

Ambulatory Surgical Center Initial Licensure and Certification Guidance

The information below outlines the steps for obtaining a license as an ambulatory surgical center (ASC) and, if applicable, Medicare/Medicaid certification. The facility must be licensed before applying for Medicare/Medicaid certification for reimbursement.

1. Facilities Planning and Safety Review

Prior to initial licensure, applicants must have the Oregon Health Authority, Facilities Planning and Safety (FPS) program perform plan reviews to ensure compliance with built environment requirements for ASCs. Visit www.healthoregon.org/fps for instructions on how to submit a project. In addition to plan reviews, FPS conducts an on-site inspection for each project, which is the final step to ensure the facility meets built environment requirements that align with patient health and safety.

- a. Construction document (CD) plan review and approval
 - Construction may start after CD approval. Construction prior to CD approval may lead to costly remodels.
- b. On-site inspection
- c. Final project approval

2. Facility Licensing Documentation and Survey

An [ASC license application](#) may be submitted towards the end of the FPS review, after a project's site inspection has been scheduled. An initial licensing survey **must** be completed prior to the start of operations. An ASC may not provide patient care services without a state license. Licensed facilities must comply with the ASC requirements in [OAR chapter 333, division 76](#).

- a. Licensure application and non-refundable fee

b. On-site licensure survey

c. Issuance of license

3. CMS Certification (applies only to ASCs seeking Medicare/Medicaid reimbursement)

Medicare/Medicaid certification or Accrediting Organization (AO) accreditation is necessary for facilities that plan to seek Medicare/Medicaid reimbursement. The Oregon Health Authority, Health Facility Licensing and Certification (HFLC) program, works on behalf of the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), to evaluate whether health care facilities meet required ASC Conditions for Coverage (CFCs) for the Medicare/Medicaid program. This evaluation is accomplished during an on-site certification survey.

a. Provide care to patients as a licensed ASC

- After licensure, the ASC may begin providing services to patients. However, CMS certification is necessary to receive Medicare/Medicaid reimbursement for services. An ASC may only apply for CMS certification after it has begun seeing patients.

b. Submit the applicable CMS enrollment form to [Noridian Healthcare Solutions](#)

- The Medicare Administrative Contractor (MAC), Noridian Healthcare Solutions, must recommend approval of the enrollment form to HFLC before a certification survey can occur. Contact Noridian if you have any questions regarding completion of the enrollment form.

c. On-site HFLC or AO survey

- CMS will not reimburse for any care provided before the date of a deficiency-free survey or the date on which the facility submits an acceptable Plan of Correction following a survey in which deficiencies were identified.
- In lieu of HFLC conducting a certification survey¹, a facility may elect to work with a CMS-approved AO to complete an accreditation or deeming survey. Like the certification survey completed by HFLC, the AO survey will

occur after the facility is licensed and has begun seeing patients. After the survey, the AO will forward its recommendation to HFLC. [Click here for a list of CMS-approved AOs.](#)

- Compliance with CMS Life Safety Code requirements will be evaluated either by the Oregon State Fire Marshal (OSFM) as part of the HFLC certification survey or by the AO as a component within their accreditation or deeming survey.
- If the facility performs laboratory tests for diagnosis, treatment or assessment of individuals' health, a current Oregon license must be displayed. Additional information is available on [OHA's Clinical Laboratory Regulation webpage.](#)

4. Request Medicare/Medicaid Reimbursement

To request Medicare/Medicaid reimbursement, the forms below must be completed and returned to HFLC. See [Part 416 – Ambulatory Surgical Services](#) for additional instructions.

- a. [CMS 370 Health Insurance Benefits Agreement](#) (two signed originals required)
- b. [CMS 377 Request for Initial Certification or Update of Certification](#)

Following the HFLC or AO survey, when it has been determined that all certification requirements are met, the Health Insurance Benefits Agreement will be countersigned. A copy will be returned to the facility with the notification that the facility has been approved for CMS certification.

Facilities that are denied certification in the program will be notified and given the reasons for the denial, along with information about rights to appeal the decision.

If you have questions regarding this process, please contact the Health Facility Licensing and Certification program at 971-673-0540 or mailbox.hclc@oha.oregon.gov.

¹CMS instructs states to place a higher priority on recertification of existing providers, on similar work for existing providers, and on complaint investigations than for initial surveys of new providers/suppliers seeking Medicare/Medicaid participation; therefore, an AO may be able to provide a more expedited survey timeframe.

Providers may apply by letter to CMS for consideration to grant an exception to the priority assignment of the initial survey if lack of Medicare/Medicaid certification would cause significant access-to-care problems for Medicare/Medicaid beneficiaries served by the facility.

There is no special form utilized to make a priority exception request. The burden is on the applicant to provide data and other evidence that effectively establishes the probability of adverse beneficiary health care access consequences if the provider is not enrolled to participate in Medicare/Medicaid and that an AO survey is not available. CMS will not endorse any request that fails to provide such evidence and fails to establish the special circumstances surrounding the provider's or supplier's request.

Send this letter and the accompanying documentation to HFLC. The HFLC program will review the documentation for completeness and may make a recommendation before forwarding the request to CMS.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Health Facility Licensing and Certification program at mailbox.hclc@odhsoha.oregon.gov or 971-673-0540. We accept all relay calls.

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