BlueCross BlueShield of New Mexico

Urgent Care Center Designation Requirements

1. UCC must accept walk-in patients of all ages presenting with a broad spectrum of illness, injury and disease that requires urgent, but not emergent, care during all hours the facility is open to see patients. Advertising or public notices, if present, must include this information.
2. The following must be available during all posted hours of operation for the UCC:
   a. X-ray on site
   b. Phlebotomy capability
   c. Licensed provider on site with the appropriate state licenses, training and equipment/resources to:
      i. administer Basic Life Support and Cardio-Pulmonary Resuscitation
      ii. obtain and read an EKG and X-ray on site
      iii. administer PO, IM & IV medication/fluids on site
      iv. perform minor procedures on site, such as but not limited to suturing, suture removal, cyst removal, incision & drainage, splinting.
3. The following equipment, and staff trained in its use, must be available during all posted hours of operation:
   a. Automated External Defibrillator or manual cardioverter defibrillator
   b. oxygen, ambu-bag, and oral airway
   c. drug cart stocked appropriately for patient population (as determined by the facility)
   d. biohazard disposal containers
   e. sharps containers
   f. working phone to dial 911 or otherwise access EMS
4. There must be:
   a. at least one exam room,
   b. a separate waiting area, and
   c. patient restroom(s)
5. Minimum hours of operation. The following three conditions must be met:
   a. Must be open at least 6 days per week (not including holidays)
   b. Must be open no less than 4 hours for any day that it is open
   c. For weekdays (Monday – Friday), operating hours must include at least 10 hours per week of non-traditional hours (i.e. hours prior to 8AM or after 5PM, in any combination).
6. UCC must have a designated Medical Director for the facility, who is responsible for overall clinical quality; who possesses an MD or DO; who has successfully completed the Blue Cross and Blue Shield of New Mexico Credentialing process; and who is licensed to practice in the state in which the facility operates.
7. UCC must have a set of written policies and procedures that, at a minimum, include:
   a. Procedure for verifying the identity and credentials of all licensed professionals
   b. Description of duties of supervised practitioners, such as Physician Assistants
   c. Emergency procedures
   d. Patient confidentiality procedures
   e. Maintenance of emergency medications or drug cart

Note: The following entities do not meet the intent of UCCs as defined by BCBSNM:

- Retail or similar clinics 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
- Centers not yet ready for full operation and patient flow
- Episodic Care providers
- Independently Practicing CNP/CNFP providers

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Urgent Care Center Attestation

Name of Entity: _____

Date of Attestation: _____

STEP 1: Please answer the following question:

1. The Entity is Certified by the Urgent Care Association of America. ☐ **YES** ☐ **No**

If the answer to 1) is "Yes", STOP HERE.
You do not need to answer the next set of questions. Attach a copy of your current certification.

STEP 2: If the answer to 1) is "No", please mark all items below as "Yes" or "No" in the box next to the item

	YES	No
1. The Entity accepts walk-in patients of all ages presenting with a broad spectrum of illness, injury and disease that requires urgent, but not emergent, care during all hours the facility is open to see patients. Advertising or public notices, if present, includes this information.		
2. During all posted hours of operation, each of the following is available on-site:		
a. X-ray capabilities		
b. phlebotomy capabilities		
c. At least one provider on-site who has the appropriate license(s), training, equipment and resources to do all of the following:		
i. administer Basic Life Support and Cardio-Pulmonary Resuscitation		
ii. obtain and read an EKG		
iii. obtain and read X-rays		
iv. administer PO, IM & IV medication/fluid		
v. perform minor procedures, such as but not limited to suturing, suture removal, cyst removal, incision & drainage, splinting		
3. The following equipment, and staff trained in its use, is available during all posted hours of operation:		
i. automated external defibrillator or manual cardioverter defibrillator		
ii. oxygen, ambu-bag, and oral airway		
iii. drug cart stocked appropriately for patient population (as determined by the facility)		
iv. biohazard disposal containers		
v. sharps containers		
vi. working phone to dial 911 or otherwise access EMS		
4. The physical location has each of the following:		
a. at least one exam room		
b. a separate waiting area		
c. patient restroom(s)		
5. Hours of operation: The Entity applying as a UCC is open and operating:		
a. At least 6 days per week, except for holidays and unforeseen closures		
b. No less than 4 hours for any day that it is open		
c. On weekdays for at least 10 hours per week of non-traditional hours (i.e. hours prior to 8AM or after 5PM)		
6. There are written policies and procedures that, at a minimum, include:		
a. Procedure for verifying the identity and credentials of all licensed professionals		
b. Description of duties of supervised practitioners, such as Physician Assistants		
c. Emergency procedures		
d. Patient confidentiality procedures		
e. Maintenance of emergency medications or drug cart		
7. A designated Medical Director is responsible for overall clinical quality; possesses an MD or DO; has successfully completed the BCBSNM credentialing process; and is licensed to practice in the state in which the Entity is physically located.		
8. Name of Medical Director:		

BlueCross BlueShield of New Mexico

Attestation

I hereby attest that the information contained in and attached to this application is correct and complete to the best of my knowledge. Any information contained in this application or its attachments, which subsequently is found to be false, incomplete, or misleading, may result in non-acceptance of this application or termination from the BCBSNM network(s).

I consent to the release, by any person, to Blue Cross and Blue Shield of New Mexico all information concerning the Entity's qualifications, including without limitation professional competence and conduct; and licensing, certification, and inspection reports from governmental agencies. I consent to the release of any and all information that may be relevant to an evaluation of the Entity's qualifications, including information about disciplinary actions and information that might otherwise be considered confidential or privileged.

I understand that participation in the BCBSNM network(s) is subject to verification and written acceptance by BCBSNM of the information contained within this application or attachments. I understand BCBSNM retains the right to, at any time, audit or verify any information contained within this application or attachments, include the right to receive medical records of BCBSNM members and the right to conduct unannounced, on-site visits to Entity's physical plant. I understand that I have the right to review information obtained from any outside primary source used in the evaluation of this application by BCBSNM. This right to review information does not include references, recommendations, or any other information that is peer review protected.

I hereby release and hold harmless BCBSNM and its respective employees, representatives and agents from any and all liability which may arise out of or be associated with the reasonable evaluation of this application and/or the applicant. I hereby release and hold harmless any third parties from any and all liability which may arise out of or be associated with their acts performed in connection with the release of information and response to inquiries authorized herein.

If any material changes occur in the information I have provided in this application or attachments making such information no longer correct and complete or affecting the Entity's professional status, I understand and agree that it is the Entity's obligation to notify BCBSNM within ten (10) working days of said occurrence. I understand that failure to comply with this obligation may constitute grounds of rejection of the Entity's application; removal of designation as an Urgent Care Center (as defined for BCBSNM); or summary dismissal as a participating provider in any and all products or plans insured or administered by BCBSNM.

I attest that all direct care providers working under Entity's auspices, whether employed or contracted, will be reasonably verified by the Entity to be: in possession of appropriate license(s) and credentials; free of history of felony convictions that are relevant to providing health care services; and covered by an appropriate level of malpractice insurance.

Name of person completing this form: _____

Signature:_____

Telephone Number:(_____) _____ Date: _____

Return this completed form to BCBSNM Network Services Fax:
505-816-2688 or 1-866-290-7718 or mail to: P.O. Box 660058, Dallas, TX 75266-0058