# MassHealth Corrective Mobility System Repair Add-on Payment Baseline Report

## Staffing Information

**Please report the total number of direct care and direct support staff that interact with corrective mobility system repair users in Massachusetts. Please report on FTEs, not headcount, as of September 1, 2024.**

Enter total number of corrective mobility system repair technicians allocated to perform onsite service at service branch locations

Enter total number of corrective mobility system repair technicians allocated to perform offsite home and community repairs

Enter total number of corrective mobility system repair technicians allocated to conduct remote wheelchair repair evaluations

Enter total number of customer service agents assisting corrective mobility system users by telephone

Enter total number of subcontracted corrective mobility system repair technicians

Enter total number of subcontracted customer service agents assisting corrective mobility system users by telephone

Enter any information you would like to add related to the number of staff that work directly with corrective mobility system users in Massachusetts

## Massachusetts Service Locations and Hours of Operation

**Please report the following as of September 1, 2024.**

Enter total number of corrective mobility system repair service branch locations

Enter business hours for each service location. If the hours are not different across locations, one entry will suffice.

Enter business hours for telephone customer service

Enter business hours for remote corrective mobility repair system evaluations

Enter any information you would like to add related to the service locations and hours of operation in Massachusetts

## Massachusetts Corrective Mobility System Repair Vehicles and Stocked Corrective Mobility Repair Parts

**Please report current investment in vehicles used for home and community corrective mobility system repairs and stocked parts as of September 1, 2024.**

Enter total number of vehicles used for corrective mobility system repairs in the home and community

Enter current total investment in stocked parts across all corrective mobility system repair service branch locations

Enter any information you would like to add related to the current investment in vehicles and stocked parts in Massachusetts

## Technologies Designed to Enhance Corrective Mobility Repair Process

**Please report investments in technologies or systems designed to enhance the corrective mobility system repair process as of September 1, 2024, in Massachusetts.**

Enter current total investment in remote evaluation technologies

Enter current total investment in equipment tracking technologies

Enter current total investment in scheduling technologies

Enter current total investment in other technologies or systems to enhance the corrective mobility repair process in MA

If applicable, please explain investments in other technologies and systems

Enter any information you would like to add related to the current investment in technologies or systems designed to enhance the corrective mobility system repair process in Massachusetts

## Other

Please use this section to enter any information you would like to add related to your investment in the corrective mobility system repair system in Massachusetts

## Performance Metrics

Please report the following for the most recently completed three-month period (e.g., July 2024 through September 2024). Enter the specific dates below. The data below should be inclusive of all corrective mobility system repairs performed. Going forward, this information will need to be submitted quarterly to MassHealth.

Select the baseline reporting period. Note that the state fiscal year begins July 1 and ends June 30.

State Fiscal Year Quarter

State Fiscal Year

### Overall for MA Payers

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Total number of corrective mobility repair remote evaluations successfully completed |  |  |
| Total number of corrective mobility repairs completed onsite at service branch locations |  |  |
| Total number of corrective mobility repairs completed onsite at service branch locations within 12 calendar days |  |  |
| Total number of corrective mobility repairs completed offsite in the home and community |  |  |
| Total number of corrective mobility repairs completed offsite in the home and community within 12 calendar days |  |  |
| Enter the total count of corrective mobility repairs completed (intake to delivery) within the following ranges. | | |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |

### MassHealth FFS (ACO B, PCC, & FFS)

Enter the total count of corrective mobility repairs completed (intake to delivery) within the following ranges.

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |

### MassHealth Managed Care (ACO A & MCO)

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |

### MassHealth Managed Care (SCO, One Care, & PACE)

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |

### FFS Duals

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |

### Non-MassHealth (Medicare, Commercial Plans, & Private Pay)

|  |  |  |
| --- | --- | --- |
|  | **Manual Corrective Mobility Systems** | **Power Corrective Mobility Systems** |
| Repairs completed in 0–12 calendar days |  |  |
| Repairs completed in 13–30 calendar days |  |  |
| Repairs completed in 31–60 calendar days |  |  |
| Repairs completed in > 60 calendar days |  |  |
| Median corrective mobility repair cycle time (repair initiated to repair completed) |  |  |