

Does Having Extended Hours Make You an Urgent Care Clinic?

RHC versus Urgent Care

The listserv has been abuzz with questions about operating a Rural Health Clinic as an Urgent Care Clinic. Can we operate an Urgent Care Clinic in our RHC space on the weekend? Can certain providers see only walk-in patients? How do we bill for services performed outside our normal hours? Are walk-in visits considered Primary Care? Can we be both an RHC and an Urgent Care Clinic? What about signage and advertising?

The simple answer is that your RHC can operate with extended hours, be open on weekends, or offer flexible scheduling and still keep your RHC identity as long as you follow all the RHC rules and regulations. Nothing prohibits it. ***In fact, you should do these things to remain competitive.*** Being open early, late or on the weekends does not make you an urgent care clinic. Offering walk-in and same day appointments does not make you an urgent care clinic. Those models give your patients options that are win-win especially when a child gets sick after 5 pm. As RHCs we should be providing the same types of services that a medical office normally provides. In layman's terms, primary care is the place that our patients go when they are not well and need to find out what is wrong. Being open extended hours does not mean that we aren't still providing primary care. We are. We are doing what we normally do just under an expanded business model. RHCs are doing this now! Some RHCs even have names which suggest they are walk-in or convenient.

Understanding that there is not one single definition of an Urgent Care Clinic or Center on which everyone can agree might be helpful. The Urgent Care Association (www.ucaoa.org) defines centers as those providing medical services which are non-emergent during expanded hours with on-site supported imaging and lab services. The American College of Emergency Physicians (www.acep.org) has stated its concern over the lack of both regulation and uniformity of services provided in urgent care clinics across the country. CMS has made a distinction between urgent and emergency care only when addressing which services a provider can still perform when opted out of Medicare (IOM Chapter 15). CMS defines urgent care as services if not provided within 12 hours would result in serious illness or injury. Emergency care, on the other hand, is considered to be rendered in life or limb threatening circumstances. By any definition, flexible scheduling and convenient hours alone don't make you an urgent care clinic. Also, contracting with payers as an urgent care center can result in higher co-insurance amounts for our commercial patients although most payers including many managed Medicaid plans do recognize CPT® 99051 as an add-on payment for extended hours. Payers want providers who are accessible other than 8a-5p. It saves them the money, too. Our Medicare all-inclusive rate is not immediately changed by expanding our hours.

Remember, too, that we cannot rebrand our RHC without notifying CMS. We must hold ourselves as the legal and doing business names reported on our 855A and CMS-29 forms. If you decide to change your clinic name to reflect your new business model, CMS must be notified. You can have expanded patient care hours and flexible scheduling within your RHC, but you cannot operate a clinic within a clinic per se. You can advertise that you have walk-in or extended hours. Your hours of operation must be posted reflecting all times that patient care services are available. Changes in patient care hours *may* need to be reported in certain state or to other agencies. But, you can still be an RHC. It's not necessary to become a different provider type just because you are changing your business model. New providers and staff should be schooled in RHC 101 to make sure they understand 42 CFR §491 and other RHC guidance. If, however, you are comingling resources with a different provider type outside your RHC hours (letting another provider operated in your space), that is a different discussion altogether. But, let's not reinvent the wheel if we don't have to. Let's just take care of patients.

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