

Revalidation Requirements Reference Guide

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
1	PHYSICIAN	Y	Y	BORIM Number	Y	
2	OPTOMETRIST	Y	Y	Board of Registration of Optometrists License Number		
3	OPTICIAN	Y	Y	Board of Registration of Opticians License Number		
4	OCULARIST	Y	Y	National Examining Board of Ocularists License Number		
5	PSYCHOLOGIST	Y	Y	<ol style="list-style-type: none"> Board of Registration of Psychologists License Number Board of Allied Mental Health License Number (<i>education psychologists only</i>) 		
6	PODIATRIST	Y	Y	Board of Registration of Podiatrists License number		
7	THERAPIST	Y	Y	<ol style="list-style-type: none"> Allied Health Professions License Number—Physical Therapy, OR Allied Health Professions License Number—Occupational Therapy, OR Speech-Language Pathology and Audiology License Number 		<ol style="list-style-type: none"> CORI Request Form—signed Copy of driver's license OR Government issued photo ID
8	NURSE MIDWIFE	Y	Y	Board of Registration in Nursing License Number	Y	
9	NURSING FACILITY	Y	Y	<ol style="list-style-type: none"> Medical Director license number Administrator license number 		DPH license uploaded to POSC
16	CHIROPRACTOR	Y	Y	Board of Registration of Chiropractors License Number		

Revalidation Requirements Reference Guide (cont.)

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
17	NURSE PRACTITIONER	Y	Y	Board of Registration in Nursing License Number	Y	
20	COMMUNITY HEALTH CENTER (CHC)	Y	Y		Y	<ol style="list-style-type: none"> 1. Copy of DPH License Uploaded to POSC; 2. CLIA Certificate Uploaded to POSC
21	FAMILY PLANNING AGENCY	Y	Y	BORIM License of Supervising Physician		DPH license uploaded to POSC
22	ABORTION/ STERILIZATION CLINIC	Y	Y			DPH license uploaded to POSC
23	SPEECH AND HEARING CENTER	Y	Y			<ol style="list-style-type: none"> 1. ASHA certification uploaded to POSC 2. DPH License uploaded to POSC 3. Confirm that a licensed, certified audiologist or speech therapist provides services & does not bill separately from the facility for professional services
24	REHABILITATION CENTER	Y	Y			<ol style="list-style-type: none"> 1. DPH License uploaded to POSC 2. CARF accreditation uploaded to POSC
25	RENAL DIALYSIS CLINIC	Y	Y			DPH License uploaded to POSC
26	MENTAL HEALTH CENTER	Y	Y		Y	DPH License uploaded to POSC
28	SUBSTANCE ABUSE PROGRAM	Y	Y	Appropriate certification/licensing of professional staff		
29	EARLY INTERVENTION	Y	Y	Appropriate certification/licensing of professional staff		DPH License uploaded to POSC
40	PHARMACY	Y	Y		Y	

Revalidation Requirements Reference Guide (cont.)

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
40	PHARMACY [Non Chains]	Y	Y			
41	DURABLE MEDICAL EQUIPMENT	Y	Y			
42	OYYGEN AND RESPIRATORY THERAPY EQUIP	Y	Y			
43	PROSTHETICS	Y	Y	<ol style="list-style-type: none"> American Board for Certification in Orthotics and Prosthetics, Inc., License Number, or Board of Orthotics/Prosthetics License Number 		<ol style="list-style-type: none"> Copy of employed prosthetist's W-4 uploaded to POSC Copy of applicant's lease or, if applicant owns the property, a copy of the applicant's city or town tax bill (<i>must cover current year</i>) uploaded to POSC List of Prosthetic and/or Services provided uploaded to POSC List of contracted manufacturers/distributors from whom products are purchased uploaded to POSC Copy of accreditation letter from an accrediting body that is acceptable to CMS
44	HEARING INSTRUMENT SPECIALIST	Y	Y	Board of Registration of Hearing Instrument Specialists License Number		
45	INDEPENDENT DIAGNOSTIC TESTING FACILITY (IDTF)	Y	Y	<p>Licensed by DPH as a clinic upload to POSC</p> <p>If physician-owned: check for a Determination Letter (<i>or Physician Exemption Letter</i>) for the DPH; NOTE: if physician owned & operated, NO license needed</p>		<p>Determination Of Need (DON) for MRI or PetScan services (<i>for free-standing MRI centers and diagnostic imaging centers</i>)</p> <p>If no DON, upload DPH license</p> <p>NOTE: if physician owned & operated, NO DON needed</p> <p>Must have one or more supervising physicians in accordance with Medicare requirements CMR 410.323 (b)(3), operation and calibration of equipment, and quality of testing performed</p>
46	CERTIFIED INDEPENDENT LABORATORY	Y	Y			<ol style="list-style-type: none"> Upload DPH License to POSC Upload CLIA Certificate to POSC

Revalidation Requirements Reference Guide (cont.)

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
47	ORTHOTICS	Y	Y	<ol style="list-style-type: none"> American Board for Certification in Orthotics and Prosthetics, Inc. License Number, or Board of Orthotics/Prosthetics License Number 		<ol style="list-style-type: none"> Copy of W-4 of employed orthotist uploaded to POSC Copy of applicant's lease or, if applicant owns the property, a copy of the applicant's city or town tax bill (<i>must cover current year</i>) uploaded to POSC List of Orthotics and/or Services provided uploaded to POSC List of contracted manufacturers/distributors from whom products are purchased uploaded to POSC Copy of accreditation letter from an accrediting body that is acceptable to CMS
49	TRANSPORTATION	Y	Y			<ol style="list-style-type: none"> Upload DPH License to POSC (<i>only for ASL and BSL specialties; check that ambulance license notes ASL/BSL or both</i>) DPH verification letter if license date expired Certificate of insurance for ALL providers Advance Life Support (<i>specialty 404 & 407 only</i>)
49	TRANSPORTATION [Chair Car]	Y	Y			
50	AUDIOLOGIST	Y	Y	Board of Speech-Language Pathology and Audiology License Number		
55	REST HOME	Y	Y			Upload DPH License to POSC
58	FISCAL INTERMEDIARY SERVICES	Y	Y			
59	PERSONAL CARE MANAGEMENT AGENCY	Y	Y	<ol style="list-style-type: none"> Board of Nursing License Numbers for all RNs Board of Occupational Therapists (OT) License Numbers for all OTs 		

Revalidation Requirements Reference Guide (cont.)

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
60	HOME HEALTH AGENCY	Y	Y			Provide Medicare number OR upload CMS accreditation (JCAHO or DPH Survey) to POSC
61	INDEPENDENT NURSE	Y	Y	Board of Registration in Nursing License Number		
62	ADULT FOSTER CARE/GROUP ADULT FOSTER CARE	Y	Y			
63	ADULT DAY HEALTH	Y	Y			
64	DAY HABILITATION	Y	Y			
65	PSYCHIATRIC DAY TREATMENT	Y	Y			<ol style="list-style-type: none"> 1. Upload DPH or DMH License to POSC if privately-held 2. Upload documentation (<i>on letterhead</i>) affirming facility is open a minimum of five days a week and open between 6 hours and 24 hours
66	INDEPENDENT LIVING	Y	Y			
69	HOSPICE CARE	Y	Y			Upload DPH License to POSC

Revalidation Requirements Reference Guide (cont.)

PT	Description	POSC Attestation	FRDF	License Information to Complete in POSC License Panel	DEA number to Complete in the POSC DEA Panel	Other Requirements
84	AMBULATORY SURGERY CENTER	Y	Y			<ol style="list-style-type: none"> 1. Upload DPH License to POSC, if not physician owned 2. Upload Joint Commission ACR or ACO Certification 3. Upload documentation (<i>on letterhead</i>) validating 3 surgical specialties, 2 operating rooms, written transfer agreement or provision for members to access MassHealth participating hospital, OR 4. Upload documentation (<i>on letterhead</i>) stating all physicians, dentists, and podiatrists have admitting privileges with a MassHealth participating hospital
86	QMB ONLY PROVIDERS	Y	Y			
87	RADIATION ONCOLOGY TREATMENT CENTERS	Y	Y			<ol style="list-style-type: none"> 1. Upload DPH License to POSC, if not physician owned 2. Upload copy of Determination of Need (DON) Letter or Physician Exemption Letter from DPH, if physician owned
95	COMPLEX CARE MANAGEMENT	Y	Y			
97	GROUP PRACTICE ORGANIZATION	Y	Y			
98	SPECIAL PROGRAMS	Y	Y			