
Ambulatory Surgical Centers (ASCs) Change of Ownership (CHOW) Process

What is a Change of Ownership (CHOW)?

A CHOW typically occurs when there is a change in the owning party of the ASC. Changes in the owning party can include individuals, corporations, and general partnerships (e.g., a new partnership agreement would constitute a CHOW). For additional specific information on what ownership changes would constitute a CHOW, please refer to [Chapter 3](#) Centers for Medicare/Medicaid Services (CMS) State Operations Manual (SOM), § 3210.1.



How do I complete an ASC CHOW?

In accordance with Chapter 3 SOM, § 3210, an ASC supplier must complete and submit all necessary documents in order to complete the CHOW process. All CHOW materials are located below, or may be requested through the Bureau of Facility Standards at (208) 334-6626.

What is included in the ASC CHOW packet?

The CHOW packet includes what must be submitted and approved by the Bureau of Facility Standards prior to the CHOW being processed (items 1 - 4) and resource information related to ASCs (items 5 and 6) as follows:

1. *Health Insurance Benefits Agreement* - [CMS form 370](#), (**Two Originals Required**),
2. *ASC Request for Certification* - [CMS form 377](#),
3. "Office of Civil Rights Clearance for Medicare Certification" (OCR) Request Form and Technical Assistance Packet. (Additional information is available at http://www.hhs.gov/ocr/civilrights/resources/providers/medicare_providers/index.html). This form may be answered and submitted, on line, via <https://ocrportal.hhs.gov/ocr/pgportal/>. The provider will receive an e-mail from OCR stating that the provider completed the civil rights submission. The e-mail will contain an OCR number, which is critical to OCR's ability to

access the provider's submission from the OCR intake queue. The provider will submit a copy of this e-mail to the SA, and the SA will submit it to the CMS Regional Office.

4. Fiscal year ending date [form](#),
5. [Appendix L](#) - Guidance to Surveyors: ASCs,
6. [Appendix Q](#) - Guidelines for Determining Immediate Jeopardy.

How do I complete the CHOW packet?

1. Please complete the CHOW documents (items 1 - 4) and return them, along with a **signed** and **dated** copy of the Bill of Sale, to the Bureau of Facility Standards. Ensure that all questions are answered completely, as indicated, and that all information is submitted.
2. Please ensure that there are two originals of the *Health Insurance Benefits Agreement* – CMS form 370 (item 1).
3. All hand-printed applications must be clearly printed and easily readable.

Where do I send my completed CHOW 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 CHOW materials?

Bureau of Facility Standards staff will review the materials you submitted. If the materials are incomplete, or if there are questions, Bureau staff will contact you. Once the CHOW materials have been approved and the Bureau of Facility Standards receives notification from the Medicare Administrative Contractor (MAC) that the [CMS form 855B](#) has been approved, the CHOW packet will be forwarded to the CMS Region X office, for final review and approval. **Please see below for additional information related to the CMS-855B.**

How long will the CHOW process take?

The length of the ASC CHOW process varies dependent upon multiple factors such as whether the submitted information is complete, additional information is needed, current work load, and the availability of resources necessary to complete the CHOW review, etc. Therefore, it is not possible for the Bureau of Facility Standards to establish specific timeframes.

How do I get paid for providing services?

CMS requires ASCs complete the form [CMS-855B](#), Medicare Application for Health Care Suppliers that will Bill the Medicare Administrative Contractor (MAC), and forward it to the MAC for approval when a CHOW occurs. The form CMS-855B may be accessed on the Internet or requested directly from your MAC:

[Medicare Provider 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.

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

[Ambulatory Surgical Centers \(ASC\) Center.](#)



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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FISCAL YEAR ENDING

FACILITY NAME: _____

FISCAL YEAR END DATE: _____

OWNER/ADMINISTRATOR

DATE