

Ambulatory Services Project: Potential Options

Potential Option	Risks to be Addressed	Potential Requirements Under Consideration	Current Requirements
<p>CON with Licensure and include requirement to serve Medicaid/uninsured*</p>	<ul style="list-style-type: none"> • Excess supply • Supply-driven utilization • Destabilization of essential providers (e.g. hospitals, FQHCs, that must serve all patients) • Medicaid/uninsured access • Quality/safety 	<ul style="list-style-type: none"> • Advanced Imaging Equipment • Radiation Therapy • Ambulatory Surgery regardless of setting • OBS (if more than x/# of ORs/procedure rooms) • Emerging Medical Technology • For Services Above: Target percentage of Medicaid patients and uninsured patient may be imposed upon the approval of an Establishment CON. 	<p>Ambulatory Surgery –10 NYCRR §709.5 requires ASCs to serve Medicaid/uninsured, though no volume or % specified.</p> <p>*Consider requiring independent assessment of community need</p>
<p>CON without Licensure and include requirement to serve Medicaid/uninsured*</p>	<ul style="list-style-type: none"> • Excess supply • Supply-driven utilization • Destabilization of essential providers • Medicaid/uninsured access 	<ul style="list-style-type: none"> • Advanced Imaging Equipment • Radiation Therapy • Ambulatory Surgery regardless of setting • OBS (if more than x/# of ORs/procedure rooms) • Emerging Medical Technology regardless of setting 	<p>*Consider requiring independent assessment of community need</p>

Note: No decisions/prejudgments have been made related to this project. This document is for discussion purposes only.

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Licensure without CON and include Medicaid/uninsured service condition	<ul style="list-style-type: none"> Quality/safety 	<ul style="list-style-type: none"> Advanced Imaging Equipment OBS (if more than x/# of ORs/procedure rooms) 	
Registration, Data Collection re: practice size, services, payer mix, quality/safety data, other.	<ul style="list-style-type: none"> Lack of information re: physician practice services 	<ul style="list-style-type: none"> Advanced Imaging Equipment Ambulatory Surgery regardless of setting Emerging Medical Technology regardless of setting 	
Accreditation	<ul style="list-style-type: none"> Quality/safety for certain services. 		<ul style="list-style-type: none"> Advanced Imaging (DOH Part 16 Regulations planned – MRI not included) MRI – Medicare Part B requirement Radiation therapy, pending Part 16 proposed regulation recently published, also requires QI ASCs, regardless of setting – required by 10 NYCRR §755.2 Office-based Surgery accreditation required in PHL §230-d.

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Accreditation with registration, Data Collection re: practice size, services, payer mix, quality/safety data, other.	<ul style="list-style-type: none"> • Lack of information re: physician practice services, payers, etc. 	<ul style="list-style-type: none"> • OBS (if more than x/# of ORs) 	<ul style="list-style-type: none"> • Office-based Surgery practices currently required to be accredited.
Reporting Dosage in EMR	<ul style="list-style-type: none"> • Quality/safety 	<ul style="list-style-type: none"> • Advanced Medical Imaging 	
Strengthen Self-Referral Restrictions	<ul style="list-style-type: none"> • Excess utilization • Excess radiation exposure (imaging) • Lack of transparency 	<ul style="list-style-type: none"> • Advanced Medical Imaging • Radiation Therapy • OBS (if more than x/# of ORs/procedure rooms) 	
Require patient notification of self-referral to imaging, operative/procedural, radiation therapy	<ul style="list-style-type: none"> • Excess utilization • Excess radiation exposure (imaging) • Lack of transparency 	<ul style="list-style-type: none"> • Advanced Imaging Equipment • Radiation Therapy • Ambulatory Surgery regardless of setting • OBS (if more than x/# of Ors/procedure rooms) 	
Require Evidence-Based Utilization Practices	<ul style="list-style-type: none"> • Excess utilization • Quality/safety 	<ul style="list-style-type: none"> • Advanced Imaging Equipment • Radiation Therapy 	<ul style="list-style-type: none"> • American College of Radiology (ACR) optional practice and appropriateness guidelines for imaging • ACR and American College of Radiation Oncology optional practice guidelines for radiation therapy

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Disclosure/Signage Requirements	<ul style="list-style-type: none"> • Consumer confusion 		
Naming Conventions	<ul style="list-style-type: none"> • Consumer confusion • Quality/safety – e.g., utilization for conditions they are ill-prepared to treat. 	<ul style="list-style-type: none"> • OBS 	For Article 28 entities, 10 NYCRR §600.11(d) prohibits use of names that are misleading or imply a level of care not authorized.
Define services/practices	<ul style="list-style-type: none"> • Quality/Safety 	<ul style="list-style-type: none"> • OBS to include office-based anesthesia that is more than local and topical regardless of type of medical procedure involved. 	
Promote payment changes in Medicaid, NYSHIP, and through Health Exchange	<ul style="list-style-type: none"> • Excess supply • Excess utilization • Quality/safety • Access for low-income populations 	<ul style="list-style-type: none"> • Advanced Imaging Equipment • Radiation Therapy • Ambulatory Surgery regardless of setting • OBS 	Note: Some payments are set by Medicare
Revise D&TC criteria in 10 NYCRR §600.8 to include effective control by corporate entities (e.g., employment by corporation/LLC of shareholders/members of professional entity, ownership or leasehold interest in	<ul style="list-style-type: none"> • Transparency of corporate relationships bordering on control • Accountability for quality/safety 		

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premises of professional entity, management agreement with professional entity, etc.			
Referral practices for patients without a primary care practitioner	<ul style="list-style-type: none"> • Patients establishing relationship with primary care practitioner 		
Advertising Restrictions	<ul style="list-style-type: none"> • Consumer confusion 	<ul style="list-style-type: none"> • OBS 	

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