Ambulatory Surgery Center Checklist
Application Request for Medicare Certification

Policy

Any provider requesting to operate an ambulatory surgery center (ASC) must go through an accrediting organization when requesting certification only. The exception is if the ASC will be located in an area that has limited access to an ASC. These instructions apply to providers on how to complete an ASC application package for certification of Medicare (Title 18) reimbursement. A completed package is to be submitted to the California Department of Public Health (CDPH), Licensing and Certification (L&C) Program, Centralized Applications Unit (CAU), if any of the following are requested:

- Medicare certification as an ASC;
- Adding Medicare certification to an already licensed surgery clinic (SURGC); and,
- Change of ownership (CHOW) certification as an ASC.

NOTE: If you are applying for licensure "only" as a surgical center or for "both" licensure & Medicare certification stop here. You will need to complete the surgical clinic (SURGC) licensing application.

Authority

Authority is under the federal process through the Affordable Care Act as well as the Health and Safety Code and Code of Federal Regulations as detailed below:

- Health and Safety Code (HSC) sections 1212, 1212(a)(9), 1226.5
- Title 42 Code of Federal Regulations (CFR) section 416.41(b)

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Application Fee

None

Checklist

The ASC checklist instructs the provider how to complete the application package required for certification of an ASC. The checklist includes specific item numbers that CAU typically encounters as submitted incorrect or missing information when reviewing the application. Please ensure all item numbers in each form of the application are completed.

Application Package

Read and complete each required form carefully and provide all required supplemental forms. Do not leave any items blank. Note the following:

- If a question does not apply, respond with "NA".
- The applicant's formal name must be consistently the same throughout the application package.
- Do not make changes to the actual forms.
- Use "blue" ink to sign all forms.
- Do not use white out or correction fluid to make corrections. To correct an error, place a single line through the entry and enter the correct information. The individual responsible for making the correction must initial and date the correction.
- Retain a photocopy of the completed application package.

Where to Submit Completed Application Package

Submit the completed application package to the CAU at:

California Department of Public Health
Licensing and Certification Program
Centralized Applications Unit
P.O. Box 997377, MS 3207
Sacramento, CA 95899-7377

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Review Process

Once the application package is received and assigned:

- The CAU analyst will review the package to ensure all the appropriate forms are received and completed appropriately.
- If information is missing or incorrect, the analyst will reach out to the provider to obtain the information.
- Once the application is deemed complete, the analyst will forward the application to the appropriate district office (DO).

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The following is a quick reference of some of the questions found on the required forms. It includes the form number, name of form, and an explanation of specific requirements and/or attachments needed for specific forms. This is not an all-inclusive list of the questions that need to be answered, so read the questions and instructions on each form.

Form #	Item #	Description
HS 200		Licensure & Certification Application [HSC section 1212] Note: Please read the instructions on the HS 200 form prior to completion of the form and pay close attention to the following items:
	A.11	Construction [HSC section 1226.5] Comply with Title 24 requirements: • Local plan review, permit, inspection and approval (excludes OSHPD 3) If there is newly constructed and/or alterations or repairs to existing building(s) complete the below: (Not applicable for CHOWs, unless there is new construction and/or alterations or repairs to existing building(s).) • Written certification of Title 24 compliance from a California licensed architect or local building authority. The written statement must state the building meets the following: o California Building Code o California Fire Code o California Electrical Code o California Mechanical Code o California Plumbing Code • Certificate of Occupancy (only applies if “construction” is marked and if the construction resulted in a new building or an addition. This question is N/A if there were alterations or repairs to existing buildings performed or conversion of space).
	B.1	Entity’s Name • Enter name as listed on the Secretary of State website. • The Entity’s formal organization name must be consistent throughout all documents.

Form #	Item #	Description
HS 200 (cont)	B.3.	Owner type Submit an organization chart for this organization that displays the following. N/A for Sole Proprietorship • ENTITY name & tax ID number • A listing of the ENTITY's OWNERS. "Ownership" is N/A for non-profit. • A listing of the ENTITY's directors, board members, corporate officers (CEO, President, etc.), LLC members/managers, partners and trustees. • If any of the above ENTITES and/or INDIVIDUALS owns, leases, manages or operates any other licensed agency/facility, a second organization chart MUST be SUBMITTED. • This organization chart needs to list the licensed agency/facility name & address, the EIN number, and their ownership percentage. • The organization chart should also include out-of-state facilities and community care facilities.
	B.5.a.	Identify entities "other" facility involvement. • Answer all aspects of the question.
	B.5.b.	Revocation, suspension, etc. action • If applicable to the facility, submit the information requested.
	B.6.	Subsidiary (parent company) information • If there is a "subsidiary" (parent company) you must submit a PARENT organization chart that displays the following: o PARENT company's name & tax ID number o A listing of the PARENT company's OWNERS. N/A for non-profit o A listing of the PARENT company's directors, board members, corporate officers, LLC members/managers, partners and trustees o A listing of facilities that the PARENT company owns, leases, manages, or operates
	C.2.	Name of "proposed" and "current" facility, agency or clinic • Enter both facility names if this is a CHOW
	C.6.a	Administrator • Insert the name of the Administrator and their date of hire

Form #	Item #	Description
HS 200 (cont)	C.7.	Ownership • Submit the information required for each individual having 5% or more ownership unless "non-profit" and complete the other required information.
	D.1.	Property Ownership • Submit a copy of the Grant Deed, Bill of Sale, Lease, Sublease, or Rental Agreement between the owner of the property and the proposed entity.
	D.2.	Property Information • Owner of Record [HSC section1265(h)] o INSERT the name and address of the "Owner of Record" (LESSOR) which is the OWNER of the property. The OWNER of the property MUST match the name on the GRANT DEED. • Lessee: o INSERT the name and address of the LESSEE (i.e., TENANT). The LESSEE (Entity) is an entity (which is NOT the facility) who rents the property from a LESSOR and is a corporation, LLC, person, or etc. • Sub-Lessee: INSERT the name and address of the SUB-LESSEE, if applicable. The SUB-LESSEE is the entity (i.e., corporation, LLC, person, etc.) that SUB-LEASES from the LESSEE. The "original" LEASE must contain "language" that the OWNER of the property gives permission for the LESSEE to SUB-LEASE to another entity.
	F.1.	Signature • "Original" signature is required and MUST be signed by the APPLICANT. Owners must sign if the applicant is "for-profit". Officers may sign if the applicant is "non-profit".

Form #	Item #	Description
HS 215A		Applicant Note: Please read the instructions on the HS 215A form prior to completion of the form. This form must be completed for the following individuals with original signatures.
		Administrator of the facility • HS 215A form for the Administrator. • RESUME for Administrator.
		Applicant Organization [HSC section 1212(a)(9)] • HS 215A form for each individual having a beneficial interest of 5% or more in the APPLICANT organization (list their ownership percentages). • HS 215A form for directors, board members, corporate officers (CEO, President, etc.), LLC members/managers, and partners of the APPLICANT organization listed on their organization chart.
		Parent Company [HSC section 1212(a)(9] • HS 215A form for each individual having a beneficial interest of 5% or more in the parent, grandparent, great grandparent and etc. company listed on their organization chart.
	D	Employment/Business Summary (last 10 years) A resume or attachment in lieu of section D.
	E	Facility, agency, clinic involvement (in or out of California)
	Sign	Signature • Original "signature" is required on all the HS 215A forms.
	Facility Info Sheet	Facility Information Sheet • If you answer "yes" in Section E above (Facility, Agency, Clinic Involvement) you must complete the Facility Information Sheet for each HS 215A for submitted (except for the "administrator," unless they are the owner.) • Each individual must complete and submit the "Facility Information Sheet" for each facility and/or, hospice with which have current or past relationships within the last 3 years, which must include facilities licensed by the California Department of Social Services. • The following must be completed for each facility and/or agency: o Facility name and address o Type of facility o Type of business entity (include EIN #) o Individual's nature and dates of involvement

Form #	Item #	Description
HS 309	Administrative Organization	
	2.	Administrator of Corporation or LLC • This is usually the CEO/President. Note: Enter N/A for sole proprietor.
	3. – 6.	Corporations need to submit: • Copy of the Filing Statement from CA Secretary of State (only required if "Articles of Incorporation" are not endorsed by the CA Secretary of State). • Copy of all "Articles of Incorporation" (endorsed by CA Secretary of State). • Copy of By-Laws.
		LLCs need to submit: • Copy of the Filing Statement from CA Secretary of State (only required if Articles of Organization are not endorsed by the CA Secretary of State). • Copy of all Articles of Organization (endorsed by CA Secretary of State). • Copy of Operating Agreement.
	7.	Foreign (out of state) Applicants • Provide a copy of foreign corporation authorization to do business in California.
	8.	Submit a list of all facilities the application has ever owned, including: • Address • Size • Type of care provided • Dates and duration of ownership or operation

Form #	Item #	Description
HS 309 (cont)	9.	Governing Board of Directors • Enter the number of board members or LLC members/holders • Submit a list of the board of directors or the LLC members/holders.
	10.	Board Officers and/or LLC Members/Managers • Enter the names of the board officers or the LLC officers/managers.
HS 602		Transfer Agreement [42 CFR section 416.41(b)(2)] • Submit a copy of a current transfer agreement or • Submit a written transfer agreement with a hospital that meets the requirements of the CFR and • Ensure that all physicians performing surgery have admitting privileges at a hospital that meets the requirements of the CFR.
STD 850		Fire Safety Inspection • The STD 850 form must be submitted OR a similar form from the fire authority. • If the STD 850 is NOT submitted, the fire authority form will need to contain equivalent information as the STD 850 form. • If the fire authority refuses to accept the STD 850 form from the applicant, CAU will send the form on behalf of the applicant.
CMS 370		Health Insurance Benefits Agreement [42 CFR section 416] • Submit two signed copies with “original signatures”.
CMS 377		Ambulatory Surgical Center Request for Initial Certification or Update of Certification Information in the Medicare Program • Submit form.
CMS 855B		Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers • This form is available from the Federal “Department of Health & Human Services”. Mail the completed form to the appropriate accrediting organization and not to CAU.

Form #	Item #	Description
CHOW		Change of Ownership • Submit all of the forms required listed above, plus the following: • Copy of "Purchase Agreement" or "Operating Transfer Agreement". • Letter from the prospective entity stating where medical records will be stored (address) and that the records will be made available to the previous entity.