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# End Stage Renal Disease (ESRDs) Change of Ownership (CHOW) Process

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## What is a Change of Ownership (CHOW)?

A CHOW typically occurs when there is a change in the owning party of the ESRD. 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), section 3210.



## How do I complete an ESRD CHOW?

In accordance with Chapter 3 of the SOM, section 3210, an ESRD facility must complete and submit all necessary documents 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, option 4.

## What is included in the ESRD 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 and 2) and resource information related to ESRDs (items 3 and 5) as follows:

1. ESRD Facility Survey Report - [CMS form 3427](#),
2. Fiscal year ending date [form](#),
3. [ESRD Basic Technical Survey Training Interpretive Guidance](#),
4. [Appendix Z](#) Emergency Preparedness (EP),
5. [Appendix Q](#) – Core Guidelines For Determining Immediate Jeopardy.

## How do I complete the CHOW packet?

1. Please complete the CHOW documents (items 1 and 2) 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. 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 855A](#), Medicare Enrollment Application 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-855A.**

### **How long will the CHOW process take?**

The length of the ESRD 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 ESRDs complete the form [CMS-855A](#), Medicare Enrollment Application, and forward it to the MAC for approval when a CHOW occurs. The form CMS-855A may be accessed on the Internet or requested directly from your MAC:

[CMS 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>

## **Additional information**

For additional information please access the website and reference information below or contact the Bureau of Facility Standards at (208) 334-6626, option 4 or email questions to [fsb@dhw.idaho.gov](mailto:fsb@dhw.idaho.gov).

## **Bureau of Facility Standards Informational Letters**

[ESRD](#)

## **Centers for Medicare & Medicaid Services**

[CMS End Stage Renal Disease \(ESRD\) Center](#).



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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**FISCAL YEAR ENDING**

**FACILITY NAME:** \_\_\_\_\_

**FISCAL YEAR END DATE:** \_\_\_\_\_

\_\_\_\_\_  
**OWNER/ADMINISTRATOR**

\_\_\_\_\_  
**DATE**