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

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<tr>
<th>Proposed Service</th>
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| Take on urgent surgeries for the community at an ASC | • 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 | • Some states limit ASC max ASA-3  
• CMS/AO notification  
• Eliminate length of stay restrictions |
| Take on emergency fracture surgeries *excluding hip fracture* | • Extend hours of operations and eliminate time limit of length of stay  
• Temporary privileges  
• If transferring from hospital, coordination with hospital system needed | • Eliminate length of stay restrictions  
• Allow transfers from hospital to ASC |

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

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| Migrate overflow surgical case volume; inpatient and outpatient | • 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 | • 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.

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| Triage Center – diversion from Emergency Room | • 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 | • Licensing  
• Ability to transfer from hospital to ASC  
• Ability to provide non-surgical services in ASC |
| Serve as Infusion Center | • Scope of service revision—determine what type of infusions (fluids, chemo, immunotherapy, blood, globulins, IV hydration, etc.)  
• Pharmaceutical procurement  
• Determine blood source | • Licensing  
• Payment methodology if not on ASC list |
- Teammate training or identify dedicated team
- Cancer treatment (w disposal system)
- Additional infusion pumps

**Provide inpatient overnight beds**
- Focus on patients that just need 1-2-day length of stay before discharge home or rehab center
- Acute care non-ICU/non-isolation

**Birthing Suite**
- 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

**Serve as an Urgent Care center – Non-COVID-19 patients**
- Scope of service revision
- Need on site MD or mid-level staffing
- Determine hours of service
- Colds/flu, bumps/bruises, stiches, burns, stings, allergic reactions, vaccines, minor infections, Fractures and sprains, lacerations, x-rays, dehydration

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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.

<table>
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</tr>
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<tbody>
<tr>
<td><strong>COVID-19 Testing and Triage Center</strong></td>
<td>• Scope of service revision&lt;br&gt;• Need on site MD or mid-level staffing&lt;br&gt;• Determine how to quarantine and isolate high risk&lt;br&gt;• Determine hours of service&lt;br&gt;• Need test kits—which I understand are limited county by county&lt;br&gt;• Dependent upon current utilization of the ASC&lt;br&gt;• Hospital would need to provide necessary supplies</td>
<td>• Licensing&lt;br&gt;• Ability to provide non-surgical services in ASC&lt;br&gt;• Payment methodology</td>
</tr>
<tr>
<td><strong>ICU setting</strong></td>
<td>• Appropriate equipment&lt;br&gt;• Dependent on existing building’s design and isolation requirements; air flow etc.&lt;br&gt;• Trained Staff</td>
<td>• Licensing&lt;br&gt;• Eliminate time limit on length of stay&lt;br&gt;• Ability to provide non-surgical services in ASC&lt;br&gt;• Payment methodology</td>
</tr>
</tbody>
</table>
Option 5: Facility and/or resources used but not providing medical services within the facility.

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| Sleep center for hospital call teams    | • Can offer now during off hours  
• Expand if we cannot provide any services  
• Consider need for food services     | TBD                           |
| Provide resources: staff and equipment  | • If we cannot provide any services                                         | TBD                           |
| only                                    |                                                                             |                                |