



Blue Cross and Blue Shield of Nebraska Facility Standards for Urgent Care Centers

Each Urgent Care Center shall maintain compliance with the Urgent Care Center Standards in order to provide a safe and confidential environment that is conducive to the delivery of effective patient care for members as well as the protection of the facility staff. The standards are based on certification and accreditation standards and guidelines from the Urgent Care Association of America¹ (UCAOA), the National Association for Ambulatory Care² (NAFAC), the American Academy of Urgent Care (AAUCM) Medicine³, the Accreditation Association for Ambulatory Health Care⁴ (AAAHC), and The Joint Commission⁵ (TJC).

The standards have been approved by the Blue Cross Blue Shield of Nebraska Credentialing Committee and Quality Management Committee. An onsite survey may be performed in response to member feedback and/or concerns received by BCBSNE regarding a particular facility location. In this event, a facility is reviewed against each applicable standard. The Blue Cross Blue Shield of Nebraska compliance score for facility review is 85%. A written action plan to correct deficiencies may be requested.

¹ Urgent Care Association of America, Certified Urgent Care Criteria

² National Association for Ambulatory Care, National Urgent Care Practice Standards

³ American Academy of Urgent Care Medicine, Accreditation Handbook of Urgent Care Centers

⁴ Accreditation Association for Ambulatory Health Care, 2013 Accreditation Handbook for Ambulatory Healthcare

⁵ The Joint Commission, 2013 Standards for Ambulatory Care, E-dition Release 4.5

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Category	Standard	Met	Not Met	Comments
General Definition	Standard	Met	Not Met	Comments
	<p>The facility is a location distinct from a hospital emergency department, an office, or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention and meets all of the Blue Cross Blue Shield Urgent Care Center Facility Standards as outlined below. (AMA – CPT Codebook)</p> <p>This definition excludes (UCOA):</p> <ul style="list-style-type: none"> • Retail or similar clinic with limited scope of service located within a pharmacy, supermarket or similar retail facility • Physician offices with only selected hours for walk-ins • Chiropractic offices • Pain clinics • Designated area within an Emergency Department 			
Facility	Standard	Met	Not Met	Comments
	I. The facility must meet Blue Cross Blue Shield of Nebraska On-site Review Program Facility Standards for Provider Offices (and all of the following Facility Standards). (BCBSNE)			
	II. The facility is in compliance with applicable federal, state, and local laws and regulations. (AAHC)			
	III. The facility is a legally constituted entity, or an organized sub-unit of a legally constituted entity or is a sole proprietorship in this state. (AAHC)			
	IV. The facility maintains adequate malpractice liability insurance. (BCBSNE)			
	V. The following must be available during all posted hours of operation for the facility: (UCAOA)			

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	A. Radiology, laboratory, and ECG services on-site (UCAOA/AAUCM).			
	B. Licensed MD, DO, APRN, PA on site with the appropriate state licenses and resources to: (UCAOA)			
	a. Obtain and read results of laboratory, ECG, and x-ray performed on site Administer PO, IM & IV medication/fluids on-site.			
	b. Perform minor procedures (e.g. sutures, cyst removal, incision and drainage, splinting) on-site			
	C. At least two exam rooms, separate waiting area, and restricted access patient restrooms. (UCAOA)			
Credentialing and Oversight	Standard	Met	Not Met	Comments
	I. Facility must have a licensed physician (MD/DO) designated as Medical Director for the facility, who is responsible for overall clinical quality. (AAUCM)			
	II. The Medical Director will be board certified in Family Practice, Internal Medicine, or Emergency Medicine (or Pediatrics, if a Pediatric specialty center). (BCBSNE)			
	III. There is a written policy and procedure in place that requires review of the credentials of each employee and there is sufficient information to support that the health care practitioner has the necessary knowledge, training and licensure(s) to provide such care within the scope of their particular license. (AAUCM)			

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	IV. The health care practitioner (MD, DO, APRN, PA) privileges are reviewed and approved by the Medical Director of the facility at least every three years (AAUCM).			
	V. Practitioners must maintain adequate security by malpractice liability insurance or by participation in an inter-indemnity trust. (AAAHC)			
	VI. All practitioners (MD/DO/PAC/ARNP) working at an Urgent Care Center must be individually credentialed and approved by BCBSNE, with the exception of locum tenens, who will follow BCBSNE established policies.(BCBSNE)			
	VII. The Medical Director of the Urgent Care Center must be individually credentialed and approved by BCBSNE (BCBSNE)			
	VIII. During hours of operation, at least one physician (MD/DO) is either present, or immediately available to staff by telephone. (NAFAC)			
Emergency Response	Standard	Met	Not Met	Comments
	I. The facility has a written policy and procedure in place to evaluate, stabilize and transfer emergencies. (AAUCM)			
	II. Staff are available on-site and qualified to provide Basic Life Support (BLS), during all hours of operation, as evidenced by current certifications. (BCBSNE)			
	III. A minimum of two staff persons must be on the premises, one of whom shall be either a licensed physician or a licensed health care professional with current certification in ACLS, as long as a patient is present who has not been discharged from supervised care. (AAAHC)			

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	IV. The following equipment, and staff trained in its use, are available on-site during all hours of operation: (UCAOA)			
	A. Automated External Defibrillator (AED) or more advanced device.			
	B. Working phone to dial 911.			
	V. When the facility is not open, directions are provided to the public about where to access 24-hour healthcare. (AAUCM)			
Access and Availability	Standard	Met	Not Met	Comments
	I. Facility must accept and advertise that walk-in patients of all ages are accepted for a broad spectrum of illness, injury, and disease during all hours the facility is open to see patients. (Pediatric specialty centers are exempt from this age requirement IF pediatric-only specialization is included in the name of the facility)(UCAOA).			
	II. Minimum hours of operation (must meet at least three of the following criteria) (UCAOA):			
	A. Extended hours in evenings and on weekends for patients to receive treatment when their personal physician is not available.			
	B. 7 days/week (not including national holidays)			
	C. 4+ hours each day			
	D. 3000 hours per year			
	III. The Urgent Care organization's hours of operation are clearly defined and communicated to the public and relevant organizations. (NAFAC)			

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Continuity of Care	Standard	Met	Not Met	Comments
The organization is responsible for ensuring a patient's continuity of care. (AAAHC)	I. If a patient's primary or specialty care provider(s) or healthcare organization is elsewhere, the organization ensures that timely summaries or pertinent records necessary for continuity of care are obtained and incorporated into the patient's record as well as provided to the other organization where future care will be provided. (AAAHC)			
	II. When the need arises, the organization assists patients with the transfer of their care from one health care professional to another, including adequate and timely transfer of information. (AAAHC/NAFAC)			
	III. When clinically indicated, patients are contacted for follow-up regarding abnormal laboratory or radiological findings that have been identified and documentation of the follow-up is completed. Policy should delineate a routine system for notifying patients of test results. (NAFAC)			
	IV. Written discharge criteria must exist. (AAAHC)			
Certification Accreditation	Standard	Met	Not Met	Comments
Certification or Accreditation through one of the following is recommended, but not required:	<ul style="list-style-type: none"> • Urgent Care Association of America (UCAOA) • National Association for Ambulatory Care (NAFAC) • American Academy of Urgent Care Medicine (AAUCM) • The Accreditation Association for Ambulatory Health Care (AAAHC) • The Joint Commission (TJC) <p>Notify Blue Cross Blue Shield of Nebraska of any certifications or accreditations.</p>			

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Please provide additional comments about action plans, work in progress, etc. regarding any unmet standards:

Medical Director Signature: _____
Date: _____
Medical Director Name and
Title printed/typed: _____