



Payment Policy

Urgent, Extended & Walk-in Care

Purpose

The purpose of this payment policy is to define how Minuteman Health, Inc. (MHI) reimburses Urgent, Extended & Walk-in care providers.

Applicable Plans

- MHI MA Plans
- MHI NH Plans

Definitions

Definitions

Urgent care is care for the treatment of an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening and is delivered in an urgent care center

Urgent Care Providers refer to a group of clinicians that offer care for the treatment of an acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening. These providers work in urgent care centers

Free standing urgent care or Walk-In centers are a medical practice or facility that is open to the general public and offers medical care without an appointment and is not operated as a department of a hospital.

Extended Office Hours is care provided by a traditional primary care practice that has chosen to be open a few hours in the morning, few hours in the evening and a few hours on Saturday and Sunday. These hours are added to the normal 8-5 appointment based practice as a "convenience" to the patient. These hours are usually covered by a part time staff but may on occasion be covered by the primary care physician.

Extended Office Hours will continue to be a term generally applied to the industry. As the industry and its providers continue to advance, terminology will have a more consistent meaning.

High End Imaging includes but is not limited to:

- Computerized Tomography (CT) scans
- Positron Emission Tomography (PET) scans
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiograms (MRA)
- Nuclear Cardiac Imaging done in a doctor's office

Requirements

Contracting

MHI contracts with free standing urgent care providers under a standard urgent care agreement using MHI's standard reimbursement for urgent care services.

MHI contracts with extended care centers and walk-in centers which are an extension of a facility or a provider group agreement. Reimbursement for extended care services and walk in centers typically falls under the reimbursement of the facility or provider group agreement.

As stated in MHI's Evaluation and Management (E&M) Payment Policy, Urgent Care Centers cannot bill for certain codes during the normal operating hours of the physician practice including evening and weekend hours. Please refer to MHI's E&M Payment Policy for additional information on this topic.

Credentialing Requirements

The urgent care provider entity must meet all state and federal regulations and must successfully meet MHI facility credentialing standards prior to seeing any MHI members. The Facility Credentialing and Recredentialing policy, located in the MHI *Provider Manual*, outlines the credentialing and recredentialing requirements.

The urgent care provider entity must employ clinicians who are able to treat children and adults for acute or chronic illness or injury that is immediate in nature and requires professional attention but is not life threatening. Provider specialties would include internal medicine, family practice, emergency room, and pediatrics. The urgent care provider entity is responsible for ensuring all clinicians seeing MHI members have current, unrestricted licenses in the state in which the clinician is practicing. The urgent care provider entity is also responsible for ensuring the clinicians have the minimum acceptable malpractice requirement as well as current hospital affiliations.

Policies and Procedures

Urgent care provider entities must maintain the following policies and procedures (provider entity shall provide MHI copies of such policies and procedures upon request):

- Policies to evaluate, stabilize, and transfer medical emergencies.
- Procedures to ensure continuity and coordination of care with the member's primary care physician, including processes to provide the diagnostic record of the urgent care visit to the member's primary care physician.
- High end imaging radiology services are not covered in an urgent care setting.
- Credentialing policies that monitor and review health care providers' knowledge, training, malpractice,

hospital affiliation and licensure and requires review and approval by the practice/facility's medical director on a periodic basis in accordance with state law.

Reimbursement

Inside the MHI service area, services rendered by free standing urgent care providers are reimbursed solely to a provider that is contracted with MHI to bill for urgent care services. Outside the service area, coverage is available for non-contracted free standing urgent care providers. Urgent care services are reimbursed at a standard rate that is inclusive of both facility and professional services. Facility reimbursement is included in the professional fee. Facility charges will be denied when billed separately. The member is not liable for these charges.

Services are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Free Standing Urgent Care centers must submit claims using the industry standard Place of Service code 20: Urgent Care.

Urgent Care providers providing treatment at an Urgent Care site must submit claims using the industry standard Place of Service code 11: Doctor Office Visit.

Please refer to MHI's Evaluation and Management Payment Policy for information regarding charges billed in addition to basic services provided in an Urgent Care setting.

Continuity of Care

For MHI HMO members, any services that are not provided and billed directly by the contracted urgent care provider entity must be referred to and provided by a contracted MHI provider (i.e. lab, radiology, etc).

With the member's consent, a diagnostic record of the urgent visit should be sent to the member's primary care physician. Members with illnesses outside the definition of urgent care should be referred to their primary care physician or, if critical, the nearest emergency department.

Authorization Requirements

In-Plan Providers: None

Out of Plan provider in service area: Prior authorization is required for HMO plans

Out-of-Plan Providers outside service area: None

Attachments

None

Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT^{®1}), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

Resources

American Medical Association, Current Procedural Terminology (CPT[®]) and associated publications and services

MHI Provider Manual

History

Updated 11/1/2015, 11/01/2016

¹ CPT[®] is a registered trademark of the American Medical Association.