

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: MCUP3044 (previously UP100344)		Lead Department: Health Services	
		Business Unit: Utilization Management	
Policy/Procedure Title: Urgent Care Services		<input checked="" type="checkbox"/> External Policy	
		<input type="checkbox"/> Internal Policy	
Original Date: 04/03/1995		Next Review Date: 02/11/2027	
		Last Review Date: 02/11/2026	
Applies to:	<input type="checkbox"/> Employees	<input checked="" type="checkbox"/> Medi-Cal	
Reviewing Entities:	<input checked="" type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input checked="" type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input checked="" type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALS	<input type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: Robert Moore, MD, MPH, MBA			Approval Date: 02/11/2026

I. RELATED POLICIES:

- A. MPUP3014 Emergency Services
- B. MPUP3039 Direct Members
- C. MPUP3006 Appropriate Service and Coverage Policy
- D. MCUP3113 Telehealth Services
- E. MCCP2018 Advice Nurse Program
- F. MCQP1022 Site Review Requirements and Guidelines
- G. MPQP1016 Potential Quality Issue Investigation and Resolution
- H. MPCR700 Assessment of Organizational Providers
- I. MPCR17 Standards for Contracted Primary Care Providers and Urgent Care Physicians
- J. MPCR301 Non-Physician Clinician Credentialing and Recredentialing Requirements.
- K. MPNET100 Access Standards and Monitoring

II. IMPACTED DEPTS:

- A. Health Services
- B. Member Services
- C. Claims
- D. Configuration
- E. Provider Contracting
- F. Network Services

III. DEFINITIONS:

- A. Direct Member: Direct Members are those whose service needs are such that Primary Care Provider (PCP) assignment would be inappropriate. Assignment to Direct Member status is based on the Member's aid code, prime insurance, demographics or administrative approval based on qualified circumstances. A Referral Authorization Form (RAF) is not required for Direct Members to see Partnership network providers and/or certified Medi-Cal providers willing to bill Partnership for covered services. However, many specialists will still request a RAF from the PCP to communicate background patient information to the specialist and to maintain good communication with the PCP.
- B. Free-Standing Urgent Care Center: An outpatient facility contracted with Partnership HealthPlan of California to provide in-person visits for Urgent Care Services. These providers/facilities are not contracted to provide comprehensive primary care services and are not owned or administered by a hospital or primary care provider contracted with Partnership.
- C. Partnership Urgent Care Tiers:
 - 1. Tier 0 Urgent Care: Typically, primary care offices or urgent care centers that function similarly to a

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primary care office and provide evaluation and management of non-emergent conditions. Services are limited to office-based care and do not include on-site diagnostics or procedures in most cases.

2. **Tier 1 Urgent Care:** Limited service urgent care. Urgent care centers that provide all Tier 0 services plus limited on-site ancillary services, including basic clinical laboratory testing and minor procedures such as wound care and suturing. Advanced imaging services are not available on site
 3. **Tier 2 Urgent Care:** Full service urgent care. Urgent care centers that provide all Tier 1 services plus on-site diagnostics imaging, including radiology services (i.e. X-ray). These centers are equipped to evaluate and treat higher acuity urgent conditions while remaining outside the emergency department setting.
- D. **Primary Care Providers:** Providers contracted with Partnership to provide primary care services for assigned Members. This includes Same-Day Work-In appointments and may include after-hours urgent care, at the PCP's discretion.
- E. **Urgent Care Services:** A type of medical service that provides immediate care for non-life-threatening conditions that require prompt attention. Urgent Care Services are designed to address acute illnesses or injuries that need to be treated within a short time frame but are not serious enough to warrant a visit to the emergency room. Common conditions treated in urgent care include:
1. Minor fractures and sprains
 2. Cuts and lacerations
 3. Minor burns
 4. Ear Infections
 5. Infections (e.g., urinary tract infections, bronchitis)

IV. ATTACHMENTS:

- A. [Application to be a Contracted Urgent Care Services Provider](#)

V. PURPOSE:

To describe access to urgent care services for Partnership HealthPlan of California (Partnership) Members.

VI. POLICY / PROCEDURE:

- A. No prior authorization is required for Urgent Care visits for Partnership Members.
- B. Partnership Members who are experiencing symptoms or a diagnosis that applies to the Urgent Care Services definition (as per III.E. above) may access urgent care from the following types of facilities:
 1. **Primary Care Offices**
 - a. **Assigned Primary Care Provider:**
Many Primary Care clinicians provide Urgent Care Services in person in the Primary Care office and may offer the option of providing these services through telehealth (as per policy MCUP3113 Telehealth Services), because they have knowledge of their assigned patients and can arrange follow-up in-person care if needed. Urgent Care in the Primary Care Provider (PCP) setting may ideally include a triage phone assessment to determine the urgency and best location of care.
 - 1) If a visit is required for the PCP to address the urgent care need, the Member may be given a Same-Day Work-In (SDWI) appointment or scheduled for a next-day appointment.
 - 2) Alternatively, some PCPs have a "walk-in" or "drop-in" clinic for patients to receive Urgent Care Services after waiting a variable amount of time, depending on the demand for services.
 - b. **Non-Assigned Primary Care Provider:**
Members also have the option to be seen by any Partnership-contracted PCP willing to provide urgent care services for non-assigned patients as described at VI.C. below.
 - 1) Partnership verifies that contracted PCP's willing to provide urgent care services to non-

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assigned Members are appropriately credentialed to provide urgent care services as per policy MPCR17 Standards for Contracted Primary Care Providers and Urgent Care Physicians and/or MPCR301 Non-Physician Clinician Credentialing and Recredentialing Requirements.

2. **Free-Standing Urgent Care Centers** (not providing comprehensive Primary Care Services) are available in some parts of Partnership's service region, typically in suburban and urban areas.
 - a. Partnership contracts with certain Free-Standing Urgent Care Centers that provide in-person visits for urgent care services.
 - b. Partnership verifies that these facilities are appropriately credentialed to provide urgent care services as per policy MPCR700 Assessment of Organizational Providers.
- C. Partnership conducts site review for all Urgent Care Services in accordance with policy MCQP1022 Site Review Requirements and Guidelines.
- D. **Members' Roles and Responsibilities in Accessing Urgent Care Services**
 1. If a Member is not sure if their condition is urgent, they should contact their PCP or the Advice Nurse for direction (see also policy MCCP2018 Advice Nurse Program).
 2. Members should seek urgent care services or be directed to Urgent Care Services that meet their reasons for visit need. Partnership designates Urgent Care Services by Tier Categories 0 – 2 to indicate available services (see Definitions III.C.1.-3. above).
 3. Partnership Members should first attempt to see their assigned PCP for Urgent Care Services.
 - a. If a Member cannot be seen at their assigned PCP's office in an appropriate timeframe, the Member may then be seen at any Partnership-contracted PCP provider or Partnership-contracted Free-Standing Urgent Care Provider willing to provide urgent care services for non-assigned patients.
 - 1) Contracted PCPs are not required to provide Urgent Care Services to non-assigned members; it is up to their discretion to allow non-assigned patients to be seen.
 - b. If a Member with an urgent care service need cannot be seen at their PCP's office, another PCP's office, or a Free-Standing Urgent Care Center, they may seek urgent care services at an Emergency Department. Emergency Departments should be used for urgent care services only as a last resort, in order to avoid unnecessary delays and reduced emergency service levels for all.
 4. Urgent care services are covered for Members who are out of their county and/or state as long as their visit is for an urgent condition, and the Member goes to a Medi-Cal (Medicaid) urgent care provider or emergency room that can bill Partnership.
 5. Members are encouraged to contact their PCP for any follow-up that is needed after an urgent care visit with another provider and to consider making an appointment to address any chronic or non-urgent conditions.
- E. **Provider Responsibilities**
 1. Urgent Care Providers should verify that Partnership Members first attempted to see their assigned Primary Care Provider but were unable to be seen in an appropriate timeframe.
 - a. If no attempt has been made, the Member should be referred to their assigned PCP's office for urgent care services, if available.
 - b. Direct Members without an assigned PCP may be seen without this prior contact attempted.
 2. When providing services to a Partnership Member not assigned to them, Urgent Care Providers must document the Member's assigned PCP and notify the PCP's office within 5 working days following the urgent care visit.
 - a. At a minimum, PCP notification should include:
 - 1) A face sheet with updated contact information
 - 2) The chief complaint
 - 3) The final diagnosis and the treatment plan (including any medications prescribed and any

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- follow up care recommended or arranged).
- b. This notification can be made through shared software systems, faxed face sheets, or other approved notification methods.
 - 1) At the time of applying for an agreement to provide urgent care services with Partnership, providers will submit their proposed process for making timely notifications to Members' PCP offices.
 - c. For Direct Members who indicate a PCP who provides their usual care, the above notification should be sent to the PCP identified by the Member.
3. Specialty referrals for assigned members must be processed through the Primary Care clinician.
 - a. Partnership's Referral Authorization system is optional for Direct Members who may be referred directly to any in-network specialist willing to accept the referral.
 4. PCPs are encouraged to attempt follow up with their assigned Members after notification of an urgent care visit with another provider to verify the following:
 - a. If follow up is required
 - b. If the member is due for wellness services (such as a mammogram, well-child visit, etc.)
 - c. If the Member has not yet established care with their assigned PCP
 - d. If the Member has had multiple urgent care visits
 5. PCPs will be educated on the process and the need to provide education for Members who are found to have frequent, repeat visits to urgent care facilities.
- F. Free-Standing Urgent Care Center Standards
1. The following standards must be met for Partnership to contract with a free-standing urgent care center to provide urgent care services. These standards are based on criteria developed by the Accreditation Association for Ambulatory Health Care for urgent care services.
 - a. A free-standing urgent care center must meet criteria for providing either Tier 1 or Tier 2 urgent care services as defined at III.C.2 and 3. above.
 - b. The range of services offered by the free-standing urgent care center and its hours of operation must be clearly defined and communicated to the public and relevant organizations.
 - c. Such facilities, unless they also provide emergency services, must not solicit patients with life-threatening conditions.
 - d. The free-standing urgent care center must be prepared to evaluate and transfer patients with medical emergencies that may present as such, or which may arise in conjunction with services provided by the facility.
 - e. Patients seeking immediate/urgent services may be seen without prior appointments or the provider may require patients to be seen by appointment.
 - f. Immediate/urgent care services must be performed only by health care practitioners who are licensed to perform such procedures and who have been granted privileges to perform those procedures by the credentialing body of the free-standing urgent care center, after medical review of the practitioner's documented education, training, experience, and current competence.
 - g. During hours of operation, a qualified physician must be available for consultation.
 - h. Health care practitioners who maintain skills in basic life support (BLS) must be present in the facility at all times.
 - i. Arrangements must be made to ensure that adequate specialty consultation services are available.
 - j. Equipment, drugs, and other agents necessary to provide immediate/urgent care services must be available.
 - k. Ability to communicate with local police departments, fire departments, community social service agencies, ambulance services, and hospitals is required to ensure high-quality patient care.
- G. Oversight and Monitoring

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1. Member visits to urgent care facilities with non-urgent conditions will be tracked and monitored as part of Partnership’s monitoring for over-utilization.
 - a. Patterns of utilization are reviewed by the Over/Under Utilization Workgroup as described in policy MPUP3006 Appropriate Service and Coverage Policy.
 - b. Members with a pattern of inappropriate urgent care utilization will be referred for follow-up and education with a Partnership case management or population health team member.
 - c. Partnership conducts a facility site review and medical record review at Free-Standing Urgent Care Centers as per policy MCQP1022 Site Review Requirements and Guidelines.
 - d. Grievances about Urgent Care Services may result in further investigation carried out by the Quality Investigations team. (See policy MPQP1016 Potential Quality Issue Investigation and Resolution for more information.)

VII. REFERENCES:

- A. Accreditation Association for Ambulatory Health Care, Inc. criteria
- B. California Code of Regulations ([CCR](#)) [Title 28 §1300.67.2.2 \(c\) \(5\)](#)
- C. DHCS Contract Exhibit A, Attachment III 5.2.5 Network Adequacy Standards

VIII. DISTRIBUTION:

- A. Partnership Department Directors
- B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES:

Medi-Cal

03/18/96; 10/10/97 (name change only); 05/04/00; 10/17/01, 05/21/03, 10/20/04; 10/19/05, 10/18/06; 10/17/07; 10/15/08; 11/18/09; 05/18/11; 02/20/13; 01/21/15; 01/20/16; 01/18/17; *02/14/18; 02/13/19; 02/12/20; 11/11/20; 02/10/21; 05/11/22; 05/10/23; 08/13/25; 02/11/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee’s meeting date.

PREVIOUSLY APPLIED TO: N/A

In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership’s authorization requirements comply with the requirements for parity in mental health and substance

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use disorder benefits in 42 CFR 438.910.