

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

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"> • Temporary privileges • Consider expanded hours of operation including weekends • Fits within the centers current specialty offering • Expand our CPT list based on current specialties offered at the center • Hospital to potentially assist in providing necessary equipment, staff and supplies 	<ul style="list-style-type: none"> • Expanded list of reimbursed codes • Eliminate length of stay restrictions

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

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

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

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">• Can offer now during off hours• Expand if we cannot provide any services• Consider need for food services	TBD
Provide resources: staff and equipment only	<ul style="list-style-type: none">• If we cannot provide any services	TBD