



800 NE Oregon Street, Suite 465

Portland, OR 97232

Voice: 971-673-0540

FAX: 971-673-0556

TTY: 971-673-0372

<http://www.healthoregon.org/hflc>

mailbox.hclc@odhsoha.oregon.gov

RE: CHANGE OF OWNERSHIP (CHOW) for an Ambulatory Surgery Center (ASC)

Oregon ASC Licensure CHOW Requirements and Process

An ASC license is specific to an owner or owners and is not transferrable. Therefore, a new license must be generated when a CHOW occurs. Submit the following to Health Care Regulation and Quality Improvement (HCRQI) for a CHOW:

- _____ 1. Seller must submit letter which notifies of the CHOW with the effective date.
- _____ 2. Buyer must sign the above letter, or may submit a separate letter which confirms the CHOW with effective date.
- _____ 3. Buyer must submit a signed statement that attests it will ensure compliance with all ASC Oregon Administrative Rules (OARs). This may be included in the letter described under item 2 above.
- _____ 4. Buyer must submit an Oregon ASC License Application Form which indicates it is for a CHOW, and reflects any changes in information resulting from the CHOW.
- _____ 5. Licensure fee must be submitted which is based on the number of surgical suites / procedure rooms. Fees are listed on the license application form.
- _____ 6. All documents are to be submitted in one package to the attention of the "ASC Program Team."
- _____ 7. The old license must be returned after the change of ownership effective date and once the new license is received.

If the facility is a licensed-only ASC, then a new license for the ASC, will be issued upon receipt and review of the required documents and fees. If the facility is also CMS certified/deemed, then the new license will be issued upon receipt of all the CMS required documents (see below) and the fees.

Note: OAR 333-076-0165 (8), Medical Records, requires that if an ASC changes ownership, all medical records in original, electronic or microfilm form shall remain in the ASC and it shall be the responsibility of the new owner to protect and maintain these records.

The ASC OARs with which the new owner must comply, and the ASC license application form, are found on the Health Facility Licensing & Certification website at www.healthoregon.org/hflc

Other References: OAR 333-076-0101 (10); OAR 333-076-0165 (1); OAR 333-076-0185 (b)

CMS Medicare Certification CHOW Requirements and Process

HCRQI is the state agency (SA) responsible to conduct CMS acute care activities in Oregon. To process the CHOW and related changes the following CMS documents must be submitted to this office. (Except that the CMS 855B must be submitted to the ASC's Medicare Administrative Contractor (MAC).

- _____ 1. Submit a Medicare Enrollment Application (CMS 855B or PECOS online) for the CHOW to the ASC's MAC.
- _____ 2. Submit to the SA a copy of the CMS 855B and the MAC's recommendation resulting from the CMS 855B once the recommendation letter is received from the MAC.
- _____ 3. Submit to the SA two (2) signed copies of the Health Insurance Benefit Agreement (CMS Exhibit 370). <http://www.cms.gov/cmsforms/downloads/CMS370.pdf>
- _____ 4. Submit to the SA the Request for Update of Certification Information (CMS Exhibit 377). <http://www.cms.gov/cmsforms/downloads/CMS377.pdf>
- _____ 5. If the ASC is "deemed", submit to the SA evidence that the "deeming" accreditation organization (AO) has been notified of the CHOW.
- _____ 6. Submit all documents to the SA under a cover letter which describes the change(s) and effective date(s).
- _____ 7. Submit all documents to this office to the attention of the "ASC Program Team".

The SA will submit all documents to CMS for review. CMS will make the final determination for certification purposes as to whether a CHOW occurred and will communicate directly with the ASC.

References: CMS State Operations Manual (SOM), Chapter 2 - Sections 2005D, 2005E, 2779F, 2010; and Chapter 3 - Section 3210. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS1201984.html>

If you have questions you may contact the ASC program team at 971-673-0540 or at mailbox.hclc@odhsoha.oregon.gov

HCRQI Staff
Oregon Health Authority
Public Health Division
Health Facility Licensing and Certification

**If you need this information in an alternate format,
please call this office at 971-673-0540 or TTY 711**