooms and are not subject to the Emergency Medical Treatment and Labor Act (EMTALA), requiring acceptance of patients without regard for the ability to pay.

Some urgent care providers operate as physician practices (termed "Urgent Care Practices"). Some primary care practices may have an urgent care component, with designated hours for walk-in acute care. Larger urgent care facilities operate as licensed Diagnostic & Treatment Centers and are considered urgent care clinics or centers ("UCC").

Current Federal and NYS Regulations

Urgent care providers are not consistently regulated in New York State. Some urgent care providers operate as centers or clinics and fall under the category of Diagnostic and Treatment Centers and are subject to licensure and the Certificate of Need process. Other urgent care providers are physician practices and are governed solely through radiological imaging and professional licensing requirements.

Pros:

- Potentially create savings for the healthcare system by diverting non-severe emergency patients from emergency departments that have substantially higher costs.
- Lower overhead costs as compared to Emergency Departments due to size, scope and staffing models.
- Provide customer service related to extended hours as compared to physician practices and report shorter waiting room times than Emergency Departments.
- Support patient overflows from existing entities.

Cons:

- Larger urgent care models, generally UCC, that operate with 24/7 hours may have higher costs and need to charge patients more for services, creating pricing inconsistencies across urgent care providers.
- May be skimming procedures with higher margins away from Emergency Departments and existing physician practices, making these providers less financially sustainable.
- Patient confusion regarding services provided compared to an Emergency Department, and in which situation to go to an urgent care provider.
- Patient overreliance on an urgent care practice or center for non urgent care may undermine the relationship with a primary care physician or patient medical home.
- Concerns that staff may not have sufficient training to diagnose and treat patients with severe conditions or with chronic underlying conditions.

Options

1. Define Urgent Care Providers New York State

Options:

- *Define urgent care clinics/centers (e.g. scope of services, hours of operation, hospital affiliation, ownership requirements, etc.) in statute or regulation.*
- *Define urgent care practices (e.g. scope of services, hours of operation, hospital affiliation, and percent of patients who come in on a walk-in basis, etc.) in statute or regulation.*

Pros:

- Creates a functional definition that can be used to target future rules and regulations.
- Clarifies role of urgent care facilities vs. role of other facilities within the urgent to emergent care spectrum (for example, retail clinics and Emergency Departments).

Cons:

- Facilities may adjust their model to fall out of scope.

State Models:

Arizona, Florida, Maryland, Minnesota, New Hampshire and Utah have definitions of urgent care center and urgent care center-equivalent facilities.

Arizona

Arizona Revised Statutes (A.R.S.), Revised Statute §36-401 Definitions, Item 21-a defines a “Freestanding urgent care center” as an “outpatient treatment center that regardless of its posted or advertised name, meets any of the following requirements:

- “Is open twenty-four hours a day, excluding at its option weekends or certain holidays, but is not licensed as a hospital.
- “Claims to provide unscheduled medical services not otherwise routinely available in primary care physician offices.
- “By its posted or advertised name, gives the impression to the public that it provides medical care for urgent, immediate or emergency conditions.
- “Routinely provides ongoing unscheduled medical services for more than eight consecutive hours for an individual patient.”

Item 21-b specifies that a “Freestanding urgent care center” does not include the following:

- “A medical facility that is licensed under a hospital’s license and that uses the hospital’s medical provider number.
- “A qualifying community health center pursuant to section 36-2907.06.
- “Any other health care institution licensed pursuant to this chapter.”
- “A physician’s office that offers extended hours or same day appointments to existing and new patients and that does not meet the requirements of subdivision (a), item (i), (iii) or (iv). For the purposes of this item, “physician” means a person licensed pursuant to title 32, chapter 13 or 17.”

Florida

Florida State Statute (2012) Chapter 395, Part I Hospital Licensing and Regulation, Section 1(30) defines a UCC as a “facility or clinic that provides immediate but not emergent ambulatory medical care to patients. The term includes an offsite emergency department of a hospital that is presented to the general public in any manner as a department where immediate and not only emergent medical care is provided. The term also includes:

- (a) An offsite facility of a facility licensed under this chapter, or a joint venture between a facility licensed under this chapter and a provider licensed under chapter 458 or chapter 459, that does not require a patient to make an appointment and is presented to the general public in any manner as a facility where immediate but not emergent medical care is provided.”
- (b) A clinic organization that is licensed under part X of chapter 400, maintains three or more locations using the same or a similar name, does not require a patient to make an appointment, and holds itself out to the general public in any manner as a facility or clinic where immediate but not emergent medical care is provided¹.”

Maryland

10.09.77.01, Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE Subtitle 09 MEDICAL CARE PROGRAMS Chapter 77 Urgent Care Centers Authority: Health-General Article,.01 Definitions, (13) defines urgent care as “the delivery of ambulatory care, such as for acute illnesses or minor traumas, in a facility dedicated to the delivery of unscheduled, walk-in care outside of a hospital emergency department, a free-standing clinic, or a physician's office².”

Minnesota

Chapter 4654, of Minnesota Health Care Quality Measures Subpart 22 states that an Urgent Care Center “means a medical facility where ambulatory patients can walk in without an appointment and receive services required to treat an illness or injury that would not result in further disability or death if not treated immediately, but requires professional attention and that has the potential to develop such a threat if treatment is delayed. Urgent care center does not include physician clinics offering extended hours for patient care.”

New Hampshire

In He-P 806.03-ak New Hampshire defines NEWCC as “...a medical facility where a patient can receive medical care which is not of an emergency life-threatening nature, without making an appointment and without the intention of developing an ongoing care relationship with the licensed practitioner. This term includes such facilities that are self-described as urgent care centers, retail health clinics, and convenient care clinics. A NEWCC can be a stand-alone entity or an entity located within a retail store or pharmacy, which can be owned and operated by the retail store or pharmacy, or be owned and operated by a third party³.”

¹ For full legislative text, Florida State Statutes, <http://www.flsenate.gov/Laws/Statutes/2012/395.002>

² For full text, Maryland <http://www.dsd.state.md.us/comar/getfile.aspx?file=10.09.77.01.htm>

³ For full regulatory text, New Hampshire Code of Administrative Rules <http://www.dhhs.nh.gov/oos/bhfa/documents/he-p806.pdf>

Utah

Utah R432-1 General Health Care Facility Rules, Section 3 Definitions (50) defines a Freestanding Urgent Care Center as “distinguished from a private physician's office or emergency room setting, means a facility which provides out-patient health care service (on an as-needed basis, without appointment) to the public for diagnosis and treatment of medical conditions which do not require hospitalization or emergency intervention for a life-threatening or potentially permanently disabling condition. Diagnostic and therapeutic services provided by a free-standing urgent care center include: a medical history physical examination, assessment of health status and treatment for a variety of medical conditions commonly offered in a physician's office.”

2. Require Certificate of Need (CON)

Options:

- *Require that all urgent care providers, both clinic and physician practice, apply for CON approval.*
- *Require that urgent care providers accept Medicaid and serve low-income patients as a condition of approval.*
- *Require that urgent care providers establish an affiliation with hospital/hospital networks as a condition of approval (see also Require Referral Protocol).*

Considerations:

Would existing urgent care providers be grandfathered in?

Pros:

- Enforces physical plant standards.
- Considers need and potential destabilization of market and access.
- Establishes an expectation of, relationships with existing medical facilities and networks.
- Evaluates financial viability.
- Evaluates ownership structure and character.

Cons:

- CON may discourage urgent care providers from establishing in NYS.
- Urgent care centers that are licensed as Diagnostic and Treatment Centers already are subject to CON; unclear if an urgent care CON would need to be distinct from other facility types.
- Added time and expense for facilities.

3. Require Licensure

Options:

- *Establish a specific licensure category for urgent care providers.*
- *Require that urgent care providers accept Medicaid and serve low-income patients as a condition of approval.*

- *Require utilization of certified electronic health records that are connected to the Statewide Health Information Network for New York (SHIN-NY) and Regional Health Information Organizations (RHIOS).*
- *Require compliance with Statewide Policy Guidance for sharing of electronic patient health information.*
- *Require that urgent care providers establish an affiliation with hospital/hospital networks as a condition of approval (see also Require Referral Protocol).*
- *Require the above only for urgent care centers (and not urgent care practices).*

Additional Considerations:

If an urgent care facility is part of a chain, would the state require a single license or require each clinic location to obtain its own license?

Pros:

- Establishes quality care standards unique to urgent care providers.
- Establishes staffing requirements.
- Requires referral processes be in place to expedite triage and referral
- Vehicle for requiring Medicaid participation.
- Vehicle for establishing service posting requirements.

Cons:

- Urgent care providers would be eligible for licensed, increasing the cost of care.
- Established urgent care providers may fall out of licensure range.
- Existing urgent care providers may not meet architectural and engineering requirements, necessitating construction to meet compliance.
- May discourage urgent care providers from opening in NYS/in some regions.
- Urgent care clinics/centers that fall under Diagnostic and Treatment Centers already are subject to licensure.
- Added time and expense for facilities.

State Models:

Arizona has legislation that defines Freestanding Urgent Care Clinics and outlines licensure process, includes relationship between health care service organizations and UCC, and establishes posting requirements.

Example: A.R.S. Title 20, Chapter 4, Article 9, Section 20-1077 on Health Organizations and Urgent Care Clinics:

- Requires posting of consumer information about when to use an Urgent Care Clinic
- Requires a referral process be in place between a health care service organization and an Urgent Care Clinic
- Requires credentialing Urgent Care Centers every two years

4. Require Registration for Urgent Care Providers

Options:

- *Create a requirement that urgent care providers register with the state and submit data. Data might include name, location, staffing structure, ownership structure, number of patients served.*
- *Require re-registration every 3 to 5 years.*
- *Can be accomplished through regulation or statute, contingent on a definition.*

Pros:

- Provides information to the state on urgent care providers.

Cons:

5. Require Accreditation for Urgent Care Providers

Options:

- *Require accreditation by a national accrediting body. Bodies that can provide accreditation may include:*
 - *The Joint Commission (JCAHO): The Joint Commission accredits urgent care centers as a subset of ambulatory care⁴.*
 - *Accreditation Association for Ambulatory Health Care (AAAHC): The AAAHC website lists “Urgent and immediate care” centers as one of the types of organizations it accredits⁵.*
 - *National Association for Ambulatory Care (NAFAC): NAFAC has created a program that both accredits and certifies Urgent Care Centers⁶.*
- *Require accrediting body to provide data to the Department (i.e. patient safety and quality data).*
- *Require accreditation through statute or regulation.*

Pros:

- Promotes evidence-based practices.
- Monitors quality based on industry standards.
- Fulfills quality review survey requirements for DOH.
- May provide data on urgent care providers in New York State, to inform future decisions and understanding of this model of care.
- May address through licensure and registration.

⁴ The Joint Commission. “Seeking Urgent Care Accreditation.”

http://www.jointcommission.org/accreditation/ahc_seeking_urgent_care.aspx

⁵ Accreditation Association for Ambulatory Health Care. “Accreditation.”

<http://www.aaahc.org/accreditation/>

⁶ National Association for Ambulatory Care (NAFAC). “National Urgent Care Practice Standards Certification.” <http://www.urgentcare.org/CertificationStandards/tabid/134/Default.aspx>

Cons:

- This represents a shift in Joint Commission accreditation from voluntary to mandatory.
- Fees for Joint Commission Accreditation may present a barrier to entry.

State Models:

New York State Public Health Law § 230-d, Office Based Surgery creates a definition of Office Based Surgery and requires accreditation of facilities where Office Based Surgery takes place. State Education Law State Education Law § 6530(48) enforces this by requiring that licensed physicians abide by this requirement and not practice surgery in non-accredited facilities.

6. Require Primary Care Referral Protocol

Options:

- *Require that urgent care providers refer patients to primary care physicians if the patient indicates they do not have a primary care physician.*
- *Require that urgent care providers maintain a list of primary care physicians in the area that are able to take new patients, to aid in the referral process.*
- *Require reporting to existing primary care providers when a patient is treated at an urgent care facility.*
- *Require that urgent care providers have a system for identifying repeat customers who are using the facility as primary care on a frequent basis, and limiting their continued use.*
- *Can be accomplished as a requirement of licensure.*
- *Can be accomplished through regulation or statute, contingent on a definition.*

Pros:

- Promotes patient/primary care physician relationship.
- Ensures urgent care providers follow reporting requirements and share information with patient's healthcare team; encourages use of EMR.
- Reinforces the need for information sharing with patient primary care physicians.

Cons:

- May depend on definition of urgent care providers.
- Urgent care provider administrative burden.

7. Require Transfer Protocol for Emergency Cases

Options:

- *Require a transport/triage protocol for patients that present beyond the scope of an Urgent Care Center/Practice.*
- *Require that urgent care providers establish an affiliation with hospital/hospital networks.*
- *Can be done as a requirement of licensure.*
- *Can be accomplished through regulation or statute, contingent on a definition.*

Pros:

- Ensures quality and safety measures.

Cons:

8. Create Naming Guidelines for Urgent Care Providers

Options:

- *Create a naming requirement that urgent care providers must call themselves “Urgent Care” and not some form of “emergency” such as “emergent” or “emerg-care.”*
- *Possibly limit use of commercial terms in names such as “Immediate,” or “Convenient,” as these words do not clearly indicate the type of services that will be received at the facility.*

Pros:

- Clarifies role of urgent care providers vs. role of other facilities in the ambulatory care spectrum for consumers.
- Works in conjunction with defining urgent care providers in legislation or regulation.

Cons:

- Depends on a functional definition of urgent care model(s).
- May not be able to enforce without licensure or registration.

State Models:

Delaware and Illinois have statutory language regarding the naming of facilities so as to not cause confusion with Emergency Rooms; the use of “Urgent” and “Emergency” and similar derivatives are prohibited unless the facility is an actual Emergency Room.

Illinois

Illinois only permits the use of the term “emergency” “urgent” or a derivative of those terms if the facility is actually an emergency room. 210 ILCS 70/2 of the Emergency Medical Treatment Act covers prohibited terms and states “After the effective date of this amendatory Act of the 93rd General Assembly, no person, facility, or entity shall hold itself out to the public as an “urgent”, “urgi-”, “emerg-”, or “emergent” care center or use any similar term, as defined by rule, that would give the impression that emergency medical treatment is provided by the person or entity or at the facility unless the facility is the emergency room of a facility licensed as a hospital under the Hospital Licensing Act or a facility licensed as a freestanding emergency center under the Emergency Medical Services (EMS) Systems Act... Violation of this Section constitutes a business offense with a minimum fine of \$5,000 plus \$1,000 per day for a continuing violation, with a maximum of \$25,000⁷.”

⁷ For full legislative text, Illinois Legislative Reference Bureau
<http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=1231&ChapterID=21>

Delaware

Delaware licenses Free Standing Emergency Centers, and prohibits the use of the term “emergency” or “urgent” by a facility if that facility is not able to handle life-threatening emergency care. Delaware Regulatory Administrative Code Title 16, 4400 Health Systems Protection, 4404 Free Standing Emergency Centers, 9.0 Licensing Requirements and Procedures, part 9.6 states: “The terms emergency, urgent care or parts of those terms or any other language or symbols which imply or indicate to the public that immediate medical treatment is available to individuals suffering from a life threatening medical condition shall not be used as part of the name of any facility in this State, unless the facility has been licensed by the Division of Public Health⁸.”

9. Develop Service Posting/Consumer Protection Requirements

Options:

- *Require urgent care providers to post services offered, pricing information, and guidelines for when it is appropriate to visit an urgent care provider vs. when one should go to an Emergency Room or Primary Care Physician. These notifications must be posted in public patient/caregiver areas such as the waiting room and any websites associated with the urgent care provider.*
- *Can be accomplished through regulation or statute.*

Pros:

- Clarifies role of urgent care providers vs. role of other facilities in the ambulatory care spectrum for consumers; educates consumers.
- Provides consumers with service and pricing information so as to make an informed choice in the future about where to go for services; creates conditions for market forces in the urgent care market.
- Potentially minimizes future visits that are out of scope for an urgent care provide and that need to be referred out.

Cons:

- Enforcement may involve site visits/audits.

10. Establish an updated Medicaid Reimbursement Model for Urgent Care Facilities

Options:

- *Develop Medicaid reimbursement model for urgent care facilities that recognizes the facility as a direct provider (vs. requiring them to bill Medicaid via the individual physicians).*

Pros:

- Permits Medicaid patients to visit an urgent care provider without paying out of pocket.

⁸ For full regulatory text regarding licensing of Free Standing Emergency Centers in Delaware:
[http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20\(HSP\)/4404.shtml](http://regulations.delaware.gov/AdminCode/title16/Department%20of%20Health%20and%20Social%20Services/Division%20of%20Public%20Health/Health%20Systems%20Protection%20(HSP)/4404.shtml)

- Enables direct reimbursement to the facility vs. requiring reimbursement for the individual practitioners, which would streamline reimbursement accounting.
- Enables Medicaid billing to distinguish urgent care from other service categories.
- Can tie reimbursement to reporting requirements; motivates urgent care providers to follow reporting requirements.

Cons:

- Urgent care providers often have higher costs than a regular physician practice because of the inconsistent schedule and type of services actually rendered can vary based on unanticipated need; accepting Medicaid reimbursement may not be financially viable for some establishments.
- May result in an increase in Medicaid patients that may impact overall cost structure and result in decreased revenue.
- Fee schedules may not support urgent care provider financial needs.
- Requiring urgent care providers to accept Medicaid reimbursement may discourage them from establishing in NYS.

Outstanding Questions

- How many urgent care centers/clinics exist in New York State?
- Is there New York State data that indicates quality issues or patient confusion?
- Require NYPORTS reporting?