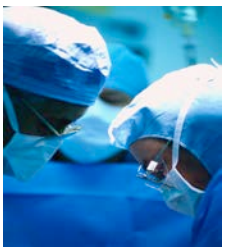
Ambulatory Surgical Centers (ASCs) Initial Application Process



What is an ASC?

An ASC is limited to any distinct entity that operates exclusively for the purpose of providing surgical services to patients who do not require hospitalization (i.e., an inpatient stay in a hospital).

How do I become an ASC provider?

To establish Centers for Medicare/Medicaid Services (CMS) Medicare Certification of an ASC, an applicant must request, complete, and submit an application packet. Application materials are located below, or requested through the Bureau of Facility Standards at (208) 334-6626.

What is included in the ASC application packet?

The application packet includes what must be submitted and approved by the Bureau of Facility Standards prior to an initial survey (items 1 - 3) and resource information related to ASCs (items 4 - 9) as follows:

1. *Health Insurance Benefits Agreement* - CMS form 370, (***Two Originals Required***),
2. *ASC Request for Certification* - CMS form 377,
3. Fiscal year ending date form,
4. Appendix L - Guidance to Surveyors: ASCs
5. CMS Letter - S&C-11-06-ASC, Clarification of H&P Assessments
6. Appendix Q - Guidelines For Determining Immediate Jeopardy,
7. CMS Letter - S&C-08-03 Initial Surveys,
8. *ASC Fire Safety Survey Report* - CMS form 2786U,
9. *ASC Survey Report* - CMS form 378.

How do I complete the Certification application?

1. The *ASC Fire Safety Survey Report* – CMS form 2786U (item 8) and the *ASC Survey Report* – CMS form 378 (item 9) are used by the Bureau of Facility Standards to determine whether the ASC meets the federal regulatory requirements. They are provided as a reference to ensure the facility meets the federal regulatory requirements. If, after you have reviewed all of the requirements listed on the CMS form 2786U and the CMS form 378, you decide to apply for certification by Medicare as an ASC, then complete the application forms (items 1 - 3), and return them to the Bureau of Facility Standards.

2. Please ensure that all questions are answered when completing the application information indicated in items 1 - 3. Please ensure that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 370 (item 1). All hand-printed applications must be clearly printed and easily readable.

Where do I send my completed Certification application materials?

The application materials can be submitted by mail and/or hand delivered.

PLEASE KEEP A COPY FOR YOUR RECORDS.

1. If you are mailing the application packet, mail to:

   Department of Health and Welfare
   Bureau of Facility Standards
   P.O. Box 83720
   Boise, ID 83720-0009

2. If you are hand delivering the application packet, deliver to:

   Department of Health and Welfare
   Bureau of Facility Standards
   3232 Elder Street
   Boise, ID 83705

What happens after I submit my Certification application materials?

Bureau of Facility Standards staff will review the materials you submitted. If the application is incomplete or if there are questions, Bureau staff will contact you. Once the application materials have been approved and the Bureau of Facility Standards receives notification from the Medicare Administrative Contractor (MAC) that your CMS-855B has been approved, an on-site Medicare initial certification survey may be completed by an Accrediting Organization (AO). **Please see below for additional information related to the CMS-855B.**

How long will the Certification process take?

The length of the ASC application for initial certification process varies dependent on multiple factors such as whether or not the application is complete, whether or not additional information needs to be submitted, current work load and availability of resources necessary to complete the application review, etc. Additionally, your initial survey will be scheduled with the AO. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

Once the AO has completed your initial Medicare ***deemed*** status survey; **please forward to this office a copy of 1) the AO survey along with any plan of correction submitted in response to the survey and 2) the letter from the AO to you verifying accreditation.** Once this information has been received the Bureau of Facility Standards will process the Medicare certification on to the CMS Region X Office, Seattle, Washington, for final review and approval.

How do I get paid for providing services?

CMS requires new applicants for ASCs complete the form CMS-855B, Medicare Application for Health Care Suppliers that will Bill the MAC, and forward it to the MAC for approval. The form CMS-855B can be accessed on the Internet or requested directly from your MAC:

Medicare Provider-Supplier Enrollment

Read the instructions on the web site and obtain the form by clicking on the version you will need for your computer.

Noridian Administrative Services
P.O. Box 6726
Fargo, ND 58108-6726
(888) 608-8816

http://www.noridianmedicare.com

To become a Medicaid provider you must complete an enrollment application online to Molina Medicaid Solutions. To submit an Idaho Medicaid provider application, go to http://www.idmedicaid.com (Molina Medicaid Solutions web site). Click on the Provider Enrollment link on the left side of the page. A step-by-step guide is located under the User Guide link on the left side of the screen. We recommend you open this guide in a separate browser window before you begin your application.

To begin your application, open a new browser window at http://www.idmedicaid.com, click on the Provider Enrollment link on the left side of the page and then click on the New Provider Enrollment Application link in the center of the page. The new enrollment online application is simple to navigate and online help text appears for each field when you hold your cursor over the field. Additional provider enrollment help is available at (866) 686-4272 choose option "0." This is a completely separate process from applying for Medicare certification.

Medicare/Medicaid reimbursement is not retroactive and usually becomes effective only after the survey is completed and you are in compliance with *all* regulations or have submitted an acceptable plan of correction.

Additional information

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626 or email questions to fsb@dhw.idaho.gov.

Bureau of Facility Standards Informational Letters

Bureau Letters related specifically to ASCs.

Centers for Medicare & Medicaid Services

Access the Centers for Medicare & Medicaid Services website at CMS Ambulatory Surgical Centers (ASC) Centers.

IDAHO DEPARTMENT OF
HEALTH & WELFARE

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FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

_____
OWNER/ADMINISTRATOR

_____
DATE