

**Option 1: ASCs can take outpatient urgent elective procedures now as we are best positioned to do so based on our existing capabilities.**

Proposed Service	Requirements	Regulatory Engagement Required
Take on <u>urgent</u> surgeries for the community at an ASC	<ul style="list-style-type: none"> <li>• Coordination with hospital system of urgent elective surgeries.</li> <li>• Common community adoption of urgent surgeries</li> <li>• Facility medical director involved in determining medical necessity and patient risk</li> <li>• Temporary privileges; accelerated credentialing</li> <li>• Consider increasing ASA Class to include “4s”</li> <li>• Consider expanded hours of operation, including weekends</li> </ul>	<ul style="list-style-type: none"> <li>• CMS defines ASC max ASA Class as 3</li> <li>• CMS/AO notification</li> <li>• Eliminate length of stay restrictions</li> </ul>
Take on emergency fracture surgeries <i>*excluding hip fracture</i>	<ul style="list-style-type: none"> <li>• Extend hours of operations and eliminate time limit of length of stay</li> <li>• Temporary privileges</li> <li>• If transferring from hospital, coordination with hospital system needed</li> </ul>	<ul style="list-style-type: none"> <li>• Eliminate length of stay restrictions</li> <li>• Allow transfers from hospital to ASC</li> </ul>

**Option 2: ASCs can transition to accommodate complex surgical cases.**

Proposed Service	Requirements	Regulatory Engagement Required
Migrate overflow surgical case volume; inpatient and outpatient	<ul style="list-style-type: none"> <li>• Temporary privileges</li> <li>• Consider expanded hours of operation including weekends</li> <li>• Fits within the centers current specialty offering</li> <li>• Expand our CPT list based on current specialties offered at the center</li> <li>• Hospital to potentially assist in providing necessary equipment, staff and supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Expanded list of reimbursed codes</li> <li>• Eliminate length of stay restrictions</li> </ul>

**Option 3: ASCs can expand our services to meet the different needs you may have based on the assets we have in place across the country.**

Proposed Service	Requirements	Regulatory Engagement Required
Triage Center – diversion from Emergency Room	<ul style="list-style-type: none"> <li>• Scope of service revision</li> <li>• Need on site MD or mid-level staffing</li> <li>• Consider expanded hours of operation including weekends</li> <li>• Rapid patient assessment and deployment to appropriate level of care</li> <li>• Isolation plan for suspected COVID cases</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Ability to transfer from hospital to ASC</li> <li>• Ability to provide non-surgical services in ASC</li> </ul>
Serve as Infusion Center	<ul style="list-style-type: none"> <li>• Scope of service revision—determine what type of infusions (fluids, chemo, immunotherapy, blood, globulins, IV hydration, etc.)</li> <li>• Pharmaceutical procurement</li> <li>• Determine blood source</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Payment methodology if not on ASC list</li> </ul>

	<ul style="list-style-type: none"> <li>• Teammate training or identify dedicated team</li> <li>• Cancer treatment (w disposal system)</li> <li>• Additional infusion pumps</li> </ul>	<ul style="list-style-type: none"> <li>• Ability to provide non-surgical services in ASC</li> </ul>
Provide inpatient overnight beds	<ul style="list-style-type: none"> <li>• Focus on patients that just need 1-2-day length of stay before discharge home or rehab center</li> <li>• Acute care non-ICU/non-isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Payment methodology</li> <li>• Eliminate length of stay restriction</li> </ul>
Birthing Suite	<ul style="list-style-type: none"> <li>• Appropriate equipment</li> <li>• Hospital assist in providing necessary equipment, staff and supplies, including food service</li> <li>• Staffing—highly specialized nursing skill set</li> <li>• Explicit and early discussion and alignment of admission criteria</li> <li>• Nursery arrangement for high risk infants</li> <li>• Could do rooming in for healthy babies</li> <li>• OB medical staff call list</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Ability to provide non-surgical services in ASC</li> <li>• Payment methodology</li> <li>• Eliminate time limit on length of stay</li> </ul>
Serve as an Urgent Care center – Non-COVID-19 patients	<ul style="list-style-type: none"> <li>• Scope of service revision</li> <li>• Need on site MD or mid-level staffing</li> <li>• Determine hours of service</li> <li>• Colds/flu, bumps/bruises, stiches, burns, stings, allergic reactions, vaccines, minor infections, Fractures and sprains, lacerations, x-rays, dehydration</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Ability to provide non-surgical services in ASC</li> <li>• Payment methodology</li> </ul>

**Option 4: ASCs can further expand our services to meet the community's needs. Once these are employed, it would be difficult to go back to providing the services in Options 1-3.**

Proposed Service	Requirements	Regulatory Engagement Required
COVID-19 Testing and Triage Center	<ul style="list-style-type: none"> <li>• Scope of service revision</li> <li>• Need on site MD or mid-level staffing</li> <li>• Determine how to quarantine and isolate high risk</li> <li>• Determine hours of service</li> <li>• Need test kits—which I understand are limited county by county</li> <li>• Dependent upon current utilization of the ASC</li> <li>• Hospital would need to provide necessary supplies</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Ability to provide non-surgical services in ASC</li> <li>• Payment methodology</li> </ul>
ICU setting	<ul style="list-style-type: none"> <li>• Appropriate equipment</li> <li>• Dependent on existing building's design and isolation requirements; air flow etc.</li> <li>• Trained Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Licensing</li> <li>• Eliminate time limit on length of stay</li> <li>• Ability to provide non-surgical services in ASC</li> <li>• Payment methodology</li> </ul>

**Option 5: Facility and/or resources used but not providing medical services within the facility.**

Proposed Service	Requirements	Regulatory Engagement Required
Sleep center for hospital call teams	<ul style="list-style-type: none"><li>• Can offer now during off hours</li><li>• Expand if we cannot provide any services</li><li>• Consider need for food services</li></ul>	TBD
Provide resources: staff and equipment only	<ul style="list-style-type: none"><li>• If we cannot provide any services</li></ul>	TBD