April 15, 2020

Honorable Alex Michael Azar II
Secretary of Health and Human Services
Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Azar and Administrator Verma:

On behalf of the Urgent Care Association (UCA), I ask that the Department consider the needs of urgent care centers as it makes decisions regarding the next allocation of funding made available through the Public Health and Social Services Emergency Fund.

UCA reports as of February 2020, the total number of urgent care centers in the United States reached 9,822, making them a health care site of service for an estimated 125 million patients annually. Urgent care centers across the country have experienced a significant drop in patient visits during the COVID-19 pandemic. According to a survey of urgent care centers conducted the week of April 6, urgent care centers are experiencing a 55 percent drop in volume on average compared to a year ago.

Patients are uncomfortable going outside their homes to seek care, even though urgent care centers have protocols in place to safely assess possible COVID-19 cases and to minimize exposure to other patients and protect staff. Urgent care centers are also adapting to telemedicine, but reimbursement remains variable among payers and flexible telemedicine payment policies could end abruptly while public fears linger about contracting the virus.

Urgent care center providers are on the front lines testing, managing and triaging patients with known or suspected COVID-19. Urgent care centers are seeing an improvement in the availability of testing kits, but access to protective personnel equipment (PPE) remains a challenge, including increased cost due to limited supply and high demand. According to the UCA member survey, 69 percent are providing COVID-19 tests; however, 49 percent still report that they don’t have tests to meet demand. Fifty percent or more (depending on the equipment) say access to PPE remains problematic, particularly N-95 masks, gowns and face protectors.

While urgent care center providers have benefited from the initial $30 billion disbursement of money from the Provider Relief Fund, urgent care centers are at a disadvantage because Medicare represents a small proportion (10.4%) of payer mix for the majority urgent care centers and some are exclusively dedicated to caring for pediatric patients. Urgent care centers are also a common site of service for patients who are uninsured or with high-deductible plans with self-pay representing just roughly seven percent of total visits. Urgent care centers, which typically have programs that offer discounts for cash payments, have been destinations for the uninsured and will continue to do so if they can get through this crisis.

I respectfully ask you to allocate additional relief funds to urgent care centers. As of last week, 23 percent of urgent care organizations indicated they had closed some of their centers and 53 percent had altered their hours of operation with insufficient patient volume cited most frequently as the rationale.

As health care providers on the front lines, urgent care centers, their providers, and their staff thank you for your leadership during this pandemic and for your help to make sure that urgent care centers remain standing...
and available to meet the health care needs of their communities, including rural America. Should you have questions or desire additional information, please contact Camille Bonta, UCA policy consultant, at cbonta@summithealthconsulting.com or (202) 320-3658.

Sincerely,

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