

Delegates Council Q2 2025 Meeting Notes

May 3, 2025

1. Chapter Support

- Focus on identifying "little gems" to address issues within chapters at the state and even international levels.
 - Regular quarterly meetings with chapter presidents to share resources and address individual challenges, reducing member isolation.
 - Kristin is working on identifying contacts for advocacy efforts, which will serve as a valuable resource for co-signatures and advocacy letter leads.
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2. NERUCA/New York Lobby Day

- The focus was on a limited-scope X-ray bill in New York and other Northeast states, addressing employment and service issues.
 - After three years of lobbying, legislators are starting to recognize UC and understand their requests. The bill is gaining co-sponsors and has achieved priority status.
 - Success in lobbying efforts requires a committed team, a clear mission, and persistent education, even if initial traction is slow.
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4. Parallel Tracks: Medicaid and Chapter Support

- Consider pursuing Medicaid efforts while also strengthening chapter support starting 2026.
 - Solidifying chapters to build a network that can be mobilized with federal resources for various needs.
 - Medicare and Medicare Advantage are emerging as key concerns.
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5. Value-Based Care

- Value-based care discussions are increasing, with reimbursement linked to metrics and performance scoring.

6. Urgent Care Perception

- Urgent care is gaining recognition and securing a "seat at the table" in healthcare discussions.
- Less effort is now needed to gain attention in conversations with CMS.

7. Urgent Care Payment Factors

- Major concern regarding CMS's stance on urgent care payments, particularly with the "dumbing down" of emergency care and the perceived "degradation of acuity."
- CMS will differentiate between urgent care centers and facilities like minute clinics in reimbursement.
- UCA has proposed an enhanced place of service for urgent care centers capable of offloading ED visits.
- True urgent care centers can help address ED overcrowding, unlike minute clinics.

8. CMS Priorities

- CMS initially needed a definition of urgent care but now has a better understanding.
 - It's essential to prepare for future opportunities rather than starting from scratch when the time is right.
 - CMS priorities include access to care and rural health.
 - Chronic care management and primary care are frequent topics in meetings with CMS.
 - CMS is particularly interested in how urgent care can improve access, especially in rural areas where there is a shortage of providers.
 - Aligning with the current administration's agenda is crucial for effective conversations with CMS.
 - Regular meetings are being held with CMS, including high-ranking officials.
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9. McDermottPlus Insights

- McDermottPlus has facilitated important conversations with CMS officials.
 - Amy is focusing on grassroots efforts to remove fear and encourage participation from clinic managers and staff.
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10. Proposal to Address Emergency Room Overcrowding

- The proposal follows the ambulatory care place of service system, with an enhancement through a G code.
 - Urgent care centers with diagnostic capabilities like labs and X-ray would qualify under this enhanced place of service.
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11. Medicare and Reimbursement Concerns

- Medicare is concerned about the potential volume of urgent care centers using the enhanced place of service with a G code.
 - Not all urgent care centers would qualify (e.g., CVS minute clinics).
 - The goal is to encourage urgent care centers to expand services and meet the enhanced place of service criteria.
 - Reimbursement was suggested to align with ambulatory services (around \$10-15 per visit), though no numeric value was provided.
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12. State Medicaid & Commercial Payers

- **State Medicaid:** Changes in state Medicaid requirements are occurring, with some states now requesting cost reports related to rural health clinics.
 - **Commercial Payers:** While negotiations with major commercial payers are ongoing, they remain state-specific.
 - Medicaid efforts are being pursued across 50 states, while commercial payers are a focus in select states.
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14. COVID-19 Impact

- COVID-19 created unexpected situations, leading to a surge in visits and activity.
 - Many individuals who entered the healthcare system during the pandemic may require retraining due to limited patient contact during school.
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15. NP Challenges

- Nurse Practitioners (NPs) face challenges in areas like X-ray interpretation, laceration repair, and EKG interpretation.
 - Some new grads may lack hands-on experience due to accelerated academic paths.
 - Veteran providers are expensive, while new grads may not be fully prepared.
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16. Financials

- Revenue has not yet returned to pre-pandemic (2019) levels, while expenses have risen.
 - Once staff salaries are set, it is difficult to reduce compensation.
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17. New Podcast

- Kristin is launching a new video and traditional podcast.
 - The first episode will feature Gerry and Selena and is scheduled for recording tomorrow.
 - The podcast aims to provide real-world examples with practical calls to action, focusing on lessons learned the hard way.
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18. Alfonso Introduction

- Alfonso, a new member from Florida, owns nine urgent care centers in southwest Florida and is part of the SERUCA board.
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19. ListServ Encouragement

- Delegates Council members are encouraged to actively use the listserv to share information, such as updates on NERUCA Lobby Day, and to inspire or answer questions from others.
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20. Closing Remarks

- Mark McKinzey from Exdion offered assistance with coding, billing, and revenue cycle management challenges.
 - Kristin and Selena will begin developing a session for The Assembly and will distribute more details closer to the event.
 - Reminder to register for The Assembly if you haven't done so already.
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